

Eastern Africa Reproductive Health Network (EARHN) Coordination Meeting – Kampala, Uganda 21–22 March 2017

Overview of Progress of SRH implementation in South Sudan

MINISTRY OF HEALTH



REPUBLIC OF SOUTH SUDAN

MINISTRY OF HEALTH

- ▶ **Vision**
- ▶ A healthy and productive population fully exercising its human potentials
- ▶ **Mission**
- ▶ To improve the health status of the population and provide quality health care to all the people of South Sudan, especially the most vulnerable women and children
- ▶ **Values**
- ▶ Right to health, equity, pro-poor, community ownership and good governance

VISION MISSION VALUES

Maternal and Child Health indicators

Maternal Mortality Ratio	2,054/100,000 live births
Antenatal attendance 1 st visit	46.7%
Antenatal attendance 4 st visit	17 %
Births attended by skilled H/Ws	14.7%
Contraceptive prevalence	4.7%
Total Fertility Rate	6.7%
Caesarean section rate	0.5%
Unmet need	26%
Teenage pregnancies	204/1000 live births

Maternal and Child Health indicators

Infant Mortality Rate	75 / 1,000
Under five Mortality Rate	121 / 1,000
DPT3	56.3%
Children 1 year fully immunized	50.2%
Stunting [under five children]	34.4%
Underweight [under five children]	32.9%
Vitamin A suplement'n[6–59months]	6%

ADOLESCENT AND SEXUAL REPRODUCTIVE HEALTH IN SOUTH SUDAN

- ▣ 72 per cent of the South Sudan population are below 30yrs;
- ▣ 32% are young people between the ages 10–24years old
- ▣ 45.2% of women are married before the age of 18 years.
- ▣ Teenage (15–19)pregnancy rate, 300/1,000
- ▣ Only 14.4% of the young women 15–24 years of age can read and write.

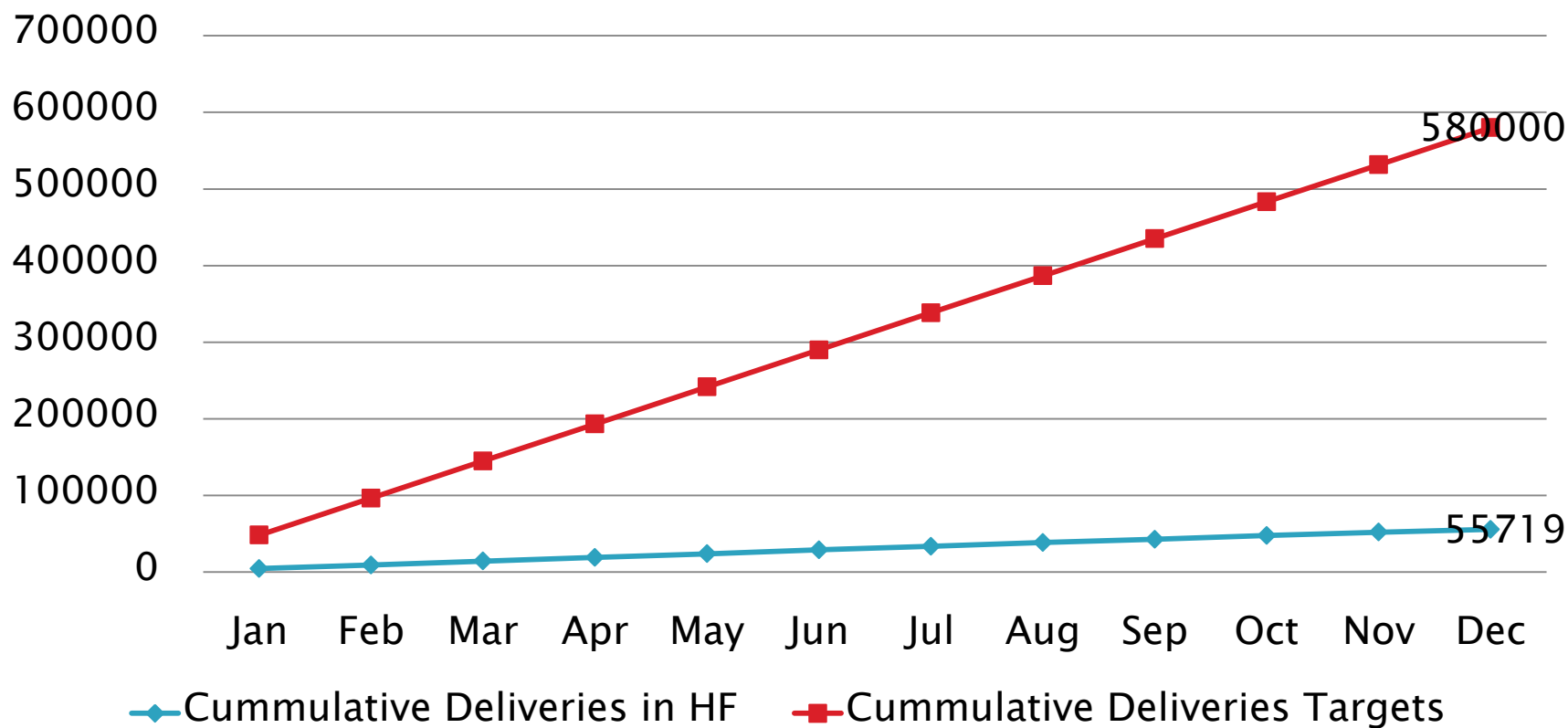
Selected Health System Indicators

OPD utilization rates	0.2% per capita
Pop'n within 5 KMs of health facility	44%
Medical officer per 10,000 pop'n	0.15
Midwife/Nurses per 10,000 pop'n	0.2
Government expenditure on health as % of total gov't expenditure	4 %
% of State MOH with annual plans	50%
MOH budget execution rate	84%
% HF completing HMIS reports	49%
% of HF without stock outs of tracer drugs	40%
% pharmaceutical products failing quality control test	17%

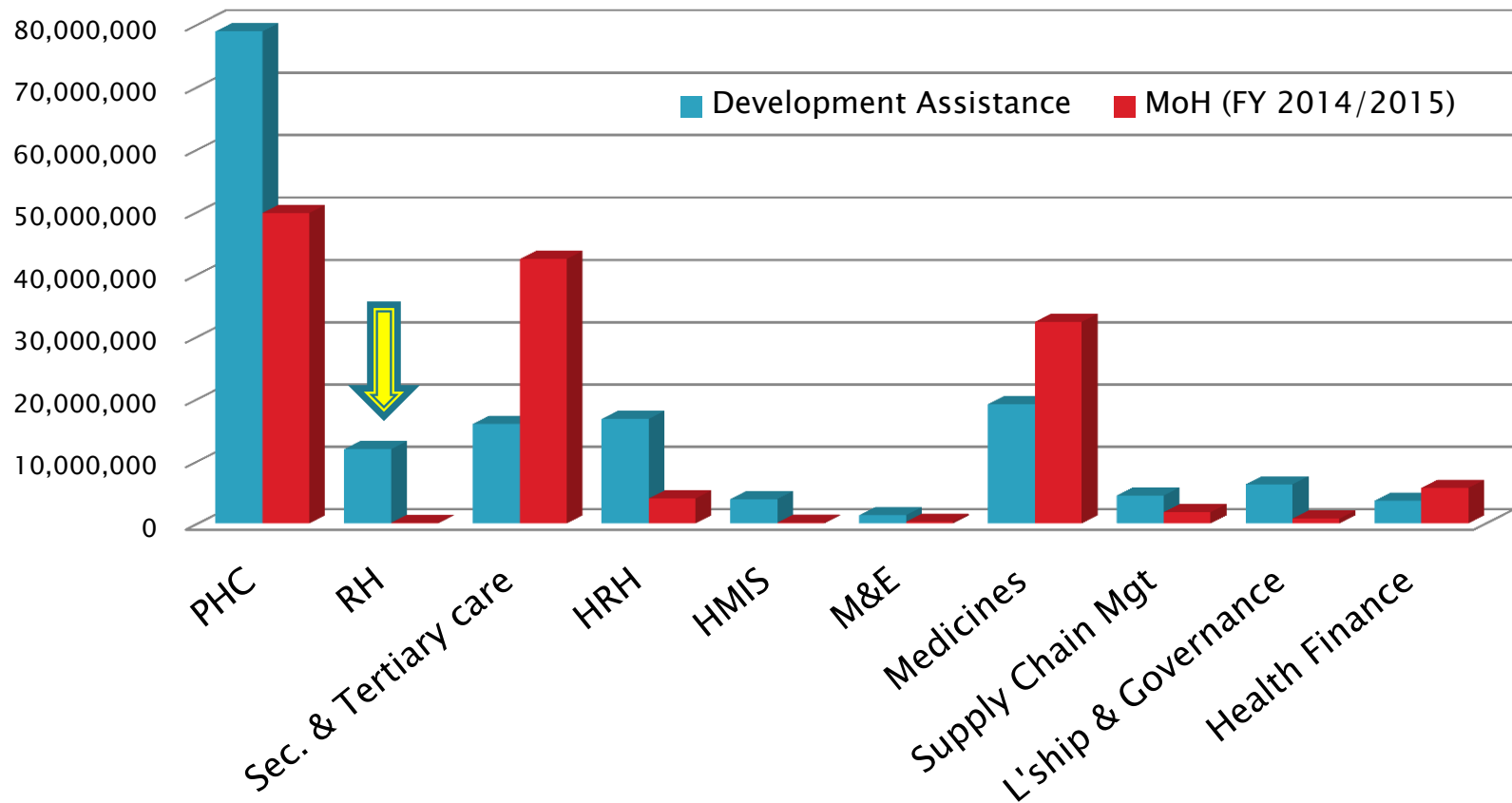
Main health and demographic indicators (2006 & 2010)

	2006	2010
a. Maternal Mortality	2054	2054*
b. Neonatal Mortality	50	43
c. Infant Mortality	102	84
d. Under five mortality	135	106
e. Fertility rate	6.7	7
f. Contraceptives prevalence rate	3.5	4.7
g. Stunting rate	34.4	25
h. Underweight rate	32.9	30

Deliveries in Health Units in 2013, Source 2013 HMIS



Funding levels by program area



Source: HSWG Oct 2014 ²⁰

Implementation of SRH including FP

The FP, SRH programme operations and priorities are guided by:

1. The Reproductive Health Policy
2. The Comprehensive Reproductive Health Strategic Plan
1. The FP Policy for South Sudan.

Brief overview of FP programme

Presentation of available FP documents

- **Family Planning policy**
- **Family Planning guidelines**
- **Family Planning Training for Health Facility staff in South Sudan (Trainers handbook)**

Progress in implementation of FP activities

1. Reproductive Health Commodities Security Situation Analysis was updated through technical assistance from JSI & partners.
2. National forecasting, quantification, procurement and distribution of RH commodities & supplies.
3. Over 10 million male condoms and 500,000 female condoms distributed by partners throughout South Sudan
4. 1.5 million worth contraceptives/ Life saving maternal health drugs procured and distributed; availability of commodities improved. However, stock out of contraceptives reported in some parts of the country;
5. More than 40,000 new Family Planning clients enrolled– CYP for long acting methods.
6. Training of health workers on FP conducted in different parts of the country

Main challenges / constraints suggested solutions

Challenges	Solutions
Minimal public health and economic infrastructure, deep poverty, and persistently poor health outcomes	Advocacy for SRH policy development and implementation; increased financial allocations and prioritization; support by donors
Acute lack of access to voluntary family planning (FP) information and services.	Increase SRH/FP education to create awareness to improve Service uptake
Traditional power structures and beliefs. Women and girls lack decision-making over healthcare and fertility choices,	Strategic approach targeting male involvement in SRH/FP education.
Early and frequent childbearing with the view that population must be replaced after decades of war	Promote a multi-sectoral and multi-organizational approach but focus the effort on the health sector
Humanitarian crises resulting from post-Independence political instability and insecurity.	

Conclusion

- ▶ South Sudan is a new country with a multitude of health system challenges
- ▶ This is made worse by insecurity and political instability
- ▶ All health services including SRH/FP are affected.
- ▶ There is need to focus on high level advocacy & system strengthening.