

SOUTH SUDAN COMMITMENT SELF-REPORTING QUESTIONNAIRE 2018



Thank you in advance for taking the time to complete this questionnaire.

The Family Planning 2020 (FP2020) Secretariat surveys all FP2020 commitment makers to gather updates on overall progress, major activities, and key areas of challenge in fulfilling commitments. We use these responses to support information and knowledge sharing and transparency among FP2020 commitment makers and the broader family planning community.

We look forward to publishing your response on your country's dedicated country webpage—<http://www.familyplanning2020.org/zimbabwe>—on FP2020's website.

We request that you submit your response by **Friday, June 8, 2018**. Please complete the attached Word document and submit to Martyn Smith on msmith@familyplanning2020.org with a copy to Holley Stewart on hstewart@familyplanning2020.org.

Should you have any questions or concerns, please contact Holley Stewart on hstewart@familyplanning2020.org or Rudy Shaffer on rshaffer@familyplanning2020.org.

Thank you again for your commitment to improve the lives of women and girls through greater access to voluntary family planning. We look forward to your response.

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This questionnaire includes South Sudan's 2017 commitment and three standard questions we're requesting of all FP2020 commitment-making countries.

As you provide your updates below on each element of your commitment, kindly focus on progress made, any major challenges or barriers you faced, and share information on any key upcoming commitment-related milestones. **Please provide updates that reflect the July 2017- May 2018 period only.**

UPDATE QUESTIONNAIRE

COMMITMENT OVERVIEW

The Government of South Sudan commits to:

1. Improve availability and access to family planning information and services through provision of rights-based integrated sexual and reproductive health (SRH) services
2. Reduce maternal mortality by 10% by 2020
3. Increase modern contraceptive prevalence rate among married women from 5% (FP2020 FPET 2016 estimate) to 20% by 2020.

1. POLICY COMMITMENT: The Government of South Sudan commits to:

- 1.1 Create enabling environment (e.g. policy on task shifting and community-based interventions, protocols, guidelines and tools) to support family planning and integrated SRH services and reproductive health rights;
- 1.2 Develop National Costed Implementation Plan for Family Planning by 2019;
- 1.3 Increase access to reproductive health information and services through implementation of the National Health Policy, Health Sector Development Plan and Boma Health Initiative;
- 1.4 Develop a national action plan to combat early/child marriage.

In the space below, please provide an update on activities undertaken in 2017-2018 in support of these elements of your commitment:

In 2017, the government finalized and launched the National Health Policy (2017-2026) and Boma Health Initiative Strategy, a locally grown community health service delivery model. In addition, the Health Sector Strategic Plan (2017-2022) and RMNCAH Strategy (2017-2022) were developed. All these documents reflected government's commitment to deliver on its commitment for SRH, including family planning and HIV/STI, particularly for young people. This year, government worked with stakeholders to undertake costing of the BHI and developed a BHI Investment Case, which development partners are now rallying behind to support implementation of the community-based health services programme. Family planning information and services, including referral to health facilities, is one of the core packages being rolled out by partners implementing the BHI.

The government and health partners have also conducted several advocacy meetings with lawmakers and other stakeholders to garner support for family planning in the country. Engagement of various stakeholders is yielding fruits as evidenced by the formation of the South Sudan Media Network for Population and Development. These Networks will have specific funded annual work plans to implement to advance SRH issues, including family planning. Further, high-level advocacy meetings have been conducted at sub-national levels (Wau & Torit during the reporting period) to sensitize opinion leaders on the FP2020 commitment and secure their support for its implementation at the grassroots level.

Through multi-sectoral and consultative engagement the South Sudan National Action Plan (SSNAP) to End Early Marriage was finalized under the leadership of the Ministry of Gender and Social Welfare with active participation of Ministry of Health and other line ministries, UNFPA and other UN agencies, bilateral and multilateral donors as well as traditional leaders. The SSNAP was launched on the 19th of June 2018, as a high profile event officiated by none other than the Vice President Dr. James Wani Igga. This critically important strategy will guide stakeholders in tackling one of the root causes of teenage pregnancy and deprivation of autonomy from an early age.

Funding for development of the Costed Implementation Plan for family planning has not yet been secured. Further follow up with potential donors will be undertaken.

2. FINANCIAL COMMITMENT: The Government of South Sudan commits to:

2.1 Increase the portion of national budget dedicated to health, from 1% in 2017 to 4% by 2020;

2.2 Establish a dedicated budget line in the Ministry of Health (1% of MOH budget) for Reproductive Health and Family Planning from the 2017/18 budget.

In the space below, please provide an update on activities undertaken in 2017-2018 in support of these elements of your commitment:

The post-independence conflict in South Sudan has affected funding for health programmes in South Sudan, with focus shifting to humanitarian response. To gain more insight into the situation, and produce evidence for advocacy, a consultant was engaged to track and analyse budgets and expenditures over the past 4 years. The report from this assessment will be shared with partners and lawmakers in the national and sub-national Legislative Assemblies to raise awareness and advocate for dedicated resource allocation for SRH and family planning.

Notwithstanding the impact of the conflict, the government has continued to allocate funds for health, and to advocate for support by development partners. This financial year, SSP 1,013,355,032 was allocated for the sector; the Council of Ministers has approved SSP 1,584,324,304 in 2018/19 budget. This is yet below the FP2020 commitment to increase from 2.4% in 2016 to 4% by 2020. This represents a decline of 2% from the National 2016/2017 budget to 1.96% of the total 2018/19 national budget. However, in the Ministry of Health's budget, there is now a dedicated budget line for reproductive health. In the 2017/18 budget, about SSP 3,267,174 was allocated to the Directorate of Reproductive Health, mainly to cover recurrent costs, including salaries for technical staff supporting ASRH. The Directorate's budget in the upcoming 2018/19 financial year will increase to SSP 16,119,832, which represents 1% of health expenditures.

At the sub-national level, the Legislative Assembly in Imatong State introduced a specific budget line for family planning in 2017. However, this is yet to be translated into action due to limited funds available at State levels.

3. PROGRAMME AND SERVICE DELIVERY COMMITMENT: The Government of South Sudan commits to:

- 3.1 Increase the proposition of service delivery points by providing rights-based family planning counselling and methods to at least 25% at all levels;
- 3.2 Integrate information and services for gender-sensitive and age-appropriate family planning, sexual and reproductive health, HIV/AIDS and gender-based violence prevention and treatment at facility and community levels;
- 3.3 Strengthen coordination and collaboration between stakeholders to improve reproductive health service delivery, capacity building, and supply chain management of reproductive health commodities; and
- 3.4 Promote public-private partnerships to enhance service delivery through the private sector, and support last mile distribution of reproductive health commodities to fulfil the unmet need of remote and under-served communities.

In the space below, please provide an update on activities undertaken in 2017-2018 in support of these elements of your commitment:

According to the latest Health Facility Assessment for Reproductive Health and Services conducted in December 2017 by the National Bureau of Statistics, out of the 170 facilities sampled from 9 out of 10 former States of South Sudan, 60% of service delivery points were found to be providing or able to provide family planning services and over 50% provided at least three modern contraceptives to clients. However, the utilization of the services were affected by various factors such as lack of awareness, access by social-cultural barriers, population to health facilities, stock outs on contraceptives, and lack of training for service providers, especially on long-acting & reversible methods.

Acknowledging the role of stock out of contraceptives at service delivery points as a major barrier to access, and working with health partners, the government quantified contraceptive needs for the next three years. For the first time, coordinated actions by government, donors (USAID and DFID) and UNFPA, also facilitated integration of the distribution of contraceptives and essential medicines. This ensured contraceptives reached to all hospitals and counties in the country. Civil society organizations at the county level played a further role in moving the commodities to service delivery points. Consequently, fewer reports of stock outs at service delivery points are being reported.

South Sudan has an active FP2020 Technical Working Group that brings together focal points, donors, civil society organizations and representatives of young people. The working group presents various stakeholders with opportunities to participate directly in deliberations on family planning programs and policies. Working as a team, the group developed and finalized the FP2020 Country Action Plan, with clearly spelled out activities, responsibilities and timelines. The group also jointly reviews implementation progress. Since starting the FP2020 collaboration, there is an increased sense of shared vision and accountability for family planning.

Engagement through the ASRH Technical Working Group has enabled government and health partners to finalize a dedicated South Sudan ASH Strategic Plan, South Sudan Standards for Adolescent and Young People's Friendly Health Services, Comprehensive Sexuality Education (CSE) Curriculum and Training Kit for Orientation of Health Service Providers on ASRH. These documents will form the foundation for integration of ASRH awareness creation, information provision and service delivery through various channels.

To access provider bias and improve family planning access for young people, efforts have been made to build capacity for SRH, including family planning, HIV/STI prevention and treatment. These include: development of a harmonized training curriculum and job aids; improving and equipping health facilities to be youth friendly; and training health care providers on how to provide respectful care and ensuring supplies. In some health facilities, dedicated spaces or clinic days have been allocated to cater for needs of young people.

In humanitarian settings, capacity of humanitarian aid workers is being strengthened to roll out MISIP when responding to emergencies. Emergency Reproductive Health kits have been pre-positioned strategically across the country, and these include contraceptive supplies to meet family planning needs of affected populations. Indeed, a noticeable increase in number of women using contraceptives is being reported in Protection of Civilian sites even in areas previously considered to be hostile to family planning.

Please respond to all parts of the following 3 questions:

1. How has your Government engaged civil society organizations, young people, and marginalized women and girls in decision-making about national family planning programs and policies?

a. What challenges have you faced in working with these groups? (please give examples)

South Sudan has a relatively high total fertility rate (6.7), which is partly perpetuated by pro-natalist mentality that encourages more births per woman to replace lives lost to decades of conflict. Also underlying this phenomenon is a mindset attributable to socio-cultural beliefs that favor large families, ties a woman's worth to fertility and the number of children she bears, and espouses early marriage (over 40% are married by 18 years).

With concerted efforts by the Ministry of Health, line ministries and development partners, some inroads have been made in raising awareness about the benefits of family planning for individual women, their children and households, as well as national productivity and development. However, while awareness and acceptance of family planning in the general population is gradually improving, there remains significant resistance from politicians, traditional, religious leaders, teachers and parents, when it comes to addressing contraceptive needs for unmarried and young girls.

Despite the above challenges, the government has actively worked with civil society organizations, young people and women and girls to implement the FP2020 commitment. Through coordination fora at national and sub-national levels, these groups are being engaged and sensitized about their roles in increasing access to family planning for those who need it most. Regular meetings with partners has increased awareness about the FP2020 commitment, and the knowledge that government indeed supports family planning has been crucial in encouraging many civil society organizations to include family planning in their programming.

Some civil society organizations have also mobilized resources on their own and advocate with lawmakers and opinion leaders to gain their support for reproductive health and family planning in particular. With complex logistics required to reach the last mile, civil society organizations have played a crucial role in facilitating transportation of contraceptives from regional depots to service delivery points. Other involvement worth mentioning are community level sensitization and dialogues as well as health education to create more awareness about benefits of family planning. This is vital in demystifying beliefs that family planning is tantamount to population control, thereby increasing demand for contraceptives.

Health partners are also placing more emphasis on youth friendly services, and GBV prevention and response activities. While the scale is still low, improvements have been registered on this front, and will continue to play a key role in unlocking the potential for delivering family planning services to young people, including unmarried women, or those constrained by patriarchy.

b. Please share successes and/or lessons learned from these engagements.

Government leadership and ownership

- Previously, various stakeholders were planning and executing family planning interventions in isolation. Given the prevailing apathy towards family planning, implementing partners were not confident talking openly about their family planning programmes. However, with government stepping up and committing to the FP2020 initiative, the narrative is changing for the better. To see the government taking lead encourages more partners to get involved, and to approach communities with more assurance.

Advocacy and community dialogues

- To make inroads and scale up family planning, it is important not to be seen imposing “foreign ideas” on the people. Key messages promoting family planning should be continuously passed on to the community, through appropriate channels. Advocacy meetings and community dialogues proved effective in winning support from politicians, religious and cultural leaders. Empowering the enlightened opinion leaders to be part of further cascades of these messages to the grassroots lends more credibility to the program.

Positioning family planning

- In a pro-natalist context, it is important to dissociate family planning programmes from the notion of “population control.” In engaging individuals and communities, better reception is elicited by the more subtle term “child spacing,” which is attuned to existing traditional practices. Further, explaining the benefits of family planning beyond health resonates more, especially with men. Messages should therefore emphasize the economic and developmental benefits as well as health. Lastly, family planning should be presented as an integral component of SRH and central to averting maternal and child mortality.

2. How is the Government integrating family planning into universal health coverage (UHC)-oriented schemes and what is/are the mechanism(s) being used or considered?

The government is making every effort to ensure family planning is integrated into universal health coverage schemes. Apart from the availability of a National Family Planning Policy that was launched in July 2012 by none other than the President of the Republic H.E. Salva Kiir Bayardit, family planning is an integral component of the basic package of health services for primary health care that are constitutionally to be provided free of charge. To formalize this, family planning has been included in several government documents and schemes, such as:

- National Health Policy
- Health Sector Strategic Plan
- RH Policy and Strategic Plan
- RMNCAH Strategy
- Youth Policy & Strategy
- ASRH Strategic Plan
- Basic Package of Health and Nutrition Services
- Boma Health Initiative Strategy, a homegrown community-based health service delivery system

The BHI in particular is the new approach the government wishes to pursue to take health services closer to the people. The safe motherhood package includes deployment of salaried community health workers to conduct family planning awareness and sensitization activities at the grassroots level, and also provide some counselling and distribution of contraceptives they are authorized to dispense.

Another mechanism being considered is integration of family planning into several programs such as post-natal care, post-abortion care, GBV prevention and response, PMTCT, STI/HIV, CSE, nutrition, and distribution of relief supplies, among others.

To promote access for young people, improving availability of youth friendly services is a key strategy. The three-point access model for ASRH information and services is being used to reach both in- and out-of-school youths.

3. Did the FP2020 Focal Points participate in your country's 2018 data consensus meeting?

No. Data Consensus meeting has not yet been conducted for South Sudan by the time of preparation of this report.

- a. Were domestic expenditures data reviewed as part of the data consensus meeting? If so, please share insights and challenges you had in reviewing and validating these data.**

N/A

Please provide the following information on the Government's point of contact for this update:

- Name: Dr. Makur Kariom
- Title: Undersecretary
- Department: Ministry of Health, Republic of South Sudan
- E-mail: dmkarior@gmail.com
- Phone: +211 9223444444
- Address: PO Box 88, Juba, South Sudan
- Date: 20th June 2018