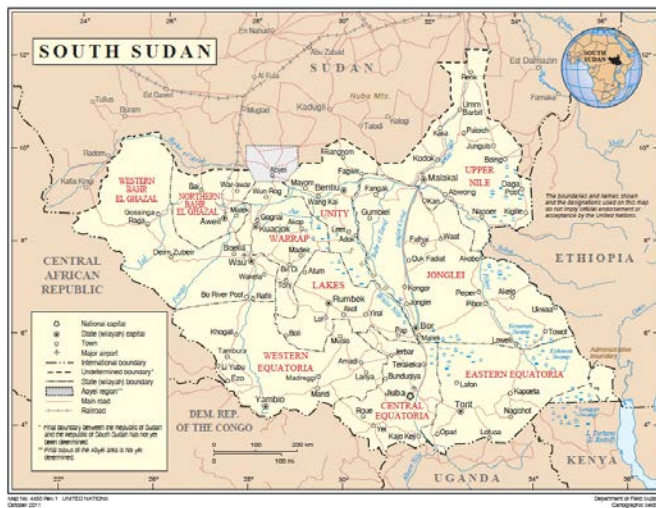


South Sudan ALMA Quarterly Report Quarter Three, 2016



Scorecard for Accountability and Action



Metrics

Commodities Financed and Financial Control

LLIN financing 2016 projection (% of need)	100
Public sector RDT financing 2016 projection (% of need)	17
Public sector ACT financing 2016 projection (% of need)	57
World Bank rating on public sector management and institutions 2015 (CPIA Cluster D)	1.7

Insecticide Resistance Monitoring, Implementation and Impact

Insecticide classes with mosquito resistance in representative sentinel sites confirmed since 2010	
Insecticide resistance monitored since 2014 and data reported to WHO	
National Insecticide Resistance Monitoring and Management Plan	
Scale of Implementation of iCCM (2013)	
Operational LLINIRS coverage (% of at risk population)	100
>75% Decrease in Malaria Incidence Projected 2000–2015	

Tracer Indicators for Maternal and Child Health

Estimated % of Total Population living with HIV who have access to antiretroviral therapy (2015)	11
Estimated % of children (0–14 years old) living with HIV who have access to antiretroviral therapy (2015)	5
% deliveries assisted by skilled birth attendant	19
Postnatal care (within 48 hrs)	
Exclusive breastfeeding (% children < 6 months)	45
Vitamin A Coverage 2014 (2 doses)	18
DPT3 coverage 2015 (vaccination among 0-11 month olds)	31

Key

	Target achieved or on track
	Progress but more effort required
	Not on track
	No data/Not applicable

Malaria transmission in South Sudan is generally perennial, with moderate to high intensity. The annual reported number of malaria cases in 2013 was 1,855,501 with 1,311 deaths.



Malaria

Progress

South Sudan has implemented iCCM at scale. The country has secured sufficient resources to achieve universal coverage of LLINs in 2016.

Impact

The annual reported number of malaria cases in 2013 was 1,855,501 with 1,311 deaths. WHO, through modeling, estimates that there has been a less than 50% decrease in malaria incidence between 2000 and 2015.

Previous Key Recommended Actions

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Vector Control	Share the status of mosquito insecticide resistance, insecticide resistance monitoring and of the national insecticide resistance monitoring and management plan with WHO	Q1 2017		WHO has supported a consultancy to carry out a vector control needs assessment but the follow up support to develop an integrated vector management strategy and plan is currently on hold. The GF is supporting a medical entomology consultant who will be based in the NMCP for 9 months and whose TORs include vector mapping and insecticide resistance testing, establish entomological surveillance and develop vector control technical guidelines
Enact high level policy and strategy change	Improve rule-based governance, quality of budgetary and financial management, efficiency of revenue mobilisation, quality of public administration, and transparency and accountability in the public sector	Q3 2016		There has been a 0.2 decrease in Cluster D CPIA

MNCH

Previous Key Recommended Actions

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
MNCH ¹ : Optimise quality of care	Work to accelerate coverage of ARTs in the total population and in children under 14 years of age	Q1 2017		Deliverable not yet due but South Sudan has increased ART coverage by 5% in the total population and 1% in children. South Sudan has updated its ARV guidelines in line with the 2013 WHO guidelines. The country is working to optimize the quality of services at existing ART sites to allow for scale-up to maximum capacity, and then to expand to other sites. The community system will be used for follow up and linked better with the primary health centres. Integrating ART services with TB, malaria and RMNCH services will also enhance coverage. The country is also working to enhance task sharing among health workers and task shifting. Diversifying implementation structures, for example by using the humanitarian implementation mechanisms and development partner structures, especially for ART

South Sudan has responded positively to the recommended actions addressing low coverage of skilled birth attendants and DPT3, and the lack of data for postnatal care. The country continues to track progress as these actions are implemented.

New Key Recommended Action

Objective	Action Item	Suggested completion timeframe
MNCH ¹ : Optimise quality of care	Identify and address reasons for decreasing vitamin A coverage	Q3 2017

Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due

¹ MNCH metrics, recommended actions and response tracked through WHO MCA