April 2016

Malaria Newsletter

USAID
FROM THE AMERICAN PEOPLE

SIAPS
Systems for Improved Access to Pharmaceuticals and Services

Contents

Editorial

Welcome to the 2016 Edition of the Malaria Newsletter! We are glad you are reading. In this edition, you will find information on the tremendous work that is being done by the National Malaria Control Programme (NMCP) and its partners to reduce malaria-related morbidity and mortality in South Sudan.

This April 25, 2016, South Sudan joins the rest of the world in commemorating World Malaria Day with the national theme, "Towards Malaria-Free South Sudan." This national theme meshes well with the global theme of "End Malaria for Good." As indicated in the findings of the 2009 and 2013 Malaria Indicators Survey, South Sudan is making steady progress in the fight against malaria. But, the country is still a ways off from achieving the targets set in the 2007-2013 National Malaria Strategic Plan. It is imperative that the Ministry of Health (MOH) continues to scale up and sustain all malaria interventions in the country.

Our reflections on success wouldn't be complete without sharing success stories from different non-governmental organizations that are part and parcel of the NMCP. In this newsletter you will find interesting articles, including success stories and case studies from the MOH-NMCP, the Management Sciences for Health (MSH) Systems for Improved Access to Pharmaceuticals and Services (SIAPS) project, Population Services International (PSI)-South Sudan, UNICEF, Malaria Consortium, and International Rescue Committee (IRC), among other development partners who have shared progress updates as they work towards national malaria control interventions.

Finally, we would like to recognize all those who contributed to the production of this newsletter. The editorial team is grateful to all those who wrote articles and provided guidance and technical support or advice during the production of this newsletter.

Enjoy reading the 2016 Malaria Newsletter!

Editorial Team

- Dr. Stephen Ataro Ayella, Senior Malaria Technical Adviser, SIAPS
- Isaac Maper Akec, Acting Program Manager, NMCP, MOH South Sudan
- Abraham Ayuen, Communication Specialist, SIAPS
- Ahmed Julla, BCC Specialist, NMCP, MOH

Message from the Director General of Preventive Health Services

The Government of the Republic of South Sudan is pleased to join the rest of the world in commemorating World Malaria Day on April 25, 2016.

Malaria remains a significant public health burden in the world, and South Sudan in particular. Like many other Sub-Saharan African countries, South Sudan has malaria as a key component of the Health Sector Strategic Plan. Malaria is endemic in South Sudan and exhibits a stable transmission; it accounts for about 40% of all outpatient consultation and about 25% of inpatient admissions across the country.

Over the past year, the NMCP has had some significant achievements in its technical and programmatic leadership role in malaria control interventions. Some notable achievements include:

- *Programme leadership:* The NMCP has continued to provide leadership to the programme with technical programme and support staffs working hard under the leadership of Programme Manager Dr. Harriet Pasquale. We were able to hire additional technical and programme staff: Isaac Maper, Deputy Programme Manager, who has been the acting Manager since August 2015; three Monitoring and Evaluation (M&E) Officers; and Senior Malaria Technical Adviser, Dr. Stephen Ataro Ayella, through whom SIAPS provided technical support to NMCP. Working together with other technical staff, including the Senior M&E Adviser and World Health Organization (WHO) Malaria Medical Officer, the team has built the capacity of the NMCP staff for improved malaria interventions and outcomes.

- *Continued partnership development:* NMCP has continued to maintain its national-level coordination and partnership development by working with Global Fund Principal Recipient PSI-South Sudan, donor communities, UN agencies, development partners, local organizations, and private not-for-profit health facilities.

- *Epidemic preparedness and response:* In 2015, South Sudan, like many countries, experienced a malaria upsurge, with cases reported above the alert threshold. As such, the NMCP coordinated a nationwide response task force constituted by the Hon. Minister of Health and chaired by the Director General Preventive Health Services. After an intense response by all stakeholders, the upsurge was contained. The emergency preparedness and response plan was updated through nationwide commodity gap analysis and responses from partners such as PSI, USAID through SIAPS, Crown Agents International Procurement Agency, Medecins Sans Frontieres (MSF), United Nations International Children Emergency Fund (UNICEF), and the World Health Organization (WHO), which all provided malaria commodities.

- *Monitoring and evaluation:* The NMCP ensured national-level reporting of data and consistency and quality through the Early Warning and Alert Response Network and Integrated Disease Surveillance and Response. This has helped further strengthen the use of data in decision-making.

- *Technical support and policy development process:* A number of policy documents were developed through the ongoing technical support and various sub-working groups of the Malaria Technical Working Group. These included the Second National Malaria Strategic Plan 2014/15-2020/21, Guidelines for Malaria Case Management and Trainings 2015, and Malaria Indicator Survey Report 2013. The Emergency Response and Preparedness Plan was also updated, and the Draft National Malaria Control Policy is currently under review before being finalizing.

- *Vector control:* We have an ongoing nationwide long-lasting insecticide-treated nets (LLINs) distribution campaign, supported by the Global Fund through PSI, that targeted 3 states in 2015 and 7 states in 2016, out of the original 10 states. This will provide coverage to nearly nine million people. Routine distribution of LLINs is supported by partners such as USAID, and emergency distribution is supported by partners such as by UNICEF, WHO, and MSF, among others.

South Sudan joins in the global commemoration of World Malaria Day with its own national theme of "Towards a Malaria-Free South Sudan" and a number of activities focused on case management test and treat campaigns, vector control, social behaviour change communications, and awareness campaigns.

It is my sincere hope that all stakeholders will support country-level malaria control to create a significant reduction in the malaria burden, thus achieving a healthier population in South Sudan.

I thank all the partners, in their respective capacities, for supporting World Malaria Day and this newsletter. I would also like to thank the SIAPS Project for producing this newsletter with funding from USAID.

Yours Sincerely,

Dr. John Pasquale Rumunu
Director General, Preventive Health Services
Ministry of Health, Republic of South Sudan

Message from the Country Project Director

On behalf of SIAPS, I bring you greetings and important updates on our partnership with the MOH in South Sudan. Four years after independence, South Sudan is still fragile and faces institutional, technical, and organization capacity challenges. The continued fragility of South Sudan calls for continued investment in order to gradually improve health outcomes.

MSH implements the USAID-funded SIAPS Program, a five-year program with the goal of ensuring the availability of quality pharmaceutical products and effective pharmaceutical services to achieve desired health outcomes. SIAPS result areas focus on improving governance, building capacity for pharmaceutical management and services, addressing information needed for decision-making in the pharmaceutical sector, strengthening financing strategies and mechanisms to improve access to medicines, and increasing quality pharmaceutical services.

In the past four year, SIAPS has made significant contributions to the fight against malaria through the NMCP. Working with NMCP, SIAPS updated the quantification of malaria commodities—artemisinin-based combined therapy (ACT), intravenous artesunate, LLINs, sulphadoxine-pyremethamine (SP), and rapid diagnostic tests (RDTs)—for January 2017 to December 2017, to improve the availability of malaria commodities and scale-up of malaria interventions. SIAPS responded to the 2015 malaria upsurge in the country by distributing 635,650 doses of ACT and 400,000 LLINs in the country, on behalf of USAID.

Without proper pharmaceutical management oversight and storage facilities, drugs can easily go to waste, resulting in curtailed supplies. SIAPS improved drug storage facilities by de-junking stores, providing drugs shelves and stock cards, and providing technical support to a number of drug warehouses, including the Central Equatoria State warehouse. Strengthening good storage practices helps warehouses avoid wastage and increase the availability of medicines and medical supplies at the facility level. SIAPS continues to provide supportive supervision and mentorship to build capacities of health workers on the use of stock cards to manage stock, as well as provide physical county correspondence with stock cards of pre-selected drugs. In Juba Teaching Hospital, an electronic dispensing tool has been installed to improve service delivery to clients and, at the same time, generate reports on antiretroviral drug (ARV) stock statuses, which will assist with management decision-making. SIAPS is currently developing a South Sudan MOH Dashboard, which will be used to record information and track the status of commodities like ARVs and essential medicines. This information will be used to improve planning and management to ensure reliable availability of medicines in the country.

I would like to thank our donor, USAID, for making it possible for MSH to work directly with the MOH to improve service delivery through the SIAPS Program. I commend the SIAPS team for their hard work and commitment to achieving results in this challenging and evolving context of South Sudan. As noted above, gains abound, but the continued fragility of South Sudan means that we need to do more to ensure sustainability and ownership before the SIAPS program transitions.

SIAPS appreciates the cooperation of the MOH and looks forward to fruitful days ahead.

Best regards,
Dr. Almakio Phiri
SIAPS Acting Country Project Director

Summary Findings of the 2013 Malaria Indicator Survey

By Margaret Betty, M&E Advisor, SIAPS/NMCP

Introduction

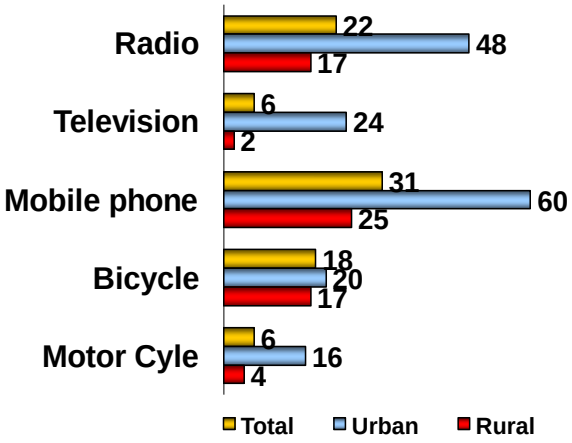
Malaria is the leading cause of morbidity and mortality in South Sudan, accounting for 40% of outpatient consultations, 30% of hospital admission, and 20% of health facility deaths. The NMCP and its partners developed a Malaria Strategic Plan (MSP) 2006-2013 that spelled out strategies and activities aimed at massive scale-up of malaria control interventions throughout the country.

Problem statement

What is the coverage and uptake of core malaria interventions (e.g., LLIN distribution and use; malaria case diagnosis and treatment)?

Purpose

The 2013 nationally representative Malaria Indicator Survey (MIS 2013) was conducted to measure progress towards achieving the goals and targets set in the MSP 2006-2013 by collecting population-based data on coverage and use of core malaria interventions, which include, but are not limited to, ownership and use of LLINs and diagnosis and prompt treatment of malaria cases using ACT. Anaemia and malaria parasite prevalence; knowledge, attitude, and practices regarding malaria; and ownership of common communication channels (e.g., radio, mobile phone, television) were also assessed.



Graph 1: Ownership of potential communication channels, disaggregated by urban and rural, MIS 2013

Methodology

Three thousand households were randomly selected using stratified multiple cluster sampling techniques. A Household and a Women's Questionnaire were used to gather population-based data. The *Household Questionnaire* gathered information on household characteristics, ownership and use of LLINs, an Indicator Reference Sheet (IRS), and eligible individuals for hemoglobin and anaemia testing. The *Women's Questionnaire* gathered information on birth history; antenatal care; access to and use of SP for intermittent preventive treatment (IPTp); and knowledge, attitude, and practices related to malaria, among other data.

Findings

With a household response rate of 98% and women's response rate of 88%, the survey findings were as follows:

Key intervention area and indicator	2009	2013
Ownership and use of mosquito nets		
Percent of households with at least one mosquito net	59%	70%
Percentage of pregnant women who slept under an insecticide-treated net (ITN) the night prior to the interview	36%	50%
Prevention of malaria during pregnancy		
Percentage of pregnant women who received two or more doses of SP (fansidar) for IPTp of malaria in pregnancy	20%	32%
Diagnosis and treatment of malaria		
Percentage of children under age 5 with fever who received treatment within 24 hours	12%	17%
Indoor residual spraying		
Percent of households occupying a dwelling for which the interior walls were sprayed with insecticide in the 12 months before the survey	2%	3%
Prevalence of anaemia and malaria in children under 5 years and pregnant women		
Prevalence of severe anaemia in children age 0-59 months	11%	8%
Prevalence of severe anaemia in pregnant women age 15-49	4%	2%
Prevalence of malaria in children under five years (tested using an RDT)	25%	30%
Prevalence of malaria in pregnant women (tested using an RDT)	10%	15%
Antenatal care; knowledge, attitude, and practices related to malaria		
Percentage of women with a live birth in the past 5 years who have received any antenatal care from a doctor, nurse, or midwife	55%	62%
Percentage of women who know that malaria is caused by mosquitoes	58%	61%
Percentage of women who know any method of prevention of malaria	66%	64%
Percentage of women who know correct drug or combination of drugs to treat malaria	41%	41%

Conclusion

It is clear from the survey findings that there has been marked improvement in outcomes compared to the 2009 findings. However, apart from net ownership, it is worth noting that the findings are far from the targets set in the outdated 2007-2013 National Malaria Strategic Plan. As such, the next step is to scale up and sustain all malaria interventions in the country.

In particular:

- Advocacy, behavior change communication and information, education, and communication should be scaled up through use of effective communication channels.
- LLIN distribution and coverage need to be sustained, and use needs to be scaled up.
- Diagnosis and management of malaria cases need to be scaled up at both the facility and community levels.

Improving Quality of Malaria Services through Supportive Supervision

By Boumkouth Sir, Monitoring and Evaluation Officer, NMCP

Each quarter, NMCP staff visits health facilities in different parts of the country to conduct supportive supervision. The ultimate goal of supportive supervision is to improve the quality of malaria services at state, county, and health facility levels by identifying challenges and addressing key organization and functional elements related to the packaging of health services provided, availability and training of health workers, infrastructure and equipment, planning, commodity supply management, community involvement, and reporting.

During supportive supervision, M&E staff assess programme achievements, identify challenges facing health facilities, and help health care providers to perform their work better. The supportive supervision gives M&E staff the opportunity to meet and interview State MOH Director Generals, State Malaria Coordinators, and M&E Officers on malaria activities in the state, and to assess their capacity in malaria programme management. M&E staff also interview County Health Department staff, heath facility supervisors, and health workers who have received training in malaria case management.

Using various checklists designed for health facility, state, and county health department levels, M&E staff are able to ensure that the prescribed standards and protocols are being followed in accordance with MOH policy guidelines. During a supportive supervision, NMCP staff scrutinize outpatient register books to check whether the malaria doses prescribed for patients comply with malaria treatment guidelines. They also check stock status in the pharmacy, availability of malaria test kits, as well as storage conditions. Staff verify information reported by the health facilities they visit by checking it against information available in the county health department and the state and national ministries. They also check the availability of M&E tools, such as reporting forms, outpatient department registers, and inpatient registers, which are critical for effective reporting.

Although NMCP is committed to improving the quality of malaria services in the country, poor road access and limited funding places a huge strain on M&E activities in the country. While NMCP remains committed to strengthening its M&E activities to ensure better program results, more donor funding for these activities is needed to continue providing supportive supervision in the country.

NMCP team during a supportive supervision visit in Mabia PHCU in Ezo Western Equatoria State in September 2015.

Photo taken by Dr. Stephen Ataro Ayella

Key Malaria Messages

The following messages have been approved by NMCP to guide all communications on various aspects of malaria treatment and prevention strategies in South Sudan.

Malaria case management

Messages:

- Children with fever should be taken to the nearest health facility within 24 hours for correct treatment.
- You should always complete the full course of treatment, even if you feel better.
- Malaria kills, especially pregnant women and children under five years.
- A patient who vomits within one hour of taking the medicine should return to the health facility for additional doses.
- A child suffering from malaria needs plenty of liquids and food.

Vector control

Messages:

- All pregnant women and children under five years should sleep under a long-lasting insecticide-treated mosquito net **every night.**
- Drain or cover all stagnant water collections near your house.

Malaria in pregnancy

Messages:

- Every pregnant women with fever should go to a health facility **within 24 hours** for treatment.
- Every pregnant women should take at least three doses of **sulphadoxine pyrimethamine** during pregnancy.
    - **WHEN?** After quickening (i.e., 4 months of pregnancy)
    - **HOW OFTEN?** One month apart.
- **Sulphadoxine pyrimethamine** as intermittent presumptive treatment is safe from 16 to 40 weeks of pregnancy, and late dosing is beneficial for women presenting late in pregnancy.
- Pregnant women who are HIV positive and are on daily cotrimoxazole chemoprophylaxis should NOT be given **sulphadoxine pyrimethamine** as intermittent presumptive treatment.
- Every pregnant woman should attend an antenatal care clinic at least **four times** in her pregnancy and receive iron and folic acid for prevention of anaemia.

Preventing Malaria in South Sudan One Net at a Time

By Simon Peter Apiku, Communications Officer, UNICEF

Juba, April 30, 2015 – A young woman secures the baby tightly on her back with a piece of cloth and bends down to pick up a package lying on the ground in front of her.

But this is no ordinary package.

Jackline Wayet, the 20-year-old mother of two, has just collected two mosquito nets from the Gurei Primary Health Care Center (PHCC) situated on the edge of South Sudan's capital, Juba.

"I came because the bed net I have is worn out and the mosquito season has begun," said Wayet. Her six-month-old baby, Sarah, has already had malaria three times.

Wayet was among thousands of people who had gathered at the health care center to receive bed nets that the MOH, WHO, UNICEF, and partners distributed as part of a "Test, Treat, and Prevent Malaria" campaign.

Heightened risk in the rainy season

The onset of the rainy season in much of South Sudan brings with it a heightened threat of malaria – one of the major killer diseases among children here. From January to March this year, over 323,000 malaria cases have already been treated. Of these, over 130,000 were reported among children under the age of five.

Cases of malaria are expected to rise substantially as the wet season matures and access to health care, especially in the conflict-affected states, becomes more difficult. Since December 2013, 43% of health facilities in the conflict-affected areas have been destroyed.

Mosquito net distribution a small relief for families

The prolonged conflict has put pressure on South Sudan's economy and the situation is aggravated by a volatile exchange rate and low oil prices. As a result, more and more families are finding it increasingly difficult to manage the increase in the cost of living.

Even paying for an item such as an LLIN is something beyond the reach of many in a country, where more than half of the population live below the poverty level and earn less than US $2 per day. Wayet is no excepti on. Three years ago, she bought her now worn-out and disheveled mosquito net for US $5. Today, the same net costs approximately US $13.

"I cannot afford to buy another bed net in the market," Wayet explains, grateful for the new ones she has been given.

Saving lives

Recently, Wayet's family has fallen on tough times. Her husband lost his job, so she sells vegetables and fruit at a nearby market to earn money. With this small source of income, her family is able to eat one small meal a day. While times are tough, Wayet hopes that the new mosquito nets will at least spare her young children from malaria this rainy season, and also ensure that that she does not have to spend what little money she earns on treating the disease with expensive drugs.

UNICEF responded to the expected increase in childhood malaria by supporting MOH and partners with LLINs to be distributed to women accessing antenatal care, and children under five in health facilities.

To improve the quality of child health services, UNICEF trained 351 health care providers on integrated community case management (ICCM) and malaria case management in five states—Central Equatoria, Northern Bahr-El Ghazal, Eastern Equatoria, Unity, and Lakes.

UNICEF has provided over 500,000 doses of antimalarial drugs—454,170 malaria RDTs, 20 inter-agency health kits, and 452,153 LLINs (including 59,000 in the Bentiu Protection of Civilians Camp (PoC)—in both conflict- and less-affected counties. Integrated management of vector control was undertaken to lower rising morbidity and mortality levels during the rainy season in the Bentiu PoC, providing protection to at least 60% of the total population of the PoC. In response to rapidly escalating child mortality, from September 10-17, UNICEF and MSF-Holland undertook a campaign of presumptive treatment of malaria for children under five. For this effort, 29,731 children were screened for fever (85% of children in the PoC), of whom 54% were treated for malaria. The campaign, along with urgent interventions from the Nutrition; Health; and Water, Sanitation, and Hygiene Clusters, lowered mortality for children under five years to below the emergency threshold.

The partners supported in 2015 include the International Medical Corps; IRC; SIM Doro; Episcopal Church of Sudan; Martha Clinic; Health Link; Medair; CUAMM; World Relief; MSF-Belgium; and State Ministry of Health in Lakes, Western Bhar el Ghazal, Eastern Equatoria State, and Northern Bahr el Ghazal State.

Community-Based Distributors: Fighters against Malaria

By William Makur, Area Health Coordinator, BRAC

Martha Adhel Manyang is a 39-year-old women and wife of Dhorjang Marial Dhorjang who is living in Pachong Payam of Rumbek East county of Lakes State. In 2010, she joined BRAC as a community-based distributor (CBD) volunteer under the Home-Based Management of Malaria programme. Now she is working under ICCM in BRAC as a CBD volunteer. Currently, BRAC has a total of 2,817 CBD volunteers, and Martha is one of them.

Martha feels proud to be a CBD volunteer. "I fought with Arabs with my husband, stayed in the bush, and now I am also fighting against malaria to help our children survive," she said. Martha says she is illiterate, but BRAC trained her how to identify and treat malaria, pneumonia, and diarrheal diseases. BRAC also provides Martha, and other CBD volunteers, with a quarterly refresher, which helps volunteers identify symptomatic diseases; provide proper treatment, as per protocol; and refer, when necessary, to nearby a Primary Health Care Unit (PHCU) or health facility.

Martha was also trained to screen children under five years of age for severe acute malnutrition (SAM). During a recent home visit in her community, she screened children using mid-upper arm circumference tape. If she found any SAM children, she referred them to a BRAC-run Outpatient Therapeutic Centre. Every month, she treats approximately 10 to 15 children.

Martha mentioned a recent case she treated in her community. "Panda" was a seven-month-old girl who was running a high fever. Her eyes were red and her little body was shaking too much. After checking the little girl properly, Martha determined that Panda had malaria. Following proper malaria treatment protocol, Martha administered ACT treatment to the infant for three days. Thanks to Martha, little Panda is feeling much better now.

Martha states that she is very happy with her community work and enjoys being called "doctor" even though she did not go to school. She feels proud and confident in her work, saying, "If BRAC left the community, I would continue my work and would keep sending sick children to the nearest PHCU/health facility."

Treating Malaria in the Community

By Aileen Sammon, Regional Programme Analyst, Malaria Consortium

Malaria is one of the leading causes of morbidity and mortality in South Sudan. To support the NMCP in the fight against malaria, Malaria Consortium has been implementing the ICCM of malaria in Aweil Centre County and Aweil West County, in former Northern Bahr el Ghazal State, since 2010. As of February 2016, Malaria Consortium has overseen the training of 1,668 CBDs on the diagnosis and treatment of malaria, pneumonia, and diarrheal disease, and identification of SAM. From January 2015-January 2016, 115,648 treatments of ACT have been provided to children less than five years by CBDs trained by Malaria Consortium.

Diagnosis of malaria by CBDs is based on their assessment of fever. However, the WHO recommends parasitological confirmation of malaria through quality assured diagnosis before administering treatment. Parasitological diagnosis using microscopy is not always feasible in all settings in South Sudan and is not an option for community-based management. Malaria rapid diagnostic tests (m-RDTs), which can be used to indicate the presence of plasmodia parasites in the blood, offer an alternative for confirming malaria to guide appropriate treatment.

A newly trained CBD treating a child for malaria in Nyoc Awany Payam, Aweil South County

Malaria Consortium carried out a pilot study in April 2015 evaluating the use of m-RDTs by 240 CBDs in Chelsouth in Aweil Centre County and Gumjuer East in Aweil West County, in former Northern Bahr el Ghazal State. CBDs with at least nine months of experience were selected to be trained on how to perform an m-RDT and how to correctly interpret the results. The training was facilitated by MOH officials from the County Health Departments and a technical team from Malaria Consortium.

In a period of three weeks, a total of 1,047 children aged 2-59 months with symptoms of fever were assessed by CBDs in the two Payams of Guemjuer East and Chel South, and 996 m-RDTs were administered. Of the tests that were conducted, 359 (36%) tests were positive and 420 doses of ACT were administered. Within this small study, 60% of ACT treatments were saved when m-RDTs were used to confirm malaria diagnosis. The results show that CBDs can follow proper RDT procedures correctly and safely if their capacity is enhanced through simplified training, along with close and regular supervision. With increased practice, CBDs improved their performance in carrying out an m-RDT.

While further considerations will need to be made in collaboration with MOH in the areas of CBD workload where m-RDTs are used, this small pilot study indicated that CBDs, along with enhanced capacity building and supervision, can successfully use m-RDTs and provide appropriate treatment for confirmed malaria at the community level. Introduction of m-RDTs for ICCM of malaria will reduce the use of ACT for unconfirmed cases and the occurrence of ACT stock-outs at the community level.

Treating Malaria in Children Under Five Years of Age

By Stephen Epiu, ICCM Manager, IRC

In 2015, the IRC's ICCM program continued to implement life-saving treatments for children under five. Last year, through a network of 2,712 CBDs, the IRC treated a total of 335,517 cases of malaria in Aweil East, Aweil South, Aweil North, and Payinjiar counties, saving countless lives.

The ICCM program was expanded to Aweil South County in September 2014. A total of 680 CBDs were trained and given medication to provide timely treatments to children with fever symptoms. Abuk Malong Deng, from the Pajic village in Panthou Payam, spoke about the impact of the ICCM program: "Before IRC came, life was very difficult. Many children died because of fever. Many mothers would go to the traditional healers for treatment. If you went to the health facility, you would find very long queues. Oftentimes we would be told that the malaria drugs were out of stock. IRC has brought us hope. Nowadays, if a child falls sick with fever, the mother takes very few minutes to walk to the nearest CBD for treatment."

Nyadol Mariel is a mother of four living in Chuck Payam, Panyijar County. Last month, her one-year-old son, Majok Doul, developed a fever. At midnight, the child presented with a high-grade fever refused to eat and breastfeed, and become seriously ill. Nyadol was very scared as there was no health facility nearby. The nearest functional health facility, Ganyliel PHCC, was about an eight hour walk away. She bundled her infant and rushed to the nearby tukul of the village CBD, Anna Nyabora.

Anna welcomed the frightened mother and spoke calmly to her, an interaction that might not have occurred at a faraway health clinic. After assessing the child, Anna determined that the child had fever symptoms, which is a possible sign of malaria. She provided the infant with her first dose of ACT, an antimalarial treatment, and gave the rest of the tablets to the mother, showing her pictorial instructions. After two days, Anna visited the child to ensure that the child's health had improved. She was happy to see that the drugs had proven to be effective and the child had improved.

Child health services like the one provided to Majock Doul are made possible by IRC's ICCM intervention in Panyijar County of Unity State. With funding from the Department for International Development and Global Fund through PSI, the IRC continues to work with the government of South Sudan through the MOH (County Health Departments) to decrease the under-five child mortality from preventable diseases such as malaria, pneumonia, and diarrhea. This is done with full participation by the community members and local leaders, who are empowered to take responsibility for their own health, which, ultimately, promotes ownership and program sustainability.

Community health volunteer testing children for malaria using an m-RDT in Aweil during World Malaria Day 2015

The Unexpected "Doctor"

By Moro Morris, Child Survival Field Coordinator, PSI

Luchia never thought she'd hear anyone call her "Doctor." It had been her dream when she was a child, but decades of unrest in Sudan destroyed any chance of her receiving an education.

"I did not go to school even for a day in my life," she says. "I grew up during the war and there were no schools in the village where we ran to."

Instead, she and her husband struggled to support their seven children through peasant farming, brewing alcohol, and plating women's hair. An active member of her church, Luchia spent her free time visiting relatives and volunteering to help less fortunate people in her village. She could not have imagined her life would be any different.

Then, in 2012, her community chief nominated her to become a CBD for PSI.

"At first I was asking myself in my heart, 'Eh! How can I be trained since I can't read and write?'" Luchia says.

But the leader knew Luchia's good reputation, intelligence, and volunteer spirit were the real keys to her success.

Luchia now works in Basselia Payam in Western Bah-El-Ghazal State in South Sudan. Proudly wearing her shirt that says "CBD: Called to Serve," she recalls how the training prepared her with the skills and confidence to assess and treat children younger than five years old for malaria, diarrhea, and pneumonia.

Luchia, a CBD, at Besselia Payam in Wau County, Western Bahr el Ghazal State

She now takes care of 15-30 children every month who can't make the long journey to a health facility, and are rarely able to afford treatment even if they could. The parents are grateful for the care and kindness Luchia shows to everyone she treats. They know they can rely on her to have the medications their children need, while the public facilities are often out of stock.

"People here respect me very much," she says with a smile. "They call me mammy, aunt, or Doctor."

SIAPS Distributes Anti-Malaria Drugs in South Sudan

By Abraham Ayuen, Communications Specialist, and Dr. Stephen Ataro Ayella, Senior Malaria Technical Adviser, SIAPS South Sudan

In 2015, the USAID-funded SIAPS procured 635,650 doses of ACT to support health facilities in South Sudan's Central Equatoria State and Western Equatoria State.

In response to the 2015 malaria upsurge in South Sudan, USAID approved 100,000 doses of ACT to be given to Emergency Medicines Fund (EMF) as buffer stock. This buffer stock was distributed by the USAID's DELIVER project in November 2015. In January 2016, a distribution plan for the remaining 535,650 doses of ACT was developed by SIAPS and approved by USAID to cover 6 counties in Central Equatoria State and 10 counties in Western Equatoria State.

In March 2016, SIAPS delivered ACT consignments in the Central Equatoria State counties of Juba, Terekeka, Lainya, Yei, and Morobo. SIAPS worked closely with the State MOH in Central Equatoria and Juba County Health Department store. ACT for Kajokeji County, Central Equatoria buffer stock, and consignment for Western Equatoria State will be delivered before the end of April 2016.

SIAPS also received 400,000 LLINs in 2015. The LLINs will be distributed in eight[i] states through Expanded Programme on Immunization and Antenatal Care clinics. SIAPS is liaising with partners in the eight states to facilitate transportation from state medical stores, where LLINs will be received, to the counties and health facilities. Successful distribution of LLINs will significantly contribute to the fight against malaria among the target groups of pregnant mothers and children under five.

"It is a tremendous amount of work and logistics to transport, store, and manage such a large volume of commodities in such a challenging environment as South Sudan. I commend the efforts by SIAPS for the world-class technical assistance they have provided over the years to ensure that the South Sudanese have access to life-saving health commodities," said Robin Mardeusz, USAID's Deputy Office Director/Health during his visit to the drugs warehouse in Juba on December 22, 2015.

SIAPS continues to provide support to the Government of the Republic of South Sudan working with MOH and partners to improve systems, build capacity of staff, and improve supply chain management for essential commodities, key among which includes malaria commodities.

[i] Initially, the LLINs were intended for distribution in Central Equatoria and Western Equatoria State. However, the distribution plan was revised to cover an additional six states that are being supported by Health Pooled Fund (HPF). The HPF-supported states are Eastern Equatoria, Lakes, Northern Bahr el Ghazal, Western Bahr el Ghazal, Unity, and Warrap.