

The Republic of South Sudan
Ministry of Health



**Reproductive Health
Strategic Plan**

2013 – 2016

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List of Abbreviations and Acronyms

ABC	-	Abstain, Be faithful, use Condoms
AIDS	-	Acquired Immune Deficiency Syndrome
AMREF	-	African Medical Research Foundation
ANC	-	Ante Natal Care
APH	-	Ante Partum Haemorrhage
ASRH	-	Adolescent Sexual and Reproductive Health
ASRHR	-	Adolescent Sexual and Reproductive Health Rights
AYSRH	-	Adolescent/Youth Sexual and Reproductive Health
BEmONC	-	Basic Emergency Obstetrics and Neonatal Care
BCC	-	Behaviour Change Communication
ARV's	-	Anti Retrovirals
BPHS	-	Basic Package of Health Services
CAs	-	Clinical Associates
CEmONC	-	Comprehensive Emergency Obstetric and Neonatal Care
CHD	-	County Health Department
CHW	-	Community Health Worker
CMW	-	Community Midwife
CPA	-	Comprehensive Peace Agreement
CPAC	-	Comprehensive Post Abortion Care
DCPH	-	Directorate of Community and Public Health
EmONC	-	Emergency Obstetric and Neonatal Care
EPI	-	Expanded Program of Immunization
ERB	-	Ethics Review Board
FBOs	-	Faith Based Organizations
FGM	-	Female Genital Mutilation
FP	-	Family Planning
GBV	-	Gender Based Violence
GOSS	-	Government of South Sudan
HF	-	Health facility
HIV	-	Human Immuno-deficiency Virus
HMIS	-	Health Management Information System
ICPD	-	International Conference on Population and Development
ICT	-	Information and Communication Technology

IDP	-	Internally Displaced People/Persons
IEC	-	Information Education and Communication
IMPAC	-	Integrated Management of Pregnancy and Childbirth
IMR	-	Infant Mortality Rate
ITN	-	Insecticide Treated Net (and LLITN - long lasting ITN)
IUCD	-	Intra Uterine Contraceptive Device
MCHW	-	Maternal and Child Health Worker
MDGs	-	Millennium Development Goals
MDTF	-	Multi Donor Trust Fund
MMR	-	Maternal Mortality Ratio
MOH/DTPD	-	Ministry of Health/Directorate, Training& Professional Development
MOH	-	Ministry Of Health
MPNDR	-	Maternal Perinatal Neonatal Death Review
MSTI	-	Management of Sexually Transmitted Infections
MVA	-	Manual Vacuum Aspiration
NYARH	-	National Youth and Adolescent Reproductive Health
NGOs	-	Non-Governmental Organizations
PAC	-	Post Abortion Care
PHC	-	Public Health Care
PHCC	-	Primary Health Care Centre
PHCU	-	Primary Health Care Unit
PICT	-	Provider Initiated Counseling and Testing
PLWHA	-	People Living With HIV/AIDS
PMTCT	-	Prevention of Mother to Child Transmission
PTPP	-	Part Time Private Practice
RH	-	Reproductive Health
RHCF	-	Reproductive Health Coordination Forum
RHCS	-	Reproductive Health Commodity Security
RTIs	-	Reproductive Tract Infections
RVF	-	Recto-Vaginal Fistula
SHHS	-	Sudan Household Health Survey
SMOH	-	State Ministry of Health
SMSTI	-	Symptomatic Management of STI's
SPLA	-	Sudanese People's Liberation Army

SS	-	South Sudan
SSAC	-	South Sudan AIDS Commission
SSCSSE	-	South Sudan Centre for Statistics and Social Evaluation
SSDP	-	South Sudan Development Plan
STIs	-	Sexually Transmitted Infections
SWOT	-	Strengths, Weaknesses, Opportunities and Threats
TBA	-	Traditional Birth Attendant
U5MR	-	Under Five Mortality Rate
UNDP	-	United Nations Development Program
UNFPA	-	United Nations Population Fund
UNICEF	-	United Nations Children Fund
USAID	-	United States Agency for International Development
VCT	-	Voluntary Counselling and Testing
VHC	-	Village Health Committee
VHV	-	Village Health Volunteer
VVF	-	Vesico-Vaginal Fistula
WFP	-	World Food Program
WHO	-	World Health Organization

Foreword

In the face of the highest maternal mortality ratio in the world, 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) 1994. The ICPD underscores the need for countries to meet the reproductive health needs of individuals and couples, throughout the life-cycle, as a key approach to improving the quality of life of people and stabilising the world population. The Republic of South Sudan also recognises the AU's Maputo Plan of Action which advocates for integrated Sexual and Reproductive Health and Rights (SRHR). With 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 the SRH services at all levels nationally.

This National Reproductive Health Strategic Plan is expected to provide the national framework for the promotion and implementation of reproductive health programmes and delivery of services in South Sudan. The ultimate aim of the Strategic Plan is to provide guidance for strengthening reproductive health interventions and facilitate the attainment of improved health, well-being, and overall quality of life of all people in the country. This Strategic Plan is a clear demonstration of the commitment of the government of South Sudan to the achievement of the ICPD goals in the youngest country in Africa. The Strategic Plan is also aligned to South Sudan's national commitments and development goals as stated in the country's Development Plan 2011-2013.

This Strategic Plan was developed through a highly participatory and consultative process involving several individuals and diverse groups of stakeholders at various levels across the country. The Director Generals of Health and their staff from all the 10 States of the country were consulted and they contributed to the process. The Strategic Plan therefore represents the aspirations of the people and government of the Republic of South Sudan to achieve an improved reproductive health status. As we move forward, we

sincerely encourage everyone - all South Sudanese, Non-Governmental Organisations, and development partners to actively support the implementation, monitoring and evaluation of the this Strategic Plan and ensure that the national goals for reproductive health are achieved within the desired time period.

A handwritten signature in blue ink, consisting of a series of vertical strokes on the left and a large, sweeping loop on the right, followed by a horizontal line extending to the right.

Hon. Dr. Michael Milly Hussein
Minister of Health

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Introduction

1.1 Background

World Health Organization's first global Reproductive Health Strategy to accelerate progress towards the attainment of international development goals and targets adopted by the 57th World Health Assembly in May 2004 recognises the crucial role of sexual and reproductive health (SRH) in social and economic development of all communities. But for the majority of the population in South Sudan, access to health care, particularly reproductive health services, has been denied or severely hindered because of war. In most cases these services have either been absent or insufficient, a situation that has contributed immensely to the current poor reproductive health indicators in the country.

The government of South Sudan, recognising this unfortunate state of affairs in the country, is committed to the achievement of the internationally agreed goals to reduce maternal, neonatal and under-five morbidity and mortality and to ensure that the poor reproductive health outcomes in the country are reversed. This will be achieved by strengthening the health systems and offering a comprehensive reproductive health package, which is PHC-integrative, situation-specific, sustainable, and equitable. The commitment of the government to address the precarious RH situation is reflected in the South Sudan Development Plan (2011-2013), the Health Sector Development Plan (2012-2015) that seeks *“to ensure equitable, sector wide, accelerated and expanded quality health care for all people in South Sudan, especially women and children”*.

In addition, the basis of this Reproductive Health Strategic Plan is the Reproductive Health Policy, which translates the vision of the government into a concrete policy direction aimed at reversing the poor reproductive health status of all the people of South Sudan. It therefore seeks to outline strategies and actions to implement the direction and objectives embodied in the National RH Policy with the intention of strengthening the existing RH service delivery and health information/education in the whole of South Sudan. The document is

based on previous versions of the RH Policy and Strategy documents (2009)¹ and on the South Sudan National Health Policy, the Health Sector Strategic Plan (2011-2015) the RH Situational Analysis Report(2007), the Reproductive Health Commodity Security Situational Analysis Report (2007) and the Maputo Plan of Action (2006). This document also addresses the other RH related MDGs which are highlighted in the RH Policy document, particularly the health-related MDG 4 and 6 as well as the promotion of gender equality and empowerment of women. As a strategic document, it has been designed to be as concise and as precise as possible, with a focus on actions that provide a road map for rapidly improving RH service delivery to significantly reduce the country's maternal mortality ratio and under-five mortality rate by 2015.

This document is organised into Six Strategies which, when implemented collectively and synergistically, will contribute to the overall goal of the comprehensive national RH Policy and focuses on the reduction of the maternal mortality as this is the overall objective of the MOH for the coming five years. It is a working document from which more detailed operational plans can be drawn up in specific areas by the MOH and other agencies for implementation.

Considering the short time left to 2015, the end point of the MDGs, and the resources available, it is obvious that the internationally set targets cannot be achieved. It is however envisaged that even if South Sudan falls short of the MDG targets, the implementation of the strategies and actions in this document will considerably improve the reproductive health status of the people and reduce maternal and neonatal morbidity and mortality.

¹ Maternal Neonatal and Reproductive Health Policy (2009) and Maternal Neonatal and Reproductive Health Policy (2009-2015)

2. The Reproductive Health Policy

2.1. Mission Statement of MOH

To provide equitable, sector wide, accelerated and expanded quality health care for all people in South Sudan, especially women and children.

2.2. Policy Theme

Present and future prosperity through safe motherhood and healthy childhood

2.3. Policy Goal

To reduce maternal and neonatal morbidity and mortality and improve the reproductive health status of the people of South Sudan through the provision of a universally accessible, quality, integrated, equitable and sustainable comprehensive reproductive health care **package**².

2.4. Policy Objectives

- To build the capacity at all levels of MOH and partners, in order to deliver quality comprehensive reproductive health services.
- To establish an equitable resource allocation framework for the RH sub-sector at all levels.
- To increase funding for RH programmes and services especially for the poor, vulnerable, disadvantaged and marginalized groups and communities.
- To empower individuals, families and communities to claim and exercise the right to access RH services.

²BPHS: Key RH Interventions and Services in Annexe 2

- To promote an enabling legal and social-cultural environment that ensures individuals, especially women and girls, claim and exercise their rights.
- Promote evidence based interventions that will mitigate against the poor maternal child health indicator.

2.5. Expected Outcomes

The expected RH Policy outcomes throughout South Sudan will include:

- Universal and equitable access to quality comprehensive RH services;
- Progressive decline in maternal and neonatal morbidity and mortality;
- The enabling environment is in place to increase access to information and services for adolescents and to health care services for survivors of gender based violence.

3. Statements on Core Reproductive Health areas

The specific statements presented below have been formulated by the Ministry of Health in the country's National Reproductive Health Policy, to address the major reproductive health challenges facing South Sudan in certain core areas (i.e. safe motherhood, RH service coverage and access, gynaecological care, gender-based violence and RH rights, and RH needs of special groups). The statements are in tune with the Declaration of the Maputo Plan of Action (2006) which reiterates African leaders' civic obligation to respond to the Sexual and Reproductive Health (SRH) needs and rights of their people. In the following sections of the Strategic Plan, issues within the core areas are identified and articulated, and strategies for response are proposed.

3.1 Safe Motherhood

Key Issues:

- High maternal morbidity and mortality, largely due to haemorrhage, retained placenta, obstructed labour, abortion (these are the direct causes) and anaemia, poor nutrition, malaria, and poor state of health facilities for referrals and emergency response (these are the indirect causes);
- Limited number of facilities for managing obstetric and neonatal emergencies;
- High neonatal morbidity and mortality largely due to malaria, asphyxia, low birth weight infections, anemia, gastroenteritis/dehydration, malnutrition;
- Inadequate access by women, men and adolescents to comprehensive RH information and to skilled care throughout the continuum of care for family planning, pregnancy, delivery, post-partum and post-natal periods.
- To respond to the identified safe motherhood issues in South Sudan, the Ministry of Health (in collaboration with its partners) shall:
- To audit the health care delivery systems.
- To audit the service delivery systems at various levels of the health care delivery.
- To write reports of the findings of the audits at various levels.
- To have a national report of the MPNDR.
- Use the findings of the MPNDR to improve the gaps identified.

- Use the findings for continuing Medical Education of the staff and pre-service education of the health personnel.

(a) Obstetric & Neonatal Care and Services

- Emphasis its commitment to comprehensive RH by designating Integrated Reproductive Health Services (IRHS) as one of the four service components of the Basic Package of Health Services (BPHS);
- Develop and coordinate the implementation of the Basic and Comprehensive Emergency Obstetric and Neonatal Care (EmONC) as the foundation for providing universal access to health care under the BPHS;
- Increase access to skilled birth attendants through training and recruitment of midwives and training on life-saving skills including an authorisation of mid-level cadres namely, nurses, clinical officers, and midwives to function as Clinical Associates (CAs) to provide essential obstetric care and selected life-saving obstetric and neonatal care (task-shifting/sharing);
- At the community level, encourage and support community and home-based initiatives on life saving skills. Emphasis will be on building the capacity of community health workers/groups on health promotion (including referral for deliveries to the Primary health care centres (PHCC));
- Develop an approach to reduce maternal morbidity and mortality by formulating and implementing strategies for making relevant services accessible and acceptable to the people with a strong emphasis on the difficult to reach groups of the population;
- For purposes of quality control and timeliness, ensure the functioning of a “pull system” for pharmaceutical supplies; prepare kits for standard

Essential Reproductive Health Care, normal and complicated vaginal deliveries and caesarean sections for every level of health facility.

(b) Family Planning

- In consonance with the Addis Ababa Call to Action on Maternal and New-born Survival (July 2009), reposition Family Planning as a critical strategy for improving maternal health and enhancing new-born survival by developing a specific strategy and revising existing technical guidelines on Family Planning for an accelerated implementation at all levels of the health system throughout South Sudan;
- Launch a national health and family life education campaign which, among other things, will highlight the health and socio-economic benefits of birth spacing and promote respect for people's choices of family planning methods;
- In close collaboration with non-governmental partners, provide women, men and adolescents with easy access to a wide range of family planning methods and the information needed to make informed choices;
- Encourage the involvement of males in family planning programmes and integrate Family Planning and HIV/AIDS into existing services.

(c) Institutionalize the process and use of Maternal Perinatal Neonatal Death Review System:

- To audit the health care delivery systems
- To audit the service delivery system at various levels of health care delivery
- To write reports of the findings of the audits at various levels

- To have a national report of the MPNDR
- Use the findings of the MPNDR to improve the gaps identified
- Use the findings for Continuing Medical Education of the staff and pre-service education of health personnel

(d) Abortion and Post Abortion Care

- Include Comprehensive Post Abortion Care (CPAC) in the list of services to be provided by EmONC as an integral part of its Integrated Reproductive Health Services.
- Train and deploy mid-level health providers, such as non-physician clinicians as skilled attendants for PAC, to complement the efforts of doctors. These skilled providers will be equipped with the requisite skills to use Manual Vacuum Aspiration (MVA) to manage patients presenting with incomplete/inevitable abortion and those with medical conditions which endanger the survival of the mother.

(e) Quality and Affordable RH Drugs and Supplies

- Fully utilise the provisions embodied in the *Pharmaceutical Protocol for Southern Sudan* to ensure timely and adequate supply of safe, quality, efficacious and cost-effective drugs to all RH service delivery points in line with the goals of Reproductive Health Commodity Security;
- Actively promote rational drug use and evidence-based practice and insist on the widespread use of the GOSS-MOH '*Prevention and Treatment Guidelines for Primary Health Care Centres and Hospitals*';
- Explore options to ensure an efficient pharmaceutical supplies procurement and distribution system.

(f) Maternity and Paternity Leave

- Liaise with the Ministry of Labour, Public Service and Human Resource Development to advocate for a review or enactment of laws to guarantee maternity leave for, and safeguard the rights of, working pregnant and lactating women.
- Advocate for working mothers to be given 60 calendar days leave and an additional 36 flexible days after resumption of work, to enable them to concentrate on childcare and breastfeeding.
- Advocate for legislation which grants paternity leave to fathers to enable them to participate in family activities and childcare.

3.2 RH Service Coverage and Accessibility

Key Issues:

- **Minimal access to health care:** Estimated user rate as low as 0.2 contacts with health professionals per person per year; and more than two-thirds of the population do not have access to formal health services.
- **Unequal distribution of services:** Rural population estimated to be 80%, whilst health care provision is concentrated in urban areas, leaving them under-served.
- **Small size of health facility network:** 52 hospitals, about 252PHCCs and 988PHCUs, many of which are in a poor functional state.
- The majority of existing health facilities only provides minimal RH services.

To respond to the identified RH coverage and accessibility issues, the Ministry of Health (in collaboration with its partners) shall:

(a) Inclusion of RH Services in all Health Facilities

- Facilitate the inclusion of scaled-up RH facilities and services in all existing hospitals and health centres. It will also ensure that all new facilities to be built under its accelerated health care infrastructure development programme are equipped with the capacity to deliver comprehensive RH services;
- In the Ministry's quest to provide equitable health and RH services, priority will be given to:
 - Geographical areas where no health services exist
 - Populations living in underserved areas
 - Pastoral communities
 - Geographical areas supported by implementing partners
 - Emergency services
 - Returnee populations not yet fully integrated into South Sudanese society
 - Minority populations requiring specifically tailored services. These populations include persons with disabilities, refugees and internally displaced persons (IDPs).

(b) Expansion of Comprehensive Reproductive Health Coverage

- Intensify and expand the coverage of RH interventions with a concomitant preferential allocation of incremental resources towards these services. This is to be supported and financed by public, private, donor, NGO and FBO sectors as well as community-based initiatives.

- Develop guidelines to define the roles and responsibilities of governmental and non-governmental providers involved in the delivery of RH services.
- Develop a priority-oriented focus on RH service delivery, and ensure the best use of resources.
- Intensify outreach and mobile health services to remote and hard to reach areas with nomadic and semi-nomadic populations including cattle camps. To achieve this, the Ministry shall operate mobile clinics from every county hospital.
- Streamlining the Referral and Support Systems
- Develop designated levels of health facilities with requisite capacities and services to be used for formal public referrals.
- Improve and designate the Teaching Hospitals, and in the near future, the proposed Dr. John Garang Memorial Hospital, as the national referral and specialised hospitals. Within the national referral framework, the county hospitals and CEmONC centres will function as primary referral centres while the state hospitals operate as secondary referral facilities.
- Intensify efforts to establish a reliable road, air and river transport system as well as an appropriate ambulance service to facilitate referrals in close collaboration with relevant ministries and development partners.
- Ensure that at least an ambulance is provided for each major PHCC and county hospital. These ambulances may also be used to support mobile clinic services where necessary.
- In collaboration with appropriate ministries, establish a national ICT system and network throughout South Sudan to connect all health facilities and departments to ensure quick communication as part of the referral system.

3.3 Gynaecological Care Challenges

Key Issues:

- Limited facilities for the diagnosis and management of gynaecological disorders;
- HIV/AIDS is emerging as a significant problem in South Sudan with the influx of returnees from neighbouring countries where HIV/AIDS prevalence rates are higher;
- Nearly all health facilities in South Sudan lack investigation tools and capacity for advanced management of infertility and reproductive tract cancers.

To respond to the identified gynaecological challenges, the Ministry of Health (in collaboration with its partners) shall:

(a) Advanced Gynaecological Services

- Equip teaching and all state hospitals with the necessary capacity to provide advanced gynaecological services.
- Establish specialised gynaecological units for oncology and radiotherapy.
- Establish comprehensive obstetric fistula management in the teaching and selected state hospitals.
- Establish programmes to promote gynaecological awareness throughout South Sudan and encourage hospitals and other health care providers to conduct screening clinics for gynaecological malignancies.
- Conduct training for local specialists on various procedures and surgical techniques such as the repair of VVF/RVF, colposcopy, and laparoscopic surgery.

(b) Management of Infertility

- In collaboration with the South Sudan Centre for Census, Statistics and Evaluation, conduct an in-depth study on infertility.
- Equip all teaching and state hospitals with appropriate technology to investigate and manage both male and female infertility.
- Promote community awareness on infertility, especially among males.
- Embark on widespread education on the common causes and prevention of infertility and integrate it into STI/HIV/AIDS prevention programmes.

(c) Prevention and Management of Reproductive Tract Infections (RTIs) and HIV/AIDS

- Establish an Integrated National RTIs and HIV/AIDS programme to strategically focus on prevention and effective case management with special attention to populations at risk such as sex workers, adolescents, long-distance truck drivers, uniformed servicemen and women, and prisoners.
- Ensure that component programmes of HIV/AIDS such as prevention, care, treatment and support are addressed from a multi-sectoral perspective.
- In collaboration with the relevant government institutions, promote and insist on fair, non-discriminatory treatment of all employees living with HIV/AIDS (PLWHA).
- Work towards eliminating stigma towards and discrimination against PLWHA, and ensure that the basic human rights of such individuals are fully respected.
- Take appropriate therapeutic measures to prevent mother to child transmission (PMTCT) of HIV/AIDS.

- Train various cadres of health workers (at facility and community levels) such as medical specialists, nurses and counselors to enable them to undertake integrated STI/RTI/HIV/AIDS care.
- Institute appropriate measures to integrate HIV/AIDS services into existing health care services, especially Reproductive Health service delivery.

3.4 Gender-based Violence and Reproductive Health Rights

Key Issues:

- High prevalence of gender-based violence (GBV) and abuse including sexual violence, domestic violence, emotional and psychological abuse, early (forced) marriages, prostitution, and sexual exploitation among others.
- Rape is common but rarely reported.
- Domestic violence during pregnancy is a significant cause of abortion and maternal morbidity and mortality.
- Female genital mutilation (FGM), though not a common national problem in South Sudan, is practiced in the Nuba Mountains with a prevalence of about 73% amongst those the population residing there.
- Absence of effective legislation to address gender-based violations.

To respond to the identified issues with regard to GBV and RH rights, the Ministry of Health (in collaboration with its partners) shall:

- (a) Establish, in collaboration with relevant Ministries such as Gender, Child and Social Welfare, and the Ministry of*

Justice and Legal Affairs, a National Reproductive Health Rights Programme to:

- Advocate for the enactment of an enabling legislation on GBV including sexual offences;
- Ensure appropriate legal recourse for survivors of harmful practices and GBV;
- Promote rapid access to quality treatment and rehabilitative RH services for survivors of harmful practices and GBV;
- Provide training for health workers, lawyers, counselors, psychologists and law enforcement agencies on the management of GBV issues and survivors.
- Promote community sensitisation education and dialogue to find practical, permanent solutions to GBV and other harmful practices.

(b) Provide essential support to NGOs to undertake community-based programmes to:

- Sensitise and educate communities, families and households about the effects of harmful practices and GBV on reproductive health;
- Promote male involvement in reproductive health programmes; and
- Empower women to participate more effectively in reproductive health decision making.

3.5 RH Needs of Special Groups

Key Issues:

- There are several groups in South Sudan with special RH needs such as the military (SPLA); minority communities, adolescents and youth and, people with disabilities (PwDs), amongst others;
- Existence of particularly vulnerable groups and communities including returnees, pastoralists, internally displaced people (IDPs), PwDs and communities in hard-to-reach areas;
- There are no systems, frameworks or programmes to respond directly to the peculiar reproductive health needs and circumstances of these special groups;
- Problems faced by adolescents and youths when trying to exercise their RH rights include early and forced marriages; early sexual activity, and pregnancy in young girls; exposure to HIV/AIDS and STIs; FGM; drug and substance abuse; and unemployment, among others
- Weak health systems for enhancing access to comprehensive, quality RH services for the military and other uniformed forces

To respond to the identified RH needs of special groups the Ministry of Health (in collaboration with its partners) shall:

(a) Youth and Adolescents

- Formulate, in collaboration with the Ministries of Education; Culture, Youth and Sports; Gender, Social Welfare and Religious Affairs and Legal Affairs, a National Youth and Adolescent Reproductive Health (NYARH) Strategy. This strategy will ensure full access of adolescents and youth to quality and comprehensive youth friendly reproductive

- The diverse needs of adolescents and youth, especially those considered vulnerable and hard to reach such as the adolescents in marriage, in and out of school youth, youth in cattle camps; and those with disabilities.
- Demobilised youth from the military;
- Youth participation in the planning, implementation and evaluation of adolescent-and youth-related reproductive health and development programmes;
- Access to education on gender relations, (e.g. equality and violence) responsible sexuality and family planning, family life and sex education, and the prevention of sexually transmitted infections, including HIV/AIDS;
- Advocacy for the enactment of a law to limit the age of marriage for both boys and girls;
- Development of reproductive health communication and media strategies which are sensitive to the needs of the youth and adolescents;
- Provision of sanitary towels for girls in schools.
- Give, within the framework of NYARH Strategy, specific attention to the development of programmes for young people, which will include: (i) integration of adolescent and youth friendly SRH services into existing health care provision (ii) Gender and Sexuality education; (iii) targeted behaviour change communication (BCC), including ABC promotion; (iv) VCT and (v) Symptomatic management of sexually transmitted infections(SMSTI) for adolescents and young people as a means of preventing early sexual activity, adolescent pregnancies and sexually transmitted infections including HIV/AIDS.

- Provide education to parents and the communities on the sexual reproductive health & rights of adolescents and youth.
- Strengthen capacity of institutions, service providers and communities to provide appropriate sexual and reproductive health information and services (e.g. counseling, family planning, EmONC, and comprehensive post abortion care (CPAC³)) for adolescents and youth at all levels.
- Develop BCC programmes for youths who are in- and out of school, married youth, disabled, displaced, or living on the streets.
- Promote adolescent and youth involvement and participation in planning, implementation and management of AYSRH and rights programmes.
- Work with the Ministry of Higher Education and Training to incorporate ASRH education into all the curricula in the education sector, including training institutions.

(b) Uniformed Servicemen/women

- Work with the relevant authorities to develop a special RH programme for uniformed personnel including the military, police, fire brigade, private security agencies, etc., within the framework of their existing health systems, to address their diverse RH needs.
- In collaboration with the Ministries of Defence and Interior, periodically organise and hold special medical campaigns to manage the RH problems of the military, the police and other uniformed servicemen and women
- Support RH education programmes for the uniformed service organisations.

³Components of CPAC-1) Counselling, 2)Emergency Treatments,3) Counselling and provision of Post Abortion FP services 4)Referral and linkages to other RH services 5)Community partnership

(c) Vulnerable Groups and Communities

- Conduct, in collaboration with relevant agencies, a rapid reproductive health needs assessment. This will serve as the basis for the development of a special reproductive health programme (in the context of other health services) targeting the vulnerable and disadvantaged segments of the population. The programme will seek to:
 - Provide such vulnerable groups and communities with access to a basic package of health services that includes maternal health care, and prevention and management of sexually transmitted diseases, including HIV/AIDS.
 - Build the capacity of local institutions and community-based health care providers to deliver high-quality, targeted reproductive health services
 - Empower this segment of the population to become informed and effective consumers of reproductive health care and to serve as advocates on their own behalf in securing essential reproductive health services.
- In close collaboration with other government agencies, take appropriate affirmative action in resource allocation and provide the necessary financial and material support to organisations wishing to provide health services to these groups and communities.
- Create a special division at both central and state levels to focus on the health needs of the marginalised and vulnerable groups, and communities.
- Negotiate with the relevant agencies, stakeholders and development partners to share costs and other resources on the provision of reproductive health services to returning population as they resettle and integrate into communities in the country

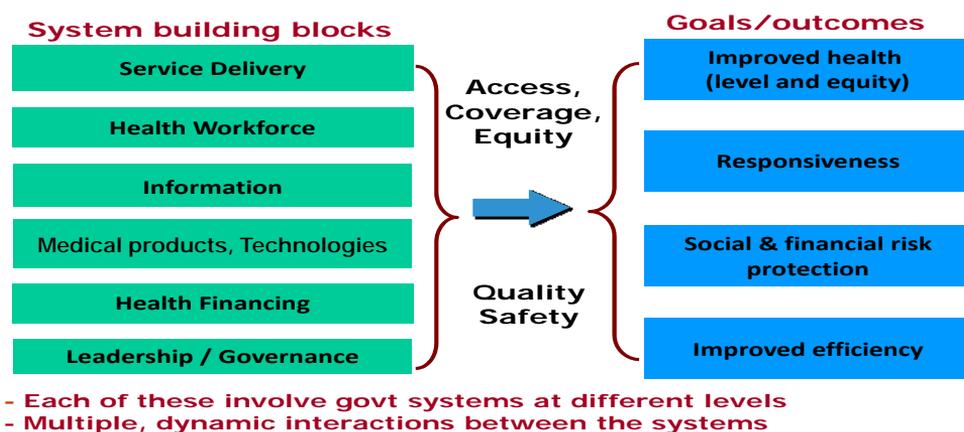
(d) The Elderly

- Integrate geriatric care services such as screening, detection and management of RH-related illnesses predominant in the elderly into the national RH programme.
- Ensure access at all levels to quality and comprehensive sexual and reproductive health services by the elderly persons.
- Enhance awareness of the community about the reproductive health problems and needs of the elderly.

4. Enabling Environment for RH Services

The reproductive health status of the South Sudanese people will not improve if the government does not invest meaningfully in all the building blocks of the health system. This will also require enhanced support from the development partners and other stakeholders working in the health sector.

Fig 1:A single framework with six building blocks (WHO⁴)



⁴<http://www.who.int/healthsystems/topics/en/index.html>

4.1 Development and Maintenance of Infrastructure to Support RH Service Delivery

Key Issues:

- Health facilities are few, unequally-distributed and inadequately developed to support quality comprehensive RH service delivery
- In rural areas, there are about 14,000 people per health unit, 75,000 per health centre and 400,000 per hospital⁵.
- A lack of basic obstetric care equipment in most health facilities.
- A lack of advanced gynaecological and obstetrics services in all hospitals.

To respond to the identified issues hindering the development and maintenance of infrastructure to support effective RH service delivery, the Ministry of Health (in collaboration with its partners) shall:

(a) Health Facility Equipment

- Utilise the results of the health facility mapping, as well as those of existing and future surveys as a basis for prioritising equipment rehabilitation and replacement at various health facilities.
- Standardise the equipment, vehicles and fixtures to be imported, while adhering to the principles of competitive tendering, as part of a viable preventive maintenance⁶ schedule and ensuring spare parts stock.

⁵The MOH Basic Package for Health Services indicates: 1 PHCU for a population of 15,000, a PHCC 50,000 and a county hospital 300,000.

⁶ Preventive maintenance refers to scheduling maintenance of functioning equipment in order to keep up operations. It is the servicing and maintenance of equipment before they break down to ensure continuous service provision.

- Develop biomedical engineering services within existing health facilities.

(b) Laboratory Support & Blood Safety

- Develop a national medical laboratory policy which would require the establishment of a referral laboratory and blood safety service centre at each referral site and the enforcement of quality assurance and standards.
- Develop standard operating procedures and quality assurance guidelines and standards to be strictly applied by both public and private laboratories.
- Equip laboratories at PHCCs and County Hospitals with adequate supplies, reagents, and equipment to ensure the performance of routine antenatal profiles, HIV serology, basic hormonal assays, malaria and tuberculosis screening and/or tests, among others.
- Establish a Blood Safety Centre in every state and county and provide it with appropriate screening facilities and quality assurance measures, to enable it supply safe blood to hospitals and PHCCs.

4.2 Human Resource Development and Management for RH

Key Issues:

- Low Human Resources Capacity in all aspects of health care delivery especially in the provision of RH services.
- Lack of capacity to implement immediate interim steps to significantly reduce maternal and neonatal mortality (*Basic EmONC concept*) and ultimately achieve the optimum (*Comprehensive EmONC approach*).
- High turnover, low remuneration and disparity in geographical distribution of health staff.

To respond to the identified issues hindering human resource development and management for quality RH service delivery, the Ministry of Health (in collaboration with its partners) shall:

(a) Human Resource Management

- Train mid-level personnel (professional midwives and clinical officers) as Non-Physician Clinicians (NPCs) to complement the effort of doctors in the delivery of crucial obstetric care including the performance of caesarean sections and other life-saving procedures;
- Create and actively sustain a legislative, regulatory, operational and motivational environment to enable NPCs and other skilled birth attendants provide the requisite essential services safely and effectively. Special attention will be given to the hard-to-reach areas and to ensuring services are provided in an atmosphere characterised by dignity and recognition;
- Recruit different cadres of health staff, particularly midwives and health workers with midwifery skills from within and outside South Sudan. This will help fill the massive gaps identified between current provision and that outlined in the Basic Package of Health Services;
- Embark on a campaign to identify, attract and retain South Sudanese professionals living and working abroad;
- Assiduously and progressively work towards achieving adequate staffing levels as depicted in Table 3 below:

Table3: Proposed Professional Medical and Paramedical Staff Establishment in Facilities Necessary for Effective Delivery of RH Services

LEVEL OF FACILITY	CADRE OF STAFF									
	Obstetrician/ Gynaecologist	Medical Officers	Professional midwives	Health Visitors	Clinical Officer/Medical Assistant/NPCs	Enrolled Nurses/Professional Nurses	Pharmacist	Pharmaceutical Technologists	Pathologists	Laboratory Technologists
Teaching and referral hospitals	4	10	25	5	20	60	2	10	2	10
State hospitals	2	12	15	5	16	40	1	6	1	8
County Hospitals		4	7	3	12	20		4		6
PHCCs			3	1	4	10		1		2
PHCUs			1			4				

Source draft HSDP 2012-2015

(b) Staff re-deployment, Rationalization and Retention.

- Give priority to the deployment of newly-trained staff to under-served states and counties and classify ‘hardship’ areas, with a view to developing incentives and benefit packages for staff serving in those areas.
- Develop clear staffing norms including allocations, postings, transfers and discipline to form the basis for future health sector personnel policy for an effective, efficient equitable and responsive health service system that ensures appropriate ratios of various categories of health workers to patients.
- Abolish, in line with the WHO’s recommendations, the training of new traditional birth attendants (TBAs) and seek to progressively phase out village midwives and TBAs working in health facilities and change their

roles into community health workers, as more enrolled and diploma midwives are trained and deployed in the health sector throughout the country.

(c) Training of Health Professionals

- Seek to increase the number of health care workers by embarking on training of high and mid-level skilled personnel to address the RH problems seen at various levels of the health system.
- Acknowledging the central role played by professional midwives in the delivery of RH services, scale-up the establishment of professional midwifery training institutions and/or their integration into existing higher educational institutions to increase competencies, professionalism and numbers for effective clinical response to RH needs in the country.
- Upgrade the community-midwifery training programme by enrolling the already-trained community midwives into professional midwives training programmes to be re-trained as professional midwives.
- Encourage higher educational institutions to adopt and revise existing successful training models and apply the models for training of professional mid-level providers.
- Establish state medical training colleges to train various medical cadres that are not catered for in existing institutions.
- Establish scholarship programmes for both short and long-term training of reproductive health workers.
- Establish a Continuing Education Unit, initially in each state and later in each county, to strengthen and/or reinforce the skills of RH personnel already in service.

4.3 Financing RH Service Delivery

Key Issues:

- The economy of South Sudan is in a seminal stage;
- The purchasing power of the citizens of South Sudan is very low;
- A huge gap exists between resources currently available and what is required;
- The probable effect of global economic recession on bilateral and multilateral donor in-flows to fund RH services;
- The ability of weak management structures to ensure effective utilisation of finances, with appropriate accountability and reporting;

To respond to the identified issues hindering effective financing of RH service delivery, the Ministry of Health (in collaboration with its partners) shall:

- Continue to seek funding from its traditional sources including government budget, multilateral and bilateral donors; and also advocate nationally and internationally, for more funding and resources to strengthen the health sector with particular emphasis on RH service delivery;
- Sustain consistent advocacy for the fulfillment of the Abuja Declaration (2001)⁷ on budget allocation to the health sector in general and the RH sub-sector in particular;

⁷In April 2001, heads of state of African Union countries met and pledged to set a target of allocating at least 15% of their annual budget to the health sector. At the same time, they urged donor countries to *"fulfil the yet to be met target of 0.7% of their GNP as official Development Assistance (ODA) to developing countries"*. This drew attention to the shortage of resources necessary to improve health in low income settings.

- Remain committed to providing free basic health care including essential RH services in all public health facilities in accordance with Article 35 of the Interim Constitution of South Sudan.
- Explore the possibility of establishing a South Sudan health insurance scheme to provide additional funds for the health sector including RH service delivery.
- Encourage the establishment of innovative funding mechanisms for RH service delivery, outside the traditional sources, such as community-based health insurance schemes and health franchising.
- Develop appropriate system-wide and multi-level financial management mechanisms and provide appropriate training for health managers to ensure rationalisation, accountability, efficiency and cost-effectiveness in the use of financial resources in RH service delivery.
- Insist that all stakeholder work plans and budgets are based on the SS RH Strategic Plan and implemented in accordance with government accounting procedures and regulations as well as standard procurement procedures.
- Advocate and use the costed RH Strategic plan to mobilise and leverage resources for RH in the context of the overall Health Sector Development Plan funding.

4.4 RH Information Systems

Key Issues:

- A lack of modern, effective and efficient health management information systems and health information records at ministerial, institutional and health facility levels.

- Dependence on archaic information management systems by most public health facility information departments.
- Lack of reliable baseline health information.
- Non-existence of a common system for planning, monitoring and evaluation for central and state Ministries of Health.

To respond to the identified issues that hinder the establishment /development of RH information systems, the Ministry of Health (in collaboration with its partners) shall:

- Develop and maintain a functional nationwide Health Management Information System (HMIS).
- Ensure that all RH indicators are integrated into the HMIS.

4.5 Framework for Research in Reproductive Health

Key Issues:

- A lack of research capacity in RH practice in South Sudan.
- A lack of comprehensive baseline information on RH issues and indicators.
- A lack of EmONC baseline research in South Sudan

To respond to the identified issues hindering research in reproductive health, the Ministry of Health (in collaboration with its partners) shall:

- Undertake/Encourage strategic and operational research at all levels of the health system.

- Budget for and support research in RH that provides evidence for policy formulation and implementation in South Sudan.
- Ensure that research activities are related to the Ministry's priorities and contribute to the improvement of the general and reproductive health status of the people of South Sudan.
- Use the existing Ethics Review Board (ERB) to review and approve RH research proposals.
- Develop, within the framework of this Strategic Plan, the RH research agenda and guidelines and establish, within the Directorate of Policy, Planning and Research, a Reproductive Health Research Unit, to coordinate all RH research activities in South Sudan.
- Develop and/or adopt a list of RH monitoring indicators and develop appropriate frameworks, infrastructure and skills to collect, manage, analyse, disseminate and use data for decision making.
- Create a framework for the dissemination of RH research findings and provide an enabling platform for the use of such findings to inform RH-related policy formulation in the country.
- Institute clinical mentors in the areas of RH service delivery to improve quality.

4.6 Regulation of RH Service Delivery

Key Issues:

- The Government of the Republic of South Sudan, through the Ministry of Health has the primary responsibility for ensuring that those providing health services safeguard public interest.

- There is lack of health sector specific laws, regulations and institutional capacity to regulate and enforce good medical practice at all levels of the health system.
- The private sector is largely unregulated resulting in the provision of sub-standard services.

To respond to the identified issues in the regulation of RH service delivery, the Ministry of Health (in collaboration with its partners) shall:

(a) Sector Wide Regulation

- Develop a regulatory framework of activities, standards and laws to guarantee quality RH service delivery whilst safeguarding the public interest;
- Take, as a matter of priority, the necessary measures, including conducting regular training and statutory inspections, to enhance quality assurance in RH service delivery.

(b) Regulation of Private Practice

- Institute strategies to promote public private partnerships (PPP) and establish an appropriate system - within the framework of health policy, laws and regulations - to facilitate and regulate the private sector as a key partner in the development of RH service delivery in the country;
- Enact and enforce effective legislation on private practices and ensure compliance, particularly with regulations on ethical principles, standard of care and competence in the standards of medical practice;
- Regulate part-time private practice (PTPP) by consultants employed in the public sector to ensure that they provide the requisite health services for which they are paid.

(c) Licensing & Enforcement of Professional Ethics

- Fully implement the Ministry's policy to license practitioners and health facilities involved in RH care.
- Enforce high standards of professional ethics in RH service delivery.

5. Strategies, Objectives and Actions

This Strategic Plan was developed after taking into consideration certain key determinants that informed the overall direction and strategies. These determinants include an in-depth analysis of the internal strengths and weaknesses of the reproductive health service delivery in post-war South Sudan as well as external opportunities and threats likely to have significant impact on the smooth implementation of the strategic plan. The SWOT analysis broadly determined the direction, vision and key areas for action.

5.1 SWOT Analysis

Strengths

- Existing teaching, and state hospitals
- Existing Basic Package of Health Services
- Presence of some RH service providers
- Plurality of organisations involved in promoting, financing and delivering RH services
- Existing Expanded Immunisation Programmes
- Current anti-HIV/AIDS programmes

Weaknesses

- Poor RH indices
- Poor referral system
- Inadequate health facilities
- Inequitable distribution of health care facilities
- Small percentage of health budget allocated to RH
- HMIS not yet fully functional
- Low human resource capacity involved in the delivery of RH services
- Poor supply of RH logistics –equipment, disposables, drugs and supplies
- Lack of blood banks and good laboratory support services

Opportunities

- Commitment of the government of South Sudan.
- Basic Package of Health Services & Health Sector Development Plan defines national health policy.
- Relative peace and stability afforded by the Comprehensive Peace Agreement.
- Existing legal framework for development – Interim Constitution 2005 and the National Development Plan.
- Harmonized bilateral and multilateral donor funding.
- Existing plans and proposals to construct referral hospitals

Threats

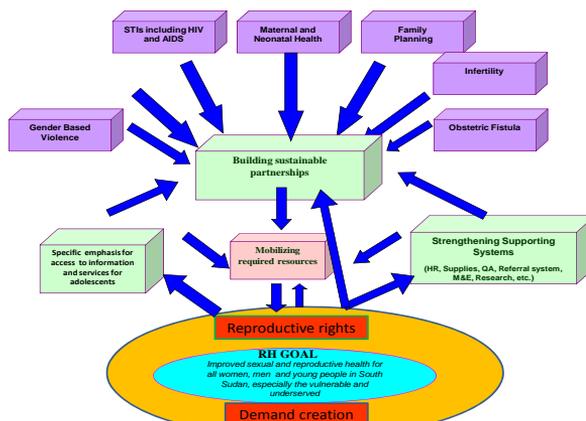
- Low human resource capacity in relevant areas such as, ICT, engineering, social services etc.
- Poor infrastructure – roads, transport, ICT etc.
- Weak national economy – high unemployment, low purchasing power etc.
- Worldwide economic crisis.
- High rate of illiteracy.
- Limited opportunities for education.
- Socio-cultural beliefs and practices inimical to women and children

5.2 Strategic Direction

From the SWOT analysis, it is obvious that there are major challenges to overcome within South Sudan's health sector. On the positive side, however, there are significant strengths and opportunities which, if well tapped can form the nucleus of an accelerated development of RH service delivery within the context of an overall health systems strengthening approach. The health sector has policies and strategies by which the national RH policy and related strategic plans will be underpinned. The Ministry of Health has been restructured and will be strengthened to perform its overall role of guiding and overseeing the implementation of all health sector strategies.

The overall strategic direction for the health sector in South Sudan should therefore be that of *Development and Sustainability*.

Fig 2: Strategic Directions for Comprehensive Reproductive Health



5.3 Vision

An improved, comprehensive, equitable and well-utilised reproductive health service delivery package within the context of health systems strengthening in South Sudan.

5.4 Mission Statement

To accelerate the development of reproductive health services as part of the overall health systems strengthening in order to improve the health status of the people of South Sudan and remarkably reduce maternal and neonatal mortality and morbidity, through the collective and committed efforts of the government and the communities, with technical and financial support from partners.

5.5 Goal and Objectives

5.5.1 Goal: To reduce maternal morbidity and mortality in South Sudan.

5.5.2 Objectives:

- Reduce maternal mortality ratio (MMR) from 2,054 per 100,000 live births to 1,680 per 100,000 live births by 2015;
- Reduce infant mortality rate (IMR) from 84 per 1000 live births to 59 per 1000 by 2015;
- Improve access to reproductive health by 25% by 2015;
- Ensure the RH and social rights of adolescents and youth;
- Ensure gender-based RH and social rights.

These objectives will be achieved by making comprehensive and quality RH information and services readily available and accessible to all.

5.6 Strategies

This Strategic Plan breaks down comprehensive Reproductive Health service provision into seven Strategies, with each strategy having one overall objective and several specific ones. All the strategies are directly linked to the Health Sector Development Plan 2012-2015 and will contribute to the achievement of its stated goal and objectives. At the same time, the strategies are aligned to and harmonised with the Health Systems Strengthening approach as explained in the same HSSP.

Table 2: Summary of Strategies and Overall objectives

	STRATEGY	OVERALL OBJECTIVE
1	Improvement of access to and utilisation of health facilities by all individuals	To empower individuals, families and communities to claim and exercise the right to access RH services and to increase awareness and understanding of adolescent and youth reproductive health issues.
2	Human resource development for effective RH service delivery	To improve quality of comprehensive RH care by investing in human resource development
3	Supply and distribution of RH commodities	To ensure the availability of safe RH drugs, commodities and medical equipment and their rational use
4	Development of infrastructure for RH service delivery	To increase access to health facility-based delivery services
5	Implementation of programmes and research on sexual and reproductive health rights and gender-based violence	To protect females from abusive sexual relationships and provide care to survivors of gender-based violence
6	Coordination and management of the national RH programme as implemented within the framework of this strategic plan	To ensure effective coordination and management of the national RH Programme at central, state and county levels
7	Advocacy for adequate financial allocation for comprehensive Reproductive health programming and service provision	To significantly increase the funding for RH services and interventions

5.6.1 Strategy 1: Improvement of access to and utilisation of health facilities by all individuals

Preamble: The health promotion/community mobilisation strategy for reproductive health is not conceived of as a separate initiative but as a part of the overall health promotion/community mobilisation strategy of the MOH with partner Ministries (Social Development and state-level Ministries). The activities are planned and implemented together with other partners and not in competition with other health related awareness creation campaigns.

The overall objective: To empower individuals, families and communities to claim and exercise the right to access RH information and services and to increase awareness and understanding on adolescent and youth reproductive health issues.

Specific objectives:

- Increase awareness among the general public across South Sudan on RH, including ASRH, rights and GBV issues by 50% by 2015;
- Improve community and social mobilisation for action on RH and ASRH;
- strengthen institutional capacity at all levels (central, state and county) for health promotion, particularly focusing on RH issues;
- Improve data management, monitoring and evaluation of health promotion activities as components of the overall MOH M&E framework;
- Increase access to and utilisation of ANC, post-natal care, health facility and/or skilled birth deliveries by 30% by 2015;
- Increase the proportion of pregnant women who deliver in health facilities with a skilled birth attendant, meeting minimal EmONC standards, to 20% by 2015
- Increase access by 25% for young people in South Sudan to adolescent/youth friendly SRH services;
- Strengthen knowledge among in- and out-of-school youth on family life education

5.6.2 Strategy 2: Human resource development for effective RH service delivery

Preamble: The MOH has an elaborate Human Resources Development (HRD) Plan (2007-2011) and this informed the formulation of this strategy. Furthermore the government has committed funding for the SSDP Social and Human Development Pillar in which the health sector's human resource development is adequately reflected. Therefore, this RH HRD strategy is an integral part of the overall MOH/DTPD plan and is not a separate entity.

The overall objective: To improve quality of comprehensive RH services by investing in human resource development.

The specific objectives:

- Standards, Guidelines and regulation
- Promote and increase the utilisation of National Clinical RH standards and guidelines in 15% of the Health Care facilities by 2015
- Strengthen legislation and regulations for public health practice and practitioners in South Sudan

RH Education Programmes

- Strengthen Midwifery and Nursing education programmes across South Sudan
- Increase the number of RH specialists (obstetricians/gynaecologists and anaesthetists)
- In-service training

- Increase skills for 60 midwives and others with midwifery skills to perform life-saving procedures including caesarean sections within the framework of the task shifting strategy.
- Increase knowledge and skills in EmONC and comprehensive RH
Improved skills in FP for 60% of the reproductive health personnel
- Increase GBV & ASRHR competencies among 50% of the reproductive health workers.
- Improve skills in the management of gynaecological disorders.
- Supervision
- Improve supervision of midwives and RH personnel for improved service delivery at all levels.
- Recruitment
- Increase recruitment and deployment of experienced professional midwives, nurses and doctors from other countries.
- Increase recruitment and deployment of midwives and other RH personnel to the rural areas of the country.
- Performance
- Improve the performance and efficiency of health professionals
- Improve the image, professionalism and personal development of health professionals in South Sudan

5.6.3 Strategy3: Supply and distribution of Reproductive Health commodities

Preamble: The strategy related to commodities is part and parcel of the overall health systems strengthening that deals with availability of

supplies and equipment at all levels of the health care system in South Sudan. Therefore these activities are an integral part of the work plan of the Directorate of Pharmaceuticals within the MOH and will be implemented accordingly. The distribution of RH drugs and supplies in the country has been done in terms of RH Kits. This distribution approach is expected to be phased out during the 5 years of this RH strategic plan and will be replaced by the pull system by the end of 2015.

Overall Objective: Ensure the availability of safe RH drugs, commodities and medical equipment and their rational use.

Specific objectives:

- Strengthen planning and management of RH commodities in line with the overall reform in the Health Sector Development Plan.
- Ensure availability of RH commodities in health facilities according to protocols.
- Improve storage and monitoring of RH commodities at central warehouse and state stores.
- Ensure availability of the full range of family planning/contraceptive methods at all levels of the health system⁸.

5.6.4 Strategy 4: Development of Infrastructure for RH service delivery

Preamble: There are insufficient functional health facilities in South Sudan and the existing ones are not equitably distributed. In addition, the existing health facilities are inadequately developed to support quality reproductive health service delivery. The Ministry of Health will develop, in close collaboration with the Ministry of Housing and Physical Planning, a national plan on the development of physical facilities and

⁸As per Family Planning guidelines for the different levels of health care

equipment. This plan will guide the future choices of types and locations of health facilities and equipment and will rely on the results of the health facility mapping, as well as those of other surveys, as a basis for prioritising rehabilitation and construction of health facilities. As part of this plan, specific constructions will be planned for the improvement of access to facility based deliveries.

Overall Objective: To increase access to facility-based delivery services and care.

Specific objectives:

- Improve physical infrastructure and equipment based on RH standards and requirements;
- Improve water supply and sanitation at health facilities;
- Improve transport and communication network for referral at all levels of health care;
- Improve the availability of the RH basic package at PHCC level;
- Improve systems and services for gynaecological referrals.

5.6.5 Strategy 5: Implementation of programmes and research on sexual and reproductive health rights and gender-based violence

Preamble: This strategy is part and parcel of the overall Gender Policy of the Ministry of Gender and Social Welfare, as well as the GBV strategic plan⁹. The implementation of the RH related activities will be coordinated between MOH/RH unit and MOGSW/GBV sub-cluster

⁹ GBV strategic plan 2011-2015 developed in May 2011

Overall Objective: To protect females from abusive sexual relationships and provide care for abused women and girls¹⁰.

Specific objectives:

- MOH role in gender mainstreaming
- Mainstream gender-sensitive RH initiatives¹¹
- **MOH role in fight against GBV** Provide training in GBV issues
- Provide training in GBV issues.
- Develop and implement initiatives for treatment and care for survivors of rape.
- Research
- Improve understanding of the relationship between gender-based violence and reproductive health outcomes.
- Conduct researches on the prevalence and impact of infertility.
- Conduct research to help improve knowledge about family planning in the country.

5.6.6 Strategy 6: Coordination and management of the national RH programme as implemented within the framework of this Strategic Plan

¹⁰ It is of utmost importance that the RH unit at MOH works closely with the GBV sub-cluster in implementing these programmes as most of these activities falls within the GBV SC and not necessarily the RH unit.

¹¹ Mainstreaming gender in MOH policies, strategies and plans is part of the overall work plan of the MOH. It has been added as a specific objective since it has an important impact on the other specific objectives of this strategy

Preamble: The implementation of the Reproductive Health Strategy can only be effective when it is done in a coordinated, harmonised way.

Overall objective: To ensure effective coordination and management of the national RH Programme at central, state and county levels.

Specific objectives

- Build the capacity of RH units at central MOH and 10 State MOH for improved and effective RH coordination.
- Decentralise RH planning, management, implementation and monitoring, including budgeting.
- Establish RH services for hard-to-reach populations including during crises and emergency situations.
- Ensure private RH service providers adhere to MOH regulations.
- Integrate RH indicators in the existing M&E systems in health institutions and facilities.

5.6.7 Strategy 7: Advocacy for adequate financial allocation for comprehensive RH programming and service provision

Preamble: The effective implementation of this Reproductive Health Strategy needs to get sufficient funding from both government of South Sudan and its development partners.

Overall Objective: To significantly increase the funding for RH services and interventions.

Specific Objectives:

- Fulfill the Abuja Declaration by allocating 15% of GRSS budget to health and fulfill the Abuja goal of \$34 per capita for health and \$6 for reproductive health care, raised to \$8 by Jan 2015;
- Increase government, stakeholder and donor support for RH;
- Ensure better resource allocation across the states and for deprived areas to accelerate the reduction of the country's unacceptably high maternal and infant mortality rates;
- Link this RH Strategic Plan to other on-going initiatives to promote women's education.

5.7 Key Indicators:

The strategic objective for the roll-out of this Strategic Plan is to promote the realisation of the three main outcomes of the National RH Policy, namely:

- Universal and equitable access to quality comprehensive RH services;
- A progressive decline in maternal, neonatal and infant morbidity and mortality;
- An enabling environment to increase access to information and services for adolescents and to health care services for survivors of gender based violence.

To achieve these outcomes, significant investments need to be made in the RH sub-sector to ensure the provision of quality and comprehensive RH services.

5.8 Targets

Key targets for the strategic interventions are summarised in table 1.

Table 3: Summary of Key Targets of this RH Strategic Plan

Indicators	2006	2010 ¹²	Target 2015
Maternal Mortality (per 100,000 live births)	2,054		1643
Neonatal mortality (per 1000)	52		
Women with births overseen by skilled birth attendants in HFs	10.0%	14.7% ¹³	30.0%
Contraceptive Prevalence Rate	3.5%	4.5% ¹⁴ 1.5% ¹⁴	20%
At least one antenatal visit with skilled birth attendant	26%	30%	52%
% Women receiving 4 antenatal visits	10%	9.3%	40%
Unmet need for family planning	1.2%	24% ¹⁵	
Case Fatality Rate of women delivering in health facilities(Per 100,000 live births)	1062 (7hospitals)		530
Caesarean sections as a proportion of births	2.3%		5%
Exclusive breast feeding rate (0 – 5 months)	21.2%	44.1%	50%
Attendance of ANC with skilled birth attendant	26%	30%	52%
Pregnant women receiving 2 doses of anti-tetanus vaccine or fully immunised	32%		64%
Teenage pregnancy rate (per 1000 live births)	204	353 ¹⁶	102/1000
Postnatal care		8.3%	

Other indicators will be monitored using modified process indicators from the Basic Package for Health Services (BPHS)

The achievement of these targets should be given utmost priority across South Sudan. It is envisaged that with the joint efforts of the Government and its cooperating partners¹⁷, there will be more time and money invested in the achievement of these targets. These set targets will also encourage the government to focus on appropriate strategies and efforts to ensure increased

¹² SSCCEC 2010 Summary findings of Household survey

¹³ Definition by GOSS MOH : verified skilled birth attendance

¹⁴ 4.5% all methods, 1.5% modern methods

¹⁵ Unmet need for contraception refers to fecund women who are not using any method of contraception, but who wish to postpone the next birth or who wish to stop childbearing altogether. Unmet need is identified in MICS by using a set of questions eliciting current behaviours and preferences pertaining to contraceptive use, fecundity, and fertility preferences

¹⁶ 2010: 30% have had a live birth and 5.3% are pregnant with their first child

¹⁷ Including UN agencies, Bilateral and Multilateral Donors, International and National NGO, FBO's and CBO, Academia

financial allocation and spending in health in general and to the RH sub-sector in particular, in line with the Abuja Declaration.

5.9 Work Plans

The schedules of the planning framework are attached as *Appendix 1*

6. Implementation Framework

The successful implementation of this Strategic Plan will require the collective, concerted, committed and coordinated efforts of a multitude of stakeholders from the government down to the individual in the remotest village of South Sudan. The implementation will also involve careful planning, supervision, monitoring, and evaluation and periodic reviews at all the different levels of the health system.

6.1 Role of key stakeholders

The role of the stakeholders in the management and implementation of this Strategic Plan are similar to the roles and responsibilities outlined in the RH Policy document. Accordingly, the following key stakeholders will play the roles and functions indicated:

Ministry of Health: The MOH shall own this Strategic Plan and provide leadership for its implementation. The RH Unit of the Directorate of Community and Public Health (DCPH) will ensure effective coordination and facilitation of the planning and implementation of the activities spelt out in this Strategic Plan. All the Director Generals at the central level will be involved in guiding the implementation of the strategic plan¹⁸. With the new structure and organogram for the MOH and the SMOH in place, the role at the central level will be focusing on policy and strategy development, coordination and facilitation of the implementation. Among other roles, the MOH will also provide enabling factors like human

¹⁸ See conceptual framework for coordination at central and state level in annexes

resources, infrastructure and finance. It will supervise and coordinate activities of State Ministries of Health (SMOHs), liaise with other ministries for effective inter-sectoral collaboration, coordinate the activities of donors and development partners, regulate the various sectors to ensure quality and develop and implement tools for monitoring and evaluation. For the smooth coordination of the activities the role of the Reproductive Health Coordination Forum will be of utmost importance.

State Ministry of Health: The role of the SMOH/RH unit will be the coordination and the planning of RH activities and intervention at the state level based on the guidance provided by the central level. The SMOH is expected to manage the health facilities within its jurisdiction and supervise the activities of the various county health departments. In close cooperation with the central MOH, the SMOH will facilitate capacity development, rehabilitation and/or construction of health facilities, coordinate RH supplies distribution for the state and assure sufficient funding for the activities at state-level based on the approved RH work plans of the state.

County Health Department: At the county level, there will be a county RH coordinator, who will be expected to guarantee the implementation of the RH policy and strategy; co-ordinate with other authorities and non-governmental RH service providers; supervise RH activities within the county; and train and support community based RH workers.

Other line ministries: This Strategic Plan embraces a multi-sectoral approach which includes linkages with key line ministries such as the Ministries of Finance and Economic Planning; General Education and Instruction; Gender, Child and Social Welfare; Roads and Bridges; Ministry of Youth, Culture and Sports; and Ministry of Legal Affairs, among others. The MOH is expected to facilitate and coordinate these inter-sectoral interactions.

NGOs, FBOs and Private sector: These organisations are expected to provide service and are also involved in the formulation, financing, implementation, monitoring and evaluation of the country's RH plans and programmes at various levels.

Development Partners/Donors: The development partners will be expected to provide technical and financial support for the planning and implementation of RH programmes and services within the framework of relevant policies, priorities and strategies of the MOH at central and state level. They will also provide advisory services, technical assistance, international advocacy and capacity building services to support the implementation of the RH policies and strategies.

The Community: The communities will play a major role both as beneficiaries and providers of RH services. They will be expected to mobilise their own resources to supplement government resources for the provision of RH services. The communities will be mobilised and represented through existing community-based structures such as families, women's and youth groups, the Village Health Committees (VHCs) and Village Health Volunteers (VHV) as well as community health workers, TBAs, VHVs, village midwives and traditional practitioners.

Training Institutes: Training institutes (local, regional and international) have the responsibility of training health professionals to render quality RH services.

The Media: The media will be expected to play a key role in advocating for community and stakeholder interventions; creating mass public awareness and knowledge about RH issues; promoting and sustaining positive behaviour change in relation to RH; and increasing public awareness and knowledge about the legal/human/gender rights associated with RH.

Health Facilities: All health care facilities, from the community level to the highest institution have a role to play in the provision of quality RH services. The extent to which a facility will cater for RH needs shall depend on its designation, level of resources and capacity to provide the required services. Health facilities with EmONC facilities will be particularly crucial in the implementation of this strategy.

6.2 Monitoring and Evaluation

Effective monitoring and evaluation will be crucial to the successful implementation of this RH Strategy. The implementation of a strategic plan is often a dynamic process and should therefore be flexible to adjustments to reflect changing circumstances regarding the achievement of spelt out targets. The Ministry of Health, working closely with its partners and the Centre for Statistics and Social Evaluation (SSCSSE), shall develop RH monitoring and evaluation guidelines for continuous monitoring as well as process and impact evaluations of the RH interventions and services in the country. Both the central and state levels of the Ministry will be responsible for setting broad guidelines in the monitoring and evaluation process while the County Health Departments in consultation with the State Ministry of Health will develop the Terms of Reference for undertaking evaluation activities at their levels. The impact evaluations will mainly focus on assessing the extent to which the policy objectives, targets and indicators (process, output and outcome) are being met.

The monitoring and evaluation system for RH policy will be linked to the monitoring and evaluation framework of the MOH Directorate of Policy, Planning and Budgeting, which is designed to facilitate tracking progress on health sector indicators against national and international set targets and objectives. In the table below the impact and outcome indicators (including indicators from the HSDP) are shown:

Table 4: RH related Results framework from HSDP

No. HSDP	Indicator	Baseline Value (2006)	Target for HSDP 2015	Means of Verification	Data Source
Impact Indicators					
3	Maternal Mortality Ratio (per 100,000 live births)	2,054	1,643	Survey reports	SHHS
	Percentage women under 18 years becoming pregnant	36	28	Survey reports	SHHS
	Total fertility rate for women 15-49 years (number of children)	6.7	5.7	Survey reports	SHHS
	Percentage unmet need for family planning	23.9%		Survey reports	SHHS
Outcomes Indicators					
4	Percentage of pregnant women who make one or more ANC visits	26	52	Annual reports	HMIS
5	Percentage of deliveries attended to by skilled health personnel	10	30	Annual reports	HMIS
6	Contraceptive prevalence rate (percentage)	3.5	20	Annual Reports	SHHS
	Case Fatality Rate of women delivering in health facilities (Per 100,000 live births)	1062 (7hospitals)	530		SHHS
	Caesarean sections as a proportion of births	2.3%	5%	Annual reports	HMIS
	Percentage of PHCUs & Hospitals that provide CEmONC	<0.5	30%	Baseline & End Survey	SHHS
7	Percentage pregnant women receiving 2 doses of anti-tetanus vaccine or fully immunised	32	64	Annual Report	HMIS
19	Proportion of health facilities without stock outs of core essential medicines	0%	40%	Annual report	HMIS
	Percentage of GRSS budget allocated to the health sector	4.2 (2010)	15	Annual report	MoFEP

APPENDIX 1: PLANNING FRAMEWORK FOR IMPLEMENTATION OF THE STRATEGIC PLAN

Strategy 1: IMPROVEMENT OF ACCESS TO AND UTILISATION OF HEALTH FACILITIES BY ALL INDIVIDUALS

Overall Objective: To empower individuals, families and communities to claim and exercise their rights to access RH services and to increase awareness and understanding of adolescent and youth reproductive health issues.

Specific Objectives	Primary Actions	Expected Outputs & Indicators	Lead agency & Others	Period
To increase awareness among the general public across South Sudan on RH, including ASRH, rights and GBV issues by 50% by 2015	<p>Work with Health Education and Promotion Unit to develop and roll out (reproduce/ print and disseminate) the 5-year Health Promotion Strategic Plan and for the integration of RH as a part of that plan</p> <p>Develop and roll out (reproduce/ print and disseminate) the specific RH Communication Operation plan and IEC prototype materials on RH/ASRHS, technical guides and protocols.</p> <p>Support the conduct of consultations at national and state levels for the localisation of the national health promotion plan and RH communication strategy in collaboration with all partners</p>	<p>5-year National Health Promotion Strategic Plan with integrated RH component developed and approved</p> <p>Prototype IEC materials, tools on RH within South Sudanese context, develop & reproduce</p> <p>Situation-based protocols, technical guidelines and manuals on RH with focus on MNH & FP; ASRH developed and utilised to guide the delivery of RH/MNCH/ASRH/FP services.</p>	<p>DC&PH (Health Education & Promotion Unit) & DT&PD</p> <p>Min of Social Development, SMOH, UNICEF</p>	2011-2016
To improve community and social mobilisation for action on RH and ASRH	<p>Establish partnerships with local business/corporate institutions/companies (e.g. seek sponsorship to social mobilisation activities)</p> <p>Support mass-media campaigns including radio chat show and soap opera on RH, FP & ASRHRs,</p> <p>Train Youth Peer Educators and other youth groups on ASRH issues including FP.</p> <p>Integrate National Family Life Education campaigns in media-related activities</p> <p>Conduct promotional RH activities amongst groups with special needs (pastoralists, refugees, IDPs and returnees, minority communities, orphans, and people with disabilities)</p> <p>Conduct a national health promotion summit, including comprehensive RH information promotion</p>	<p>Number and types of partnerships established</p> <p>Number of radio, TV chat show and soap opera on local radio stations across SS on RH, FP & ASRH and Family Life campaign (% of activities implemented/planned)</p> <p>Number of prototypes utilised during the mass campaign.</p> <p>Number TOT Peer Educators trained for all states</p> <p>Number of Peer Educators trained per state.</p>	<p>DC&PH (Health Education & Promotion Unit) & DT&PD</p> <p>SMOH/RHUNFPA, NGO's</p>	2011-2016

Specific Objectives	Primary Actions	Expected Outputs & Indicators	Lead agency & Others	Period
Strengthen institutional capacity at all levels (central, state and county) for health promotion particularly focusing on RH issues	Support the recruitment of an additional three (3) staff at the Central Level and at least 1 Health Promotion Officer at the State and County level (link with HR area). Engage/recruit a communication specialist to coordinate public awareness, through promotional and media activities Provide training for RH officers and health workers at the county and payam levels on RH promotion and education	Number of Health Promotion staff recruited and included in Government payrolls at all levels. Additional staff recruited Communication specialists in place Proportion of training sessions realised/planned	DC&PH (Health Education & Promotion Unit)&DHR&SMOH & DT&PD	2012-2013
To improve data management, monitoring and evaluation of health promotion activities as components of the overall MoH M&E framework	Facilitate technical assistance for the review of available data on health education and promotion, conduct studies/assessment to generate baseline data on KAP on RH Develop simple monitoring tool(s) on health promotion with RH component. Conduct and support joint monitoring and supervision visits at state/county/payam and boma levels Conduct annual consultation planning workshop among health promoters at state and county levels Conduct end-line study on the impact of health promotion and education on the knowledge, attitudes and practice (KAPs) among women and families on MNH/RH	Monitoring tool on health promotion available Quarterly monitoring reports at county and state level available in what proportion of counties/states Annual health promotion and education consultation planning workshops conducted Baseline and end line KAP survey on comprehensive RH conducted in 2012 and 2015 Number of joint supervision visits realised/planned Number of supervision reports	DC&PH (Health Education & Promotion Unit)& DERC&R SMOH/RH, NGO's	2012-2016
To increase, by 30%, access and utilisation of ANC, post-natal care, health facility/skilled birth deliveries	Pilot innovative community interventions that could include; Participatory learning activities on RH at Payam/ Boma levels Identification and building of the capacity of health home promoters on basic RH through training, mentoring and provision of health promotion tools. Provision of incentive and rewards to health home promoters Model voucher scheme/social protection measures on RH/Community Health Insurance schemes community support mechanisms/systems on RH Network and establish partnerships with other development partners, local communities, faith-based organisations and other groups to build support for increased utilisation of RH services	% increase in ANC, PNC & Deliveries at Health Facilities attended by Skilled Birth attendant. Number of local partners, communities, FBO in RH programming (baseline and 2015). Number of health facilities providing comprehensive RH package.	DC&PH (Health Education & Promotion & RH Units) SMOH/RH? NGO's	2012-2016
To increase access for 25% young people in South	Support the development of ASRH policies/ strategy and the minimum package of RH services for youth and roll out to the states	% of young people who have access to Adolescent/Youth friendly SRH services. ASRH policies/strategy and the minimum package of RH	DC&PH (RH Unit)/& DT&PD MYS/SMOH/RH?U	2011-2016

Specific Objectives	Primary Actions	Expected Outputs & Indicators	Lead agency & Others	Period
Sudan to adolescent/ youth friendly SRH services	<p>Develop curriculum and training materials on the provision of youth friendly services</p> <p>Support TOT and ongoing training and orientation of Health service providers on provision of Youth friendly services.</p> <p>Develop and distribute youth friendly SRH BCC/IEC materials.</p> <p>Establish a referral system and link the trained youth peer educators to health care facilities.</p> <p>Upgrade facilities and pilot various service delivery mechanisms for the provision of YFS.</p>	<p>services for youth in place.</p> <p>curriculum and training materials on provision of Youth friendly services in Place</p> <p>Number of Health Care providers trained on provision of Youth friendly services.</p>	NFPA, NGO's	
To strengthen knowledge among in and out of school youth on family life and education	<p>Integrate appropriate RH/family life education including sexuality education to existing school curricula and out-of-school youth tools.</p> <p>Advocate with the Ministry of Education and line ministries for the integration of relevant RH/family life education in the curricula of all school levels</p> <p>Develop/enhance training tools and job-aids on RH/ASRHR for out-of- school youths, in close collaboration with ministry of youth and other ministries and development partners.</p> <p>Support the conduct of in and out schools Family life education campaigns.</p>	<p>National family life education tools enhanced & programme launched</p> <p>Relevant health promotion messages on RH, family life/ASRHR integrated into school curricula and learning tools for out-of-school youths.</p> <p>Human Sexuality education manuals developed</p> <p>% Teachers trained and able to integrate RH/family life and ASRHR in their lesson plans.</p> <p>RH/ASRHR tools for out-of-school youths developed/improved.</p> <p>% of young people reached out of total</p>	DC&PH (Health Education & Promotion Unit) & DT&PD MoE MYS SMOH/RH?UNFPA , NGO's	2011-2016

Strategy 2: HUMAN RESOURCES DEVELOPMENT FOR EFFECTIVE RH SERVICE DELIVERY

Overall Objective: To improve quality of comprehensive RH care by investing in human resource development

Result area	Specific Objectives	Primary Actions	Expected Outputs & Indicators	Lead agency <i>Others</i>	Period
Standards, Guidelines and Regulation	Promote and increase utilisation of National Clinical RH Standards and Guidelines in 15% of the Health Care facilities	<p>Review and adopt MOH HR development policy and strategy for RH staff</p> <p>Support the review and/or development of policies/standards relating to categorisation/classification of HRH in particular health professions working in RH.</p> <p>Develop clinical midwifery and RH standards of care guidelines</p> <p>Develop Guidelines and standards for midwifery and RH care delivery needs</p> <p>Roll out and implement HRH plan including development of job descriptions, curriculum, continuous in-service training, professional development systems, standards and guidelines</p> <p>Monitoring and supervision of HRH plan implementation</p>	<p>HR policy and strategy developed</p> <p>Midwifery and RH Standards and guidelines in place</p> <p>Midwifery and RH standards and guidelines implemented at 15% of Health Care facilities</p>	DTPD-MOH <i>NGOs</i> UN agencies Donors	2011-2013
					2013
	Strengthen legislation and regulations for public health practice and practitioners in South Sudan	<p>Support the development and passage of legislation including Public Health Act and Midwifery Act</p> <p>Support the establishment and strengthening of Nursing and Midwifery Council and Medical Council</p> <p>Support the development and implementation of ethical code and regulatory guidelines and standards for professionals including minimum standard of competencies, code of ethics and scope of practice</p>	<p>Code of ethics & professional guidelines written & disseminated</p> <p>RH professionals abiding by code</p> <p>Legal framework for RH approved and institutionalised</p>	DTPD-MOH Regulatory Councils Professional Associations UN agencies	2011-2013
					2012-2016

RH Education Programmes	Strengthen Midwifery and Nursing education programmes across South Sudan	Develop standardised curriculum for Diploma and Enrolled Midwifery/Nursing Implement Enrolled Midwifery/Nursing Education programme at 5 NHTI Implement Diploma Midwifery/Nursing Education programme at 5 NHTI Undertake major upgrade in 3 education facilities Develop and implement a bridging programme to upgrade CMW to Enrolled Midwives Support education of Midwives/Nurses in neighbouring countries Support education of Midwifery/Nurses tutors in neighbouring countries	Standardised Midwifery and Curricula approved by the MOH # of graduated nurses and midwives # of nursing and midwifery tutors 5+5 NHTI offering Nursing and Midwifery education programme Bridging programme developed and implemented # CMWs upgraded to enrolled midwives	DTPD-MOH UN agencies, donors, NGOS Dir 5 NHTI Dir 5 NHTI DTPD DTPD UN agencies, donors, NGOS	2011-2013 2012-2016 2012-2016 2012 2011-2016 2011-2016
	Increase number of RH specialists (obstetrician/gynaecologists and anaesthetists)	Support the education of Obs/Gyn Specialists Support the education of anaesthetists	# number of Obs/Gyns trained # number of anaesthetists trained	DTPD UN agencies, donors, NGOS	2011-2016
In-service training	Increase skills for 60 midwives and others with midwifery skills to perform life-saving procedures including caesarean sections	Solicit political commitment through advocacy Develop curriculum for task shifting/sharing Identify and develop training sites. Start pilot training with 20 students	2 Training institutes established # Midwives, nurses and clinical officers with competencies to perform EmONC interventions	DTPD African countries with experience. UN agencies, donors, NGOS	2011-2012 2012 2012 2013
	Increase knowledge and skills in EmONC and comprehensive RH for 60% RH personnel	Train staff in EmONC emphasizing on management of PPH & sepsis Develop and implement Standardised in-service training programme for RH professionals	% of RH professionals competent in BEmONC and comprehensive RH	DTPD-MOH, UNFPA WHO, NGOs	2011-2016

	Improve skills in FP among RH professionals	Review, adopt and/or develop existing training curriculum and manual for FP Provide ToT training in family planning Implement training programmes in FP for RH professionals	# Health professionals with competencies to deliver FP services	DTPD-MOH, UNFPA, WHO, USAID NGOs, FBOs	
	Increase GBV & ASRHR competencies among 50% of the RH health workers	Incorporate GBV & ASRHR issues in RH providers' pre-service/in-service education programmes Provide in-service training programme regarding GBV & ASRHR to doctors and others.	GBV & ASRHR issues incorporated in the curricula of Midwives, Nurses and clinical officers Professionals and communities with better GBV/ASRHR awareness	DTPD+ Gender focal point/ Min of Gender, UNFPA AMREF, NGOs	2012-2013 2012-2016
	Improve skills in the management of gynaecological disorders	Organise training seminar for selected health professionals on diagnosis and treatment of gynaecological disorders	# Health professionals with competencies to deliver gynaecological services	DTPD-MOH, UNFPA, WHO, USAID AMREF, NGOs	2014-2016
Supervision	Improved supervision of midwives and RH personnel for improved service delivery at all levels	Develop guidelines, checklists and framework for supportive supervision for midwives and other RH professionals Support training/ capacity building of RH staff for supervision and monitoring of RH services	Supervisory guidelines, checklists and framework in place and utilised % RH professional with improved supervisory skills	DTPD-MOH <i>Partners</i>	2012-2016
Recruitment	Increase recruitment and deployment of experienced professional MWs, Nurses and Doctors from other countries	Develop recruitment guidelines Embark on emergency recruitment programme for MWs, MOs, COs, Obs/Gyn specialists for PHCC and hospitals Integrate into Public Service Develop incentive packages eg. accommodation	Number of Professional MW s, doctors/specialists increased by 30% and 15% per year respectively over 4 years Local capacity building & skill transfer on-going Retention scheme in place	DTPD MOH DAF Dev Partners	2012-2015
	Increase recruitment and deployment of Midwives and other RH personnel to the rural locations of the country	Support the development and roll out of plan for deployment of RH personnel as part of the wider HRH plan Develop and apply incentive schemes eg. remote location allowance, accommodation etc.	# of Professional Midwives and RH professionals working in rural areas 1 professional Midwife in each PHC and 2 in each county	DTPD-MOH UN agencies, MDTF	2012-2016

			hospital within 2years		
Performance	Improve performance and efficiency of health professionals	<p>Establish job description and performance evaluation system for RH professionals as part of wider HRH policy</p> <p>Monitor performance</p> <p>Enforce professional standards and identify professional misconduct & apply appropriate sanctions</p> <p>Standardise roles, responsibilities, qualifications & remuneration of RH professionals</p>	<p>Improved performance and efficiency in RH service delivery</p> <p>Roles, responsibilities, qualifications etc. of RH professionals standardised</p>	DTPD-MOH UN agencies, FBOs, NGOS	<p>2012-2013</p> <p>2012-2016</p> <p>2012-2016</p> <p>2012-2016</p>
	Improve image, professionalism and personal development of health professionals	<p>Support the work of Nurses & Midwives Council and Medical Council</p> <p>Support Medical and Nursing and Midwifery Association</p> <p>Support participation and study tours for RH professionals in other countries</p>	<p>Functional Nursing/ Midwifery and Medical Council in South Sudan</p> <p>Functional Nursing/ Midwifery and Medical Association in South Sudan</p>	DTPD-MOH WHO, UNFPA	2012-2016

Strategy 3: SUPPLY AND DISTRIBUTION OF REPRODUCTIVE HEALTH COMMODITIES

Overall Objective: Ensure the availability of safe RH drugs, RH commodities and medical equipment and their rational use.

Specific Objectives	Primary Actions	Expected Outputs	Lead agency & Others	Period
Strengthen planning and management of RH commodities in line with the overall reform in the health sector development plan	<p>Improve and strengthen the existing Logistics Management Information System (LMIS) for delivery of RH commodities (as part of HSDP)</p> <p>Incorporate RH modules for standardised operating procedures and guidelines for storage, distribution, inventory, control and maintenance of appropriate stock levels</p> <p>Train RH officers and store managers at state and county levels in supply chain management</p> <p>Train medical technologist on maintenance of RH equipment</p>	<p>Comprehensive LMIS implemented</p> <p>RH commodity consumption data being collected, analysed and used for planning</p> <p>Indicator: % of HF with no stock out</p>	MOH Directorate of P/UN agencies and Donors. NGOs	2012-2016
Ensure availability of RH commodities in health facilities according to protocols	<p>Improve and strengthen distribution of RH commodities according to LMIS of MOH directorate of Pharmaceuticals</p> <p>Training of health care personnel on supply chain management at facility level</p> <p>Training of health care personnel on rational drug use</p>	<p>Health Facilities appropriately & adequately supplied with RH commodities in a timely manner</p> <p>Pull system of ordering RH commodities in place</p>	<p>MOH Directorate of P/ UN agencies/ NGO's</p> <p>All service providers</p>	2012- 2016

Specific Objectives	Primary Actions	Expected Outputs	Lead agency & Others	Period
Improve storage and monitoring of RH commodities at central warehouse and state stores	Support Equipping GRSS & State Medical stores with appropriate shelves/furniture and office equipment and Computerise their stock control to fit in the supply chain management of the MOH Supportive supervision and monitoring of all Medical stores emphasis on RH commodities storage integration Strengthening the HMIS- LMIS- tools, communication and supportive supervision	All Stores constructed , equipped and operational as per standard in the HSDP in all states operational Stores operations fully computerised Improved management & storage of RH commodities Indicator: % of Stores with no stock out RH commodity security data incorporated in HMIS	MOH- directorate of M and E and Pharmaceuticals / UN agencies, <i>NGOs with good track record of stock management</i>	2012-2016
Ensure availability of the full range of family planning methods at all levels of the health systems ¹⁹	Increase distribution of FP products based on the forecast for commodities from the county and state level	Contraceptive supplies distributed according to protocols Indicator: % of HF with no stock out	MOH, MDTF, UNFPA, USAID, WHO NGOs, FBOs, IPPF; churches and civil society groups	2012-2016

¹⁹As per Family Planning guidelines for the different levels of health care

Strategy 4: DEVELOPMENT OF INFRASTRUCTURE FOR RH SERVICE DELIVERY

Overall Objective: To increase access to facility-based delivery services and care

Specific Objectives	Primary Actions	Expected Outputs & Indicators	Lead agency	Period	Budget
Improve physical infrastructure and equipment based on RH standards and requirements	Build maternity units in hospitals and PHCCs	10 maternities built per year	MOH/DPC/PU/D MS/RH unit) WHO; UNFPA; UNICEF	2012-2016	
	Rehabilitate maternity units in hospitals and PHCCs	10 maternities rehabilitated per year			
	Build operating theatres for EmONC in hospitals	5 operating theatres built per year			
	Rehabilitate operating theatres for EmONC in hospitals	5 operating theatres rehabilitated per year			
	Equip maternity units in hospitals and PHCCs	20 maternities equipped per year			
	Equip operating theatres in hospitals with comprehensive EmONC items	10 operating theatres equipped per year			
	Equip hospitals, PHCCs and PHCUs for ANC and post-natal care	30 HF's equipped with ANC/PNC equipment ²⁰			
Improve water supply and sanitation at HF's	Build water supply, sanitation and waste disposal systems for HF's	No of HF's with clean water supplies, sanitation and waste disposal	MOH/ DCPH) Min of Water, UNICEF,	2011-2016	
Improve transport and communication network for referral at all levels of health care	Advocate with Roads Ministry to improve road, air and river transport between health facilities Purchase and maintain ambulances & motorbikes for comprehensive EmONC sites and develop guidelines for maintenance Maintain and purchase communication systems (radio etc...) for the county and state level Pilot waiting houses/tukuls near HF's with Comprehensive EmONC	Improved transport infrastructure to major referral sites. Improved communication between levels of service Number of counties with functional referral system 50% of EmONC facilities have waiting houses/ tukuls	MOH/ DPC Min of Infrastructure/ Min of Transport & Roads; UNFPA; UNICEF; WHO	2011-2016	
Improve the availability of the RHBP at PHCC level	Equip PHCCs with vacuum extractors, curettage equipment and MVA	% of PHCCs with improved management of obstructed labour and unsafe abortion	MOH /DPC UNFPA,NGOs/F BO	2011-2013	
Improve systems and services for gynaecological referrals	Equip 3 tertiary hospitals with colposcopy, laparoscopy, and other gynaecological equipment Improve referral of gynaecological disorders to specialists	3 tertiary hospitals supplied with advanced gynaecological equipment Improved management & screening of gynaecological disorders	MOH/ DPC Donors, partner international hospitals NGOs, FBOs	2014-2016	

²⁰ Aligned and harmonised with SSDP Indicators and targets

Strategy 5: IMPLEMENTATION OF PROGRAMMES AND RESEARCH ON SEXUAL & REPRODUCTIVE HEALTH RIGHTS AND GENDER-BASED VIOLENCE

Overall Objective: To protect females from abusive sexual relationships and provide care to survivors of GBV

Key result area	Specific Objectives	Primary Actions	Expected Outputs & Indicators	Lead agency & Others	Period
MOH role in gender mainstreaming	Mainstream gender-sensitive RH initiatives ²¹	Develop Gender Policy for MoH Create gender awareness and concepts of care Identify and educate a Gender & GBV Focal Point within the MoH at GRSS and state levels Train MOH staff including RH officers in gender mainstreaming	Gender Policy Developed Health personnel employed on the basis of gender equality All staff in HFs made gender aware	MOH, , Min of Gender, UNFPA UNIFEM, WHO NGOs, UNICEF	2011-2012
MOH role in fight against GBV	Provide training in GBV issues	Train RH officers in GBV issues Create state specific pools of CMR Master Trainers Train MoH staff in Clinical Management of Rape	RH officers trained in gender & GBV issues 11 Gender & GBV focal points trained, including having a specific TOR and work plan (1 from GRSS, 10 from states)	Ministry of Health, Min of Gender/GBV sub-cluster, Ministry of Legal Affairs	2011-2012
	Develop and implement initiatives for treatment and care for survivors of rape	Integrate post rape services into RH services in all 10 states, with full treatment or referral, rape kits and PEP Ensure that survivors of rape are receiving psycho-social support and counselling Ensure that social workers and/or counsellors are based at hospitals, PHCCs and PHCUs Ensure that Police Investigation Form 8 is not an obstacle to receive medical treatment, and ensure that all health care providers know that Form 8 is not mandatory	Post-rape services integrated Survivors able to receive survivor centred services MOH staff trained on CMR Survivors receive psycho-social counselling and support Social workers and/or counsellors based at hospitals, PHCCs and PHCUs	MOH, SMOH, UNFPA, NGOs UNMIS (HRs)	2011-2012

²¹ Mainstreaming gender in MOH policies, strategies and plans is part of the overall work plan of the MOH. It has been added as a specific objective since it has an important impact on the other specific objectives of this strategy

Research	Improve understanding of the relationship between GBV and RH outcomes	Develop TOR and commission research into RH behaviour of different ethnographic groups in SS, including child birth, attitudes to delivering in HF, and understanding of GBV Establish the extent and nature of sexual exploitation and prostitution, and the vulnerability/abuse/HIV exposure of commercial sex workers in different areas of SS Establish the frequency of rape, FGM/C and nature of GBV in different communities of SS	Research on understanding behavior RH inch GBV completed within a number of communities in Southern Sudan Reasons for low uptake of birth in facilities better understood RH programmes re-orientated to overcome obstacles Better understanding of GBV issues, knowledge/attitudes about MNRH in different communities of SS	MOH/DCPH, UNFPA/ academic community Ministry of Gender, Min of Int. Affairs	2013-2016
	Conduct research to improve knowledge about FP in the country	Design and conduct a KAP survey on FP	Decrease KAP Study Report disseminated to key stakeholders.	MOH/DPC RHCF/ UNFPA/ academic community	2013-2016
	Find out the prevalence and impact of infertility	Initiate a Study to find the prevalence and effects of female and male infertility	Study completed Extent and impact of infertility on society known	Academic community/ UN Agencies, MOH, Min of <i>Into Affairs</i>	2013-2016

Strategy 6: COORDINATION AND MANAGEMENT OF THE NATIONAL REPRODUCTIVE HEALTH PROGRAMME AS IMPLEMENTATED WITHIN THE FRAMEWORK OF THIS NATIONAL RH STRATEGIC PLAN

Overall objective: To ensure effective coordination and management of the national RH Programme at Central, State and County levels

Specific objectives	Primary actions	Expected Output & Indicators	Lead/partners	Period	Budget
To build the capacity of RH units at central MOH and 10 State MOH for improved and effective RH coordination		Functional RH units with clear TOR, work plan and budget	MOH/UNFPA, WHO, UNICEF, WB, USAID and INGOs,	2011-2013	
	Place/nominate staff in RH unit based on the TORs at central, SMOH and County level	3 staff for Central and 10 for state RH units recruited and deployed. 40 RH focal point persons at County level nominated	MOH/DCPH/RH, UNFPA and USAID	2011-2012	
	Develop guidelines for planning, coordination, dissemination and roll out of the RH strategic operational plan	State RH units and CHD have annual RH work plans based on the RH strategic operational plan	UNFPA, WHO, UNICEF, WB, USAID and INGOs	2011-2012	
	Conduct a 2-day workshop in all 10 states conducted by MOH and partners: "Implementation of RH strategic plan in context of Health Planning"	300 staff (State RH officer and RH health workers from MOH, HFs, FBOs & NGOs) trained in each state in the planning, implementation and monitoring of State RH operational plan strategy	MOH –RH unit/ WHO, UNICEF, UNFPA, NGOs	2011-2012	
	Provide Supportive supervision of state RH Units and County RH focal persons including the private sector	2 supportive supervisory visits to each State RH units/year conducted	MOH/UN agencies, Nos (RHCF)	2011-2016	
Decentralise RH planning, management, implementation, monitoring (incl.	Conduct State and County annual work plan reviews (with support from MOH)	States MOH managing their own RH programs (based on sound programme cycle and as integrated part of the SMOH health sector development plan)			

Specific objectives	Primary actions	Expected Output & Indicators	Lead/partners	Period	Budget
budget)	Conduct management skills training including supportive supervision for RH officers at state and county level	10 State MOH and 40 Counties with reviewed and Updated AWP	MOH/DCPH/RH and SMOH/RH	2011-2016	
		10 State RH officers and 40 County RH focal persons trained on the management of RH services	MOH/DTPD/RH unit	2011-2012	
Establish RH services for hard to reach populations including during crises and emergency situations	Roll out minimum initial services package (MISP) for RH in emergencies including clinical management of Rape (CMR) through training of health providers	Number of providers trained on MISP	MOH	2011-2016	
	Develop and implement ASRH strategy in line with the overall RH strategic operational plan	A strategic plan for ASRH developed and operationalised	MOH/DCPH/RH MYS, UN agencies, NGO's (RHCF)	2012-2013	
Increase to 20% by 2015 the proportion of pregnant women who deliver in HFs with a skilled birth	Provide basic and comprehensive emergency obstetric and neonatal care in PHCCs and hospitals	Percentage of births attended by skilled attendants 50% of PHCCs provide BEmONC and 80% of Hospitals in South Sudan provide CEmONC services	MOH/SMOH UN agencies, NGO's (RHCF)		
	Review and operationalise the RHCS strategy and operational plan	RHCS strategy developed and operationalised	MOH/SMOH UN agencies, NGO's (RHCF)	2011-2016	
attendant meeting minimal EmONC standards	Ensure supervision & monitoring of all service providers including TBAs and VMWs with on-the-job training by a Professional MW	Proportion of TBA/VMW who had supportive supervisory visits by a skilled birth attendant per year	MOH/DCPH/RH, UN agencies, NGO's (RHCF)	2011-2013	
	Ensure that every health facility providing EmONC have a skilled birth attendant	Proportion of PHCCs and Hospitals with at least one skilled birth attendant	MOH/SMOH UN agencies, NGO's (RHCF)	2011-2016	

Specific objectives	Primary actions	Expected Output & Indicators	Lead/partners	Period	Budget
	Provision of focused ANC in all health facilities	% of health facilities providing focused ANC	MOH/DTPD/DAF	2011-2016	
Prevent major infections complicating pregnancy outcomes (E.g. Malaria, HIV etc.) ²²	Support relevant malaria control programmes for roll out of ITNs, IPT.	80% of pregnant women provided with LLITN 50% of mothers that receive IPT during pregnancy (2 nd and 3 rd trimester)	MOH/ UNICEF/ PSI/ GF	2011-2016	
	Provide routine HIV counselling and Testing to pregnant mothers, ensuring appropriate PMTCT services	50 % of pregnant women covered with VCT and accessing ARTs.	MOH/DCPH/NGOs, FBOs	2011-2016	
Strengthen referral systems at all levels	Develop guidelines for referral of pregnancy and gynaecological complications and ensure application	A functional referral system in 40 counties Referral guidelines developed and in use	MOH/DTPD	2011-2016	
	Establish Communication network from community-PHCU-PHCC-Hospitals	40 counties with functional referral communication networks	MOH/Min Telecom UN agencies, NGO's (RHCF)	2011-2016	
	Provide Ambulances for counties including boat ambulances where appropriate	40 counties Hospitals with Functional Ambulances	MOH Dev. partners UN agencies, NGO's (RHCF)	2011-2016	
Reduce sepsis during delivery	Review/Update/adopt and implement infection prevention protocol in 40 counties	Infection prevention protocol adopted and in use in 60% of HFs in targeted counties	MOH/ UNFPA	2011-2016	
Ensure private RH service providers meet MOH regulations	Register all private health facilities Provide all registered private health facilities with national guidelines	All private health facilities registered and provided with national guidelines	MOH UNFPA, WHO, UNICEF, WB, USAID and NGOs	2011-2016	

²² Cross-posted in national malaria control and national HIV programme

Specific objectives	Primary actions	Expected Output & Indicators	Lead/partners	Period	Budget
	Advocate for and support the registration, licensing and control of private service providers	Regulatory framework developed and in use All private RH service providers registered, licensed and complying fully with MOH regulations	MOH UNFPA, WHO, UNICEF, WB, USAID and NGOs	2013	
Integrate RH indicators in the existing M&E system in health institutions and facilities	Finalise, produce and disseminate RH specific M&E tools/guidelines in line with the national HMIS indicators	Proportion of RH facilities provided with guidelines and tools	MOH, SSCSSE, UN Agencies, NGOs & other development partners	2013	
	Training of RH personnel on HMIS including LMIS	Proportion of RH providers trained on HMIS tools	MOH, SSCSSE, UN Agencies, NGOs & other development partners	2011-2014	
	Supportive supervision for state and county RH units	Proportion of HF/States/CHD with at least 2 supervisory visit/year	SMOH/CHD	2011-2016	
	Conduct RH operational research/surveys	Number of surveys and researches conducted	MOH, SSCSSE, UN Agencies, NGOs & other development partners	2011-2016	

Strategy 7: ADVOCACY FOR ADEQUATE FINANCIAL ALLOCATION FOR COMPREHENSIVE REPRODUCTIVE HEALTH PROGRAMMING AND SERVICE PROVISION

Overall Objective: To significantly increase the funding for RH services and interventions

Specific Objectives	Primary Actions	Expected Output & Indicators	Lead Others	Period	Budget \$
Fulfil Abuja declaration by allocating 15% of GRSS budget to health & Abuja goal of \$34 per capita for health and \$6 for RH care, raised to \$8 by Jan 2015	Advocate in Parliament for increased spending for health from current 3.7% of entire GRSS budget and a higher than proportional increase for RH in particular	15% of budget allocated by Jan 2015 and 6% for RH	Minister of Health Group of distinguished persons Presidency, Min of Gender, Min of Finance, WHO UNFPA, EC, WB/JDM, USAID,	2011-2016	
Increase government, stakeholder and donor support for RH	RHCF to organise an Annual meeting to review funding and spending for RH Ensure that RH budget and spending is included in MTEF and discussed in annual health sector review Advocate for donor support	6% for RH	MOH/RU RHCF Donors	2011-2016	
Ensure better resource allocation across the states and for deprived areas to accelerate the reduction of the country's unacceptably high maternal and infant mortality	Set up equitable resource allocation framework for health services in general and RH services more specifically, based on the findings of health resource mapping	Resources allocated more equitably and according to need	MOH/ Min of Finance/ WB/ UNFPA/ State Governors NGOs	2011-2016	
	Highlight the problem of high maternal and infant mortality rates and seek international interest and financial support Develop strategy and run campaign to highlight high MMR and IMR	20% increase in number of international partners investing in RH in SS	The Presidency UNFPA Exec Director, MOH, WHO, UNICEF Distinguished persons Group	2011-2016	
Link this RH strategic plan to on-going initiatives to promote women's education	Advocate for a huge increase in investments and inputs into the education of girls and women	20% increase in girls' enrolment in schools ²³	Min of Education, Gender <i>RHCF/MOH, UN,</i>	2011-2016	

²³ See the education pillar, is planned but no sex- disaggregated data in targets, do suggest to keep this one only as PM