MALARIA CONSORTIUM: SOUTHERN SUDAN
The principal aim of Malaria Consortium is the prevention and treatment of disease, particularly but not exclusively malaria, among the poorest and most at risk. Malaria Consortium staff work in a variety of settings across Africa and Asia, using innovative strategies and approaches.

The organisation works to improve not only the health of the individual, but also the capacity of national health systems, which contributes towards poverty relief and improved economic prosperity. Malaria Consortium has been engaged in Southern Sudan since 2005. With the end of the longest running civil war in Africa, the newly formed Government of Southern Sudan Ministry of Health (GoSS-MoH) requested Malaria Consortium’s assistance to support the development of its policy environment, evidence base, and to expand access to life saving services.

To better facilitate its expanding support to state level Ministries of Health, County Health Departments, and direct implementation work, Malaria Consortium established offices in Juba (Central Equatoria State), Aweil (Northern Bahr el Ghazel State), Bentiu (Unity State), and Malakal (Upper Nile State).

In Southern Sudan 2.5 million children under five are at risk of malaria.
WHAT WE DO

Malaria Consortium has a range of programmes in four states focusing on the following strategic areas:

MALARI A CONTROL
The control and elimination of malaria is at the core of Malaria Consortium’s work globally. Mosquito net distribution is a key malaria prevention activity in Southern Sudan. Malaria Consortium has been a lead partner in the distribution of long lasting insecticidal nets in Southern Sudan, ensuring that all households covered not only receive nets but that household members are also trained in the importance of net use.

NEGLECTED TROPICAL DISEASES (NTDs)
Malaria Consortium has supported the GoSS-MoH to implement a national programme for integrated neglected tropical disease control since 2007. The programme targets five NTDs and focuses on conducting rapid assessments, surveys and subsequent mass drug administration where NTDs are found. Malaria Consortium also implements an emergency response Kala-Azar project in Upper Nile and Jonglei states.

HEALTH SYSTEMS STRENGTHENING (HSS)
Malaria Consortium’s support to HSS in Southern Sudan includes support to GoSS-MoH policy development right through to capacity building to ensure that health workers are able to implement these same policies. Considerable work is also done to generate an evidence base that the GoSS-MoH can use to plan its service delivery as well as work with County Health Departments to plan their activities and budgets.

CASE MANAGEMENT
Access to prompt and effective treatment is a key constraint in Southern Sudan. Malaria Consortium is working with the GoSS-MoH to find solutions to this through rolling out an Integrated Community Case Management programme (ICCM). The ICCM programme offers an opportunity to rapidly increase access to treatment for childhood illnesses including diarrhoea and pneumonia at the community level for children under five years of age.

OPERATIONAL HEALTH RESEARCH
Malaria Consortium conducts health research and also assists the GoSS-MoH to map, review and synthesise all research carried out in relevant areas in Southern Sudan. As part of this project, Malaria Consortium is also implementing a health research capacity assessment and developing capacity strengthening activities.
Angelina is a Community Drug Distributor (CDD) who has received training through Malaria Consortium so that she can diagnose and treat malaria, pneumonia and diarrhoea. Angelina has treated eight children under five in the past 13 days in her village in Aweil West County. “The community is very relieved to have me as a CDD. As soon as a child is sick, including my own, I can treat them. In the past they had to go to a clinic which is many hours walk away,” she says. The previous day, Ahok Lual brought her seven month old daughter Aluat Deng to see Angelina, as she had been sick for a few days. Angelina examined Aluat and diagnosed her with malaria. She gave her the first treatment at her house, and then showed Ahok Lual how to break the tablets in half so that the dosage was correct for the child’s age. Ahok said that Aluat quickly improved after taking the medicine.

Angelo Agany is Angelina’s supervisor. He has a total of 16 CDDs under his supervision who he visits twice per month. When asked what the biggest challenge in his role is, he says that he is facing problems with the rains, which hamper his ability to continue to supervise the CDDs who live across the river from him. The rains last for six months each year and present the biggest challenge to all Malaria Consortium’s operations in Southern Sudan.

ANGELINA’S STORY

LEFT HAND PICTURE
Ahok Lual with daughter Aluat Deng

RIGHT HAND PICTURE
CDD Angelina with her supervisor Angelo
Malaria Consortium wishes to thank its donors and partners who have included:

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- Research Triangle Institute International
- Global Fund for AIDS, TB, and Malaria
- UK Department for International Development
- United Nations Children’s Fund
- United States Agency for International Development

IN ADDITION TO THE INCREDIBLE SUPPORT MALARIA CONSORTIUM HAS RECEIVED FROM DONORS AND PARTNERS LISTED HERE, MALARIA CONSORTIUM WOULD LIKE TO GIVE SPECIAL RECOGNITION TO THE HARD WORK AND TREMENDOUS CONTRIBUTIONS OF THE BENEFICIARIES, VOLUNTEERS, AND STAFF WHO HAVE MADE OUR WORK SUCCESSFUL.
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