



EXPANDING ACCESS TO FAMILY PLANNING SERVICES IN SOUTH SUDAN

PRESENTERS

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BACKGROUND

South Sudan has a contraceptive prevalence rate of 3%, among the lowest in the world. The unmet need for modern method of contraception for married women is approximately 30 percent¹. The rate of teen pregnancy among girls 15-19 years is estimated to be 30%². Years of fragility, conflict, and violence have impacted physical and social infrastructure, especially the health care system, resulting in a severe shortage of health workers, medical commodities and functional facilities, poor access to health services, and dysfunctional referral systems in South Sudan. This is coupled with a lack of information and awareness on family planning, misconception about contraceptives, religious barriers, social and cultural preference to have many children, discriminating social norms that prevent women and girls from making health related decisions, including family planning, have contributed to a limited access to family planning services and a low rate of contraceptive use. This has put many women and girls at a higher risk of having unplanned pregnancies, child birth complications, and inadequate child spacing.³ All these contribute to South Sudan having one of the highest maternal mortality rate in the world.⁴

PROGRAM INTERVENTIONS

In 2017, World Vision South Sudan started implementing a health system strengthening project in Western Equatoria State, located in the southwest part of the country. One of the objectives is to increase access to and use of voluntary family planning services. The project, that is implemented in partnership with World Vision Canada, is funded by the Health Pooled Fund, a consolidated fund from the British Government's Foreign, Commonwealth and Development Office, the Government of Canada, the Swedish International Development and the United States Agency for International Development, European Union and the Global Alliance for Vaccines and Immunization. By the end of 2021, the project was able to raise contraceptive prevalence rate in Western Equatoria State from 4.7% in 2018 to 15.7% in 2021.⁵ World Vision U.S. provided funding to enhance Gender Equality and Social Inclusion (GESI) and to document evidence of GESI impact.

The project integrated family planning into existing primary health care system and applied a gender equality and social inclusion (GESI) approach that focuses on five domains of change: access, decision-making, participation, systems, and well-being in implementing the following strategies:

ACCESS

- Developed community awareness campaigns on family planning, child spacing, and antenatal services.
- Constructed ramps to facilitate access for persons with disabilities.
- Increased availability and provided a consistent supply of modern family planning commodities.
- Conducted family health sessions on family planning, child health, nutrition, and other health topics.
- Used mass media to widely advertise family planning services.
- Conducted community dialogues and routine health talks for all who came at the health facility.
- Distributed appropriate education, information, and communications materials on family planning.
- Engaged and followed up with men who accompany their wives for maternal, newborn and child health services at the facility.
- Provided integrated mobile health services that included family planning, which provided an opportunity for women and girls in remote areas to enroll in family planning.

DECISION-MAKING

- Engaged with male champions who mobilized and influenced other men to support and participate in family planning, including advocating for women's ability to make decisions.
- Empowered women to make decisions through mother-to-mother support groups.
- Ensured women are part of the leadership team in health facility committees to ensure their voices on family planning and other health related issues are heard.

PARTICIPATION

- Developed peer to peer outreach and follow up by mother-to-mother support groups, adolescents, and sexual reproductive health groups and male champions.
- Facilitated family health talks by community health workers to encourage men and women to participate in family planning. Men are encouraged to accompany their wives to the health center to learn more.

SYSTEMS

- Engaged faith and community leaders and male champions to advocate for behavior change and acceptance of family planning, challenge harmful social norms, and address misconception around family planning.
- Developed community awareness campaigns to challenge discriminating social norms that exclude women from accessing, participating, and making decisions on family planning.
- Developed multisectoral partnership with the government, donors, faith-based actors, and community partners, which created opportunities and strengthened advocacy on family planning.
- Renovated, maintained, and constructed health facilities to strengthen family planning service provision.
- Provided equipment and established a clear supply chain system for family planning commodities.
- Strengthened human resource capacity such as recruitment of a dedicated and skilled maternal, newborn and child health staff member to lead family planning implementation, in-service training and coaching and continuous routine supervision and mentorship.
- Established an efficient family planning data capture and monitoring system that included reporting forms, registers, supervision checklists, and quality-of-care application to monitor the quality of services.

WELL-BEING

- Shared testimonies of persons, families, and couples whose lives, families, and economic status have been transformed through accessing and participating in family planning.
- Ensured the availability of culturally appropriate private spaces for family planning service provision.
- Strengthened women's understanding of their rights to health and promoting their sense of worth, confidence and dignity.
- Provided a safe space for women to support and learn from each other and empowered them to be confident in their own choices.



RESULTS

- Improved contraceptive prevalence rate in Western Equatoria State from 4.7% in 2018 to 15% in 2022. "Initially, if someone was to ask my wife to go [attend a family planning session], I would not allow [it] because I had so many misconceptions, now I know that family planning is good," says male program participant.
- Improved women's ability to make family planning decisions. One woman said, "at first, my husband was against family planning, after sensitization his eyes opened, and he decided we should enroll in family planning."
- By 2021 an estimated 364,272 (186,912 males, 17760 females) were reached with family planning messages.
- More than 40,430 clients received family planning services between 2019 and 2021.
- 74 health facilities actively providing family planning services, contributing to an increase in modern contraceptive use and well-being of vulnerable women and their families.
- More than 100 qualified health care workers recruited to provide family planning services.
- 100 health care workers trained on family planning through in-service training.
- 74 male champion groups established and are advocating for family planning.
- 74 mother-to-mother support groups established.
- 400 community health care workers recruited and trained on family planning.
- 91,125 (50,109 females, 41,016 males) persons reached by community health care workers.
- 30 Adolescent Reproductive Sexual Health groups formed, trained and engaged in community mobilization for family planning.
- Improved well-being of mothers and their children. As one woman said, "I am glad to say that, after enrolling in family planning we have four well-spaced and healthy children. I am strong because my body got enough rest after pregnancy." And another woman said, "I gave birth almost every year, and that disrupted my business. After enrolling in family planning, I am now able to do business, earn a living and support my family."

NUMBER OF NEW FAMILY PLANNING USERS

