

# **Key Areas to Which South Sudan Committed it self**

## **Main Action**

### **OPPORTUNITIES AND LIMITATIONS**

#### **Country Achievements**

- According to NEAPACOH commitments 2019, South Sudan has committed itself to commitment number three by increasing modern contraceptive prevalence rate among married women from 5% 2016 to 10% by 2020.
- Creating enabling environment ( e. g. policy on task – shifting, community- based interventions, protocols, guidelines and tools ) to support family planning and integrated SRH services and reproductive health rights.
- South Sudan initiated Community Health System known as the Boma Health Initiative Boma is the smallest geographical area and administrative unit in south Sudan.
- The goal of this initiative is: to strengthen health system that efficiently delivers components of the BPHNS at community level to contribute to the achievement of Universal coverage
- The objective : To develop community health structures as a formal component of the national health system at the Boma level and to increase access to quality health promotion, disease prevention, selected curative services through community engagement and provide leadership for the implementation of the BHI through inter-sect oral collaboration and community participation.
- Establish a dedicated budget line in the Ministry of Health budget for RH and FP.

Limitations in Key Areas of Main Action Which South Sudan Committed itself to:

1) Capacity building for South Sudan Policy Makers for RH / FP and to be realized through the following:-

a) Organizing orientation/ sensitization workshop for RH / FP for selected National and State Legislators slated for mid December 2019 and to be the responsibility of Health Committee/PPD/ARO. with set objectives .

b) Holding a National Conference on RH/ FP, maternal and child health, planned for July/ August 2020.

Due to:-

- COVID 19 Pandemic restrictions
- South Sudan had reverted to 10 States that are yet to complete their administrations. Assembly is pending reconstitution. To be done by Committee of Health/MOH and be attended by policy makers, CSO/ Traditional Leaders.

b) Undertake a rapid survey to assess RH/ RP Services in the country, planned for Feb / March 2020 and to be done by consultants with nationwide attendance.

Not done due to;

- Pending until an overall peace is achieved in the country.

c) Resource mobilization

It is a responsibility of Health Committee and was slated for December 2019. Was to be attended by Local and External Partners.

Not done due to:-

- Fact that those we intended to get support from were not forthcoming.

Not accomplished due to:-

- Time proved to short
- No Logistics Support
- No funding

**HON. CATHERINE PETER LAA  
CHAIRPERSON,  
COMMITTEE OF HEALTH HIV/ AIDS  
TNLA-JUBA**