



malaria
consortium

SMC Annual Alliance Meeting - 2026

Implementing SMC in a complex
operating environment

*(Refugee & IDP Camps Populations in
South Sudan)*



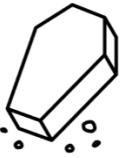
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South Sudan Context



South Sudan gained independence in 2011 from Sudan after a referendum ending two decades of civil war



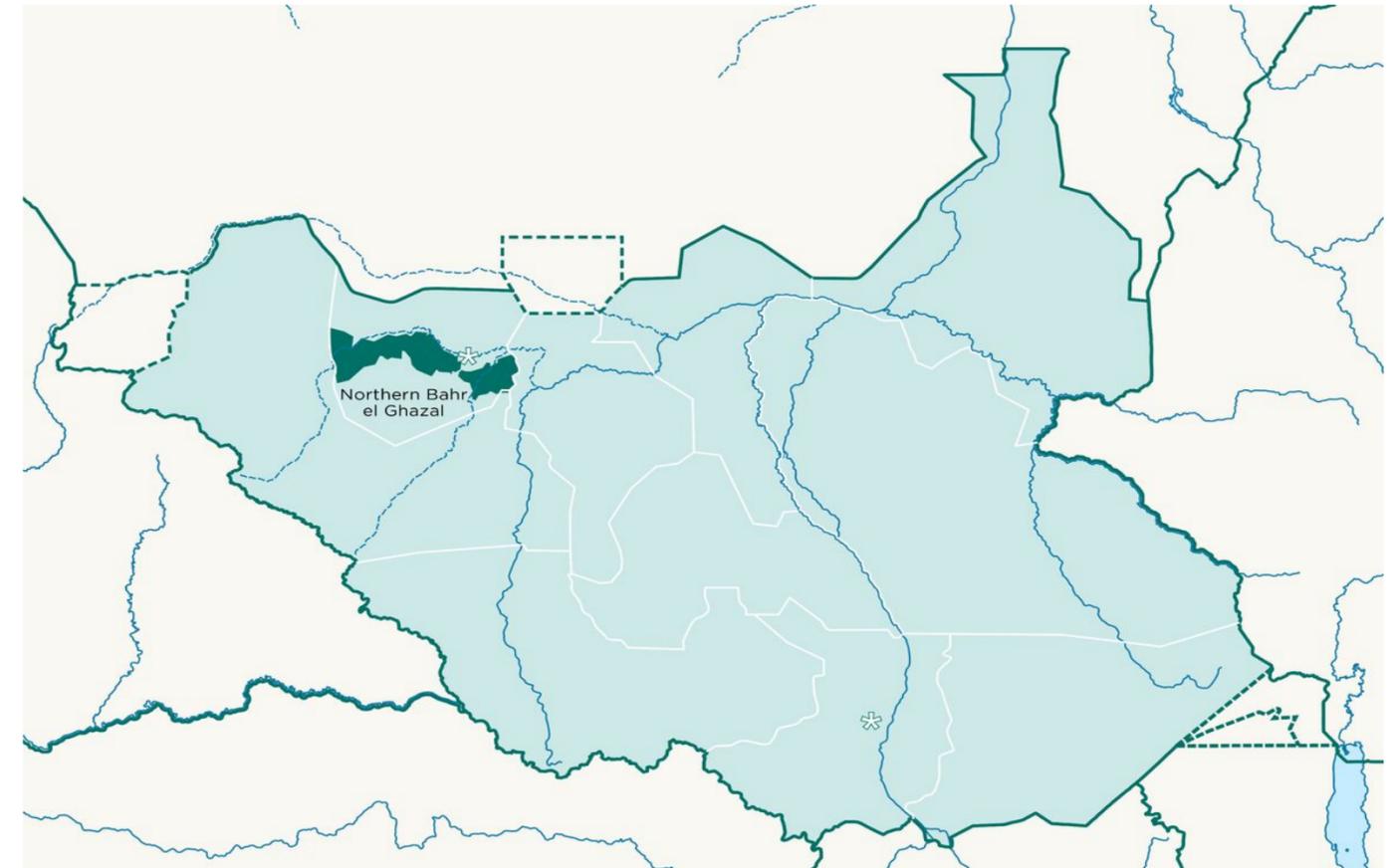
High child mortality persists at 98.7 deaths per 1,000 live births



Malaria is the leading cause of morbidity and mortality responsible for up to 49% of outpatient visits and 30% of inpatient admissions.



Conflict, floods, and displacement have created overcrowded camps with limited access to health services, increasing malaria exposure for children.



■ Philanthropic funding

✱ Malaria Consortium office

SMC was Funded by GiveWell

Context Cont.

- Crisis erupted in Sudan in 2023
- Over 2 million IDPs & refugees, plus large influxes of returnees from Sudan, strain the already fragile systems.
- SMC is implemented in Wedweil Refugee settlement by Malaria Consortium (2023–2025)

SMC in Refugee Community in South Sudan

Approach

- Door to Door Delivery (5 cycles)
- Use of Community Health & Refugee Volunteers (identified from the refugees) for ownership
- Integration with Existing Humanitarian Services
- Use of Community Platforms for Sensitization
- Reference to UNHCR Data for planning
- Multi Language Communication (Arabic, English)



Seasonal Transmission

Especially in Northern Bahr el Ghazal (NBeG) where peak transmission is (June–November)

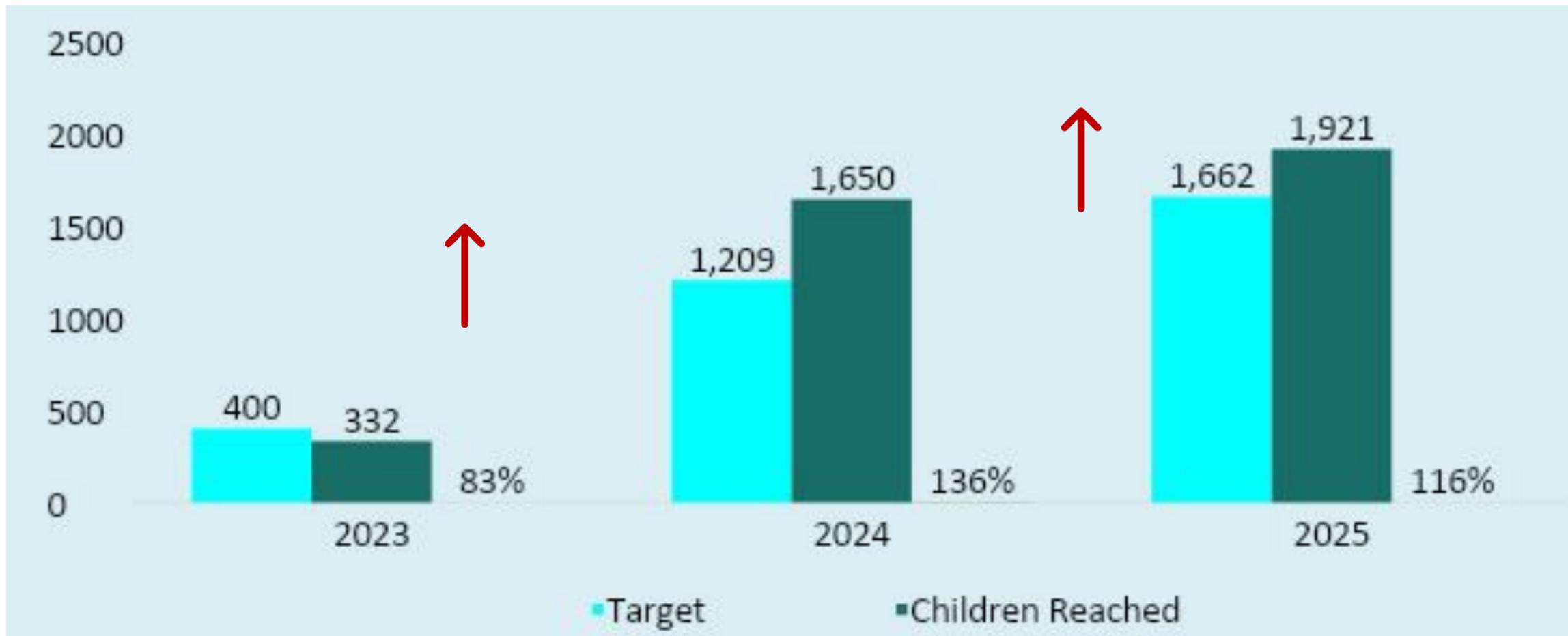
Coverage Scope (Quality)

- Administrative coverage
- Household survey coverage
- Data quality and program performance indicators as part of its multi-country SMC programme

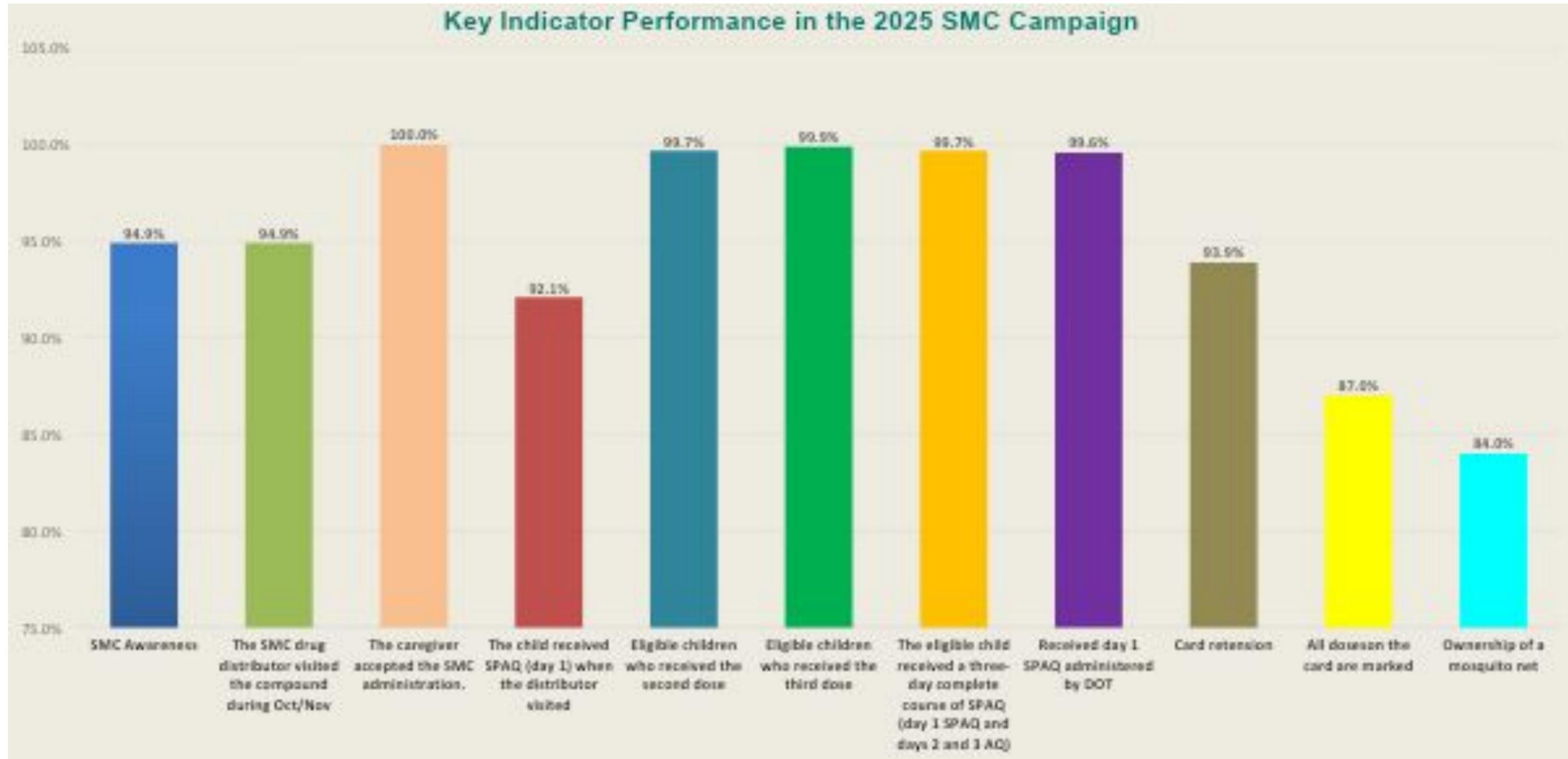
Why SMC is Critical in Refugee & IDP Camps

- ❑ **Limited Access to Health & WASH:** Overcrowded camps + fragile health systems = poor access to healthcare, clean water, sanitation, and protection services. SMC ensures reliable malaria prevention where services are weakest
- ❑ **Severe Food Insecurity & Climate Shocks:** Conflict, displacement, market collapse, and flooding destroy shelters and livelihoods, leaving families without food or safe water thus heightening malaria vulnerability
- ❑ **High Insecurity:** Armed clashes and restricted movement block humanitarian access, leaving displaced families without essential services or protection
- ❑ **Humanitarian Crises Increase Malaria Burden:** Over 2 million IDPs & refugees, plus large influxes from Sudan, strain already fragile systems. SMC is implemented in Wedweil Refugee settlement by Malaria Consortium (2023–2025)
- ❑ **SMC Benefits:** Reduces uncomplicated & severe malaria in children under 5, providing continuous protection during peak season (June–October/November)

SMC intervention in Wedweil Refugee Settlement 2023-2025



Performance of SMC in 2025 campaign



End of round survey 2025

Quotes about SMC

“When I heard that South Sudan will not have an SMC Campaign, I was shattered. This is because I had firsthand evidence of the positive effect of SMC – My medical expenditure on malaria reduced because my children were beneficiaries”

Director General, Northern Bahr el Ghazal



Quotes cont.

“I believe these drugs are very useful. When my child completed the doses, she didn’t get sick anymore, which was a relief for me. I would never intentionally prevent my child from taking these drugs, especially since they are free and effective in keeping her healthy.”

Caregiver, Wedweil Refugee Settlement



SMC Challenges in South Sudan

- ❑ **Limited Funding & No SMC Planned for 2026** - Funding gaps have halted 2026 SMC implementation, threatening continuity of protection for children in high-burden counties
- ❑ **Limited Surveillance Capacity** - Weak routine surveillance systems reduce accuracy of burden estimates and planning. Ongoing partner-supported initiatives (e.g., Optimizing Malaria Surveillance Project) aim to strengthen data quality and use
- ❑ **Concerns on ASAQ & SP Resistance** - Concerns over SP resistance and ASAQ use may affect continued SMC implementation. MoH and partners are working towards adaptation of multiple first line treatment and conducting studies to inform decisions.
- ❑ **Insecurity & Restricted Access** - Armed conflict, road insecurity, and large-scale displacement exacerbated by refugee influx from Sudan, limit access to communities, disrupt supply chains, and impede SMC delivery

The Opportunities to deliver cost effective SMC in South Sudan if Scaled up

- ❑ **Strong Community Health Workforce** - Existing Boma Health Workers & supervisors already experienced in door-to-door SMC delivery since 2022 → ready, low-cost workforce for rapid expansion
- ❑ **High Feasibility & Community Acceptance** - Strong acceptance in Aweil and refugee settings; trusted community workers make scale-up easy and cost-efficient
- ❑ **Operational Capacity in Hard-to-Reach Areas** - Teams have delivered SMC successfully in flood-prone, insecure, and remote areas — achieving >100% coverage even under pressure
- ❑ **Robust Partnerships with MoH & Health Agencies** - Strong collaboration with MoH/NMCP, UNICEF, and humanitarian partners provides a supportive platform for wider expansion
- ❑ **Proven Scalability Beyond Pilot Sites** - Evidence shows SMC is feasible, safe, and scalable - ready for expansion to additional states and refugee populations beyond Wedweil Camp.

Lessons Learned from Implementation in camps

- ❑ **Entry into camps through camp leadership** – Facilitates coordination and collaboration with existing partners and trust building
- ❑ **Use of Community Health & Refugee Volunteers (identified from the refugees)-** Fosters for ownership
- ❑ **Integration with Existing Humanitarian Services-** Maximizes uptake
- ❑ **Use of Community Platforms Increases Reach** - Market Days & Schools effectively engage wider groups especially male caregivers, and boost targeted SMC messaging
- ❑ **Peer Learning Strengthens Quality** - Knowledge sharing harmonizes approaches and improves consistency in service delivery
- ❑ **Operational Flexibility is Essential** - Adjusting micro-plans for flooding, insecurity, and shifting populations prevents missed children and maintains coverage



The Director Preventive Medicine (*holding brown book*) poses for a photo Boma Health Workers Wedweil Refugee Settlement during Cycle 4 of the SMC Campaign (Sept 2025)

**Special Thanks to
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**Together, we can create a
world free of malaria**

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