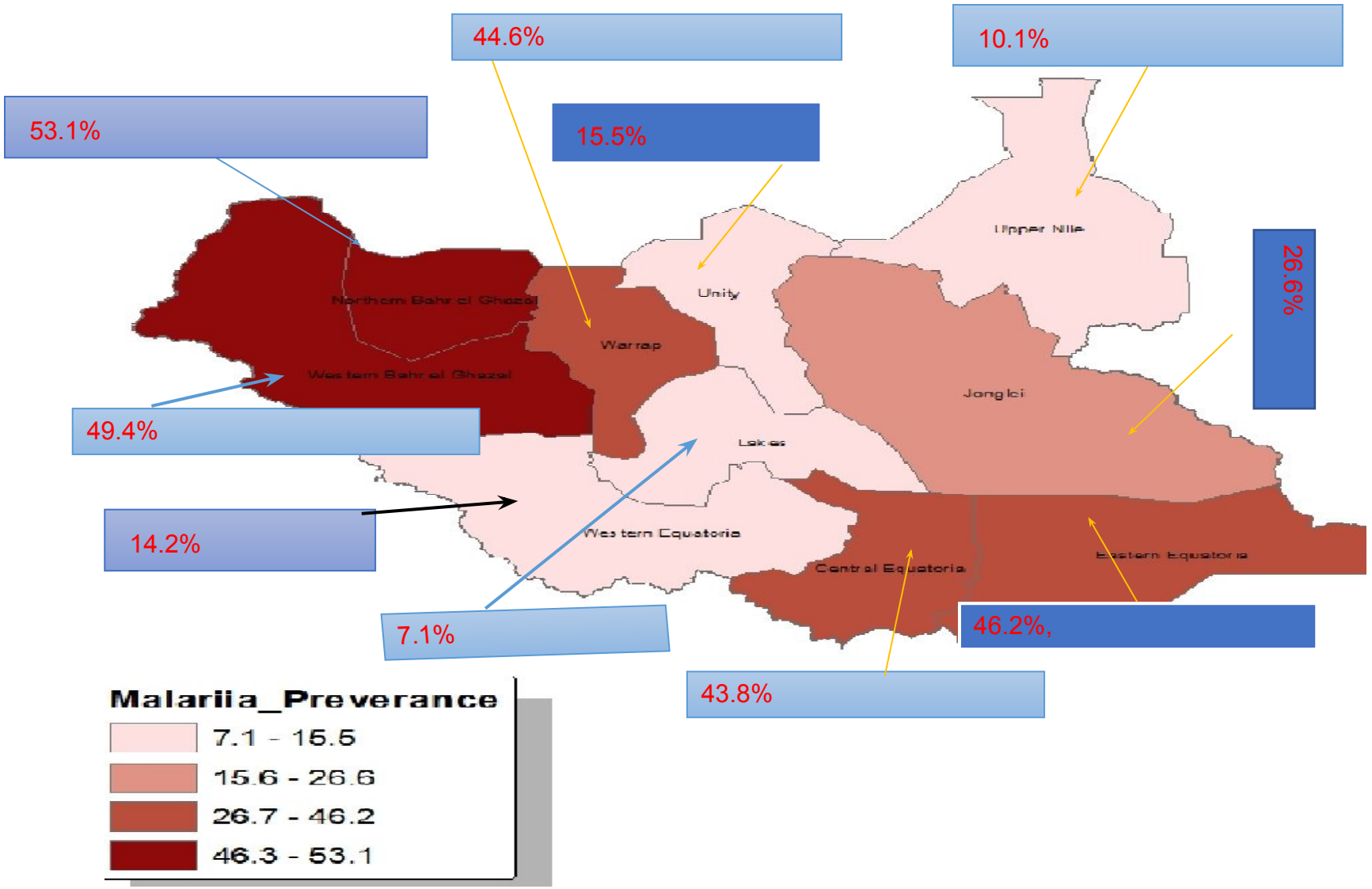
Eastern and Southern National Malaria Programs and Partners Annual Meetings

South Sudan Malaria Control Programme

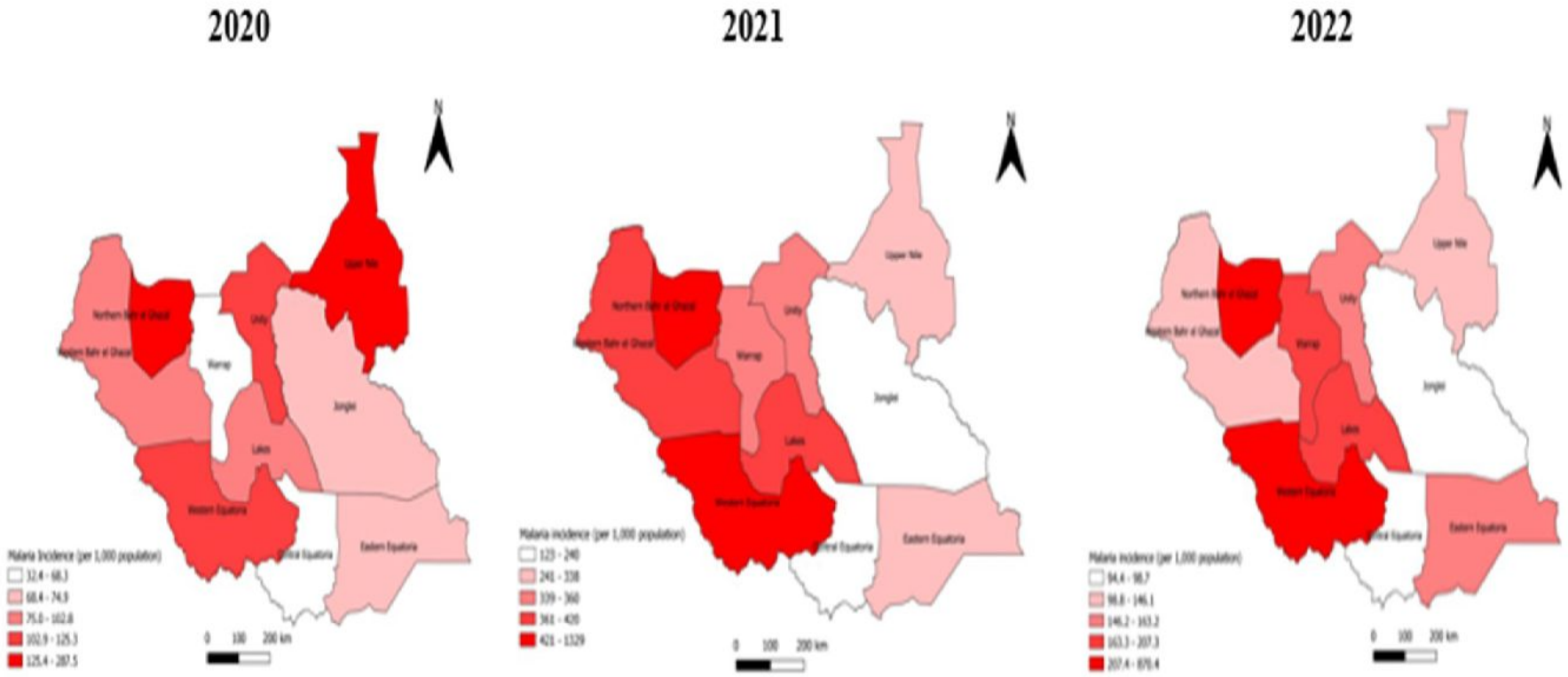
UGANDA - Kampala

3rd – 6th October 2023

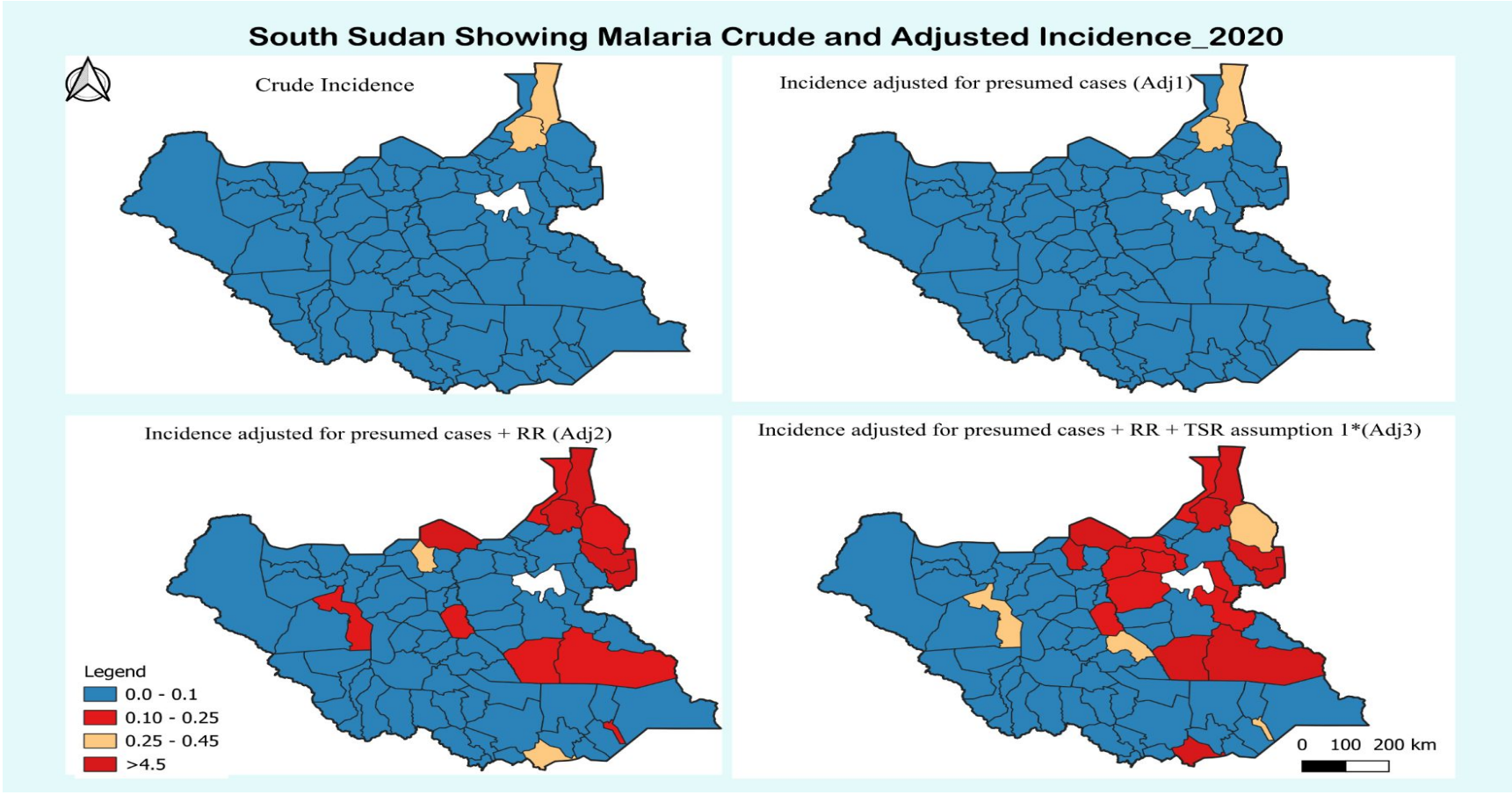
Prevalence stands at 32% (MIS 2017)



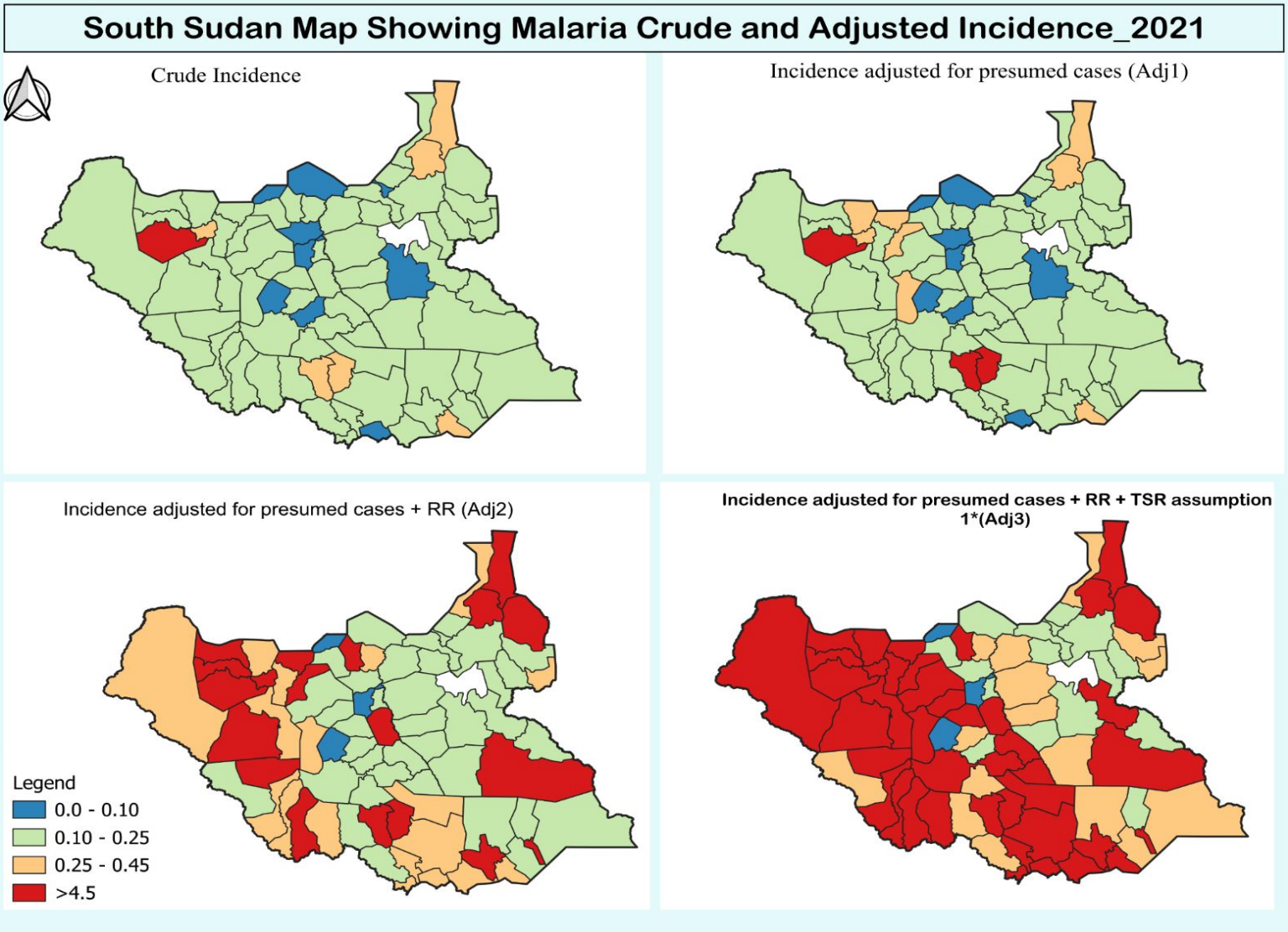
Malaria case incidence per 1,000 population at risk by state, 2020-2022 (DHIS2)



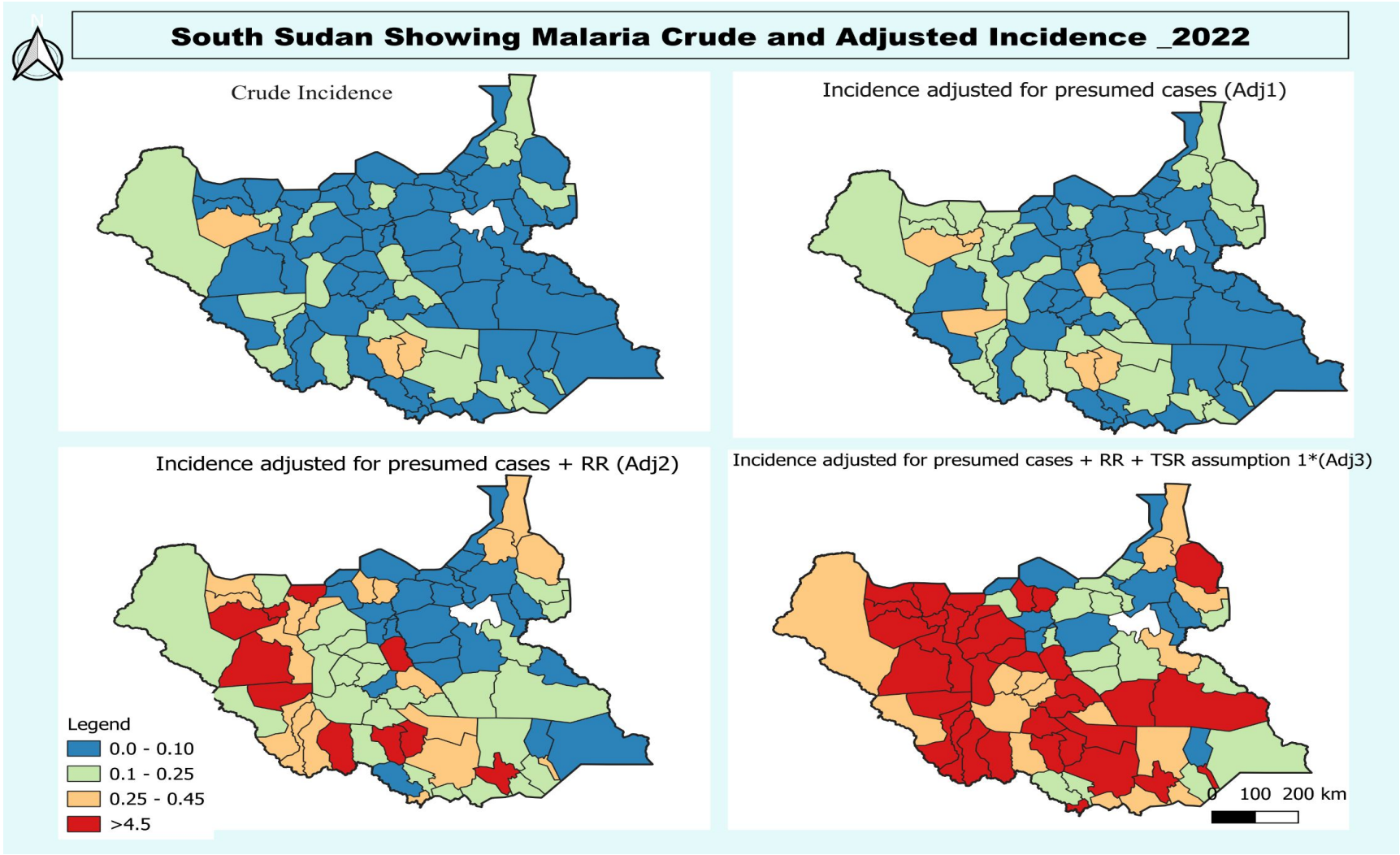
Adjust Incidence 2020



Adjust Incidence 2021

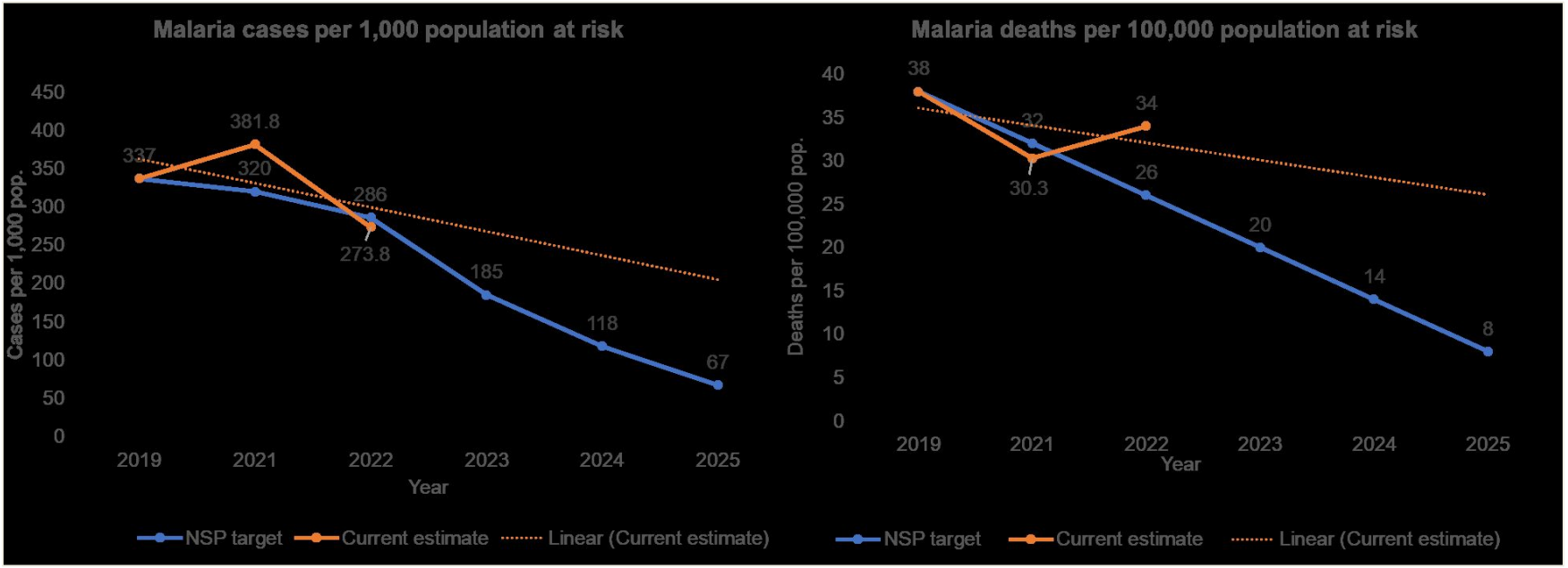


Adjust Incidence 2023



Program Implementation Status

Targets Set in the NSP2021-2025 Vs Current Status



Achievements

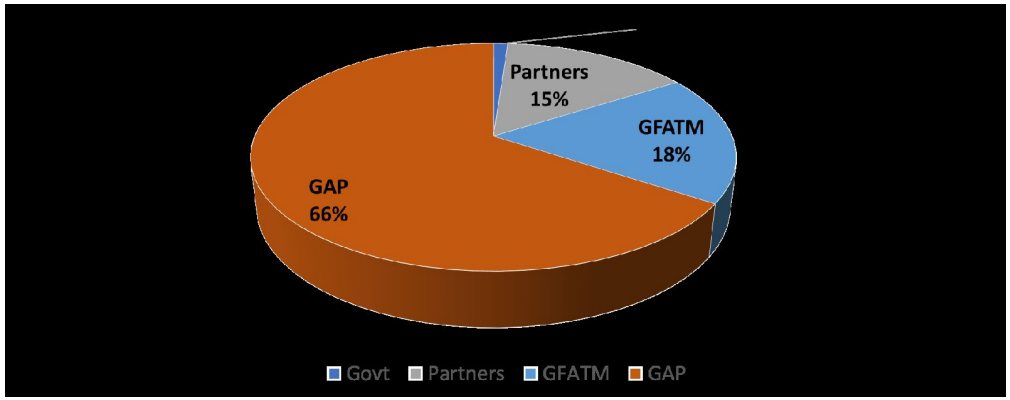
LAUNCH OF THE ZERO MALARIA START WITH ME CAMPAIGN

Achievements

- KAP study survey was done and the results will be utilised for updating guidelines and programming
- Engagement with parliamentarians
- Malaria indcator survey is ongoing
- Case management training of front line health worker across the country
- TES study is ongoing
- Mass LLIN distribution in the remaing states
- Malaria match box survey was done

Bottlenecks/Challenges

- Single source of funding



- Late signing of the global Fund malaria grants in October 2021
- Flood and influx of returnees and refugee
- Zero cash policy

Gap Analysis 2024

	NEED $	FINANCED $	GAPS $
LLINs (*# number of commodities*)	**No distribution**	**No distribution**	**No distribution**
IRS US$	**NA**	**NA**	**NA**
ACTs (# number of commodities)	**2,553,565**	2,000,590	552,975
RDTs (# number of commodities)	**3,661,025**	1,593,460	2,067,565
IPTp	**5,491,539**	635,790	4,855,749
Other costs (add as required)	**2,680,790**	**1,276,782**	**1,404,008**
Total US$ need malaria strategic plan	**11,706,129**	**4,229,840**	**7,476,289**

Gap Analysis 2025

	NEED/$	FINANCED /$	GAPS/$
LLINs (*# number of commodities*)	**22,841,037**	**20,058,541**	**2,782,496**
IRS US$	**NA**	**NA**	**NA**
ACTs (# number of commodities)	**2,579,265**	2,020,725	**558,540**
RDTs (# number of commodities)	**3,770,855**	1,641,264	2,129,591
IPTp	**6,009,801**	765,373	5,244,428
Other costs (add as required)	2,707,771	1,289,633	12,133,193
Total US$ need malaria strategic plan	**37,908,729**	**24,485,903**	**10,715,055**

Gap Analysis 2026 yet to be conducted

	NEED/$	FINANCED/$	GAPS/$
LLINs (*# number of commodities*)	**No distribution**	**No distribution**	**No distribution**
IRS US$	**NA**	**NA**	**NA**
ACTs (# number of commodities)	2,604,209	2,040,267	563,942
RDTs (# number of commodities)	3,883,981	1,690,502	2,193,479
IPTp	6,554,218	834,707	5,719,511
Other costs (add as required)	2,733,958	1,302,105	1,431,853
Total US$ need malaria strategic plan	**15,776,366**	**5,867,581**	**9,908,785**

TA Requirements
Yes

Activities	Technical Assistance	Due Date
TBD	Consultant	2024
TBD	Consultant	2024
TBD	Consultant	2024
TBD	Consultant	2024
TBD	Consultant	2024
TBD	Consultant	2024

Malaria Match Box South Sudan

The malaria matchbox

Goal:

- Improving Access to Malaria Services for under-served and vulnerable populations in South Sudan

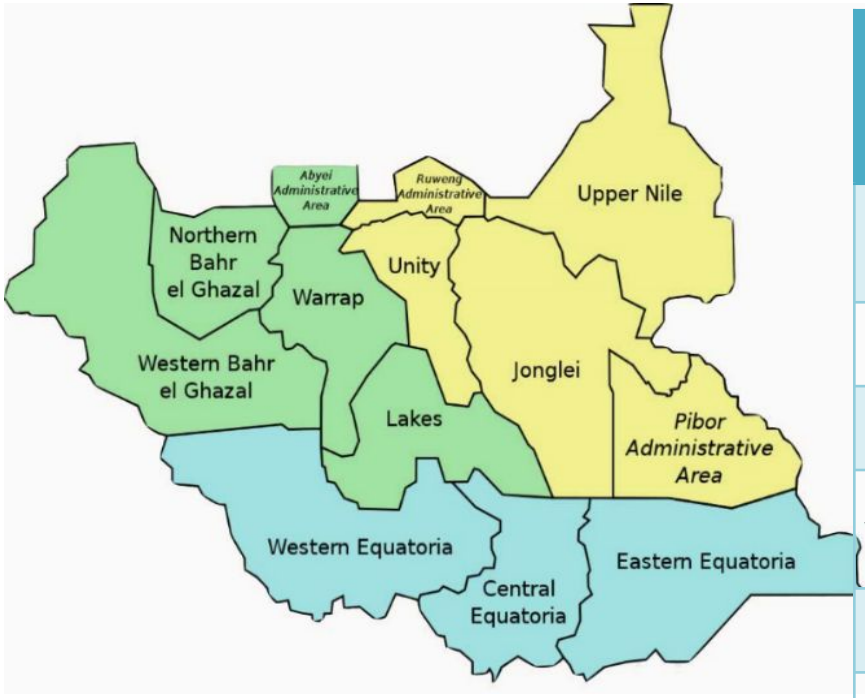
Aim:

- To identify a range of determinants including behaviour and sociocultural factors; information accessibility and health literacy; financial and geographical accessibility; quality, of service delivery issues and barriers to accessing services as well as the bottlenecks to provide equitable services of malaria prevention and control and other health services.

Objective:

- The overall objective was to conduct an assessment using the Malaria Matchbox Toolkit to determine risk factors and barriers impeding equitable and integrated people-cantered malaria programs

Data Collection



Data collection from all ten states and 3 administration areas

Questionnaire Type	# interviews	#Participants	#Female Participants
KII-UNICEF, INGO & Donors	14	14	7
KII-MOH/GOVT	33	33	12
FGD CSO-NGOs	22	85	20
FGD PHC Health Workers	20	150	58
FGD Community	23	243	105
FGD Adolescent	26	265	127
Total	**138**	**790**	**329**

Findings

Behaviour and Socio-Cultural

- **Behavior -Socio-cultural** - challenges related to general knowledge, attitudes and practices amongst diverse vulnerable groups with regard to malaria.
- **Quality health care services**
  - Trends in health seeking behaviour linked to traditional beliefs (what worked before can now… "**M-See-M-Do**"
- **Information accessibility and health literacy**
  - Negative attitudes and beliefs - making decision from un-informed point of view.
- **Physical accessibility** - negative experiences with health facilities
  - Bahaviours of health workers; distances, facilities (ramps for PWDs, elderly)
- **Financial accessibility** – affordability - the influence of gender norms and responsibilities in communities –

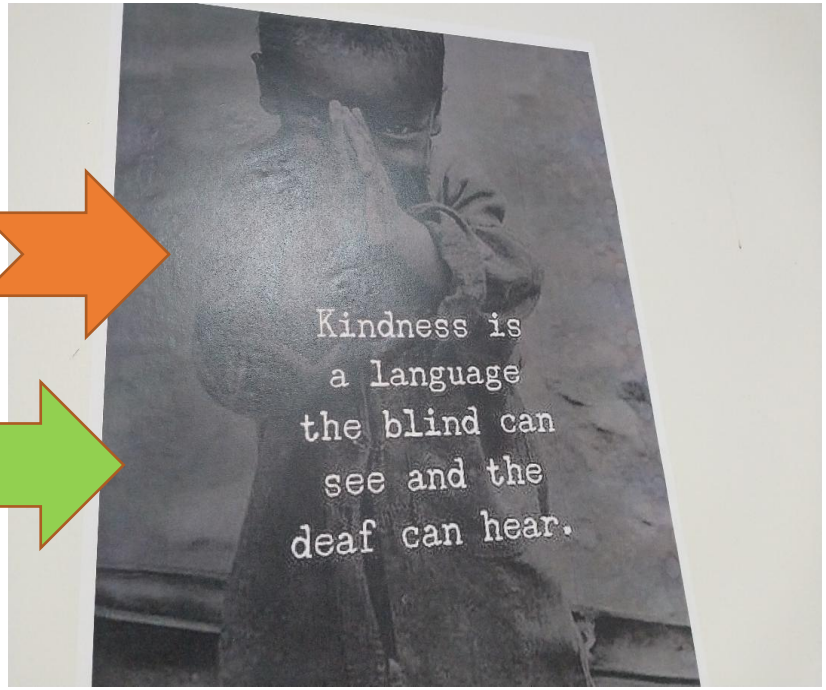
Quality Health Care Services

- **Ineffective distribution schemes of pharmaceutical and medical supplies to the states**
  - **The push system** not based on demand rather supply – not based on needs of facilities/area - compromises the quality of services

- **Lack of tailored strategies or targeted outreach to combat malaria among mobile populations.**
  - Current strategies/guidelines tailored for some P/W; L/mothers, children under 5

Quality Health Care Services Cont'd

- **Inadequacy at Health facilities**
  - almost all health facilities (rural set up) are not functional – equipment, drugs
  - operating hours of health facilities - long waiting times /delays
  - professionalism of personnel at the facilities - poor attitude of HCW towards patients – issues of discrimination were raised.
  - Language barrier – so many dialects worse for IDPs, refugees, (**no sign language**)
  - Limited range of malaria prevention and control commodities - LLINs



Information accessibility and health literacy

- **Inadequate health education on seeking malaria treatment early**
  - Malaria SBCC strategies and messages are designed for the general population.
  - Health education does not address or "sound out" beliefs, myths, practices in relation to malaria prevention and treatment – user friendliness of materials
  - Language and linguistic obstacles potentially leading to misunderstanding and/or misinterpretation of malaria messages to the population
  - No consideration for special needs person – visual or hearing impairment.

Physical accessibility

- **Limited physical health facilities infrastructure**
  - Most in poor structural state, few which are functional, lack medical equipment, water and power supplies
  - No resources for renovation of existing facilities/or building of new infrastructure
  - Distances to health facilities; impassable roads
  - The donor community increased support to humanitarian, for now finance only makeshifts structures – cannot accommodate big numbers of populations
  - GoSS (MoH) has limited capital expenditure budget to finance the development of new facilities
  - Practically few facilities with user-friendly access to the premises

Financial Accessibility

- **Affordability by populations**
  - Linked to poverty;
  - Lack of transport
  - Cost-sharing in some facilities

- **Resources at Facilities**
  - inadequate resources - staff Vs population needs

National Malaria Control Programme

- **NMCP's coordination and management**
  - Lack of NMCP linkage and oversight of malaria services provision in the private health sector. In relation to the "informal" cost sharing with no guidelines.
  - Financial constraints to fund national and state level coordination.

- **Limited NMCP presence at states and county levels.**
  - Inadequate coordination at county level.(No focal persons)
  - Lack of TWG for malaria at state and county level to discuss and coordinate malaria issues monthly.

Ministry of Health

- **Knowledge Management Strategy**
  - Limited capacity of key technical CCM personnel to handle coordination effectively and efficiently
    - ❖ Leads to duplication of service delivery , and resources
    - ❖ No specific information on partners i.e. geographic and specific projects on malaria activities.
    - ❖ Low incentives for the CCM personnel to facilitate their work, merge salaries- not paid on time.

- **Enhancing service delivery in humanitarian setting by utilizing relational capital**

  - No clear collaborations with different sectors – partners
    - complementarity, cooperation, coordination across development and humanitarian community – to improve collective and efficient deliver of sustainable quality services


Recommendation

General Recommendations

1. Incremental scaling up thematic components and geographical coverage of Boma Health Initiative :
   - Strengthening health capacities at the Payam level (PHCC) to provide supervisory and supportive roles to BHI for sustainable quality service delivery in Boma level.
   - Build capacity of existing CNGs - acceptance behaviours by the populations
2. MP should strengthen, embed and implement people centred malaria prevention and control services across the country. This would build community ownership and acceptability of the programme by communities.
3. MP to strengthen integration of its activities with other programs, outside the health sector i.e livelihood, agriculture etc - diverse people at risk will be reached."

General Recommendations

4. Adapt SBCC interventions to address harmful beliefs and practices

5. Address misinformation and misconceptions; - simplified comprehensive information; to communities, C/B for BHI CHW as well.

6. Include other health providers as partners in SBCC for social norms transformation –holistic understanding of Malaria SBCC interventions

7. Deliberate innovative male engagement strategies to harness M/Bs as partners in promoting malaria seeking behaviors including treatment

8. Sustainable effective community mobilization – gender responsive, inclusivity to transformational community ownership and acceptability of M-programme by the communities.

Population recommendations on provision of quality Services

1. Increase on the coverage the LLINs for effective malaria prevention inclusively amongst those considered to be underserved and their vulnerabilities,
   - the mobile populations and those in hard-to-reach places
2. BHI is good however, there is need for functional health facilities – user-professional health workers, “sign language” not heard off
3. BHI to ensure has CHWs based in own communities, there is need to have specific CHWs for underserved populations IDPs/refugees; use local sign language for PWDs

Population recommendations on Info accessibility & Health Literacy

1. Promote positive norms, beliefs, attitudes, and practices for voluntary malaria preventive uptake, - through community dialogues- Use of people centered approach - key influencers in communities
2. In-depth understanding of society dynamics - explore and maintain positive/alternative norms, particularly around misconceptions on prevention and treatment of malaria.
3. Unpack respected community values, gender and social norms that negatively impact on malaria programme across targeted audiences.

   allows the individuals to discuss the negative social norms, impact and effects; co-create feasible and practical solutions for malaria treatment uptake within their households and communities.

Financial Accessibility

1. MOH to re-examine the cost-sharing of malaria services

2. Affordability and cost implication across diverse segments of the population

Gender Responsive Monitoring and Accountability

1. Improve the gender and social inclusiveness and simplify current monitoring systems to capture and assess progress of reduced equity barriers .

2. Improve availability of gender and social inclusive disaggregated data on malaria prevention and control efforts across the country.

National Malaria Country Programme

1. Design and implement effectively drug supply management system that ensures adequate supply with minimal stock outs. Mix of pull vis-a-viz the push system of anti-malarial drugs to the states and counties.
2. NMCP should be supported to review strategies, policies and guidelines for effective, social inclusiveness
3. Strengthen efforts to integrate MP & control efforts across the multi-sectoral humanitarian response across the country.
4. Strengthen NMCP managerial and technical capacity at all levels – sustainable retention of staff, continued C/B

Ministry of Health

1. Government to consider committing incremental raising of the health sector budget from 4% to at least 8% over the coming years.

2. Improve on MOH's coordination and management, by establishing a fully-fledged holistic project management unit (PMU) within the Ministry for effective and efficient health service delivery

3. Improve and implement MOH recruitment and retention policy to reduce the staff turnover – special needs skills to be considered

Planned activities

- Mass distribution of LLINs on going to ensure universal coverage Mobilisation of resources to enable continuous distribution and universal coverage for 2026
- Collaboration with the humanitarian sector to leverage on available resources for malaria prevention and control for refugees, IDPs ,(Sudan Crisis response ongoing with GFATM support.)
- Planning on expansion of an integrated SBCC strategy for roll out at facility and community level through GC7 funding to improve access to information
- Expansion of BHI through GC7 funding to improve access to diagnosis and treatment
- Improvement in recording and reporting for better stratification for decision making
- Planned dissemination of results at the coming annual and review planning for all states and administrative areas.

Thank you