

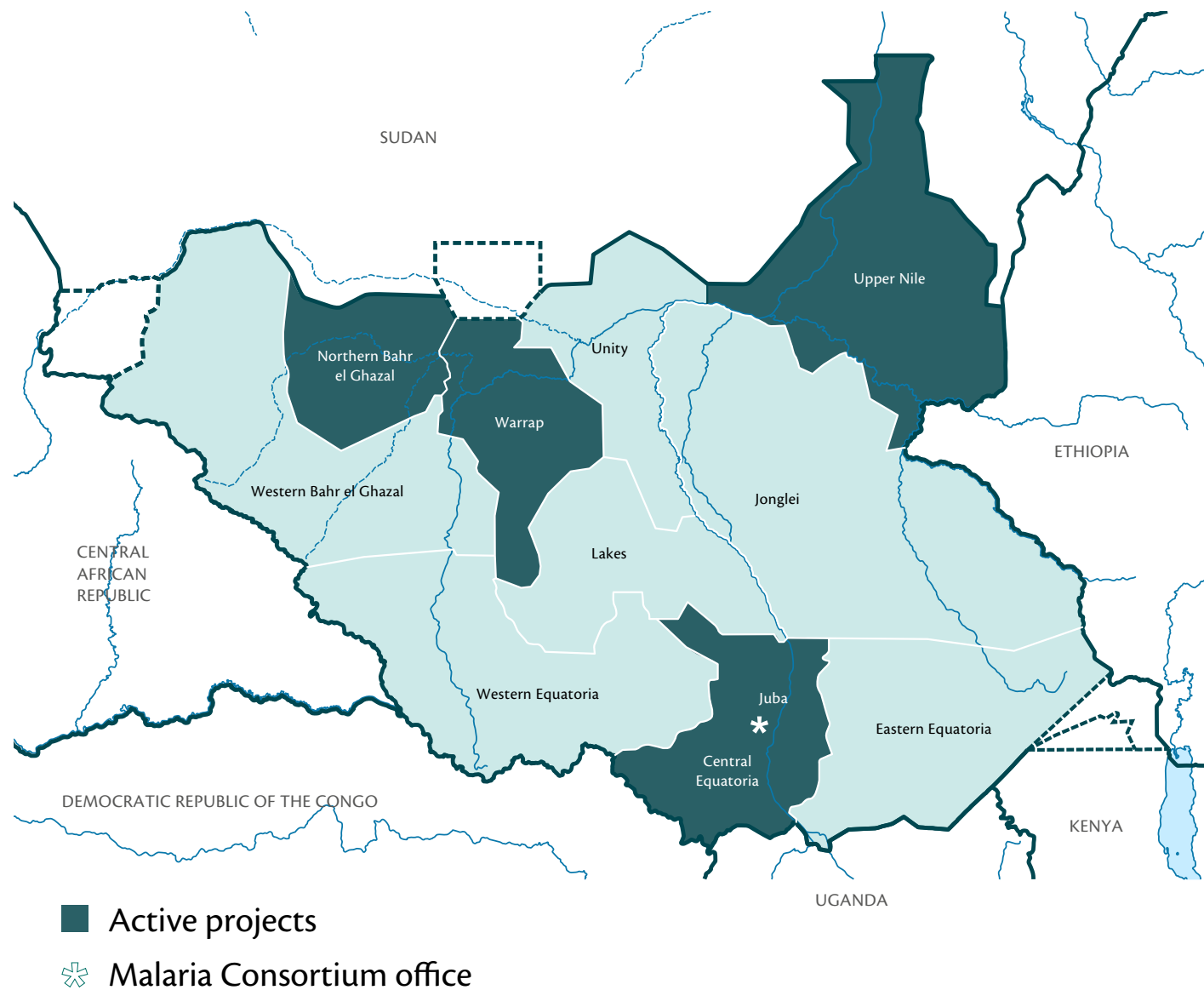
A smiling woman with braided hair, wearing a yellow and green patterned dress and a red and green beaded necklace, holds a white mosquito net. She is standing in front of a traditional thatched hut. The background is a bright, sunny outdoor setting.

**malaria  
consortium**

disease control, better health

CAPACITY STATEMENT

**Malaria Consortium South Sudan**



Malaria Consortium has been operating in South Sudan since 2005 when, following the signing of the Comprehensive Peace Agreement, the Ministry of Health (MoH) requested our assistance to support the development of its policy and evidence base.

Our work in the country began with a focus on long-lasting insecticidal net (LLIN) distribution and healthcare worker training on malaria case management, prevention and control. We have since expanded our portfolio to include primary and secondary healthcare, nutrition, integrated community case management (iCCM) for malaria, pneumonia and diarrhoea, neglected tropical diseases (NTDs), maternal and child health, gender equity and social inclusion, research, health digitalisation and vaccine distribution.

Today, we work closely with national and local governments, donors and key implementing partners across a number of states in South Sudan, including Central Equatoria, Warrap and Western Bahr el Ghazal, in addition to Jonglei, Northern Bahr el Ghazal and Upper Nile states where we currently have active projects.

We champion a technical approach that places health systems strengthening at the centre of our project design and implementation. We prioritise high-impact, life-saving interventions and support service delivery during crises. We also play an integral role in conducting operational research and facilitating the generation of quality-assured data to improve decision-making and planning.

## Areas of focus

### Accelerating disease burden reduction to elimination

South Sudan is among the 29 countries with the highest malaria rates in the world.<sup>[1]</sup> Malaria remains the leading cause of illness and death in the country, accounting for 41 percent of outpatient visits at health facilities, 34 percent of inpatient admissions and 20 percent of all-cause mortality, according to an analysis using 2021 District Health Information System (DHIS2) data. We work closely with national and international stakeholders to reduce the malaria burden and accelerate elimination targets.

### Assessing the effectiveness of seasonal malaria chemoprevention in new contexts

Malaria Consortium is a leading global implementer of seasonal malaria chemoprevention (SMC), an intervention recommended by the World Health Organization (WHO) for children 3–59 months in areas of highly seasonal malaria transmission. Until recently, SMC has been primarily implemented across the Sahel region of West and Central Africa due to concerns about sulfadoxine-pyrimethamine (SP) resistance in East and southern Africa. However, it has been proposed that SMC may retain its effectiveness in areas where parasite resistance has been observed.

To assess whether SMC is an appropriate intervention in South Sudan, we conducted a study to determine the chemoprevention efficacy of SP together with amodiaquine (AQ), and the extent to which efficacy is affected by drug resistance and drug concentrations. In the study, we tracked the presence and change of SPAQ resistance markers over time following SMC implementation; explored the potential scalability of SMC within other states of South Sudan; and assessed the feasibility and acceptability of implementing SMC in the country.

The results show that SMC was associated with 82 percent lower odds of caregiver-reported malaria episodes confirmed by a rapid diagnostic test (RDT). The study also showed high effectiveness of SMC using SPAQ in preventing malaria during the high transmission season.

Further reading: [bit.ly/4aKe87O](https://bit.ly/4aKe87O)

### Delivering long-lasting insecticidal nets

LLINs are a highly effective and cost-effective intervention to control malaria in South Sudan.<sup>[2]</sup> In high-transmission areas, it is estimated that LLINs reduce the number of uncomplicated malaria cases by 50 percent and childhood mortality by up to 25 percent. It is also estimated that LLINs offer double the level of protection compared with untreated nets.

We are supporting the MoH to conduct mass LLIN distribution campaigns in six states of South Sudan: Central Equatoria, Jonglei, Northern Bahr el Ghazal, Upper Nile, Warrap and Western Equatoria. The project, funded by UNICEF through The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), is implemented in collaboration with the State Ministry of Health and the National Malaria Control Programme (NMCP).

In 2021, we adapted our delivery model from fixed-point delivery to door-to-door delivery to comply with COVID-19 infection prevention and control protocols. We also adapted our social and behaviour change (SBC) approaches to raise community awareness and participation, enabling us to distribute nearly 900,000 LLINs in Jonglei state alone.

From 2022 to 2023, we applied a flexible approach including both delivery models, which allowed us to use the most suitable delivery method for circumstances on the ground, especially in flood-prone areas. During this period, we distributed over 3.3 million LLINs.

Further reading: [bit.ly/4aVdKN](https://bit.ly/4aVdKN)

## Strengthening data-informed decision-making and digital approaches

Data-informed strategies are key to achieving the WHO target of reducing global malaria cases and deaths by 90 percent by 2030.<sup>[3]</sup> In South Sudan, we support the government to strengthen malaria surveillance systems, including through the use of digital tools, to enable evidence-based public health decisions.

### Digitising LLIN campaigns for improved decision-making

In South Sudan, LLINs are the primary intervention to prevent malaria. Typically, volunteers distribute LLINs and collect data using paper-based systems. However, it has been observed that paper-based systems can lead to inaccurate data and hinder the use of data for timely decision-making.

In 2022, we supported the MoH to develop a digital tool to collect data during LLIN campaigns, with the aim of improving data accuracy, facilitating timely decision-making and making LLIN distribution more efficient. The tool was piloted in Central Equatoria and later scaled up to whole of Northern Bahr el Ghazal.

A mixed-methods approach was used to assess the acceptability and usability of the digital tool. Acceptability of the tool was assessed through in-depth interviews with users, key senior stakeholders and volunteers in five counties of northern Bahr el Ghazal. Usability was determined through a modified and validated System Usability Scale approach and acceptability was assessed by responses to open questions from 93 participants.

Results showed that the majority of users found the LLIN digital tool easy to use, reduced workload, aided in stock management and facilitated real-time campaign monitoring. Usability of the tool did not differ significantly across genders, roles or counties. Qualitative results indicated that the digital tool was perceived to be acceptable by respondents, the majority of whom preferred the digital tool to paper-based systems and recommended its use in future LLIN campaigns.

## Improving data accuracy and quality of care in South Sudan

In 2022, UNICEF conducted an evaluation of the government's flagship community health programme, the Boma Health Initiative (BHI), which recommended prioritising the digitalisation of the BHI to address critical gaps in data and reporting and achieve long-term sustainability and impact. In particular, the evaluation highlighted that digitalisation could improve integrated community case management (iCCM) of childhood illnesses and increase child survival.

We are working with South Sudan's MoH to develop and implement a new digital health tool to support the implementation of the BHI in Aweil South and Aweil Centre. The tool aims to improve the collection of accurate health data and improve the quality of healthcare to children in their communities, particularly for the treatment of diarrhoea, respiratory tract infections, malaria, HIV, tuberculosis and maternal health interventions. The tool is integrated into DHIS2 and was designed to work both online and offline to ensure it remains an effective community surveillance tool in hard-to-reach areas.

The impact of the tool will be assessed through a cluster-randomised control trial in both target counties. Additionally, we are conducting studies to assess its cost, improvement of data quality, feasibility and acceptability, to determine whether the project is suitable for scale-up.

Further reading: [bit.ly/3R7Dtla](https://bit.ly/3R7Dtla)

## Supporting health sector resilience to achieve universal health coverage by 2030

We work with communities and health systems, with a focus on capacity strengthening and innovative community engagement approaches, to enhance resilience at all levels.

### Scaling up the Boma Health Initiative in South Sudan

In 2017, the MoH established the Boma Health Initiative (BHI), which aims to standardise community health services and to improve access to essential primary healthcare services in areas where these are limited. The BHI also formalises the role of boma health workers (BHWs), who provide healthcare within their *boma* (village) through a range of services, including family/household information registration, health education and curative services for childhood illnesses. BHWs also raise awareness of antenatal services and promote family planning.

With support from The Global Fund and in collaboration with UNICEF, we supported the MoH to scale up the BHI across Aweil Centre and Aweil South counties in Northern Bahr El Ghazal state to prevent and treat common health conditions under the BHI policy.

The project aimed to improve service delivery and engagement by strengthening the capacity of BHWs and supervisors to deliver iCCM and other essential health services. Additionally, the project enhanced the management of the BHI supply chain for essential medicines and commodities, strengthened community engagement and improved linkages between communities and health facilities.

Further reading: [bit.ly/3ySDeEc](https://bit.ly/3ySDeEc) and [bit.ly/40YCYMP](https://bit.ly/40YCYMP)

## Improving maternal and child survival through essential healthcare services

South Sudan's infant and under-five mortality rates are high — 129 and 99 per 1,000 live births, respectively — and its maternal mortality rate is the highest in the world at 1,150 per 100,000 live births.

To improve maternal, neonatal, child and adolescent health in South Sudan, we implemented the Health Pooled Fund III: Provision of Essential Healthcare Services project in Aweil Centre and Aweil South. The project established integrated primary healthcare delivery at the community level and 15 health facilities, enhancing the quality of health services and community-level interventions. It has also supported last-mile delivery of commodities, increasing access to safe, effective and quality essential medicines and supplies, and creating resilient health systems that enhance accountability and are responsive to the needs of the people.

So far, the project has provided skilled birth attendance for approximately 30,000 deliveries, facilitated over 1.2 million outpatient consultations, vaccinated over 60,000 children aged 0–11 months with three doses of pentavalent vaccine, and treated approximately 200,000 children under five for diarrhoea, malaria and pneumonia.

Further reading: [bit.ly/2RSLSK6](https://bit.ly/2RSLSK6)

## Strengthening vaccination to improve community resilience

South Sudan experienced several challenges that contributed to low vaccination coverage during the COVID-19 pandemic, including conflict, flooding and high vaccine hesitancy.

From November 2021 to February 2024, we supported the MoH to implement vaccination campaigns in Aweil South and Aweil Centre. To reduce vaccine hesitancy, we trained BHWs and engaged key stakeholders, including *payam* (lowest administrative level) chiefs, women's groups, youth groups, teachers and religious leaders to generate community support and promote the uptake of vaccination.

Through the project, we have supported the MoH to vaccinate nearly 60,000 people for COVID-19 through community vaccination and outreach campaigns. In both target counties, we successfully distributed COVID-19 vaccines to 100 percent of the targeted population. We are now building on our success and supporting the MoH to implement a subnational campaign for malaria vaccines and routine immunisation that aims to increase vaccination efforts and strengthen stewardship, coordination, policies and procedures.

Further reading: [bit.ly/42YHwEV](https://bit.ly/42YHwEV)

Registrars move from house to house distributing nets in Mayom Akoon village, in Aweil West, Northern Bahr el Ghazal State





Trachoma mass screening treatment

## Influencing policy and practice

We carry out high-quality operational and implementation research and evaluations to support new, evidence-based interventions. We document and share this learning to inform programme improvement and promote uptake into national policies.

### Facilitating the treatment of neglected tropical diseases

South Sudan has a high burden of neglected tropical diseases (NTDs), which disproportionately affect rural poor communities with limited access to healthcare and other essential infrastructure, such as clean water and sanitation.

Historically, we have supported the MoH to identify and treat several endemic NTDs. From 2009 to 2010, we conducted joint NTD surveys that revealed that *Schistosoma haematobium* — a parasitic flatworm causing schistosomiasis — is endemic to Northern Bahr el Ghazal and Unity states (*S. mansoni* was also found to be endemic in Unity). Through these surveys, we supported the MoH to implement mass drug administrations to reduce the NTD burden, collaborating on the rollout of the first-ever deworming campaign for primary school children. We successfully treated over 255,000 children for *S. haematobium* and soil-transmitted helminths (intestinal worms that infect humans via contaminated soils).

Further reading: [bit.ly/3X1KwzG](https://bit.ly/3X1KwzG)

### Collaborations and strategic partnerships

We support the MoH, state and local level government, including Aweil Centre and Aweil South County Health Departments and the Northern Bahr el Ghazal State Ministry of Health. We are grateful for the collaboration and support of our partners and donors, including Crown Agents, Doctors with Africa — Collegio Universitario Aspiranti Medici Missionari (CUAMM), The Global Fund, Population Services International, UNICEF and Health Link South Sudan (HLSS).

We are well represented in coordination bodies across the country and participate in key fora and clusters, including the NGO Forum, the Health Cluster, the Nutrition Cluster and the Logistics Cluster. Malaria Consortium additionally participates in technical working groups (TWGs), such as the Malaria TWG and BHI TWG, and is currently a sitting member of the Country Coordination Mechanism through The Global Fund.

Malaria Consortium is one of the world's leading non-profit organisations specialising in the prevention, control and treatment of malaria and other communicable diseases among vulnerable populations.

Our mission is to save lives and improve health in Africa and Asia through evidence-based programmes that combat targeted diseases and promote universal health coverage.

## References

1. World Health Organization. World malaria report 2021. Geneva, Switzerland: World Health Organization; 2021. Available from: [www.who.int/publications/i/item/9789240040496](http://www.who.int/publications/i/item/9789240040496)
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3. United Nations Children's Fund. Maternal mortality. New York, USA: UNICEF; 2019. Available from: <https://data.unicef.org/topic/maternal-health/maternal-mortality/>

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Cover image: Mother of 8 receives her nets from a Malaria Consortium registrar in Aweil West, South Sudan.

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