

FP2020 Commitment 2019 Update Questionnaire SOUTH SUDAN



The FP2020 Secretariat surveys FP2020 commitment makers annually to track progress made, activities undertaken, and challenges faced toward fulfilling commitments. We kindly ask you to complete the FP2020 Commitment 2019 Update Questionnaire for South Sudan, by **5 July 2019**. Your responses support greater information and knowledge sharing, transparency, and accountability among the growing number of FP2020 commitment makers and the broader family planning community. As in previous years, we will share your responses on your country's dedicated country webpage (<http://www.familyplanning2020.org/south-sudan>) so in-country and global stakeholders alike can follow South Sudan's progress in reaching the ambitious goals set on behalf of the women, girls, families, and communities in your country.

FP2020 commitments can be achieved with coordinated actions across multiple sectors and partners at various levels. We hope this will be an opportunity for you to engage with your country focal point team, including youth focal point and family planning stakeholders in country to jointly review progress.

Please note that the self-reporting process complements the national family planning data consensus workshops that take place during the same time period. If the data consensus workshop for South Sudan is scheduled after **5 July 2019**, please let us know so we can discuss how to align the commitment reporting deadline to ensure results from each process are compatible.

Please complete the attached Word document and submit to Martyn Smith msmith@familyplanning2020.org and Krista Newhouse knewhouse@familyplanning2020.org with a copy to Onyinye Edeh oedeh@familyplanning2020.org. Should you have any questions or concerns, please contact Onyinye on oedeh@familyplanning2020.org.

Additionally, the Core Conveners of FP2020 are currently gathering input to build a shared vision for family planning post-2020. We look forward to learning from your response and appreciate your partnership in delivering on the promise that is FP2020.

Thank you for your time and effort to fill out this questionnaire and provide useful information for the broader partnership.

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The questionnaire includes 1) the 2017 commitment and 2) six standard questions to all FP2020 commitment-making countries.

As you provide your updates below on each element of your commitment, kindly focus on:

- **Progress made and key challenges or barriers** you faced, during the **July 2018 - June 2019 period**.
- Please also include information on **any key upcoming commitment-related milestones**.
- Lastly, we invite you to reflect on progress per commitment through a **self-assessment**.

SECTION I: QUESTIONNAIRE FOR COMMITMENT UPDATE

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.

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a) Please provide an update below on achievements made in July 2018 - June 2019 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

Creating Enabling Environment

Ministry of Health in collaboration with UNFPA continued to facilitate coordination of health partners around SRH issues in the country. The central level RH Coordination Forum and the RH-in-Emergency Technical Working Group meetings were supported to build consensus around issues of RHCS, FP, ASRH, EmONC and PPH. The FP2020 Technical Working Group met regularly and provided oversight for implementation of the 2018-19 FP2020 Country Action Plan. Functional SRH coordination mechanisms also exist at sub-national level in Wau, Yambio, Torit, Bentiu and Malakal. Improved coordination and convening of partners has spurred interest and involvement of civil society organizations in family planning programming, increasing geographical coverage.

Key policies, strategies and guidelines are in place – Health Policy; Health Sector Development Plan; RH Policy; FP Policy; RMNCAH&N Strategy; ASRH Strategic Framework; Boma Health Initiative Strategy; Overall Factsheet for Young People; South Sudan Comprehensive Sexuality Education; FP Training Guidelines & Job aids

FP2020 partners also contributed to technical review of various documents and initiatives to ensure family planning interventions are adequately provided for in national strategies and plans. Consequently family planning is now well reflected in documents such as the Health Policy; National Health Sector Strategic Plan; the RMNCAH & Nutrition Strategy; ASRH Strategic Framework; Overall Factsheet for Young People; the Boma Health Initiative Strategy and Boma Health Initiative and Investment Case, and the ASRH Package for First-Time Young Mothers. Family planning was also included as a key component of service delivery package in key programmes such as the Basic Package of Health and Nutrition Services, Minimum Initial Services Package for SRH services delivered in humanitarian settings and Boma Health Initiative (a community-based delivery model), which now provides for community-based distribution of selected contraceptives (condoms, oral contraceptives and Sayana Press).

Under leadership of Ministry of Education and Sports with support from UNFPA and UNESCO, a national CSE strategy for out of school youth developed, with peer education sessions conducted for out-of schools young people. To roll out the Comprehensive Sexuality Education (CSE) curriculum for schools, and teachers were trained. The National Olympic Committee has also developed a strategic plan that integrates CSE into sporting activities.

To ensure access to a broad range of contraceptives and promote a favorable method mix, the South Sudan Essential Medicines List was reviewed and updated to include all common modern contraceptive options besides other life-saving maternal RH commodities. This helped to overcome regulatory bottlenecks and facilitates access to essential medicines for sexual reproductive health.

Another significant milestone is the review and integration of family planning indicators into the national HMIS indicators and updated tools for data collection and reporting from the community and health facilities. For the first time ever, a dedicated Family Planning Register has been developed for use at

service delivery. This has made it possible for family planning indicators to be included in DHIS2, which is currently being customized and rolled out. Through this improvement, it will be much easier to collect, report, analyze and use family planning data for policy and programmatic decision-making.

To harmonize standards and ensure quality of in-service training, the Family Planning Training Manuals for different cadres (including community health workers) was developed with support from USAID through IntraHealth. As part of validation of the manuals, a number of health workers were trained using the new curriculum, including: 21 health workers (from referral hospitals, NGOs and MOH) trained as trainers; 16 CHW from Juba trained on the manual for CHWs; and 15 Clinicians (nurses, midwives, clinical officers and medical doctors) trained on the FP training for clinicians. The new manuals now form the basis for training health workers and Boma health workers. The manuals will be printed once signed off by the Ministry of Health, though the draft is already being used for

Family planning is already integrated in the national curriculum for training clinical officers, nurses and midwives. UNFPA through the Canada and Sweden-funded Strengthening Midwifery Services Project II continued to support 4 Health Sciences Institutes in Juba, Wau, Maridi and Kajo-Keji. The Kajo-Keji HSI was relocated to Juba for security reason since March 2017. In total, 370 (294 Midwives and 76 Nurses) were supported by UNFPA by end of 2018.

To spearhead advocacy, UNFPA supported establishment of two Networks for Population and Development with voluntary membership of parliamentarians and media practitioners. The South Sudan Parliamentary Network on Population and Development (SSPNP&D) was launched on World Population Day, and now has 90 voluntarily registered members of the National Legislative Assembly. This Network prioritizes reproductive health, including family planning, prevention of HIV and Sexually Transmitted Infections (STIs), and prevention of harmful practices such as child marriage and gender-based violence as they review and pass inclusive laws; approve, appropriate and monitor implementation of national budgets; including oversight and accountability in implementation of policies and programmes for national development. The network also focuses universal attainment and enjoyment of reproductive health rights and the realization of demographic dividend at the core of population and development, in South Sudan.

Two members of parliament joined three FP2020 Focal Points (the Director General for Reproductive Health in the Ministry of Health, USAID Senior Program Specialist and HPF Family Planning Advisor) at the 2018 International Conference on Family Planning in Kigali, Rwanda. This was to increase their knowledge in the latest issues in family planning and empower them as advocates for family planning in South Sudan.

The South Sudan Media Network for Population and Development was equally active in coordinating the media fraternity to step up coverage, reporting and public sensitization on reproductive health issues. Following orientation on reproductive health and rights, members of the network stepped up coverage of reproductive health and family planning issues, through the traditional and digital media.

The South Sudan Nurses and Midwives Association (SSNAMA) with support from UNFPA participated in commemoration of World Population Day through conducting Family Planning Fairs at Muniki PHCC under the theme ***Family Planning is a Human Right***, which also coincided with International Nurses Day theme ***Nurses: A voice to lead; health is a human right***. This helped to create awareness in the

community on the importance of family planning and advocate with policy makers to create awareness, and to counsel, provide and refer clients for services. SSNAMA also issued a Position Paper that strongly supports the national Ministry of Health in the Republic of South Sudan in its commitment at the Family Planning 2020 Summit to improve availability and access to family planning information and services through provision of rights-based integrated Sexual and Reproductive Health (SRH) services, and to increase modern contraceptive prevalence rate among married women from 5% to 10% by 2020.

High-level advocacy meetings were conducted in Yambio and Rumbek by UNFPA, MOH and SSPNP&D to raise awareness and increase public support for family planning in the country. Participants included state government officials, members of the state legislative assembly, women, chiefs/ traditional and religious leaders, youth in addition to the health partners and stakeholders. Participants committed to support family planning programs in the state. Consequently, a State-level multi-stakeholder family planning taskforce was also formed. The task force is expected to lead cascade of advocacy activities and sensitization at community level.

Community dialogues, radio talk shows and broadcasts of messages are ongoing to sensitize the population about benefits of family planning. This also gives an opportunity for health program managers to listen to the concerns of people and tailor interventions accordingly. Emphasis is also placed on engaging men and boys on family planning, as in a patriarchal society they are key decision makers and potential barriers to women's access to contraceptives. Spouses are encouraged to come together so that they receive health education and counseling on contraceptives together.

Following the launch of the Strategic National Action Plan for Ending Child Marriage in South Sudan in June 2018, UNFPA supported national civil society organizations to mobilize communities to end child marriage. UNFPA supported Crown the Woman to run a social media campaign that was estimated to have reached over 3 million people with messages on ending child marriage. Partners have also directly reached 260 community leaders (chiefs and legislators) on their role on ending child marriage. Awareness raising sessions on child rights and ASRH have also been conducted in Pibor, Aweil and Kapoeta, reaching 8805 (4,535girls and 4,270 boys). Coaching and mentorship programmes on life skills for young people also reached 1330 (810 boys and 520girls) Pibor, Aweil and Kapoeta, the three areas selected for piloting implementation of the National Action Plan.

On the advocacy side, a National Child Marriage Task Force for coordinating initiatives aimed at ending child marriage has been put in place. Three influential leaders have been nominated and oriented, and are actively advocating and raising awareness on the importance of ending child marriage. So far, 12 communities in Pibor and Aweil have developed resolutions and passed by-laws on ending child marriage.

b) Please mark X below how you assess progress toward elements of your commitment:

STATUS: In-Progress

- The development of Costed Implementation Plan for Family Planning has not been achieved due to lack of funding. Options of getting technical assistance through the FP2020 RMM mechanism is being pursued to accomplish this.

- The formative research on the determinants of use and non-use of family planning by various communities, groups and individuals is still ongoing.
- Draft Patient Charter that provides for access to rights-based SRH services, including family planning for adolescents and young people was developed but not finalized
- Family Planning Register not yet printed, hence not disseminated and in use
- Some of the activities are routine in nature and will continue to be prioritized in annual work plans and progress reported.

c) If you marked "In-Progress" OR "Off-Track" in the above question, what are the key challenges or barriers you face in achieving these elements of your commitment?

- Challenges were encountered in logistics for field work/ data collection. This has delayed completion of the study, and also development of relevant SBCC messages on family planning.
- The family planning manuals could not be printed because final approval from MOH senior management has not yet been granted.
- The coordination work and capacity building support for the South Sudan Media Network for Population and Development has stalled due to delays to get necessary Media Authority clearance
- Lack of resources to secure technical assistance for development of the Costed Implementation Plan
- Limited awareness on benefits of family planning amidst widespread socio-cultural barriers, myths and misconceptions about family planning
- Weak health management and administrative support systems including system-wide planning, monitoring and evaluation



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.

a) Please provide an update below on achievements made in July 2018 - June 2019 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

Family planning training was conducted for 23 members of Y-Peer Network on how to conduct sensitization on family planning for young people in particular. They were also oriented on the different types of contraceptives and how to conduct health education and client counseling. The Y-Peer started doing community-based distribution of FP commodities including condoms in specific locations within Juba in outlets like saloons, phone charging points, football-watching clubs. Training was also conducted for 60 Community Health Workers in Yambio, Gbudue State on the new community-based health system approach (Boma Health Initiative – BHI) that was launched by MOH as mainstay for implementation of the new Health Policy (2017-2026).

With funding from Global Affairs Canada and DFID and with technical support from IPPF, RHASS has expanded its SRH/FP and GBV services in Juba and to Bor, Torit, Yei and Wau. A second static clinic is started in Juba, with RHASS extending its outreach activities to Northern Bari, Rejaf and Mangala counties. In Bor and Torit, RHASS has identified suitable facilities to be used as static SRHR/FP clinics, and mapped out public PHCCs and communities for outreach activities. Similar exercises have been completed in Yei and Wau.

RHASS has supported establishment of women and girls support groups in Juba project area (in partnership with NGOs, CSOs, CBOs) to promote integration of 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. This exercise will be replicated in Bor, Torit, Yei and Wau. A gender specialist has been recruited under the Freedom to Choose project to lead in this process.

RHASS has adopted the “Cluster Model” in all its WISH’s areas of operation (Wau and Yei) to promote and strengthen coordination and collaboration between stakeholders so as to improve reproductive

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.

a) Please provide an update below on achievements made in July 2018 - June 2019 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

The 2018/2019 national budget allocated 1.9% of the total budget to health, out of which only 1% was dedicated to SRH.

A budget and expenditure analysis for last Health Sector Strategic Plan (HSSP) 2012-16 undertaken and findings were used to support advocacy for increased funding for health and SRH in particular.

b) Please mark X below how you assess progress toward elements of your commitment:

Achieved OR On-Track () / In-Progress OR Off-Track ()

Off-Track

The bulk of resources for SRH/ FP continues to come from donors.

c) If you marked "In-Progress" OR "Off-Track" in the above question, what are the key challenges or barriers you face in achieving these elements of your commitment?

Despite signing of the Revitalized Agreement on the Resolution of the Conflict in South Sudan in September, implementation has delayed. This has impacted on recovery of the economy and public resources available for provision of social services.

Government does not allocate and utilize enough money on SRH, including family planning

- High cost of contraceptives in the private sector limiting access through non-public sector channels

health service delivery, capacity building, and supply chain management of reproductive health commodities.

As part of its assessments in the areas of the new projects, RHASS has mapped out facilities with the aim of promoting public-private partnerships to enhance service delivery through the private sector, and support last mile distribution of reproductive health commodities to fulfill the unmet need of remote and under-served communities.

UNFPA supported MOH to finalize the FTYM Service Package aims to address the unique needs of first-time young mothers and the appropriate approaches to address selected priority health needs and problems, including family planning. To catalyze roll out of the FTYM service package and standards, UNFPA funded ADRA to conduct four (4) workshops to train 57 (M=17; F=40) health workers (counselors, midwives, nurses, clinical officers and laboratory technicians) from hospitals in Maridi (15), Kapoeta (8), Nyakuron (20) and Yambio (14) on how to provide friendly and respectful care for first time young mothers.

Thirty-six (36) mother support groups, each consisting of 10 members, were established around the health facilities where trainings were done. These mother support groups were involved in active tracing and follow up of FTYM and referral for appropriate SRH services. These groups also met regularly to discuss topics like breastfeeding, hygiene and sanitation, importance of birth spacing and ANC visits, and delivering in health facilities under care of a trained health professional. As a result, over 1,000 FTYMs received various services in Maridi and Yambio hospitals including 186, who came for post-partum family planning methods and 320 who tested for HIV.

The Health Pool Fund (HPF) that manages primary health care service delivery in 695 health facilities in 8 out of the 10 former states generated 27,353 CYPs with the following method mix:

Condoms (male)	28%
Condoms (female)	0%
Oral contraceptive pill packet dispensed	3%
Depo-Provera injection given	12%
Implant sub-dermal 3 year protection	37%
Implant sub-dermal 5 year protection	18%
IUCD inserted	1%
Sterilization surgical male	0%
Sterilization surgical female	1%

Through funding from Canada and Sweden, UNFPA continues to support deployment of midwives to hospitals. During the reporting 14 international and 28 national midwives have been deployed as UN Volunteers to serve a 14 supported health facilities (in Juba, Torit, Kapoeta, Rumbek (2), Maridi, Yambio, Yei, Wau (2), Aweil, Kuajok, Malualkon) to provide clinical mentoring, instruction of students and service delivery. These resulted in various SRH services and information as well as coaching, and capacity building being rendered for health workers, women, girls, students, and others.

In the context of gender inequality and GBV in South Sudan, women and girls are highly vulnerable to GBV including sexual violence, and continue to face a high risk of indignity during their displacement. UNFPA provided training on Clinical Management of Rape (CMR) for 233 health workers (144m; 89f)

in Leer, Malakal, Mingkaman, Bor, Pibor, Rumbek, Malualkon, Wau and Juba. Additionally, 105 health workers (69m, 38f) were trained on MISP in Bentiu, Malakal, Wau and Juba. These health workers provide frontline SRH and GBV information and services, including MISP, CMR and PSS, for vulnerable women girls, and young people. Both CMR and MISP have elements of family planning, and promote access to family planning in humanitarian settings. Over the year, this has resulted in an upward trend has been noticed in uptake of family planning in hubs where partners are responding to the crisis.

To mitigate the challenges of poor reporting and lack of consumption data, the Global Health Supply Chain-Procurement & Supply Management Program has established an Integrated Call Center (ICC) to collect logistics data at both CHD and SDP. The data collected includes:

- Stock at hand
- Expiring commodities in 30, 60 and above 90 days
- Stock out alerts are generated whenever a stock-out is reported

This has improved early warning for stock outs and reduced wastage especially in faith based institution and also informed targeted distribution for facilities running out of stock. The data collected has also helped inform the allocation of the push based kit system by showing areas of higher uptake and the method mix and ratios. The Integrated call Center (ICC) is a non-conventional innovation that uses calls to collect data from facilities. It uses a private-sector approach with capabilities of providing unprecedented access to stock data in one of the most challenging health supply chain environments in world.

Ministry of Health led forecasting and development of a national supply plan with technical assistance from UNFPA and the USAID-funded Global Health Supply Chain-Procurement & Supply Management Program implemented by Chemonics International. This was procured and delivered to the Central Medical Stores by UNFPA. To rationalize distribution and ensure equitable access through service delivery points, contraceptive kits were designed and packed locally at the Central Medical Stores for distribution through the Health Pooled Fund and health NGO operating in the counties together with other essential medicines. Two types of kits were developed: basic contraceptive kits (that contain short-term methods – oral contraceptives, DMPA, DMPA-SC, male condoms), and supplementary kits (contain long-acting methods – implants and IUDs). The contents of the kits have been reviewed and updated based on service utilization reports, stakeholders' review meetings and the Call Center. This has help increase availability of family planning at SDPs.

UNFPA also supported Ministry of Health to conducted regular supportive supervision to counties and service delivery points. This provided opportunity to carry out on-job mentoring for health workers at the facility level. Issues covered during on job training included: good storage practice; inventory management and good record practices; reporting and ordering for supplies; and rational use of kits items. This was in response to issues identified such as: poor storage practices; poor management and irrational use of RH supplies; and poor stock record keeping.

b) Please mark below how you assess progress toward elements of your commitment:

Achieved OR On-Track () / In-Progress OR Off-Track ()

c) If you marked "In-Progress" OR "Off-Track" in the above question, what are the key challenges or barriers you face in achieving these elements of your commitment?

Status: In-Progress

Majority of the prioritized interventions are long-term or routine in nature. Partners will continue to build on achievements in the next year.

Challenges

- Insufficient programs and availability of services targeting adolescents and young adults, including those out-of-school with SRH/ FP services
- Inequitable distribution of health services with an urban bias and focus on easy-to-reach communities
- Inadequate capacity and inequitable distribution of human resources, both technical and administrative, at all levels (national, state and local)
- Insufficient programs targeting out-of-school adolescents, young adults and high-risk groups
- Failure to ensure last mile delivery, leading to overstock at central level and stock outs at service delivery points and community level
- Humanitarian access constraints



SECTION II: STANDARD QUESTIONNAIRE

Please respond to all parts of the following six questions:

- 1. How has your country integrated adolescents and youth representatives, and/or representatives from marginalized groups (e.g. lowest-income, people with disabilities, out of school, minority groups, remote or displaced populations, etc.) into the FP2020 Focal Point team and/or country's FP technical working group or country engagement working group?**

- a. If yes, how has this engagement influenced achieving your FP2020 commitment? Please also share successes and/or lessons learned from these engagements.

South Sudan has had an ASRH Technical Working Group that focuses on coordinating issues of reproductive health and rights for adolescents and young people, and feeding this to the broader RH Coordination Forum and FP2020 Technical Working Group.

FP2020 Youth Focal Point was selected and supported to participate in the recent 3rd Anglophone FP2020 Workshop

- b. If not, what challenges have you faced in working with these groups? (Please give examples)

N/A

- 2. How is your Government integrating family planning into universal health coverage (UHC)-oriented schemes and what is/are the mechanism(s) being used or considered? What specific actions were taken in the past year surrounding integration?**

Through World Health Organization, a baseline assessment on Universal Health Coverage (UHC) was conducted in 2018. The proposed UHC service package builds on the RMNCAH Strategy, which has integrated family planning as one of the key priority interventions to reduce maternal and child mortality and morbidity.

Family planning has also been integrated as a key element of reproductive health package to be delivered through the community-based health care system, the Boma Health Initiative (BHI). The guidelines and job aids are being updated to include family planning, and also allow community-based distribution of some contraceptives such as oral contraceptives, condoms and Sayana Press®.

3. Has your Government organized the 2019 data consensus workshop?

- a. If yes, did the FP2020 Focal Points participate in your country's 2019 data consensus workshop? If so, what insights were gained?

Not yet

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

NIDI survey was conducted and the domestic expenditure data collected will be presented in the data consensus meeting.

4. In the past year, were any efforts made to improve resilience and/or emergency preparedness of family planning systems in country?

As per the new MISP guidelines, family planning has been integrated as a distinct objective. Current MISP trainings include training on family planning and post-abortion care.

5. Have you worked to improve quality of care/rights-based family planning in your programs?

- a. Do your family planning programs provide a broad range of contraceptive methods (long-term, permanent, or short acting)? Do you provide comprehensive information and counseling on all available methods, including information on any risks or side effects?

Yes. Full range of methods are provided, and clients are given the necessary information to enable them choose. The updated training manual and job aids ensure comprehensive information is provided to clients during counseling.

- b. To ensure a user-centered approach, do clients get a chance to provide feedback after clinic visits either through questionnaires, surveys, or suggestion boxes?

Not routinely.



c. Are your clinics open to improve accessibility and availability of services?

Yes

6. FP2020 and partners are currently gathering input to build a shared vision for family planning post-2020, in consultation with stakeholders at the country and global level. Have you had an opportunity to participate in any way in this consultation process (e.g. online survey, consultative calls, etc.)?

No

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

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- Date of Self-Report: 7th August 2019

