

The Republic of South Sudan



Ministry of Health Office of the Minister

GOVERNMENT OF SOUTH SUDAN DECLARATION OF THE SOUTH SUDAN FP2030 COMMITMENT



The Government of South Sudan recognizes the critical role of Family Planning in achieving the country development targets and the subsequent need for to accelerate modern contraceptive prevalence rate to reap the demographic dividend. The Government thus makes the following commitments:

1. The Government of South Sudan commits to attain 20% Contraceptive Prevalence Rate for modern contraceptives for all women with family planning placed at the center of national development to harness the Demographic Dividend and ensure the Sexual Reproductive Health Rights of Women and Girls are attained by 2030
2. The Government of South Sudan commits to increasing the health sector budget allocation from 2% in 2022/2023 which translated to 33.5 Billion South Sudanese Pounds (US\$ 77 Million) to 12% by 2030. 3% of the total allocation will be allocated for Family Planning including for procurement of contraceptives / Reproductive Health commodities by 2025.
3. The Government of South Sudan commits that all Health Facilities and Communities will provide unhindered access to human rights-based Adolescent and Youth Responsive Sexual Reproductive Health (SRH) and contraceptives information by 2026
4. The Government of South Sudan commits that through the Ministry of Health (MoH) – Monitoring and Evaluation (M&E) department; it will institutionalize and harmonize the generation, collection, storage, analysis and dissemination of disaggregated data that includes data on Adolescents and Young People by 2023
5. The Government of South Sudan commits to develop policies and programmes anchored on rights-based principles to promote demand and

provision of SRH services to the hard-to-reach populations including those internally displaced by conflict, natural disasters, refugees, nomadic pastoralists and the marginalized by 2026

6. The Government of South Sudan commits to increase access to Adolescent and Youth Responsive SRH / information through innovative, diverse and participatory approaches that will reduce harmful practices like child marriages by 20% and teenage pregnancies to 11%.
7. The Government of South Sudan commits to provide an enabling political and policy environment for attainment of Family planning / SRHR through: Recruitment of a Director of Family Planning & Reproductive Health Commodity Security (FP/RHCS)

Thank you,



Hon. Yolanda Awel Deng Juach
Minister of Health
Republic of South Sudan



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FP2030 GOVERNMENT COMMITMENT FORM

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Date Submitted	8 th December, 2022

SOUTH SUDAN'S 2030 VISION STATEMENT

By the end of 2030, South Sudan's family planning vision is to attain 20% Contraceptive Prevalence Rate for modern contraceptives for all women with family planning placed at the center of national development to harness the Demographic Dividend and also ensure the Sexual Reproductive Health Rights of Women and Girls are attained.

COMMITMENT OBJECTIVES

FINANCIAL OBJECTIVE

Commitment Objective 1:	HEALTHCARE AND RH/FP FINANCING
Objective Statement <i>Note: Follow-up with MoH on current allocation to FP/RH Budget line</i> <i>Note: This commitment is aligned with the ICPD Country Commitment</i>	<ul style="list-style-type: none">• The Government of South Sudan will increase the proportion of the national budget dedicated to health from 2% in 2022/23 which translated to 33.5 billion South Sudanese Pounds (US\$ 77 Million) to 12% by 2030.• In addition, the Government of South Sudan will increase the percentage allocation to the Family Planning including for procurement of contraceptives / Reproductive Health (FP/RH) Ministry of Health (MoH) budget line from 1% to 5% by 2025• The State Governments will allocate at least 3% of their total budgets to health including procurement of contraceptives by 2025
Timeline	2022 to 2026
Rationale	The country context is such that the Government of South Sudan is the biggest employer with most service providers coming from the public service workforce. Due to funding limitations to the



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	<p>public service and the MoH in particular, there is usually delay in disbursement of the salaries and related allowances which has bred a less motivated workforce.</p> <p>In addition, the Government does not procure any commodities for use in the public sector leaving the donors and partners to fully support the procurement of essential health commodities and support for capacity building.</p> <p>The Universal Health Coverage for SRH/FP Services in South Sudan - <i>Budget Expenditure analysis Report</i> (MoH / UNFPA, 2018) showed that total allocation to MOH was US\$5.1 M and the allocation for RH was US\$0.003 Million which is equivalent to 0.06%.</p> <p>There is thus need for improved sustainable local financing for health to ensure both demand and supply for quality services are met especially with the unpredictable global financing landscape.</p>
<p>Strategies</p>	<p>Policy Related Strategies</p> <ul style="list-style-type: none"> • Advocate for the inclusion of Family Planning (FP) as a priority development factor in the country's National Development Strategy • Advocate for the creation of the position of health and population development focal point in the Ministry of Finance and Economic Planning to ensure issues of population dynamics are prioritized in national planning and financing <p>Program-related Strategies</p> <ul style="list-style-type: none"> • The Government and partners will support regular engagements with Parliamentarians (and other decision makers) at national and state level to help them understand SRH/FP as a rights, health and development issue. This will include other related SRH country commitments e.g., ICPD commitments, Abuja Commitments of allocating 15% of national budget to health to achieve the goal of \$34 per capita for health • The Government will support annual funding assessments that will inform decision making on financing matters • The government will ensure timely release of funds to the MoH to support implementation of SRH/FP services at health facility and community level. • The MoH will be held accountable for resources received and provide timely accountability, reports to the parliamentary accounting committee.



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POLICY/PROGRAMMATIC OBJECTIVES

<p>Commitment Objective 2:</p>	<p>TRANSFORMING SOCIAL/CULTURAL & GENDER NORMS</p>
<p>Objective Statement</p>	<p>All Health Facilities (public and private) including Hospitals (County, State and National), Primary Healthcare Centers (PHCCs), Primary Healthcare Units (PHCUs) and Communities provide unhindered access to human rights-based Adolescent and Youth Responsive Sexual Reproductive Health (SRH) and contraceptives information and services in alignment with the social, cultural context of the regions by 2026</p>
<p>Timeline</p>	<p>2022 to 2026</p>
<p>Rationale</p>	<p>South Sudan has one of the lowest CPRs in the world standing at 4.3%. The social and cultural norms in the country contribute significantly to this as well as the myths and misconceptions surrounding family planning.</p> <p>Women and girls in the country are not empowered to make decisions about their choices and needs for contraception. Traditionally, the bride price in South Sudan is very high leaving men with a sense of 'ownership' over the woman in a marriage as such denying them the right to make any SRH decisions particularly FP.</p> <p>FP is also not accepted in some communities as it is seen as an inhibitor to population growth in a country where it is believed that there has been a huge loss of population due to war. This goes to the extent where providers are arrested and charged for providing FP by local authorities</p>
<p>Strategies</p>	<p>Policy Related Strategies</p> <ul style="list-style-type: none"> ● Customary laws should be harmonized with national level policy on access to child spacing and healthy timing ● There should be deliberate high-level pronouncement on securing the rights of the women regardless of the bride price paid ● There is need to immediately implement the strategic national action plan (SNAP) for ending child marriage ● Operationalize key documents such as the Family Planning Costed Implementation Plan, Adolescents Sexual Reproductive Health Strategy, National Fistula Strategy and Reproductive Health Policy by 2022 ● Enact the National Disability Inclusion Policy by 2024



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Program-related Strategies

- Accelerate the scale-up of age-appropriate life skills and comprehensive sexuality education (CSE) in all primary and secondary schools, as part of the curriculum, by 2025
- Integrate CSE in out of school programs involving Adolescents and Young People in national programming
- Engagement and sensitization of security and organized forces and duty bearers on the significance SRH and Rights
- Conduct targeted community dialogues/awareness session on FP and challenging gender norms with Women of Child Bearing Age, Youths, Men and Gatekeepers
- Engaging males as through different platforms on positive masculinity as they are key influencers in FP service provision (males have been seen as hindering or have left FP to women);
- Promote community demand and service delivery for integrated rights-based, youth-friendly, gender-transformative, and inclusive approach to sexual and reproductive health and rights (SRHR) by using innovative strategies to transform the beliefs, social norms, and traditions that create barriers to individuals' access to SRHR and reduce healthy SRHR outcomes.



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DATA AND EVIDENCE GENERATION

Commitment Objective 3:	STRENGTHEN DATA AND EVIDENCE-INFORMED DECISION MAKING
Objective Statement	Through the Ministry of Health (MoH) – Monitoring and Evaluation (M&E) department; institutionalize and harmonize the generation, collection, storage, analysis and dissemination of disaggregated data that includes data on Adolescents and Young People by 2024
Timeline	2022 - 2024
Rationale	<p>The MoH has already harmonized the tools for data collection and reporting with HMIS recently updated in 2019. The HMIS has age disaggregated data. However, the HMIS is under-utilized:</p> <ul style="list-style-type: none"> • The number of facilities reporting is low • Private facilities do not report their data in the system • Community based / generated data is not captured • There is no analysis of the data for decision making • FP is always not included in the reports that are generated and disseminated <p>The MoH has several partners supporting the implementation of the FP/SRH Programme in the country. All the partners have their own data reporting requirements and have as such strengthened their own systems of collection and reporting for data.</p> <p>The country however needs a centrally coordinated, robust data management mechanism that is managed by the MoH under the M&E department. This will promote national / local stewardship for information management in LMIS, HMIS and other health related information systems</p>
Strategies	<ul style="list-style-type: none"> • The Directorate of Policy Planning Budget and Research will manage relationships across the programme and amongst partners to infuse a data and evidence-driven culture. This will include support to encourage reporting through the Government information systems • The Directorate will lead the engagement of stakeholders and the sector partners including the private sector to define and update the data needs for



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	<p>the sector and ensure coordinated efforts to support efforts for a national data repository.</p> <ul style="list-style-type: none">• The country will initiate and complete a National Demographic Health Survey by 2026• The Boma Health initiative will be supported to develop mechanisms for integrating evidence and data generated from the programme to feed into the national DHIS2
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SYSTEM STRENGTHENING

Commitment Objective 4:	IMPROVE SYSTEMS RESPONSIVENESS TO COVER HARD TO REACH POPULATIONS
Objective Statement	Develop policies and programmes anchored on rights-based principles in order to promote demand and provision of SRH services to the hard-to-reach populations including those internally displaced by conflict, natural disasters, refugees, nomadic pastoralists and the marginalized by 2026
Timeline	2022 - 2026
Rationale	<p>According to the UNCHR reports, about 30% of the South Sudanese population is internally displaced. The on-going conflict in some areas continues to provide challenges in ensuring availability of commodities, service provision and assurance of quality services.</p> <p>The country is also prone to natural disasters such as flooding which further displaces the population.</p> <p>There is widespread cultural, religious and political diversity within the country with a bigger population of some tribes being pastoralists who are nomadic.</p> <p>The country also faces issues of access to the conflict zones which leaves populations in need of SRH/FP services underserved</p> <p>There is need for the Government to support the development of resilient systems that ensure no one is left behind in the provision of SRH information and services regardless situation in the hard-to-reach context</p>
Strategies	<p>Policy Related Strategies</p> <ul style="list-style-type: none"> • Support the annual review of the National Humanitarian Contingency Plan by 2023 and prioritize FP/SRH and inclusion of Minimum Initial Service Package (MISP) concepts in the plan <p>Program Related Strategies</p> <ul style="list-style-type: none"> • Unimpeded access to humanitarian actors for provision of basic social services particularly FP within the SRH and GBV prevention for populations in humanitarian situations





Note: The Humanitarian Ministry to be invited during the stakeholder meeting to help with the details on financing

- By end of 2025, all health infrastructures in areas affected by humanitarian crisis are rehabilitated and made available for provision of health services.
- Strengthen coordination, collaboration and partnership at national, state and local levels, including community-based mechanisms (including young people and vulnerable populations), civil society organizations and broader technical working groups on emergency preparedness response and resilience
- Promote public-private partnerships to enhance service delivery through the private sector, and support last mile delivery of reproductive health commodities to fulfil the unmet need of remote and under-served communities.

Finance Related Strategies

- The Humanitarian Ministry will allocate a percentage of their funding to ensure health and SRH are prioritize during humanitarian responses

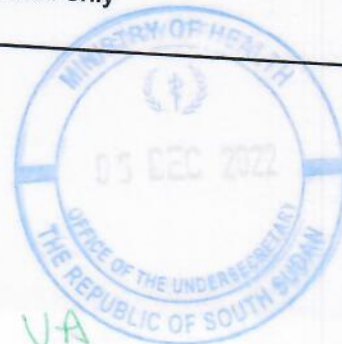


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ADOLESCENTS

Commitment Objective 5:	ADOLESCENT AND YOUNG PEOPLE'S DECISION TO USE MODERN CONTRACEPTION IS SUPPORTED AND ACCEPTED
Objective Statement	Increase access to Adolescent and Youth Responsive SRH / information and contraceptives services through innovative, diverse and participatory approaches that will reduce harmful practices like child marriages by 20% and teenage pregnancies to 11%.
Timeline	2021 to 2026
Rationale	<p>South Sudan has a very young population with 72% of the population being less than 30 years. Unwanted teenage pregnancies are rife at 300/1000 pregnancies with many of the Adolescents and Young People opting for unsafe abortions. The Country has a high rate of early forced marriages at 40%. With the high teenage pregnancies, related complications of obstructed labour, fistulas and maternal deaths remain high.</p> <p>Unfortunately, SRH information and services are not universally accessible to this age group owing to multiple factors which include:</p> <ul style="list-style-type: none"> • Adolescents and Youths (A&Y) not preferring the health facilities because of the scrutiny they get by the providers • The age of consent to access SRH/FP services is an issue as the adolescents are asked about their age when trying to access services • Providers are not friendly to A&Y as it is generally seen that SRH is not for them • The timing of service provision in health facilities is not convenient for adolescents i.e. school time, times when parents are also there • Cultural barriers remain an impediment – Sex is viewed as a means of reproduction only





Strategies

Policy Related Strategies

- Review the ASRH Strategic Framework for 2020
- Enacting/reviewing, the GBV law, the Family Law and the Children Act by 2022
- By end of 2026, all states have declared and put in place mechanisms to End Child Marriage
- In partnership with Civil Society Organizations and Women activists, amplify women and girls' voices about SRHR/FP & Gender Based Violence in all communication avenues immediately
- Ensuring that the new National Development Strategy (2021/22 – 2023/24) is anchored, among other things, on harnessing the Demographic Dividend
- Free sanitary pads are provided to all eligible girls in primary and secondary schools in both rural and urban areas by 2025 in a bid to improve menstrual hygiene and ensure school retention for girls; and Tax exemption is granted to sanitary pads manufactured and/or imported into the country to make them more affordable to girls in low-income households

Programme Related Strategies

- Establishing Youth friendly centers (incubation spaces) and platforms for youth innovation and skills testing/building in the 10 states including the three administrative areas by end of 2026
- Provision of age-appropriate life skills and comprehensive sexuality education in all primary and secondary schools, as part of the curriculum, by 2025
- Implement out of school CSE in all the 10 states by 2030
- Promote innovative approaches to FP access e.g., at youth center and including new technologies like DMPA SC - Self-care
- The Government will support the capacity building for youth friendly EMONC services including post-abortion care

Finance Related Strategies

- Establish, in the 2021/2022 FY, a Youth Enterprise Fund to build youth entrepreneurship and skills to ensure young people are empowered economically





	<ul style="list-style-type: none"> Strengthening the capacity of CSO to take up their space to invest in young people
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ENABLING ENVIRONMENT

Commitment Objective 6:	POLITICAL / POLICY COMMITMENT
Objective Statement	<p>The Government will provide an enabling political and policy environment for attainment of Family planning / SRHR through:</p> <ul style="list-style-type: none"> Recruitment of a Director of Family Planning & Reproductive Health Commodity Security (FP/RHCS) as per MOH-RH directorate approved organogram
Timeline	2021 to 2026
Rationale	<p>The Country currently does not have a focal point specific for FP / RHCS at the MoH. The coordination of the program is being done by the MoH Director General who is mostly supported by an officer from UNFPA.</p> <p>To ensure better coordination of the program and prioritization of the FP agenda within the MoH, there is need to fill the position of Director of Family Planning & Reproductive Health Commodity Security (FP/RHCS)</p>
Strategies	<p>Policy Related Strategies</p> <ul style="list-style-type: none"> Advocate with MoH senior management to open up the position and recruit a director to manage and coordinate the program





COMMITMENT ACCOUNTABILITY APPROACH

1. Existing and new platforms that will be used to track progress on commitments

- FP TWG will monitor technical implementation
- Progress on commitments will be presented at a high-level bi-annual meeting
- The country will convene an Annual FP Review Meeting (FP Conference) that will include stakeholders from the subnational level to track progress
- MoH will convene a bi-annual inter-ministerial meeting to track and discuss progress of the FP2030 commitment

2. Accountability tools/mechanisms that will be used to track commitments

- An annual FP2030 commitments progress report will be shared through the Minister of Health
- A costed implementation plan will be developed to operationalize the commitments
- The Country will recruit an M&E officer through Track20 who will support the implementation of the M&E mechanism that will be developed to monitor the progress on commitments
- FP Score-cards will be developed by 2023 monitor implementation at subnational level
- Motion tracker will be developed 2023

3. Social accountability mechanisms that will be used at the subnational level

- The Country will actualize the formation of the subnational level FP TWGs
- CSOs will be capacitated monitor implementation of the commitments at beneficiary level
- The state parliaments will be sensitized on the FP2030 commitments to support implementation and hold the central Government accountable in parliament

4. Accountability approach that elevates the role of civil society partners and how they will be engaged in tracking progress on commitments

- The CSO focal point will take a leading role to galvanize the CSOs in the FP space to be able to implement and monitor the implementation of the Commitments

5. Visibility and transparency in sharing information on country progress towards meeting commitments?

- The country commits to sharing an annual progress report through the Minister of Health
- The progress on commitments will be shared at the Annual FP Conference with a press release and a quarterly bulletin
- Success stories and case studies will be developed and shared

6. Aligning the FP2030 accountability process with other national processes for monitoring other country commitments such as ICPD+25

- This will be aligned to the ICPD commitments review meeting which is already being convened by the first Vice President

Dr Victoria Anib Majur
Undersecretary,
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