

**Government of the Republic of  
South Sudan  
Ministry of Health**



**National Family Planning Policy**

*February 2013*

## Table of Contents

<b>LIST OF ABBREVIATIONS AND ACRONYMS</b> .....	IV
Foreword.....	vi
Acknowledgements .....	vii
<b>1.0 BACKGROUND</b> .....	1
1.1 Introduction.....	1
1.2 The Policy Development Process:.....	1
1.3 The Context: .....	2
1.4 Policy Purpose .....	3
<b>2.0. GUIDING PRINCIPLES</b> .....	5
<b>3.0 POLICY GOAL AND OBJECTIVES</b> .....	7
3.1 Policy Goal.....	7
3.2 Policy Objectives .....	7
3.3 Policy Outcomes .....	7
<b>4.0. FAMILY PLANNING POLICY FRAMEWORK</b> .....	8
4.1 Supply/Demand Framework.....	8
4.2 Strengthening the Regulatory Roles of the Central and State Ministries of Health .....	12
4.3 Expanding and Scaling up FP Services Coverage and Accessibility.....	13
4.4 Improving Contraceptive Availability and Rational Use.....	13
4.5 Integration of FP Infrastructure and Equipment into the MOH Maintenance and Rehabilitation System .....	14
4.6 Establishing Family Planning Information Systems as part of the HMIS .....	14
<b>5.0. FAMILY PLANNING AND OTHER REPRODUCTIVE HEALTH PROGRAMMES AND SERVICES</b> .....	15

<b>5.1 Safe Motherhood and Family Planning .....</b>	<b>15</b>
<b>5.2 Prevention and Management of Sexually Transmitted Infections (STIs) and HIV&amp;AIDS .....</b>	<b>15</b>
<b>5.3 Gender-based Violence and Reproductive Health Rights.....</b>	<b>15</b>
<b>6.0 FAMILY PLANNING NEEDS OF SPECIAL GROUPS .....</b>	<b>16</b>
<b>6.1. Youth and Adolescents .....</b>	<b>16</b>
<b>6.3 Hard to Reach Populations, IDPs and Refugee Communities.....</b>	<b>16</b>
<b>6.4. People with Disabilities.....</b>	<b>16</b>
<b>7.0. POLICY IMPLEMENTATION FRAMEWORK .....</b>	<b>17</b>
<b>7.1 Policy Implementation Approach.....</b>	<b>17</b>
<b>7.2 Management and Co-ordination Framework .....</b>	<b>17</b>
<b>8.0. FAMILY PLANNING FINANCING FRAMEWORK .....</b>	<b>19</b>
<b>9.0. FP MONITORING, EVALUATION AND RESEARCH FRAMEWORK .....</b>	<b>20</b>
<b>9.1 Indicators:.....</b>	<b>20</b>
<b>9.2 Research.....</b>	<b>20</b>

## LIST OF ABBREVIATIONS AND ACRONYMS

AIDS	-	Acquired Immune Deficiency Virus
ANC	-	Ante Natal Care
ARV	-	Anti Retroviral
BCC	-	Behaviour Change Communication
BPHS	-	Basic Package of Health and Services
BTL	-	Bilateral Tubal Ligation
BS	-	Birth Spacing
CBD	-	Community Based Distribution
CBO	-	Community Based Organisation
CDC	-	Centres for Disease Control
CH	-	County Hospital
CHW	-	Community Health Worker
CORPS	-	Community Own Resources Persons
CPR	-	Contraceptive Prevalence Rate
CPT	-	Contraceptive Procurement Tables
CSO	-	Civil Society Organisation
DHIS	-	District Health Information System
EC	-	Emergency Contraception
ECP	-	Emergency Contraceptive Pill
EmONC	-	Emergency Obstetric and Neonatal Care
EPI	-	Expanded Program of Immunisation
FBO	-	Faith Based Organisation
FP	-	Family Planning
GBV	-	Gender Based Violence
GOSS	-	Government of South Sudan
HH	-	Household Health
HIV	-	Human Immune Deficiency Virus
HMIS	-	Health Management Information System
HSS	-	Health Strengthening System
ICPD	-	International Conference on Population Development
IDP	-	Internally Displaced People
IEC	-	Information Education and Communication
IMCI	-	Integrated Management of Childhood Illnesses
IUD	-	Intra-uterine Device
IUCD	-	Intra-uterine Contraceptive Device
KAP	-	Knowledge Attitude Practice
LAM	-	Lactation Amenorrhea Method
LAPM	-	Long Acting and Permanent Method
MDGs	-	Millennium Development Goals
MDTF	-	Multi Donor Trust Fund
M&E	-	Monitoring and Evaluation
MMR	-	Maternal Mortality
MOH	-	Ministry Of Health
MOU	-	Memorandum Of Understanding

MNRH	-	Maternal Neonatal and Reproductive Health
NBHS	-	National Baseline Household Survey
NGO	-	Non-Governmental Organisation
PAC	-	Post Abortion Care
PHC	-	Primary Health Care
PHCC	-	Primary Health Care Centre
PHCU	-	Primary Health Care Unit
PMTCT	-	Prevention of Mother to Child Transmission
PPH	-	Post-Partum Haemorrhage
RH	-	Reproductive Health
RHCS	-	Reproductive Health Commodity Security
RSS	-	Republic of South Sudan
RTIs	-	Reproductive Tract Infections
SDM	-	Standard Days Methods
SDP	-	Service Delivery Point
SDMRH	-	State Department of Maternal and Reproductive Health
SH	-	State Hospital
SHTP	-	Sudan Health Transformation Project
SS	-	South Sudan
STIs	-	Sexually Transmitted Infections
TBA	-	Traditional Birth Attendance
TOT	-	Training Of Trainers
UN	-	United Nations
UNDP	-	United Nations Development Program
UNFPA	-	United Nations Population Fund
UNICEF	-	United Nations Children Education Fund
USAID	-	United States Agency for International Development
VCT	-	Voluntary Counselling and Testing
VH	-	Village Health
VHV	-	Village Health Volunteer
WHO	-	World Health Organization

## **Foreword**

Against the background of one of the highest levels of maternal and infant deaths, the Government of the Republic of South Sudan is committed to providing comprehensive and integrated Sexual and Reproductive Health (SRH) services in line with the recommendations of the 1994 International Conference on Population and Development (ICPD). Since the signing of the Comprehensive Peace Agreement in 2005, the Ministry of Health, through the Department of Reproductive Health, has been putting in place systems and mechanisms for coordinating the integration, implementation, monitoring, and evaluation of Sexual and Reproductive Health (SRH) services in the country. The Department of Reproductive Health is responsible for effective coordination of the country's national SRH programme.

This Family Planning Policy has been aligned to the National SRH Strategic Plan 2012-2016 and Health sector Development plan 2012-2016. The Policy will provide the framework and necessary guidance for the promotion and implementation of family planning programmes and services in the country. Within the context of overall reproductive health service delivery, the ultimate aim of this policy is to enhance the provision of comprehensive family planning services to all people in South Sudan and contribute to the reduction of maternal and infant mortality. The government expects that this policy will contribute to the achievement of MDGs 4 (reducing child mortality rates), 5 (improving maternal health) and 6 (combating HIV/AIDS), as anchored in South Sudan's Constitution.

This policy has been developed through a highly consultative process involving diverse groups of stakeholders at various levels, and thus represents the aspirations of the people and the government of the Republic of South Sudan to achieve improved health and quality of life. As we move forward, we sincerely encourage all South Sudanese, non-governmental organisations, and development partners to actively support the implementation of this policy and ensure that the country is on the right path to attaining quality of life for its citizens.

**Hon. Dr. Michael Milly Hussein**

*Minister of Health*

## **Acknowledgements**

The development of this document was highly participatory and representative. The Ministry of Health would like to extend sincere gratitude and appreciation to all those who, in one way or another, contributed to the development of this document, the first ever Family Planning Policy for the Republic of South Sudan.

We would like to acknowledge the following individuals and organisations for their role and support: Alex Dimiti of the Ministry of Health and Solomon Orero of JHPIEGO/MOH for providing leadership at the various development stages of this Policy; John Rumunu of MSH; Simon Dada and Kondwani Mwangulube of the UNFPA South Sudan; and Joy Mukaire of CHASS.

The Ministry of Health also acknowledges the valuable assistance, including comments and contributions from the following reviewers: Dia Timmermans of Joint Donor Team; Jay Bagaria of DFID; Catherine McKaig of JHPIEGO; Margaret D'Adamo and Pamela Teichman, USAID Washington; Edward Luka and Juliana Bol of MSH; Solomon Marsden, FHI 360; Moses Ongom and Fikru Zeleke, WHO; Martha Caydan, UNICEF; the Family Planning Technical Working Group members, and the Reproductive Health Coordination Forum members.

We wish to sincerely thank USAID (through MSH and JHPIEGO) and UNFPA for providing financial and technical support for development, review, printing and dissemination of the Policy; and the Swedish International Development Agency (SIDA) for providing funds for the finalisation, printing, dissemination and roll-out of the orientation on the Policy across all the ten states of the country.

We are deeply grateful to Colette Ajwan'g Aloo-Obunga, who edited the final draft of this document and made it ready for printing.

***Dr Makur Matur Kariom***

***Undersecretary***

***Ministry of Health***

*“Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health, therefore, implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition, are the rights of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for the regulation of fertility which are not against the law, and the right of access to appropriate healthcare services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant. In line with the above definition of reproductive health, reproductive healthcare is defined as the constellation of methods, techniques and services that contribute to reproductive health and well-being by preventing and solving reproductive health problems. It also includes sexual health, the purpose of which is the enhancement of life and personal relations, and not merely counselling and care related to reproduction and sexually transmitted diseases”.*

**(ICPD Programme of Action, Paragraph 7.2)**

## **1.0 BACKGROUND**

### **1.1 Introduction**

South Sudan has been devastated by decades of war in terms of loss of human life, massive displacement, destruction of both physical and social infrastructure, and loss of human resource development opportunities, including the loss of experienced health professionals. This, combined with a lack of awareness, has seriously limited both access to and use of quality reproductive health services including family planning (FP). As a result the country has some of the highest maternal and child mortality rates in Sub-Saharan Africa.

One of the most important steps the Government of the Republic of South Sudan intends to take to reduce maternal and infant mortality, in addition to providing emergency obstetric and neonatal care (EmONC) and promoting skilled birth attendants, is to strengthen the integration of family planning services with other primary healthcare services. It is expected that this will contribute to a reduction in the number of deaths of women and new-borns from pregnancy and childbirth-related complications. To this end, family planning has been made part of the country's Basic Package of Health and Services (BPHS) as a critical strategy to ensure that FP is made available to the entire population throughout the country, particularly at the community level. This will give all sexually active adults and adolescents, including and families, improved access to FP services, irrespective of their geographic location or social status.

This Family Planning Policy will provide guidance to all players in the delivery of FP services, including but not limited to: policy makers, programme managers, health services administrators at various levels, various cadres of healthcare providers, training institutions and the civil society. It outlines the service requirements at various levels and provides a framework upon which the services will be delivered by the different cadres of health service providers at all levels of care.

In addition to the National Reproductive Health Policy, this FP Policy has been developed to contribute to the acceleration of efforts aimed at increasing access to, and utilisation of, FP services in South Sudan. This is in recognition that demands for FP in the country is high, while contraceptive prevalence remains quite low. There is also evidence that increased access to FP information and services will have a significant impact on reducing maternal mortality and morbidity in the country. FP further increases opportunities for all women who are sexually active to participate in other economic activities and nation building. It provides opportunities for young women to continue with their education and achieve their potential in life. FP helps prevent unplanned pregnancies and unsafe abortion, which is a major cause of maternal deaths and illnesses.

### **1.2 The Policy Development Process:**

The development of this FP Policy was informed and guided by the mission of the Interim Health Policy (2007-2011), which sought *“to ensure equitable, sector wide, accelerated and expanded quality health care for all people in South Sudan, especially women and children.”* This Policy was also greatly informed by several other national

policies and strategies including: the South Sudan Development Plan, the Health Sector Development Plan 2012-2015, the Reproductive Health Policy and Strategic Plan and this Family Planning Policy is perceived as an elaborate chapter or annex of the Reproductive Health Policy and Strategic Plan.

The development of the Policy involved many health sector players and stakeholders such as the various MOH technical staff, including those from Primary Healthcare/Reproductive Health (PHC/RH), Pharmaceutical Services, Monitoring and Evaluation, and Nutrition Departments. Development partners and non-governmental organisations also reviewed it. The process involved transparent countrywide consultations with stakeholders and included field visits and interviews with key health decision makers, programme managers, health care providers, communities and civil society organisations.

### **1.3 The Context:**

The population of South Sudan was 8,764,000 in 2010 (SSCSE 2010)<sup>1</sup>, and was estimated to be 10 million in 2011 and more than 12 million by 2015. This fast growth is attributed to the high rate of natural population growth (3% per annum), the high fertility rate (a TFR of 6.7 per woman) and the return of refugees and internally displaced people (IDP). Literacy rates are very low with only 11.8% of women and 36.8% of men aged 15-49 years able to read and write.

Family Planning, as part of Comprehensive Reproductive Healthcare services, in South Sudan is set against complex political, demographic, economic, socio-cultural and technological contexts. South Sudan has experienced periods of intermittent wars and conflicts for over half a century. The longest civil war lasted for twenty-two years (1983 to 2005). Thankfully, this concluded in the signing of the Comprehensive Peace Agreement, 9<sup>th</sup> January 2005, which has put South Sudan on the path to development. Despite the existence of pockets of inter-tribal conflict in some states in the country, the new political climate created by the peace agreement has allowed the transition of the health system from a humanitarian and relief-based approach to a development approach

The Government of South Sudan, with support from development partners, carried out a national multi-topic consumption survey in 2009, the National Baseline Household Survey (NBHS), which established that the country has a very young population with 72% of the population being aged below 30 years, and 44.3% below the age of 15 years.

Women's health is a major cause for concern in South Sudan. By the age of 19 years, one out of three girls is married or in union; and the same proportion has already started childbearing. Contraceptives are generally only available for the urban and well-educated residents. One in five women of reproductive age (15-49 years) has unmet needs for spacing or limiting childbirth. Based on the 2006 data, the maternal mortality ratio in South Sudan is 2,054 per 100,000 live births; arguably the highest in the world. This means that a South Sudanese woman has a one in seven chance of dying during pregnancy or childbirth. While the maternal mortality rate could not be calculated from

---

<sup>1</sup> 8,3million 2008 census

the aforementioned national household survey of 2010, the lack of progress in providing services, and particularly emergency obstetric and neonatal care, implies that ratio is unlikely to have improved much since. Table 1.1 shows the major indicators that have a bearing on maternal, neonatal and child health (MNCH) in South Sudan.

**Table 1.1: Main Demographic and Health Indicators that impact on RMNCH in SS**

<b>Indicator</b>	<b>Value</b>
Infant mortality rate (per 1000 live births – SSHS, 2010)	75
Under-five mortality rate (per 1000 live births – SSHS, 2010)	105
Proportion under-fives moderately and severely underweight [weight for age]- (SSHS 2006)	32.98%
Proportion under-fives moderately and severely stunted [height for age] - (SSHS 2006)	30.3%
Continued breastfeeding rate for 2 years – (SSHS 2010)	36%
Literacy rate among women (Percentage -SSHS 2010)	14.5%
Literacy rate among men (Percentage -SSHS 2010)	35.4%
Gender parity index [(primary school] - (Percentage -SSHS 2010)	0.8
Secondary school net attendance rate (Percentage -SSHS 2010)	2.5%
Primary school attendance rate of children of secondary school age (Percentage -SSHS 2010)	20.8%
Total Fertility Rate (No. of children per woman)	6.7
Contraceptive prevalence (Percentage - SSHS 2010)	4.7%
Maternal mortality ratio [per 100,000 live births] (SSHS 2006)	2,054

*SSHS – South Sudan Household Survey; MIS – Malaria Indicator Survey 2010*

#### **1.4 Policy Purpose**

This FP Policy is designed to provide a framework and guidance for the development and delivery of FP services throughout South Sudan. It provides opportunities for the MOH to set standards and guidelines for all the players in the FP service delivery at all levels including but not limited to the planning, implementation, monitoring and evaluation of FP programmes and in advocacy activities. The Policy is to be implemented in tandem with the existing BPHS, the RH Policy and Strategy, and the RH Commodity Security Strategy.

The Policy aims to provide decision makers, programme managers and health providers with guidance on how to create and manage FP information and services at all service delivery points, while encouraging them to take advantage of the existing opportunities within the comprehensive RH continuum of care to ensure access to quality FP services, and to support creation of demand for FP within the context of RH and rights.

The health system in South Sudan has three main service delivery channels, namely the public health system, the private health system which includes the NGO/FBO and

through the traditional, community health workers. This latter system is inappropriate for the delivery of modern, quality health services and will be phased out and/or integrated (with appropriate training) into the other two channels over the coming years. Reproductive health services including family planning are currently delivered through each of these channels. The Directorate of Pharmaceuticals and Equipment has developed a set of policies to promote an enabling environment to ensure availability of quality and cost effective FP method mix and rational use of contraceptives in South Sudan to address Millennium Development Goals (MDGs) 4, 5 and 6.

Apart from service delivery in health facilities, it is important to provide information and services related to family planning at the community level, using community-based distributors. The community-based system must be strengthened, including meaningful involvement of men. South Sudan, like other sub-Saharan African countries, is a patriarchal society. Involving communities, and particularly men, is critical to increase utilisation of family planning/birth spacing services.

## 2.0. GUIDING PRINCIPLES

The development of this family planning/ policy has been informed by both the RH Policy and Strategy 2013 and the Health Sector Development Plan 2012-2016. The guiding principles of the Policy are based on values defined in the Interim Health Policy of South Sudan, namely: “the right to health, equity, pro-poor, community ownership and good governance”. These principles have been expounded on as follows:

### (a) Human Rights:-

- Respect for human rights and freedoms, regardless of religion, culture and socio-economic status.
- *Reproductive health rights* are those where all couples and individuals have the basic right to decide freely and responsibly the timing, number and spacing of their children, to have access to information and education in order to ensure they do so as healthily as possible, including making informed choices.
- *Sexual rights* enable all people to decide freely and responsibly on all aspects of their sexuality, and that they have the right to be free from conditions that interfere with sexual health such as harmful practices; sexually acquired conditions including STIs/HIV/AIDS; complications associated with menopause and andro-pause; coercion into having sex, and other forms of sexual violence.
- Failure to prevent maternal and newborn death is a social injustice that violates human rights.
- Family planning offers more choices to women, adolescents and youth, helping to address gender-based inequities, and encourage the adoption of safer sexual behaviour.
- Family planning is recognised as an investment in the overall development not only for individuals, but also for the society and the nation in general.

### (b) Service delivery:

- Ensure universal access while targeting FP services to the most marginalised, vulnerable, and disadvantaged and minority segments of the population, rural poor married and single women, women with disabilities, adolescents, and young women and men.
- The equitable, cost effective and cost efficient allocation of public resources and their use to reduce disparities in contraceptive access and use.
- Enhancing the regulatory role of the Ministry of Health in all aspects of reproductive health commodity security, including contraceptives.
- Creating an enabling legal and regulatory environment for increased private sector, NGO and community involvement in FP service provision and financing.
- Community involvement: creating an environment and meaningful participation of communities to empower women and most importantly to engage males in FP.
- The Plan of Action of the International Conference on Population and Development (ICPD, 1994), and the MDGs 4,5, and 6;

- Family planning improves, and even saves, the lives of women and children while helping meet the needs of women and men during their healthiest childbearing years.

## **3.0 POLICY GOAL AND OBJECTIVES**

### **3.1 Policy Goal**

The goal of this Policy is to enhance – within the context of the overall RH service delivery – the provision of a comprehensive, sector-wide family planning services to all people in South Sudan and to contribute to the reduction of maternal and infant mortality and the achievement of MDGs 4, 5 and 6 as anchored in the country's interim constitution by:

- a) Increasing equitable access to FP services.
- b) Improving quality, efficiency and effectiveness of FP service delivery at all levels.
- c) Improving responsiveness to the FP needs of all clients.

### **3.2 Policy Objectives**

In order to attain the stated goal of this Policy, the following objectives will be pursued:

- To provide individuals of reproductive age, (women, men, adolescents, youth, marginalised, and hard to reach) with access to the widest possible package of FP information, education and services to reduce unmet need for FP
- To integrate FP information, education and services with all reproductive health services.
- To build the capacity of MOH and partners at all levels to be able to deliver consistent and sustainable, high-quality family planning services.
- To establish – as part of the overall RH planning and budgeting process and in an incremental manner – an equitable resource allocation framework for a national family planning programme and services at all levels.
- To empower individuals, families and communities to understand the benefits of FP for mothers, children, and families and promote an enabling environment for them to claim and exercise the right to access quality FP services.

### **3.3 Policy Outcomes**

The expected outcomes from the implementation of this Policy throughout South Sudan will be:

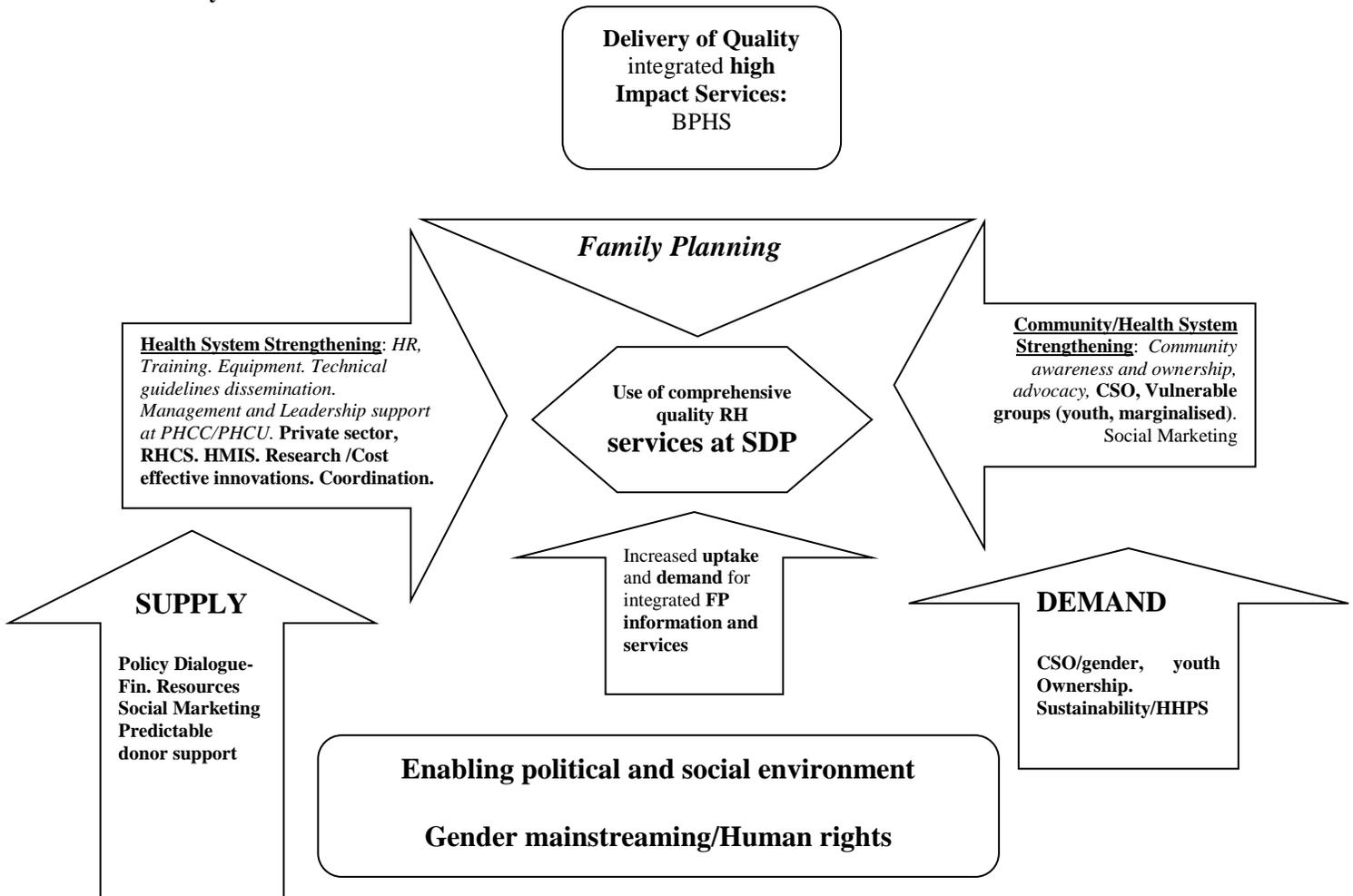
- Increased modern contraceptive prevalence rate (CPR)
- Reduced unmet need for family planning
- Increased availability, access and uptake of FP services with the entire BPHS being delivered, including at the community level
- Increased community participation and ownership, while ensuring male involvement
- Increased high level political commitment and provision of resources (financial and material) for delivery of comprehensive FP services in the context of the MDGs.

## 4.0. FAMILY PLANNING POLICY FRAMEWORK

### 4.1 Supply/Demand Framework

Figure 4.1 shows Supply/Demand framework and demonstrates how the various components of FP service delivery discussed in the policy are interconnected

**Fig. 4.1: Supply and Demand Framework with interconnections of various components of FP service delivery**



This Policy recognises that child survival interventions like Nutrition and Expanded Programme for Immunisation (EPI) and other health related community based programmes are key entry points to introduce FP information and services. FP must be discussed or offered when a woman goes for antenatal, delivery and postnatal care services.

#### 4.1.1 Strengthening Advocacy at All Levels

This will involve conducting advocacy events, organising family planning awareness creation events; encouraging the participation of policy and decision makers at the national, state and county levels with specific focus on parliamentarians and councils.

#### ***4.1.2 Health System Strengthening***

A well-functioning health system is crucial for successful provision of FP services. The main component of health system strengthening (HSS) will be capacity building in FP<sup>2</sup>. This is in recognition of the fact that skilled health providers are essential to reducing maternal, neonatal and infant mortality and morbidity. The MOH will adopt a two pronged strategy that focuses on pre-service and in-service training and capacity building. Pre-service capacity building will focus on the inclusion of family planning into the training curriculum of all health workers at all levels of health care delivery, including home health promoters, nurses, midwives and clinical officers. In-service capacity building for FP will be part of the overall package for RH in-service training and will focus on all the elements of quality assurance, continuity, sustainability, monitoring and evaluation. Capacity building will also target media houses and personnel to facilitate the dissemination of accurate information about FP and correct the prevailing misconceptions about it in the country.

#### ***4.1.3 Service Delivery for Family Planning***

This section outlines the range of services that should be available at each level of care - from the community to the county, state and referral hospitals. The role of the MOH is to set policy guidelines for all players and service providers. The county and state health authorities will ensure that such policies and guidelines are adhered to in their areas.

##### **(1) At the community level:**

Community Home Health Promoters – i.e. community based distributors (CBDs), traditional birth attendants (TBAs) and community health workers (CHWs) will be trained to provide the following services:-

- Information, education and counselling services
- Distribution of IEC materials on FP
- Distribution of non-prescriptive commodities (such as condoms, oral contraceptive pills, including emergency contraceptive pills (ECPs) and injectable contraceptives)
- Lactation Amenorrhea Method (LAM)

##### **(2) All Primary Health Care Units (PHCUs) will provide the following: -**

- Information, education and counselling services
- Service provision: (condoms, oral contraceptive pills, and injectable contraceptives).
- Implement universal infection prevention measures
- Lactation Amenorrhea Method (LAM)

##### **(3) All Primary Health Care Centres (PHCCs) will provide the following:-**

- Information, education and counselling services
- Service provision: (condoms; oral contraceptive pills, including ECPs, IUD, implants and injectable contraceptives)
- Implement universal infection prevention measures.
- Lactation Amenorrhea Method (LAM)

---

<sup>2</sup>Capacity building for FP will be part and parcel of the overall Human Resources Development that is undertaken by the MoH

(4) **County Hospitals (CH)** will provide all methods listed above as well as bilateral tubal ligation (BTL) and vasectomy. MOH-RSS may accredit some PHCCs as designated comprehensive EmONC centres and other facilities such as private medium hospitals or nursing homes, mobile outreach services with qualified personnel and essential equipment to provide long term and permanent FP methods such as BTL, implants and IUDs. In the spirit of task shifting/sharing, as reflected in the RH policy, the MOH-RSS may allow trained and accredited mid-level practitioners to provide permanent and long term methods of FP/BS such as BTL, implants and IUDs.

Table 4.1 indicates the FP methods and services that will be provided at the various levels of health care throughout the country

**Table 4.1: FP methods and services at the different levels of health care**

Method/Service	Community	PHCU	PHCC	County Hospital	State Hospital	Referral Teaching hospital	Military/Police hospital
Counselling							
Condoms							
Diaphragm							
COPS/POPs							
ECPs							
Injectables							
IUCDs							
Implants							
BTL							
Vasectomy							
NFP Methods: (e.g. LAM/SDM)							

At the community, PHCU, PHCC and County Hospital levels, staff will be trained on infection prevention, universal precautions and FP procedures. FP services will be provided free of charge according to the level of health care pyramid and FP health promotion will take advantage of other community level interventions like home based case identification and management of malaria and other childhood interventions (Nutrition, EPI). Task shifting in the provision of family planning services will be encouraged with appropriate training of various health personnel as indicated in the table below.

**Table 4.2: Health personnel to be trained in provision of various FP methods**

Method	Physician /Doctor	None Physician/Clinician	Midwife	Nurse	CHW
BTL	✓	✓			
Vasectomy	✓	✓			
IUCD	✓	✓	✓	✓	
Implant	✓	✓	✓	✓	
Injection	✓	✓	✓	✓	✓
Condoms	✓	✓	✓	✓	✓
Diaphragm	✓	✓	✓	✓	

#### ***4.1.4. Supplies***

The Ministry of Health will be responsible for ensuring the quality of commodities and services delivered to private as well as public sector health care institutions. Support will be harmonised for maintenance of equipment and infrastructure (e.g. warehouse). Maintenance will be improved at all levels of the health system. Leadership and management capacity will be strengthened for decision makers, programme managers (in particular M&E specialists and logisticians), health providers, and village health committee representatives.

*Public-private partnership:* Private clinics and pharmacies will operate under the same FP policy. The central procurement system and regulated procurement by other importers will ensure coordinated quantification, forecasting and procurement planning with partners. Private public partnership will report consumption data to MOH/RSS on a regular basis.

*Social Marketing:* Social marketing will be used to increase access to and uptake of FP services at all levels.

*Communication and information sharing:* Development and use of information, education and communication (IEC) materials for general and targeted audiences based on best practices and lessons learned in family planning will be encouraged.

#### ***4.1.5 Demand creation***

*Community awareness and ownership:* Innovative means and approaches will be used to facilitate dissemination of FP messages. Community based programmes and outreach campaigns designed to share information about services and increase demand will be encouraged. At the same time, an enabling environment for the media to be involved in FP demand creation will be created.

*Rapid Assessments and Surveys:* These will include:

- Knowledge, attitude and practice (KAP) surveys on delivery of appropriate and culturally acceptable messages for all target groups will be conducted.
- Operations research to identify the unmet needs of target groups will be undertaken and the findings will be used for decision making at all levels.

*Gender mainstreaming and women's empowerment:* This will include interventions such as building women's capacity in reproductive rights and decision making, promoting girl child education, income generating activities.

*Policy dialogue:* This will cut across gender, recognise women and men as partners and reach opinion leaders like chiefs, religious leaders, journalists, parliamentarians, youth leaders, and civil society organisations (CSO).

*Social marketing:* Training of various players at the community level will be encouraged to increase access to and utilisation of FP and behaviour change communication (BCC) messages.

*Community Based Distribution:* Distribution of appropriate family planning commodities under the supervision of the village health committees and the nearest health facility will be undertaken.

*Best BCC practices:* will be shared with HHPs (CHWs including TBAs, Village Health Workers (VHW), Village Health Volunteers (VHV)) and other volunteers. Comprehensive Outreach programmes will be undertaken through the BPHS (as part of MNRH, IMCI, Nutrition, EPI, STI/HIV, Malaria, TB, hygiene, and other programs) and will provide appropriate entry points for FP.

*Outreach strategies:* Mobile clinics for ‘the hard-to-reach’ such as migrants, IDPs, pastoralists, border populations and flood prone areas.

*Family Planning programme and resources management:* Active CSO participation will be encouraged and the members will guarantee the interests of the most vulnerable, and will contribute to transparency and accountability in the use of available FP resources.

*High community support and mobilisation:* for voluntary uptake of FP and increased resources for family planning commodities.

## **4.2 Strengthening the Regulatory Roles of the Central and State Ministries of Health**

*FP regulation through enabling legislation:*

The Public Health Act and various RH-related legislations will be put in place to protect both men and women as recommended by the ICPD Programme of Action. The legal protection required to promote appropriate FP information, education and services, where needed, for all in South Sudan is binding.

*Capacity building:* Measures will be in place to ensure appropriate capacity building for all health care providers and institutions. Greater capacity at all levels is required for the provision of comprehensive quality FP services.

*Regulation of Private Practice:* Through this FP policy, the Ministry of Health will create, maintain and enforce professional ethics and discipline to ensure that the interests of the public are not compromised, and that compliance with the relevant laws and standards of acceptable professional conduct is upheld.

*Licensing of practitioners:* The Ministry of Health will provide legislation to guide the registration and licensing of health care practitioners and providers. This will include, but not be limited to, accrediting trained and mid-level practitioners to provide various FP services.

*Enforcement of professional ethics in medical practice:* The Ministry of Health will promote the establishment of professional associations, which will work to define what constitutes professional misconduct, and work with the MOH to enforce ethical and

professional conduct in FP practice. The Ministry will put in place mechanisms to protect service providers regarding provision of FP services and also provide guidelines and a code of conduct relating to the provision of FP services.

### **4.3 Expanding and Scaling up FP Services Coverage and Accessibility**

According to MOH RSS Guidelines for Primary Health Care, family planning is defined as the means of helping an individual or a couple to decide for themselves when to start having children, how to space them, how many to have, and when to stop having them. Family planning counselling is the process of assisting clients to make informed decisions on their contraceptive needs. It is a two-way exchange that involves listening to clients, informing them, and allowing them to make their own decisions regarding FP.

The following sections describe strategies for expanding and/or scaling up FP services' coverage and accessibility.

#### ***4.3.1 Ascertaining the Full range of Family Planning Methods***

This FP Policy promotes the availability and use of the full range of contraceptives, including natural methods of family planning, lactation amenorrhoea methods (LAM) and standard day methods (SDM).

#### ***4.3.2 Strengthening the Role of the private sector) in FP information, education, services delivery and expansion***

This FP Policy will provide an enabling environment for NGOs, FBOs and the private sector to provide FP in the context of PHC. NGOs are already providing a substantial amount of health care delivery at the primary health care level.

#### ***4.3.4 Streamlining the Referral System***

The MOH will put in place a functioning referral mechanism for provision of FP services at all levels of the health system.

#### ***4.3.5 Outreach and Mobile FP Services***

To reach underserved areas and marginalised populations, the Ministry will intensify outreaches and provision of mobile comprehensive information and services to remote areas for nomadic and semi-nomadic populations, border populations and isolated areas in the far flung parts of the country.

### **4.4 Improving Contraceptive Availability and Rational Use**

To improve procurement procedures and to ensure regular and continued supply and availability of all the necessary FP commodities, the MOH/RSS will develop an integrated RH commodity security strategy as part of an overall RH commodity supply strategy. Other strategies for improving contraceptive availability and the rational use are highlighted below.

#### ***4.4.1 Ensuring Availability of Contraceptives***

The MOH RSS will ensure the availability, effective distribution and storage of high quality FP commodities at all levels.

#### ***4.4.2 Ensuring Affordability of Contraceptives***

The MOH RSS will ensure availability of affordable and high quality FP commodities to all citizens at all service delivery points (SDP) including at the community level.

#### ***4.4.3 Promoting Rational Contraceptive Use***

This Policy will be widely disseminated to policy makers at various levels including County Health Departments and hospital management teams. Standards, guidelines and protocols will be developed and made available to hospitals, primary health care centres and units and community level distribution systems and structures. Information about family planning will be integrated into all RH-related training. The MOH will also regulate contraceptive advertising and promotion.

#### **4.5 Integration of FP Infrastructure and Equipment into the MOH Maintenance and Rehabilitation System**

The MOH RSS will put in place a mechanism to ensure functional infrastructure, fixed assets, and equipment, and ensure regular maintenance of the same at all levels including infrastructure and equipment for FP services.

#### **4.6 Establishing Family Planning Information Systems as part of the HMIS**

The MOH has strengthened the existing HMIS to ensure that data collection tools capture FP services at all levels. The data collected will be reviewed on a regular basis and used for programme planning and interventions at various levels of the health service.

## **5.0. FAMILY PLANNING AND OTHER REPRODUCTIVE HEALTH PROGRAMMES AND SERVICES**

This FP policy promotes provision of Family Planning information and services at every contact with individuals and couples of reproductive age. This is expected to eliminate all missed opportunities for the provision of FP information and services to those who need them.

### **5.1 Safe Motherhood and Family Planning**

FP information and services shall be made available and their use promoted as part of the comprehensive reproductive health and safe motherhood package. This Policy will promote an integrated approach in KAP assessment studies to provide insights in the development of culturally accepted and appropriate IEC/BCC materials to be used for demand creation for RH, safe motherhood and family planning services.

### **5.2 Prevention and Management of Sexually Transmitted Infections (STIs) and HIV&AIDS**

This Policy recognises that HIV/AIDS and other STIs interact and hasten the transmission of one other. Interventions for FP provide opportunities and fairly effective means of early detection and treatment and control of the spread of HIV/AIDS and other STIs. The Ministry of Health shall therefore integrate FP information and services with STIs and HIV/AIDS programmes at service delivery points and at the community level through an integrated, comprehensive health promotion strategy. The Ministry will also target unmet need for family planning services among HIV infected persons by addressing issues of stigma, negative attitudes of service providers, and knowledge gaps on any interactions between ARVs and contraceptive methods.

### **5.3 Gender-based Violence and Reproductive Health Rights**

Poor sexual and reproductive health and HIV infection are rooted in the same social pathologies, such as gender inequality, sexual violence, and discrimination against sexual minorities,<sup>3</sup> conflict and poverty. Gender based violence that involves sexual violation often leads to unintended pregnancies, STIs and HIV infections and stigma that may inhibit the uptake of FP. The Ministry of Health in collaboration with relevant Ministries shall provide legislative guidance for the National Reproductive Health Rights and Gender Rights in line with the country's National Gender Policy, the National Development Plan and National Health Policy.

---

<sup>3</sup>A sexual minority is a group whose sexual identity, orientation or practices differ from the majority of the surrounding society. In this context the term referred primarily to lesbians and gays, bisexuals and transgender people. These four categories (lesbian, gay, bisexual and transgender) are often grouped together under the rubric LGBT.

## **6.0 FAMILY PLANNING NEEDS OF SPECIAL GROUPS**

In response to their special reproductive health and family planning/birth spacing needs, the Ministry of Health and partners will support community based initiatives to empower these groups (*adolescents and youth, nomadic populations, truck drivers, military personnel, police officers, and people with disabilities or their guardians and other migrants*) to become informed and continuing consumers of comprehensive reproductive health care information and services, including information on family planning/birth spacing. These populations will also be encouraged to become advocates for improved FP services.

### **6.1. Youth and Adolescents**

The Ministry of Health, in collaboration with line ministries will ensure the provision of relevant education, information and high quality affordable and accessible FP services that promote optimal health of youth and adolescents in South Sudan. The MOH will formulate a national youth and adolescent reproductive health policy and strategy to ensure full access to quality and comprehensive youth-friendly reproductive health services, information and protection, including FP information and services.

### **6.2 The Military, Police and Other Uniformed Forces**

In response to the special needs of the military and other uniformed forces, the Ministry of Health will work with their relevant authorities to develop special FP services within the framework of the military and police health systems, to address their unmet family planning, birth spacing and RH needs.

### **6.3 Hard to Reach Populations, IDPs and Refugee Communities**

To respond to their needs, the Ministry of Health will, in collaboration with relevant agencies, conduct rapid reproductive health needs assessments as a basis for the development of special Minimum Initial Service package and comprehensive reproductive health programmes (in the context of other FP services) for these vulnerable and disadvantaged segments of the population including refugees and internally displaced people.

Taking into account their unique circumstances, the MOH will take appropriate affirmative action in resource allocation and provide necessary financial and material incentives to health facilities at all levels for effective provision of health services to these groups and communities.

### **6.4. People with Disabilities**

The MOH, in collaboration with the relevant line ministries, will put in place policies and strategies to ensure that FP needs and services for people with disabilities are integrated at all levels of health service delivery in the country.

## **7.0. POLICY IMPLEMENTATION FRAMEWORK**

### **7.1 Policy Implementation Approach**

The Ministry of Health will ensure that the implementation of this FP Policy is integrated in the national, state and county health sector development plans. As such, the Policy shall be implemented in line with the Ministry of Health structures through multi-sectoral and multi-level approaches. Using the existing strategies, the objectives of this Policy shall be realised at all levels including through NGOs and the private sector in general.

#### ***7.1.1 Essential Support Systems for Effective Policy Implementation***

The Ministry of Health shall put in place essential support systems necessary for effective implementation of this policy to ensure the provision of quality FP services. The Ministry will avoid setting up a parallel system for the implementation of the Policy but ensure that FP is part and parcel of all relevant health sector implementation plans.

### **7.2 Management and Co-ordination Framework**

#### ***7.2.1 Roles and Responsibilities of the MOH Structures***

The central Ministry of Health: will oversee and create an enabling environment for implementation of this FP Policy at the various levels of health care in the country.

State Ministry of Health: The role of the state MOH shall be to supervise, coordinate and facilitate integrated program planning, implementation, supervision and monitoring and regulation of all health services including FP services in the state.

County Health Department: The role of the County Health Department will be to facilitate the integration of FP in the county health planning, implementation, supervision and monitoring as well as the coordination with other NGOs operating in the county in accordance with the stipulations of this FP Policy.

#### ***7.2.2 Role of Other Line Ministries at the Central and State Levels***

This FP Policy embraces a multi-sectoral approach in its endeavour to provide high quality FP services which includes linkages with key line ministries like education and relevant commissions at all levels.

#### ***7.2.3 Role of the private sector***

The Ministry of Health shall work with various NGOs, FBOs and private sector organisations to deliver FP services. The Ministry will also expect these organisations to supplement and complement the government efforts in the formulation, financing, implementation, monitoring and evaluation of FP plans and programmes at various levels.

#### ***7.2.4 Role of Professional and Regulatory Bodies***

Professional associations and regulatory bodies shall play a major role in the regulation and enforcement of this FP policy.

### ***7.2.5 Role of Political Institutions***

Political institutions and their representatives including Members of Parliament shall play a central role in community mobilisation and advocacy for the implementation of this FP policy.

### ***7.2.6 Role of Development Partners/Donors***

The development partners will play an important role to provide bilateral and multilateral financial support for the provision of FP services, in accordance with the FP priorities of the country.

### ***7.2.7 Role of the Community***

The community will play an active role in the planning, implementation, supervision and monitoring of FP services at all levels, including social mobilisation for uptake of FP services.

### ***7.2.8 Role of Training Institutions***

Training institutions (local, regional and international) including universities, health training institutions and teaching hospitals shall play a major role in providing FP training, setting standards, quality assurance and monitoring and evaluation of FP programmes and services in the country.

### ***7.2.9 Role of the Media***

The media shall play a key role in creating public awareness and knowledge as well as promoting and supporting positive behavioural change and increasing knowledge of the legal and human rights associated with FP.

### ***7.2.10 Role of Health Facilities***

All health care facilities, from the community level to the highest institution in the country have a role to play in the provision of FP information and services.

## **8.0. FAMILY PLANNING FINANCING FRAMEWORK**

The health sector is financed through different streams. The Ministry of Health shall develop appropriate system-wide and multi-level financial management mechanisms and structures to ensure efficiency and cost-effectiveness in the provision of health services. The Ministry will invest in strengthening the resource planning and management skills among health personnel at all levels.

## **9.0. FP MONITORING, EVALUATION AND RESEARCH FRAMEWORK**

The Ministry of Health shall integrate FP monitoring and evaluation into existing Health Management Information System (HMIS).

### **9.1 Indicators:**

This Policy calls for the integration of FP indicators into the HMIS and the District Health Information System (DHIS) frameworks.

.

### **9.2 Research**

The MOH shall use research to promote learning and knowledge exchange pertaining to FP best practices and to improve policy development and intervention planning. The Ministry will develop research on priority issues related to improving access to and demand for FP services in the country.

# ANNEXES

## *Appendix 1: Key resource documents*

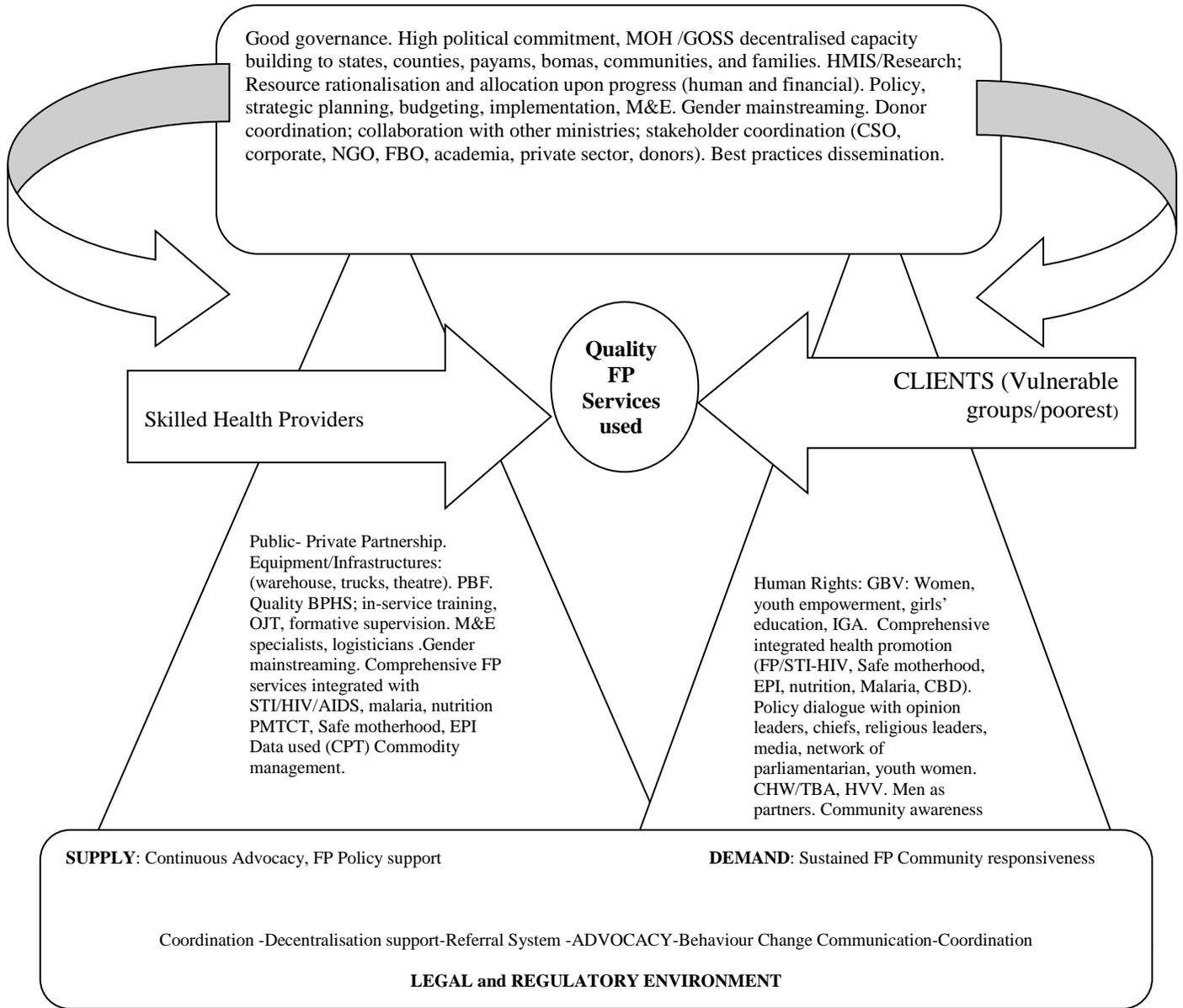
1. SSCCSE 2006 Household survey
2. SSCCSE 2008 The Sudan Population and Housing Census
3. SSCCSE 2009 Poverty in South Sudan, estimates from NBHS 2009
4. SSCCSE 2010 South Sudan MDG Report 2010
5. SSCCSE 2010 Summary findings of the 2010 Household survey
6. GOSS 2011 South Sudan Development Plan 2011-2013
7. MOH/UNFPA 2007 Situational Analysis of RH and ARH in South Sudan
8. GOSS/MOH Maternal Neonatal and Reproductive Health Policy 2009 – 2015
9. GOSS/MOH MNRH Strategy 2009-2015
10. The 'Interim' Health Policy (2006 – 2011)
11. The Basic Package of Health Services (BPHS) (2005);
12. UN ICPD Programme of Action 1994 :<http://www.un.org/popin/icpd2.htm>
13. Africa Union Commission: Maputo Plan of Action 2006:  
[http://www.unfpa.org/africa/newdocs/maputo\\_eng.pdf](http://www.unfpa.org/africa/newdocs/maputo_eng.pdf)
14. UN Millennium Development Goals and Indicators (update 2008)  
<http://unstats.un.org/unsd/mdg/Host.aspx?Content=Indicators/OfficialList.htm>
15. MOH/RSS UNFPA Framework for action on adolescents and youth in South Sudan. Sept 2006
16. Public Policy and Franchising Reproductive Health: Current Evidence and Future Directions.
17. Family Planning saves lives. Fourth Edition. PRB

## **Appendix 2: Functions of the South Sudan Ministry of Health at different levels**

<p><b><u>Central Level - Juba</u></b></p> <ul style="list-style-type: none"><li>• Leadership, governance, stewardship sector wide</li><li>• Development of a strategic, regulated, accountable, transparent organisation</li><li>• Selective decentralisation and effective delegation</li><li>• National health and disease policies, strategies and plans</li><li>• Human resources capacity development</li><li>• Planning, monitoring, evaluation and information systems and research</li><li>• Regulation and legislation</li><li>• Setting national level priorities, standards and guidelines</li><li>• Sector wide and inter-ministerial coordination</li><li>• Health financing and management of financial resources</li><li>• Contracting services</li></ul> <p><b><u>State Level</u></b></p> <ul style="list-style-type: none"><li>• Leadership</li><li>• Joint assessments, planning, monitoring, evaluation and operational research</li><li>• Sectoral and inter-sectoral coordination</li><li>• Annual management work plans</li><li>• Implementation of government health care and services</li><li>• Supervision and guidance including of contracted out services</li><li>• Referral system</li><li>• Epidemiological surveillance</li></ul> <p><b><u>County and municipality levels</u></b></p> <ul style="list-style-type: none"><li>• Health coordination</li><li>• Assessment and analysis of local health and managerial needs</li><li>• Joint strategic planning based on local needs and problems</li><li>• Monthly management work plans</li><li>• Implementation of health care and services</li><li>• Supervision, guidance and monitoring including of contracted out services</li><li>• Referral system</li><li>• Epidemiological surveillance</li></ul> <p><b><u>Community level (primary health care centres and units, and communities)</u></b></p> <ul style="list-style-type: none"><li>• Implementation of primary health care package</li><li>• Community participation</li></ul>
<ul style="list-style-type: none"><li>• Referral system</li><li>• Weekly work plans by health centres and units</li><li>• Outreach</li></ul>

*Source: Ministry of Health: Interim Health Policy 2006-2011*

**Appendix 3: MOH/ RSS Family Planning Strategic Direction**



#### Appendix 4: Indicators and measuring tools.

<b>RH Components</b>	<b>Indicators and management Tools</b>
<b>Family planning</b>	<ul style="list-style-type: none"> <li>• Contraceptive Prevalence rate</li> <li>• Birth rate</li> <li>• % of births with more than 2-years intervals (spacing)</li> <li>• Knowledge of contraceptive methods</li> <li>• Utilisation rate of modern FP methods</li> <li>• % of women in couples with unmet contraceptive needs</li> <li>• % of health facilities providing modern FP methods</li> <li>• Range of methods provided in health facilities and at the central warehouse</li> <li>• Number of staff members trained in FP in health facilities</li> <li>• Number of FP awareness-raising sessions in schools</li> <li>• Number of FP awareness-raising sessions in communities</li> </ul>
<b>Prevention of STI/HIV/AIDS</b>	<ul style="list-style-type: none"> <li>• Condom utilisation rate</li> <li>• Proportion of adults and youths who received quality information on FP and STIs/HIV/AIDS</li> <li>• Availability of drugs to treat opportunistic infections</li> <li>• % of persons voluntary tested for HIV</li> <li>• % of post-test clients</li> <li>• Number of anti-AIDS clubs</li> <li>• % of facilities performing HIV testing</li> </ul>
<b>Adolescent Reproductive Health</b>	<ul style="list-style-type: none"> <li>• % of 15-19 year old adolescents who are pregnant or mothers</li> <li>• HIV sero-prevalence among various age groups, e.g. 12-14; 15-18; 15-19; 20-25</li> <li>• Average age at first sexual relations;</li> <li>• Average age at first marriage</li> <li>• Literacy rates among women and men</li> <li>• % of adolescents who adopt positive RH behaviours</li> <li>• % of health facilities providing comprehensive RH , HIV voluntary testing and counselling adapted to adolescents</li> <li>• % of health facilities providing clinical RH services adapted to adolescents</li> </ul>
<b>Prevention and management of sexual violence</b>	<ul style="list-style-type: none"> <li>• Number of reported cases of sexual violence</li> <li>• Number of providers trained to help victims</li> <li>• Number of cases handled by health facilities</li> </ul>
<b>Social changes to increase women's decision making power</b>	<ul style="list-style-type: none"> <li>• % of pupils of both sexes completing primary school</li> <li>• Literacy rate among women and men</li> <li>• Academic and school drop-out rates among boys and girls</li> <li>• Utilisation rate of RH services where women make their own decisions</li> <li>• Annual income per habitant</li> </ul>
<b>Health System Strengthening (HSS)</b>	<ul style="list-style-type: none"> <li>• Maternal and infant/child mortality rate</li> <li>• % of training and refresher training</li> <li>• Number of supervisions</li> <li>• Production and dissemination of standards and protocols</li> <li>• Number of programme management tools produced and disseminated</li> </ul>
<b>Private sector</b>	<ul style="list-style-type: none"> <li>• Social marketing: <i>number of sale points for condoms</i></li> <li>• Number of private functional SDPs that provide quality FP services</li> <li>• Number of private pharmacies that sell hormonal contraceptives.</li> </ul>