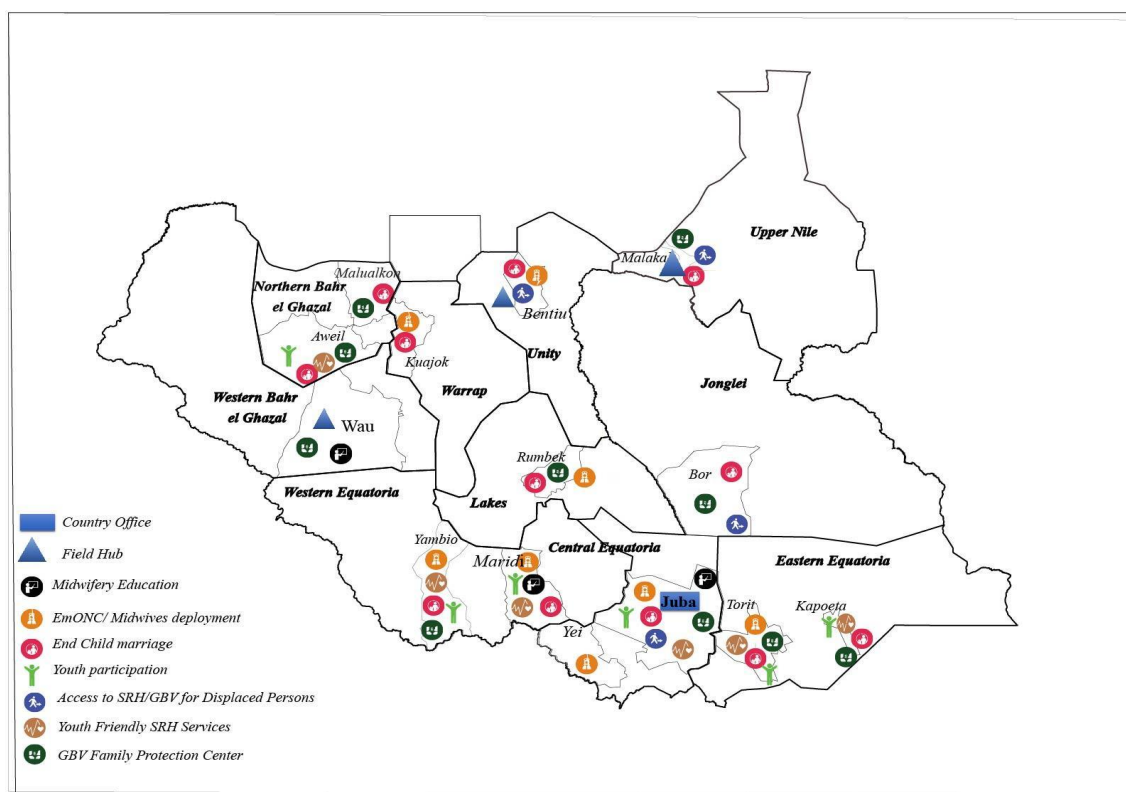


**GOVERNMENT OF SOUTH SUDAN/UNFPA 3RD COUNTRY
PROGRAMME (2019-2021)**

FINAL REPORT

DATE: AUGUST 2021

Map of South Sudan showing UNFPA Intervention areas, Offices and Field Hubs



EVALUATION TEAM

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Disclaimer

This evaluation report was prepared by a team of three Consultants: Clifford Odimegwu, International Consultant Evaluation Team Leader, John Mark Mwesigwa, International Evaluation Consultant for SRH, Harriet Kuyang National Evaluation Consultant for GEWE. The content, analysis and recommendations of this report do not necessarily reflect the views of the United Nations Population Fund (UNFPA), its Executive Board or member states.

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List of Abbreviations and Acronyms

ABR	:	Adolescent Birth Rate
ADRA	:	Adventist Development and Relief Agency International
AfriYAN	:	Africa Youth and Adolescent Network on Population and Development
AMREF	:	African Medical and Research Foundation Health Africa
ANC	:	Ante-Natal Care
AWP	:	Annual Work Plan
AY	:	Adolescents and Youth
AYFS	:	Adolescent Youth Friendly Services
BEmONC	:	Basic Emergency Obstetric and Neonatal Care
CAM	:	Canadian Association of Midwives
CEDAW	:	Convention on the Elimination of All Forms of Discrimination against Women
CEmONC	:	Comprehensive Emergency Obstetric and Neonatal Care
CHW	:	Community Health Worker
CIDA	:	Canadian International Development Agency
CMR	:	Clinical Management of Rape
CO	:	Country Office
COAR	:	Country Office Annual Report
COVID-19	:	Coronavirus disease
CP	:	Country Programme
CPD	:	Country Programme Document
CPAP	:	Country Programme Action Plan
CPE	:	Country Programme Evaluation
DD	:	Demographic Dividend
DHIS	:	District Health Information System
e-LMIS	:	e-Logistics Management Information System
EmONC	:	Emergency Obstetric and Neonatal Care
ESARO	:	Eastern and Southern Africa Regional Office
ET	:	Evaluation Team
FAO	:	Food and Agriculture Organisation
FGD	:	Focus Group Discussion
FGM/C	:	Female Genital Mutilation /Cutting
FP	:	Family Planning
FPET	:	Family Planning Estimation Tool
FPC	:	Family Protection Centre
GAC	:	Global Affairs Canada
GBV	:	Gender Based Violence
GBViE	:	Gender Based Violence in Emergency
GBVIMS	:	Gender Based Violence Information Management System
GEWE	:	Gender Equality and Women Empowerment
GoSS	:	Government of South Sudan
GRID	:	Geo-referenced Infrastructure and Demographic Data for Development
HART	:	Harmonised Approach to Cash Transfer
HMIS	:	Health Management Information System
HRH	:	Human Resources for Health
HSIs	:	Health Sciences Institutes
ICPD	:	International Conference on Population and Development
IMC	:	International Medical Corps
IMC	:	International Medical Corps
IRC	:	International Rescue Committee
IPs	:	Implementing partners
JCONAM	:	Juba College of Nursing and Midwifery
M&E	:	Monitoring and Evaluation
MCYS	:	Ministry of Culture, Youth and Sports
MDG	:	Millennium Development Goal
MGCSW	:	Ministry of Gender, Children and Social Welfare
MISP	:	Minimum Initial Service Package
MMR	:	Maternal Mortality Rate
MNCH	:	Maternal Newborn and Child Health
MoH	:	Ministry of Health
MPDSR	:	Maternal and Perinatal Death Surveillance Response

NAP	:	National Action Plan
NBS	:	National Bureau of Statistics
NDS	:	National Development Strategy
NGP	:	National Gender Policy
OECD/DAC	:	Organisation for Economic Co-operation and Development/ Development Assistance Committee
OSC	:	One Stop Centre
PD	:	Population Dynamics
PMF	:	Performance Measurement Framework
PSC	:	Project Steering Committee
R-ARCSS	:	Revitalised Agreement on the Resolution of the Conflict in South Sudan
RH	:	Reproductive Health
RMNCAH	:	Reproductive, Maternal, Newborn, Child, Adolescent Health
RSS	:	Republic of South Sudan
SAADO	:	Smile Again Africa Development Organization
SBA	:	Skilled Birth Attendance
SDG	:	Sustainable Development Goal
SF	:	Signal Function
SGBV	:	Sexual Gender Based Violence
SMoH	:	State Ministry of Health
SMS	:	Strengthening Midwifery Services
SOP	:	Standard Operating Procedures
SRH	:	Sexual and Reproductive Health
SRHR	:	Sexual and Reproductive Health and Rights
SSDP	:	South Sudan Development Plan
SSNAMA	:	South Sudan Nurses and Midwives Association
SSPNPD	:	South Sudan Parliamentary Network on Population and Development
STIs	:	Sexually Transmitted Infections
TCSS	:	Transitional Constitution for South Sudan
TFR	:	Total Fertility Rate
ToC	:	Theory of Change
ToR	:	Terms of Reference
UNAIDS	:	Joint UN Programme on HIV/AIDS
UNCF	:	United Nations Cooperation Framework
UNCT	:	United Nations Country Team
UNDAF	:	United Nations Development Assistance Framework
UNDP	:	United Nations Development Programme
UNEG	:	United Nations Evaluation Group
UNESCO	:	United Nations Educational, Scientific and Cultural Organization
UNSCR	:	United Nations Security Council Resolution
UNFPA	:	United Nation Population Fund
UNICEF	:	United Nations Children’s Fund
UNV	:	United Nations Volunteers
UPR	:	Universal Periodic Report
USAID	:	United States Agency for International Development
WFP	:	World Food Programme
WGFS	:	Women and Girl Safe Spaces
WHO	:	World Health Organization

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Facts on South Sudan

Land	
Geographical Location ¹	Located in Latitudes 3
Land area (sq km) ²	644330 sq. Km (2016)
People	
Population (millions) ³	11 258 825
Urban population ⁴	19.90 percent (2019)
Rural population ⁵	80.10 percent (2019)
Population growth (annual)	2.782 (2019)
Government	
Type ⁶	Presidential Republic
Key political events	
Date of independence ⁷	9 July 2011
Date of constitution ⁸	9 July 2011
Economy	
GDP per capita ⁹	\$12.00 billion (2015)
GDP Growth rate (annual percent)	-10.79 percent (2015)
Main economic activity (95 percent of exports)	Oil production
Social indicators	
Human Development Index rank	186/189 (2019) Low Human development
Unemployment (15-24)	18.78 (2020)
Gini Index	46.3 (2009)
Life expectancy and birth	57.6 years (2018)
Male	56.1 years (2018)
Female	59.1 years (2018)
Infant Mortality Rate	62.4 (2019)
Under 5 mortality (per 1000 live births)	96.2 (2019)
Maternal mortality (deaths of women per 100,000 live births)	1 150 (2017 UN estimates)
Births attended by skilled health personnel percent	14.7 percent (2016)
Health Expenditure (as a percent of GDP)	9.761 (2017)
Contraceptive prevalence rate	5 (2015), mCPR:3.2 (FP2020)
Unmet need for family planning percent of women (15+) reporting ¹⁰	26.3 (2010), 29.7 (FP2020)
Literacy (percent aged 15-49)	40 percent (2009)
Males ¹¹	40.27 (2018)
Female ¹²	28.86 (2018)
People living with HIV, 15-49	190 000 (2018)
HIV Prevalence rate, 15-49 years ¹³	2.5 percent (2018)
HIV Prevalence 15-24	
Male	0.7 percent (2019)
Female	1.3 percent (2019)

¹ <https://www.britannica.com/place/South-Sudan>

² <https://tradingeconomics.com/south-sudan/surface-area-sq-km-wb-data.html>

³ <https://worldpopulationreview.com/countries/south-sudan-population>

⁴ <https://data.worldbank.org/indicator/SP.URB.TOTL.IN.ZS?locations=SS>

⁵ <https://data.worldbank.org/indicator/SP.RUR.TOTL.ZS?locations=SS>

⁶ <https://globaledege.msu.edu/countries/south-sudan/government>

⁷ <https://www.nytimes.com/2011/07/10/world/africa/10sudan.html>

⁸ <https://constitutionnet.org/country/constitutional-history-south-sudan>

⁹ <https://data.worldbank.org/indicator/NY.GDP.MKTP.CD?locations=SS>

¹⁰ <http://www.pandys.org/articles/malerape.htm>

¹¹ <https://data.worldbank.org/indicator/SE.ADT.LITR.MA.ZS?locations=SS>

¹² <https://data.worldbank.org/indicator/SE.ADT.LITR.FE.ZS?locations=SS>

¹³ [https://www.unaids.org/en/regionscountries/countries/southsudan#:~:text=In percent20South percent20Sudan percent20in percent202018,49 percent20years\) percent20was percent202.5 percent25.](https://www.unaids.org/en/regionscountries/countries/southsudan#:~:text=In percent20South percent20Sudan percent20in percent202018,49 percent20years) percent20was percent202.5 percent25.)

Executive Summary

1. Purpose of the UNFPA/Government of South Sudan 3rd Country Programme Evaluation

This report presents the findings, conclusions and recommendations of UNFPA South Sudan 3rd cycle (2019-2021) Country Programme of Evaluation (CPE).

The purpose of the evaluation is to: a) provide the UNFPA CO in South Sudan national stakeholders, the UNFPA ESARO, UNFPA Headquarters as well as a wider audience with an independent assessment of the performance of the UNFPA South Sudan 3rd CP 2019-2020, b) broaden the evidence base for the design of the next programme cycle

The primary audience and users of the evaluation include the UNFPA South Sudan CO, national partners and relevant government agencies, who are expected to benefit from the evaluation's findings, conclusions and recommendations.) In addition, the UNFPA ESARO and Evaluation Office (EO), UN agencies in the country will use findings. The evaluation covered interventions at the national level and locations in all states where UNFPA CO implemented interventions.

2. Evaluation Objectives and Scope: The objectives of the CPE were to: a) provide an independent assessment of the relevance, effectiveness, efficiency and sustainability of UNFPA support and progress towards the expected outputs and outcomes set forth in the results framework of the country programme; b) Provide an assessment of the role played by the UNFPA country office in the coordination mechanisms of the UNCT with a view to enhancing the United Nations collective contribution to national development results, c) draw key lessons from past and current cooperation and provide a set of clear and forward-looking options leading to strategic and actionable recommendations for the next programme cycle.

The evaluation covered national level interventions and interventions implement in 2019-2020 in all states where UNFPA implemented all thematic areas of the 3rd CP: sexual and reproductive health; gender equality and the empowerment of women and girls; youth participation and comprehensive sexuality education; and data and demographic intelligence. In addition, the evaluation it cover cross-cutting issues such as human rights and gender equality, humanitarian preparedness and response and transversal aspects of coordination; monitoring and evaluation (M&E); innovation; and strategic partnerships. The evaluation was designed to assess the outputs by assessing seven criteria: relevance, efficiency, effectiveness, sustainability, coordination, coverage and connectedness.

3. Methodology: The evaluation, divided into design, data collection, and analysis and reporting phases, was structured based on the following evaluation criteria: relevance, efficiency, effectiveness, and sustainability; coordination, coverage and connectedness. Using both secondary and primary sources, mixed method of data collection included documentary review, financial and operations system review, structured and semi-structured, face-to-face, individual and group interviews, and observations. Triangulating the sources and methods of data collection, the evaluation used both qualitative and quantitative data in the analysis. It adopted an inclusive approach, involving a broad range of partners and stakeholders.

The major limitation of this evaluation is the effect of Covid-19 restrictions which did not allow physical interface with all the respondents as interviews were interviewed online via web-based facilities.

4. Main Finding of the Evaluation

Relevance

- The four components of UNFPA's CP3 are well aligned and highly relevant to the needs of the Government of South Sudan policies, and strategies as well as UNCF and international commitments, UNFPA mandate and to the needs of the beneficiaries. The CP areas of coverage included the hard to reach and targeted the most vulnerable population.
- The associated interventions of the four components were consistent with priority components of ICPD PoA and SDG Agenda and the transformative and people-centred results of UNFPA's strategic plans 2014-2017 and SP 2018-2021 and other national sector plans and policies.
- While the 2030 Agenda adopted the 'Leave No One Behind principle' at centre stage by demanding increased attention to social inclusion, the South Sudan context remains extremely precarious because of ongoing local level conflicts, a dire humanitarian situation and a fragile environment for the

implementation of the Revitalised Agreement on the Resolution of the conflict in South Sudan (R-ARCSS).

Effectiveness

- Overall, the CP achieved most of the programme results targets. This was facilitated by availability of financial resources, timely planning and implementation of the program over the 3 years.
- About 96 percent of the outputs in SRH component are likely to be achieved by the end of the country program period (40 percent already achieved). The CP has built capacities to provide SRH services both in humanitarian and stable areas, trained and deployed midwives and other EmNOC professionals, provided critical SRH/GBV services to the population, provided and built systems for supply of reproductive health commodities, and developed policies and guidelines and put in place quality assurance mechanisms for quality delivery of services. Progress in availability and use of SRH services at the level of the 10 states has been noteworthy during the field visits. There is strong evidence that these outputs are contributing to the achievement of the Strategic Plan Outcome, the increased availability and use of integrated sexual and reproductive services with respect to increased skilled birth attendance (19 percent) as well as contraceptive prevalence rate (3.2 percent).
- All the targets set in the AY component will be met by end of the program. The program has contributed to building national and state level mechanisms for youth engagement in decision making as well as strengthening enabling environment for comprehensive sexuality education. As a result of this, the number of sector integrating youth issues in plans has increased from 2 to 5.
- Under the GEWE, all the output indicators have been achieved. Mechanisms for multi-sectoral and multi-stakeholder national and state level coordination for ending GBV and Child marriage have been established in line with the National Strategic Plan for Ending Child Marriage. The functional OSC model for provision of integrated GBV services has been scaled up, community level commitment for ending child marriage has been enhanced. The CP has thus contributed to increased uptake of GBV prevention and response information and services.
- On population data and demographic intelligence, the program built capacity of the staff from National Bureau of statistics in new technologies of data management, supported production of data reports including the SRH service delivery assessment reports, building national capacities for advocacy and integration of population issues in places by providing integration framework. Results around generation of updated population data have not been achieved. The program has increased, from 2 to 5, the number of sectors that integrate population issues.
- Human rights-based approach to programming was well integrated into the CP. Program target areas and targeted populations were selected based on indicators which identified human rights barriers to access to services and also all interventions of the CP addressed the needs of targeted population to access services and exercise their reproductive health rights. However, integration of disability was not prioritised at CP design stage but interventions to address the needs of persons with disability were introduced later in the programme.
- COVID19 pandemic and associated restrictions affected implementation of program activities initially. However, UNFPA developed a COVID19 response plan that facilitated reprogramming and integration of COVID19 risk communication and infection control measures. This enabled continuity of program implementation and did not have significant effect on realisation of program results.

Efficiency

- The IPs and CO made good use of its resources to implement approved component interventions. Utilisation rates were high in 2019 and 2020 with 94 percent and 95 percent resources spent respectively. Based on the review of financial documents, stakeholders' interviews, reviews of Annual Work Plans and Progress reports, three out of the four component areas have made good use of the resources, except the population and development programme area that had low fund utilisation rates.
- UNFPA has sufficient human resources for program implementation. Both national and international consultants with requisite skills are used. Whereas SRH had adequate technical staff, the components of Youth, Gender and PD were not adequately staffed.
- Stakeholders were supportive of the approach UNFPA CO took to manage its staff, funds and technical resources. Workplans were developed and implemented on time and activities employed to achieve outputs were found to be highly appropriate. The selection of partners to implement the CP

was done according to UNFPA guidelines, which results to identification of relatively competent partners

- The UNFPA administrative and financial systems for the CP were largely adequate and functional. UNFPA has a clear and robust financial, procurement and monitoring systems for ensuring checks and balances, and to ensure that IPs were accountable for deliverables in a timely manner. The evaluation team established that the UNFPA resource management systems were followed to the book and were efficient to support timely implementation of project activities and hence no qualified audit is reported. All Implementing Partners are effectively assured in line with oversight and assurance policies and procedures.
- Innovation in the CP is not well developed although efforts to foster innovation had been initiated by the time of the evaluation.
- UNFPA forged strategic partnerships with UN Agencies, Donors, Government entities, CSOs etc that facilitated program delivery and amplification of GBV/SRH issues. However, partnership with Ministry of Finance and Planning for program coordination needs to be strengthened. Although mitigation measures were implemented, the COVID19 pandemic caused delays implementation of some program activities.

Sustainability

- Most of the SRH, AY, GEWE and population dynamics interventions will largely remain sustainable. Interventions that address long-term development issues which focused on immediate needs in the context of South Sudan are likely to be sustainable. Ownership of the SRH initiatives and their results have been relatively high with capacities built both at organizational and staff levels. The focus in institutional capacity development and use of existing national mechanisms will ensure sustainability. However, financial and human resources capacities are still varying across the different Ministries and support remains needed in particular in sustaining the GBV OSCs, the HSIs and generation of data and for the preparations for census undertaking.

Coordination

- UNFPA is strongly active in the effective UNCT coordination mechanisms in South Sudan. UNFPA CO contributes to the functioning and consolidation of UNCT coordination mechanisms with a highly professional collegiality. The UNFPA SS CO participates actively in regular UNCT inter-agency working groups and chairs four of these working groups. UNFPA staff attention to UNCT coordination was very commendable, but some stakeholders felt that more external efforts at joint fund raising might be a greater priority. There was no instances where UN Cooperation Framework outputs or outcomes results that belong to the UNFPA mandate were not fully attributed to UNFPA. UNFPA leadership in the area of youth need to be strengthened.

Coverage

- UNFPA CP interventions are spread across the country, in the 10 states. UNFPA implements activities that are of national coverage nature like policy advocacy, provision of RH/GBV supplies, capacity building, data availability etc as well as state/field focused interventions. UNFPA implements humanitarian program as part of the wider national humanitarian assistance mechanism through the Humanitarian Response Plans. As such, UNFPA humanitarian interventions systematically reach all the geographic areas in which affected populations reside. In order to reach the above affected population, the selection of program sites for particularly for SRH and GBV are based on areas most affected populations live. UNFPA implements programs in all Protection of Civilian sites in Betui, Malakal, Wau, Juba, Bor and other areas of displacement around the country. The target facilities for SRH, ASRH, GBV OSC and Women and Girls Safe Spaces are located across all the states.
- When new emergencies arise like floods, COVID19, UNFPA in collaboration with other humanitarian actors develops and implements response plans aimed at reaching the affected populations. However, due to prevailing insecurity and a bad road network, programme interventions tend concentrated in areas where there is access and improved security.

Connectedness

- UNFPA CO successfully took a continuum approach across the humanitarian, development and peace nexus. The results framework enmeshes and supports longer term development goals by establishing

national mechanism to engage multiple stakeholders, including civil society, faith-based organizations, and men and boys, to prevent and address GBV and child marriage. There were close linkages and associations between humanitarian and development interventions.

- UNFPA CO supported the deployment of UNV midwives across South Sudan's ten states to provide safe maternal delivery by skilled attendants, dignity kits and comprehensive emergency obstetric care. UNFPA CO also worked closely with the MoH to scale up midwifery education, increase capacity for delivery of emergency obstetric care and improve clinical practice for midwifery, nursing and associate clinicians. However, the long-term development objectives were hard to achieve in such a fragile, conflict and post-conflict country context. The focus on community mobilisation and engagement approach will deliver the humanitarian, development and peace dividends..

Main Conclusions

Strategic Level:

Conclusion 1: All the 3rd CP core programmes are relevant in South Sudan. The 3rd CP is well aligned with all relevant national, international and UNFPA frameworks and UNFPA is showing responsiveness by working with key national partners and contributing to the development of national guidelines and strategies. The CP responded to changes in national and international priorities as well as the needs of the various vulnerable populations including IDPs, adolescents and youth, people with disabilities etc. UNFPA's trusted working relationship/collaboration with key government partners has contributed immensely towards greater national ownership while simultaneously helping UNFPA broker collaborative arrangements to achieve results.

Conclusion 2: The 3rd CP achieved expected results in all the strategic outcome areas, with some variations in the achievement of outputs. The outputs under SRH, adolescents and youth and GEWE are likely to be achieved beyond 95 percent by the end of the programme while the output under PD is likely to register 75 percent achievement. There is strong evidence that the program output results are contributing to program outcome particularly increased skilled birth attendance, slightly increased contraceptive prevalence rate, uptake of GBV prevention and response services as well as youth participation in decision making. However, inadequate data to measure the status of outcome indicators remains a major obstacle. The program targeting and reach to some of the vulnerable populations especially people with disabilities has not been explicit.

Conclusion 3: Implementation of the CP was highly efficient. Adherence to UNFPA financial and program, monitoring policies and procedures were employed to the maximum in the implementation of the 3rd CP interventions. This, together with the implementation of the partnership plan, resulted in high resource mobilisation, high fund utilisation and results achievement rates. Both national and direct execution modalities were used where possible. Programme finance was managed well, to the extent that no qualified audit was reported. Financial and human resources management were adequate at the CO level but due to weak infrastructural base of the country, the cost of doing business in the states is exorbitant. Human resources for the CO was adequate for SRH component, although more technical personnel are needed for AY, GEWE and PD components. There was little attention paid to strengthening innovation.

Conclusion 4: Although a sustainability plan involving GoSS was non-existent in the 3rd CP, there are aspects of the interventions that can guarantee sustainability of the various interventions. Sustainability varied with an overall satisfactory level depending on the relevance and maturity of the programmes. UNFPA efforts on IP capacity building and working to strengthen the existing structures will guarantee improved sustainability of the interventions and expected results. However sustainability and exit strategies need were not clearly articulated.

Conclusion 5: At the CO level, there is a strong evidence of effective UNCT coordination by the UNFPA CO South Sudan. UNFPA CO contributed to the functioning and consolidation of UNCT coordination mechanisms. The CO participated actively in a number of inter-agency working groups and chaired a number of these groups. At CP level, it is envisaged that the Ministry of Finance and Planning should coordinate all the CP activities, but interviews with national stakeholders show that the Ministry was not optimal in the performance of this function

Programme Level:

Conclusion 6: The CP took the comprehensive programming approach and has a wider geographic coverage. The CP3 was implemented in all the ten states and the wide geographic spread potentially constrained effective impact. The identification of program sites took into consideration the geographical reach as well as reaching the most vulnerable populations. However, with insecurity, access constraints and COVID19 restrictions some hard to reach areas were not adequately served by the program.

Conclusion 7: Integrated and joint programming approaches helped to strategically position of UNFPA 3rd CP within the UNCF delivery mechanisms but was limited to few Joint Programmes. UNFPA external communication within the UNCT was rather inadequate.

Recommendations

Strategic level

- i) To maintain program relevance and foster stronger national ownership, UNFPA and government should, during the design and implementation of the next CP, give priority to wide consultations with key stakeholders including beneficiaries at all levels. Given the enormous SRH/GBV challenges in the country, UNFPA should operate through fostering strong and strategic partnerships.
- ii) To enhance programme efficiency. UNFPA should collaborate with other UN partners to strengthen the technical and human resource capacity of government ministries (MoH, MoGSW, MoCYS, MoFP/NBS) both at national and sub-national level for better technical and financial and audit management systems as well as programme coordination.
- iii) UNFPA should consider a focused and comprehensive integrated programming approach across development and humanitarian programme components including peace-building initiatives to ensure maximum impact. UNFPA should strengthen government's decentralised approach/system by creating more sub-national offices and ensuring adequate human resources within the offices. UNFPA CO Human resource structure should be adequately aligned to the CP needs. More focus on building resilience is crucial.
- iv) UNFPA should advocate for a documented phased sustainability plan for future GoSS /UNFPA CP initiatives. The plan should spell out clearly the commitment of government and other partners; for example, having decreasing financial allocation of donors matched by increasing allocations by government over the years.

Program level

- v) In the 4th CP, SRH component should continue to be aligned with national priorities, international commitments related to maternal health and family planning as elaborated in several national policies and international frameworks as ICPD PoA and SDGs. Country Programme should be focused on integrated programming approach particularly delivery of integrated MH/FP/HIV services. The program should focus on both quality of care as well as demand creation for FP/SRH services.
- vi) Given the fact that the adolescents and youth constitute a large percentage of the population in RSS and therefore a critical focus of UNFPA programming, UNFPA CO allocate more financial and human resources to the A&Y programming. This includes strengthening UNFPA leadership role for youth programming within the wider UN framework in South Sudan. This will enable UNFPA to gain recognition as a leader in youth programming including participation in the formal peace process.
- vii) Continue to strengthen implementation and scale up of the current GEWE initiatives using both the mainstreaming as well as the stand alone approaches. A full circle type response to the situation of GBV and CM is critical i.e. in addition to the provision of GBV information and response services to GBV and CM, it is pertinent that economic empowerment is equally prioritized as a means of empowering women and girls to demand for their rights. This will require allocation of more financial and human resources to the gender unit
- viii) With the enormous data needs in the country, UNFPA work to strengthen partnerships to support the implementation of the National Statistical System Strategy which provides for integrated statistical system for the production of improved quality of data related to population and other components of the CP. There should be strategic interventions to make data accessible and available for evidence-based planning and policy-making cutting across all the programme areas including support to NBS for the preparation of national census and national demographic and health survey.

Chapter 1 Introduction

1.1 Purpose and Objectives of the Country Programme Evaluation

UNFPA South Sudan commissioned the evaluation of its 3rd Country Programme (2019 – 2021) to a team of external evaluators. The Terms of Reference (ToR) identified the evaluation scope and framework. The evaluation design was informed by the UNFPA Evaluation Handbook 2019 revised version. The main objective was to evaluate the current programme cycle with a view to support the development of the 4th cycle.

This report presents the evaluation team findings analysed and structured on the basis of OECD DAC evaluation criteria and provides specific answers to the evaluation questions. This report is organized as follows: **Chapter one** provides the introduction where the evaluation objectives, scope, questions, assessment process and methodology are discussed. **Chapter two** provides a bird's eye view of the general country development context and specific UNFPA thematic areas; **Chapter three** highlights UN/UNFPA strategies and 3rd cycle programme interventions in response to South Sudan country challenges; **Chapter four** details the evaluation findings structured along the seven evaluation criteria and ten questions; and **Chapter five summarizes** the evaluation conclusions and **Chapter six** offers related actionable recommendations.

Purpose of the CPE: The purpose of the CPE is to provide the UNFPA CO in South Sudan, national stakeholders, the UNFPA ESARO, UNFPA Headquarters as well as a wider audience with an independent assessment of the performance of the UNFPA South Sudan 3rd CP 2019-2021 and to broaden the evidence base for the design of the next programme cycle.

Specific evaluation objectives are:

- To provide an independent assessment of the relevance, effectiveness, efficiency and sustainability of UNFPA support and progress towards the expected outputs and outcomes set forth in the results framework of the country programme.
- To provide an assessment of the geographic and demographic coverage of UNFPA humanitarian action and the ability of UNFPA to connect immediate, life-saving support with long-term development objectives.
- To provide an assessment of the role played by the UNFPA CO in the coordination mechanisms of the UNCT with a view to enhancing the United Nations collective contribution to national development results.
- To draw key lessons from past and current cooperation and provide a set of clear and forward-looking options leading to strategic and actionable recommendations for the next programme cycle.

1.2 Scope of the Evaluation

Temporally, the CPE covered activities implemented from **January 2019 to 31 March 2021**. This allowed for all programmatic data collected through quarter 1 of 2021 to be readily available for use by the evaluation team. Geographically, the evaluation covered interventions at the national level and locations in the ten states where UNFPA implemented interventions. Thematically, the evaluation covered the four thematic areas of the 3rd CP namely sexual and reproductive health, adolescents and youth development, gender equality and empowerment of women and girls, and population data and demographic intelligence. In addition, it covered cross cutting issues in the Country Programme such as human rights, gender mainstreaming, monitoring and evaluation, communications, innovation, resource mobilisation adolescent and strategic partnerships and humanitarian interventions.

1.3 Methodology and Process

1.3.1 Evaluation Criteria and Evaluation Questions

The evaluation questions were structured around FOUR OECD-DAC criteria of relevance, effectiveness, efficiency and sustainability. As the UNFPA CO has been operating in humanitarian settings, the evaluation also used the humanitarian-specific evaluation criteria of coverage and connectedness to investigate the extent UNFPA has been able to reach affected populations with life-saving services and work across the humanitarian-peace-development nexus and contribute to building resilience. Connectedness measures the extent to which activities of a short-term emergency nature are carried out in a context that takes longer-term and interconnected problems into account. Coverage criteria measures the extent to which major population groups facing life-threatening suffering were reached by intervention activities. These criteria also allow assessing the contribution of UNFPA to the humanitarian-development-peace nexus. In addition, one other UN-specific evaluation criterion of coordination was considered to address questions related to UNFPA’s strategic positioning and relevance within the UNCT in South Sudan.

Table 1 presents evaluation questions grouped by the evaluation criteria presented in the CPE ToR as approved by the EMC and ERG.

Table 1: Evaluation Criteria and Questions

Criteria	Questions
Relevance	EQ1. To what extent is the country programme adapted to: i) the needs of diverse populations, including the needs of marginalized and vulnerable groups; ii) national development strategies and policies; iii) the strategic direction and objectives of UNFPA; and iv) priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action, and SDGs and the New Way of Working. EQ2. To what extent has UNFPA ensured that the varied needs of vulnerable and marginalized populations, including adolescents and youth, those with disabilities and indigenous communities, have been taken into account in both the planning and implementation of all UNFPA-supported interventions under the country programme? EQ3. To what extent has the CO been able to respond to changes in national needs and priorities, including those of vulnerable or marginalized communities, or to shifts caused by crisis or major political changes? What was the quality of the response?
Effectiveness	EQ4. To what extent have the interventions supported by UNFPA contributed to the achievement of the expected results (outputs and outcomes) of the country programme? In particular, i) increased access and use of integrated sexual and reproductive health services; ii) empowerment of adolescents and youth to access sexual and reproductive health services and exercise their sexual and reproductive rights; iii) advancement of gender equality and the empowerment of all women and girls; and iv) increased use of population data in the development of evidence-based national development plans, policies and programmes? EQ5. To what extent has UNFPA successfully integrated gender and human rights perspectives in the design, implementation and monitoring of the country programme?
Efficiency	EQ6. To what extent has UNFPA made good use of its human, financial and administrative resources, and used a set of appropriate policies, procedures and tools to pursue the achievement of the outcomes defined in the county programme?
Sustainability	EQ7. To what extent has UNFPA been able to support implementing partners and beneficiaries (women and adolescents and youth) in developing capacities and establishing mechanisms to ensure the durability of effects?
Coordination	EQ8. To what extent has the UNFPA CO contributed to the functioning and consolidation of UNCT coordination mechanisms?
Coverage	EQ9. To what extent have UNFPA humanitarian interventions systematically reached all geographic areas in which affected populations (women and adolescents and youth) reside?
Connectedness	EQ10. To what extent has UNFPA humanitarian response supported and planned for longer-term development goals articulated in the results framework of the country programme?

These key evaluation questions around each of the criteria were identified from the UNFPA Handbook on Monitoring and Evaluation by the evaluation team and evaluation management committee. For each of these evaluation questions, assumptions which needed to be assessed by the evaluation team were identified as well as indicators that were used in terms of verification during the field work. Moreover, for each of the assumptions, sources of information and method and tools used in data collection were identified. Assumptions together with indicators and means of verification were included in an Evaluation Matrix, which is presented in Annex 4.

1.3.2 Sample selection

To answer the evaluation questions, intensive effort was made to ensure that a wide range of stakeholders were consulted during the CPE, with a good balance for each of the activities within all four of the CP focus areas at the National and State levels. The selection of sites for data collection was based on the evaluation team's knowledge of the programme interventions, beneficiary populations and the characteristics of geographic locations.

The CO staff provided a list of stakeholders representing the national and states implementing partners (IPs), UN agencies, and most importantly, the beneficiaries of the programme. ET had extended consultations with the CO staff and finalized the list of stakeholders for interviews based on the programme interventions and review of documents. The evaluation focused on major categories of stakeholders distributed across the CP3 programme themes. The selection covered all four strategic outcome areas. Interviews at the national and state levels were coordinated by the Evaluation Manager at the CO. Because of the Covid-19 restrictions, the ET decided to select only six out of the ten states where interventions were being implemented. The states were selected in such a way as to reflect the different regions of the country. The chosen states cover the Central, Eastern, Western and Northern regions of the country, which gave a good representation of the sample of stakeholders interviewed.

Data collection was mainly virtual although some individual face-to-face interviews, group interviews and focus group discussion were adopted a participatory approach. The respondents (e.g. implementing partners, programme participants, strategic partners etc.) were given the opportunity to discuss freely about the programme and allowed an opportunity for them to propose what would work for them to make the programme better in their own context. At the national level, data collection was from UNFPA CO staff, selected IPs and other strategic partners (UNCT) agencies. At the state levels, data were gathered through a series of consultations with the relevant IPs and beneficiaries.

Table 2: Six Selected Sites with the interventions for Field Phase, Government of South Sudan /UNFPA 3rd CPE 2019-2021

State	Locations	Activities
Central Equatoria	Juba, Yei and Nimule	EmoNC, Access to SRH/GBV services, End Child Marriage, Midwifery education, Youth Participation, Youth Friendly Service Centres
Eastern Equatoria	Torit, Kapoeta	EmoNC, Access to SRH/GBV services, End Child Marriage, Midwifery education, Youth Participation, Youth Friendly Service Centres
Northern Bahr el Ghazel	Aweil, Malualkomn	EmoNC, Access to SRH/GBV services, End Child Marriage, Midwifery education, Youth Participation, Youth Friendly Service Centres
Western Equatoria	Yambio, Maridi	EmoNC, Access to SRH/GBV services, End Child Marriage, Midwifery education, Youth Participation, Youth Friendly Service Centres
Lakes State	Rumba	Ending Child Marriage, GBV Protection Centre, EmoNC
Unity State	Bentui	Ending Child Marriage, EmoNC, Access to SRH/GBV services

1.3.3 Data Sources, Collection and Analysis

Sources of data were both secondary and primary. The type of data was based on a mix of quantitative and qualitative, derived from multiple sources. The evidence in this evaluation included data collected from the field, desk review of documents, direct observations, structured and semi structured interviews, key informant interviews(KII), focus group discussions (FGD), and secondary sources. Desk review

included CP-related documentation, relevant national policies, strategies and action plans, national statistics, review reports etc. A detailed list of documents reviewed is attached (Annex 3).

The evaluation triangulated investigators, data sources, data types, and data collection methods and the data shed light on how UNFPA has been able to support its partners and the beneficiaries in developing capacities and establishing mechanisms to achieve planned results, ensure ownership and the sustainability of effects and the extent to which UNFPA activities were designed in a manner that ensured a reasonable handover to local partners. The evaluation made use of the monitoring reports (quarterly reports, project-specific reports, annual reports, trip reports) submitted by IPs and UNFPA staff. The triangulation of data collection minimized the weaknesses of one method, and was offset by the strengths of another, enhancing the validity of the data.

Document review: The evaluation team started with review of the key documents related to the country programme: UNFPA South Sudan Country Programme Document (CPD), Country Programme Action Plan (CPAP), Annual Work Plans for 2019-2021 (AWP), UNFPA country office Annual Reports for 2019 (COAR), as well as Atlas data on budget allocations and actual expenditures. In addition, the evaluation team reviewed a broad range of other documents that were provided by the country office and national stakeholders before and during the field phase, including activity reports, strategic, methodology, and analytical documents produced within the framework of the country programme, relevant national strategic and policy documents. The evaluation team also reviewed available national and international statistics.

Interviews: Semi-structured interviews were the main method used by the evaluation team to collect data from the country programme stakeholders. In preparation to the field phase, the evaluation team developed a set of interview guides: for UNFPA staff, members of UNCT, implementing partners, stakeholders who were directly involved in the country programme activities. All interviews began with presentation of the purpose of evaluation and obtaining informed consent of a respondent. Each respondent was informed that his/her contribution was anonymous. A person was also informed that he/she could decline to answer any of the questions and to stop interview at any time at his/her discretion.

Focus groups discussions: A convenient sample of beneficiaries was used for focus group discussions (FGDs) to gather information on service quality and its accessibility and utility. The evaluation team conducted a group discussion with volunteers about their work, level of knowledge about reproductive health issues among their peers in schools, their experience with reproductive health education in school and use of reproductive health services. Other FGDs were conducted for beneficiaries under the different programme focus areas including adolescents and youth, beneficiaries of the GBV OSCs etc. Overall, the evaluation team interviewed 129 people as indicated in Table 3.

Table 3. Types of stakeholders interviewed by the evaluation team.

Stakeholder category	Male	Female	Total	percent
Government	9	4	13	10.1
CSOs	21	7	28	21.7
UN Agencies	8	5	13	10.1
Beneficiaries (women, men including adolescents, people with disabilities, GBV survivors)	31	44	75	58.1
Total	69 (53.5 percent)	60 (46.5 percent)	129	100

Source: Evaluation team analysis

Validation Mechanisms: The CPE Team ensured the validity of the data collected by using the methods of systematic triangulation of data sources and collection. Validation was further done by validating findings with CO staff and key stakeholders to ensure that there are no factual or interpretive errors or missing evidence that could materially change findings.

Data Analysis: Data analysis involved several stages. During the data collection stage, the evaluation team held regular debriefing meetings that were used to compare and validate data from interviews and involved preliminary analysis of the topics and themes emerging from the data. At the end of the field phase, the evaluation team conducted a short analysis session. During this session the evaluation team separately reviewed collected evidence for each of the government systems targeted by the country programme to identify relevance of implemented intervention, achievement of intended outputs and outcomes and their sustainability, as well as use of resources, and factors of success and failure. In the process of this analysis, the team triangulated data from different sources and by different methods to identify consistent topics, themes and patterns.

Findings from the analysis of the individual systems were further analysed to construct answers to individual evaluation questions as well as to identify common and specific factors of success and failure. Common themes and topics emerging from the analysis of this data were used when evaluation conclusions and recommendations.

Data analysis was done based on the four thematic areas of the CP and evaluation criteria. Quantitative data were reviewed as secondary data from CP documents such as Strategic Programme Reports, Annual Reports, Quarterly Reports, Reports from IPs, among others. The evaluation team used content analysis approach based on the extensive document review, interviews and focus group discussions. The second approach was contribution analysis used to assess the results chain logic in the CPD and the effectiveness of the UNFPA CP in achieving activities and outputs and their contribution to outcome results in the component areas.

The formats of the UNFPA Evaluation report as specified in the UNFPA Handbook on Evaluation were used for tabulation and analysis to organise the findings within the main body of the report.

Stakeholders' consultation was sustained during the evaluation process up to review and finalisation of the recommendations

1.3.4 Process Overview

The CPE was planned and implemented in five phases. **The preparatory phase** was completed by the CO. **The Design phase** included desk review of key documents; stakeholder mapping, analysis of the programme/intervention logic, finalisation of the evaluation questions, development of data collection and analysis strategy, and a plan for the field phase; preparation of the evaluation matrix and presentation of the design report to the ERG and CO. Upon the approval and acceptance of the design report, data collection tools were refined and field work started.

The field phase covered implementation of the data collection plan through interviews, group discussions with the programme staff, sample of selected stakeholders and observation of identified intervention sites, via online facilities such as Zoom, WhatsApp, and Emails. At the end of the fieldwork, there was a debriefing session to present preliminary findings to the CO staff and Management. Comments were received on gaps to be completed. Field work was not smooth sailing because of the restrictions associated with Covid-19 lockdown protocols.

Reporting Phase: The evaluation team leader drafted the evaluation report, after receiving thematic reports from other team members and taking into account comments made at the debriefing meeting and subsequent validation meeting. Comments consolidated by the UNFPA CO Evaluation Manager helped develop the final draft evaluation report. Additional comments from the UNFPA ESARO Office guided finalization of the report.

Dissemination, Management Response and Follow-up Phase: This phase is the responsibility of the UNFPA Evaluation Manager. The CPE findings and recommendations will inform the development of the next country programme. The preparation of the management response and the dissemination of evaluation results is the responsibility of the CO. The final evaluation report forms the basis for an in-country dissemination meeting or presentation, which will be attended by the CO as well as all the key programme stakeholders. During this phase, the CO will prepare a 'management response', to be included in the final evaluation report, also taking into account comments made by the participants. The final Evaluation Report, along with the Management Response, will be published in the UNFPA evaluation

database. The evaluation report will also be made available to the UNFPA Executive Board and will be widely distributed within and outside the organization.

Ethics and maintaining the quality of evaluation: The evaluation team took several precautions to ensure the protection of respondents' rights. Informed consent was sought before all interviews were made. Because of the challenge of face-to-face interviews, UNFPA CO informed the respondents about the evaluation purpose and the rights and confidentiality of those participating in the evaluation.

The evaluation team made every effort to ensure that evaluation findings were credible based on reliable data and observations. Various meetings with CO staff, CPE interview participants, and beneficiaries were conducted to validate the findings, conclusions and recommendations. Thus conclusions and recommendations show evidence of consistency and dependability in data, findings, judgments and lessons learned.

Evaluability Assessment, Limitations and Risks: The ET re-constructed the programme logic (see Figure 3). Critical assumptions and limitations were included in the CP3 programme logic. COVID 19 associated risk: Both Government and UN guidelines for COVID 19 did not allow the evaluation team to have face-to-face interviews and to visit service delivery sites. To mitigate this risk, the evaluation team utilised virtual platforms to conduct interviews with key informants. A number of follow up contacts were made to ensure adequate stakeholders are reached during field data collection.

Chapter 2 Country Context

2.1 Development Challenges and National Strategies

South Sudan is in north-eastern Africa with the capital in Juba. It covers approximately 640,000 square kilometres with. The National Bureau of Statistics of South Sudan projects the current population to be 13.72 million people in 2021, males are 7.01 million (51.1 percent, while females are 6.71 million (48.9 percent). Seventy four percent (10.1 million) are under the age of 30, while 48 percent (6.6 million) below the age of 15. The population in the working age group (15-64 years) constitute 49.6 percent, while the old age population (65+ years) are 1.6 percent. This demographic profile calls for deliberate and sustained investment in young people, across all age categories, as means to harnessing the demographic dividend. Literacy rate is very low with only 11.8 percent of women and 36.8 percent of men aged 15-49 years able to read and write. About 80 percent of the population live below the poverty line.

South Sudan has been facing a protracted humanitarian crisis since 2013 as a result of political and armed conflict. At present, four million people have been displaced: 1.9 million internally and 2.1 million as refugees in neighbouring countries. South Sudan also hosts 280,000 refugees mostly from Sudan. The majority of the displaced population are women, young people and children who need basic social services. In 2019, on average about 7.5¹⁴ million people were in need of humanitarian assistance with 4.54 million people facing acute food insecurity and 2.1 million women and children acutely malnourished. Every year, about 2 million people are affected by floods. The humanitarian crisis has also been associated with GBV and the destruction and looting of health and education facilities.¹⁵

The country's Human Development Index (HDI) declined from 0.425 in 2010 to 0.413 in 2018.¹⁶ Poverty remains endemic with at least 80 percent of the population defined as income-poor and living on an equivalent of less than US\$1.9 per day.

Despite all the numerous challenges confronting South Sudan and to achieve socio-economic growth and development in various sectors, several strategic plans have been put in place. Specifically, the second National Development Strategy 2018-2021 provides strategic guidance in national development process. The National Development Strategy (NDS) represents steps towards achieving the objective of the Vision 2040, which aims to define the type of country that South Sudanese would like to have by the year 2040. Vision 2040, with the theme "Toward Freedom, Equality, Justice, Peace and Prosperity for All", is a channel for strategic thinking and policy-making through which all the people of South Sudan.

2.2 Situation analysis of Sexual and Reproductive Health

The trend in TFR shows a gradual decline from 6.7 children per women in 1990 to 4.7 in 2018.¹⁷ On the other hand, the Adolescent Birth Rate (ABR) in South Sudan was estimated at 158/1000 down from 138.1 in 1990. Although there has been steady decline in the last 2 decades, the ABR still remains high.¹⁸

The use of modern family planning methods (i.e. modern Contraceptive Prevalence Rate) among all women and married women gradually increased from 2.7 percent and 3.5 percent in 2012 to 3.9 percent and 5 percent in 2019 respectively. Despite this gradual increase, the coverage of modern Contraceptive Prevalence Rate in South Sudan is very low while the unmet family planning need has remained at a high rate of 30 percent between 2012 and 2019.¹⁹

¹⁴ 2019 South Sudan Humanitarian Response Plan

¹⁵ World Human Development Report, 2019

¹⁶ <https://tradingeconomics.com/south-sudan/inflation-cpi>

¹⁷ South Sudan Household Survey, 2010

¹⁸ World Bank Development Indicators data

¹⁹ FP 2020 report

Maternal mortality ratio (MMR) for South Sudan declined from 1730 per 100,000 live births in 1990 to 789 per 100,000 live births in 2015, but rose again to 1150 in 2017.²⁰

Some of the underlying conditions that contribute to the high MMR and NMR in South Sudan include low antenatal care (ANC) and low skilled birth attendance. The proportion of pregnant women who had at least 1 ANC visit was 42 percent and 17 percent has 4 ANC visits in 2010. The proportion of deliveries attended to by a skilled birth attendant are estimated at 19 percent. Only 1 percent of pregnant women delivered by C-section against the WHO “ideal rate” of 15 percent.

The factors accounting for the poor performance against family planning and maternal health indicators include the low number of health facilities providing maternal health services, distance to facilities, insecurity, gender and cultural norms, low education level, poverty and cost associated with accessing services. Only 38 percent of the HFs provide FP services, limited demand for services, shortage of skilled healthcare workers, a weak health information system that provides inadequate data for decision making, poor infrastructure of health facilities which makes it difficult to offer EmONC services, lack of essential medicines including those needed for maternal and neonatal care, inadequate financing of healthcare by government and overall weak leadership and coordination of maternal and neonatal healthcare at all levels²¹.

The HIV prevalence among people 15-49 years in South Sudan has remained largely static in the last two decades – from 2.3 percent in 2000 to 2.5 percent in 2019. Women are disproportionately affected by HIV as 55.6 percent of the PLHIV are women. Comprehensive knowledge of HIV among adolescents and young people 15-24 years is low at 9.8 percent.

Government, in collaboration with development partners, made attempts to address these bottlenecks. The Government established the Basic Package of Health and Nutrition Services in 2011 which includes Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH) and provides guidance to all partners supporting government in healthcare service delivery²². The National Health policy 2016-2026 identifies the reduction of maternal and neonatal mortalities and morbidities as a priority area. The Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition (RMNCAH and N) Strategic Plan (2018 to 2022)²³ prioritises the strengthening of health systems for delivery of high impact and quality RMNCAH and N services, enhancement of community engagement and partnership for improved access to and utilisation of RMNCAH and N services.

2.3 Adolescents and Sexual Reproductive Health

The population of adolescents and young people aged 10-24 years is 32.6 percent of the 11.2 million total population. Adolescents and young people in South Sudan face several challenges that hinder them from fulfilling their potential. For instance, 7 percent of women aged to 15-49 years were married before the age of 15; and 45 percent of those aged 20-49 years were married before age 18. There is also minimal variation in child marriage among women in rural and urban areas.²⁴

It is estimated that 97.7 percent of adolescents are not using any contraception. Lack of education and access to ASRH services and social cultural barriers to family planning services largely accounts for the low contraception use. Low contraceptive use contributed to the high adolescent birth rate estimated at 158/10000 women.²⁵

²⁰ Trends in maternal mortality ratio 1990 to 2015, World Bank data

²¹ Health policy mapping and system gaps impeding the implementation of reproductive, maternal, neonatal, child and adolescent health programmes in South Sudan, A Scoping View. Belaid, et. al. 2020.

²² The Basic Package of Health and Nutrition Services (BPHNS), 2011

²³ Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition (RMNCAH and N) Strategic Plan, 2018-2022

²⁴ South Sudan Household Survey, 2010

²⁵ South Sudan Household Survey, 2010

Participation in education in South Sudan is low. Children enrolment in primary school level declined from 90.1 percent in 2011 to 73.0 percent in 2015. Secondary school enrolment was 9.69 percent in 2011 and increased slightly to 11.01 percent in 2015.²⁶ The low participation in education among adolescents is largely due to the conflict and insecurity prevailing in the country, limited access to education facilities as well as cultural norms and practices.

The National Development Strategy 2018-2021 prioritises the improvement of the delivery of social services through ensuring that all populations, including adolescents and young people, have access to inclusive and quality social services and empowering the youth to address unemployment challenges²⁷.

2.4 Gender Equality and Women Empowerment Context

Traditionally, women in South Sudan engaged in household chores, in the care of children, the elderly and the sick.²⁸ Women bear a disproportionately heavy burden, contributing as family workers (48 percent), compared to 17 percent for men and remain less likely to be employed as salaried workers. In addition to household chores, women are engaged in subsistence agricultural work, often performing time consuming tasks, yet excluded from decision making at the household level.²⁹ Negative customary practices, deeply embedded in a patriarchal system, account for the disparities in the treatment of women and men at home and in the formal and informal sector. Therefore, even when women carry out a major portion of subsistence agricultural activities and bear almost the entire burden of household work, negative customary practices which inhibit women from being accorded full rights as those enjoyed by men, leave women in disadvantaged positions in the South Sudanese society.³⁰

Traditional practices such as early and forced marriage are on the rise, simply because many South Sudanese communities view child and early marriages as being in the best interest of the girls and their families. Regarded as important ways for families to access much needed assets, cattle, etc. and protecting young girls from pre – marital sex, customary practices that exacerbate early marriages, even when in contravention of statutory law, is dominant and hard to counter.³¹ Girls who resist the marriage are subjected to violence and on many occasions murdered for dishonouring the wishes of their families.³² It is estimated that 45 percent of girls are married before their 18th birthday. Also, adolescent pregnancies follow early marriage. At 158 births per 1000 women aged 15-19, South Sudan has one of the highest rates of adolescent pregnancies in the world. While cultural norms significantly contribute towards the situation of early marriage, several other factors such as entrenched gender inequality, continued conflict and communal violence, and limits on household level decision making for women put girls at risk of early marriage.³³

Gender based violence (GBV), as a significant form of violation against mostly women and girls, in the form of rape, physical, psychological, sexual harassment and denial of economic resources remains highly pervasive and has been exacerbated by both national level and local level conflicts. A 2015, a protection survey conducted at the Protection of Civilian Sites (PoCs) placed the GBV prevalence at these sites at 72 percent in the Juba PoC and in other PoCs like Malakal, at 23 percent. The GBV information management system and report showed 2,660 survivors receiving GBV services organizations providing such services.³⁴ Many of the GBV survivors are women and girls placed at 93 percent, while men and

²⁶ World Bank Development Indicators data

²⁷ South Sudan National Development Strategy 2018-2021

²⁸ JICA, Country Gender Profile Report, 2017, page 19- 22.

²⁹ The World Bank, Strengthening Gender Outcomes in Social Protection and Poverty Focused Programs in South Sudan, 2019, page 9-10.

³⁰ Ibid.

³¹ Human Rights Watch, This Old Man Can Feed Us, You will Marry him: Child and Forced marriages in South Sudan, 2013. www.hrw.org.

³² Ibid.

³³ Plan International, Adolescent Girls in Crisis: Voices from South Sudan, 2018, page 8 – 12.

³⁴ Ibid.

boys at 3 percent, with the majority of perpetrators identified as armed men, intimate partners and random members of the community.

To address these gender issues, the government is a signatory to international and regional instruments, such as Geneva Conventions, the Convention Relating to the Status of Refugees, and the Convention on the Rights of the Child. The African Charter on the Rights and Welfare of the Child has been ratified, CEDAW in 2014. The major gender policies are the National Gender Policy (NGP) 2012 and the National Strategic Plan for Ending Child Marriage (2018).

2.5 Population Dynamics Context

The National Bureau of Statistics of South Sudan projects the current population to be 13.72 million people in 2021, males are 7.01 million (51.1 percent, while females are 6.71 million (48.9 percent). Seventy four percent (10.1 million) are under the age of 30, while 48 percent (6.6 million) below the age of 15. The population in the working age group (15-64 years) constitute 49.6 percent, while the old age population (65+ years) are 1.6 percent. (Source: South Sudan Population Projections 2020-2040, National Bureau of Statistics, July 2016). This demographic profile calls for deliberate and sustained investment in young people, across all age categories, as means to harnessing the demographic dividend.

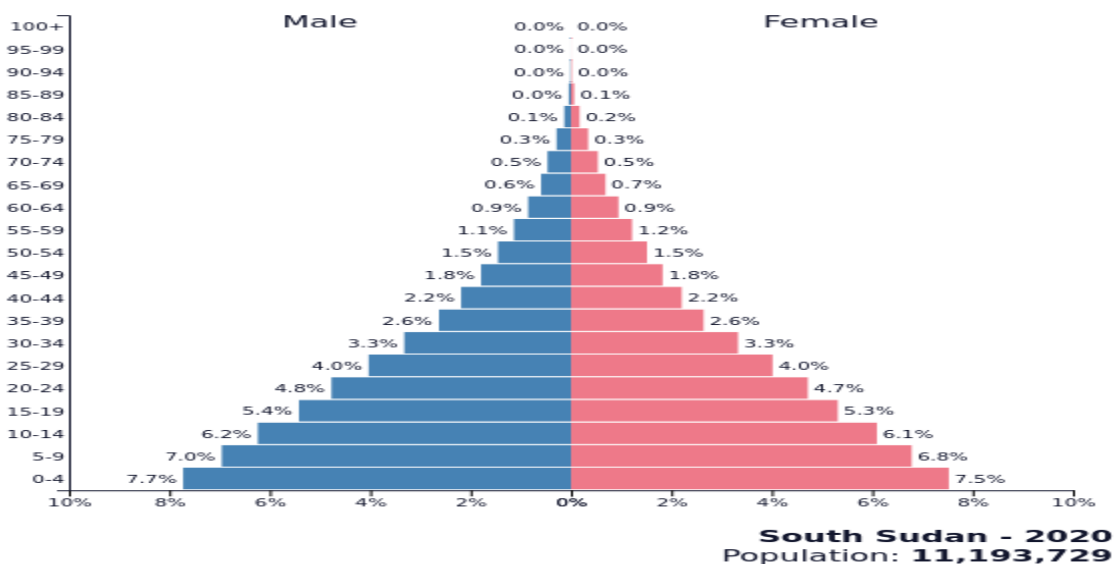


Figure 1: South Sudanese Population Pyramid, 2020.

The capacity of the national statistical system for the generation, analysis, dissemination and use of housing census and population data remains weak. Lack of recent and quality data for most indicators, continue to pose challenges to evidence-based planning and evaluation of policies and programmes. Limited data makes it hard to identify those who are left behind and who need to be reached first, although anecdotally, women, girls and young people are most in need, particularly first-time mothers and youth with disabilities living in rural areas.

2.6 Role of External Assistance

Development assistance from the international community constitutes a significant source of revenue for the government of South Sudan. South Sudan is ranked as the thirteenth largest recipient of development assistance. A large proportion of this is humanitarian aid.

In line with the country's development strategies, development supports are provided and integrated in the state and peace-building objectives of the SSDP. Since 2006, South Sudan has been receiving an estimated \$1 billion foreign assistance on an annual basis, with the response to social and humanitarian needs taking as high as one-third of the entire foreign aids due to crises and security challenge in the

country. In terms of foreign development expenditures, the provision of primary health care, basic education and infrastructure has attracted much donor commitments. Currently, about 80 percent of health service delivery is provided by the non-governmental organizations due to the country's weak health system and limited capacity on the part of the nationals.

Table 4: Annual amount of DAC Countries and International Organisations ODA Disbursement to South Sudan, 2011-2015 (Millions\$)

Years	DAC Contributions	International Organizations	Total
2011	390.63	46.39	437.02
2012	1041.66	146.66	1188.32
2013	1138.52	261.85	1400.37
2014	1634.10	327.18	1961.28
2015	1399.01	293.29	1692.3

Source: OECD (2016).

2.7 United Nations Cooperative Framework

In January 2019, the Government and UN Country Team (UNCT) launched the new UN Cooperation Framework (UNCF) for South Sudan that outlines joint priorities in the next 3 years (2019-2021) in support of national priorities. The UNCF is aligned with the National Development Strategy (NDS) and builds on the positive experiences and lessons learned from the 2016-2018 Interim Cooperation Framework (ICF) implementation and corresponds to the transitional period of the Revitalized Agreement on Resolution of the Conflict in South Sudan (R-ARCSS). It seeks to enhance and scale up the ICF's strategic approach to building resilience, capacities and institutions to achieve key outcomes across four priority areas: building peace and strengthening governance; improving food security and recovering local economies; strengthening social services; and empowering women and youth.

Chapter 3 United Nations and UNFPA response and programme strategies

3.1 UNFPA strategic response

Globally, UNFPA Strategic Plan identified and defined three broad programmatic areas: of sexual and reproductive health and rights, gender equality and women’s empowerment, and population and development. All the UNFPA Strategic Plans had a single overarching goal to achieve universal access to sexual and reproductive health, promote reproductive rights, reduce maternal mortality and accelerate progress on the ICPD agenda. The Strategic Plan placed SRH and reproductive rights squarely at the centre of the work of UNFPA.

UNFPA SP, 2018-2021, is aligned with the 2030 Agenda for SDGs and the ICPD. Its goal is to “achieve universal access to sexual and reproductive health, realize reproductive rights, and reduce maternal mortality to accelerate progress on the agenda of the PoA for ICPD, to improve the lives of women, adolescents and youth, enabled by population dynamics, human rights and gender equality” (Fig.2).

By aligning the Strategic Plan to the SDGs, UNFPA advances the work of the ICPD Programme of Action, contributes to the achievement of the goal of its Strategic Plan (SP) and, ultimately, to the eradication of poverty. While the programme focus did not deviate much due to the strong alignment of the planned programmes to the UNFPA mandate, the modes of engagement is via service delivery, capacity development, partnerships and coordination, advocacy and policy dialogue and knowledge management including South-South and triangular cooperation.. In humanitarian settings, when the country responds to natural or man-made emergencies and for emergency preparedness, service delivery is the mode of engagement.

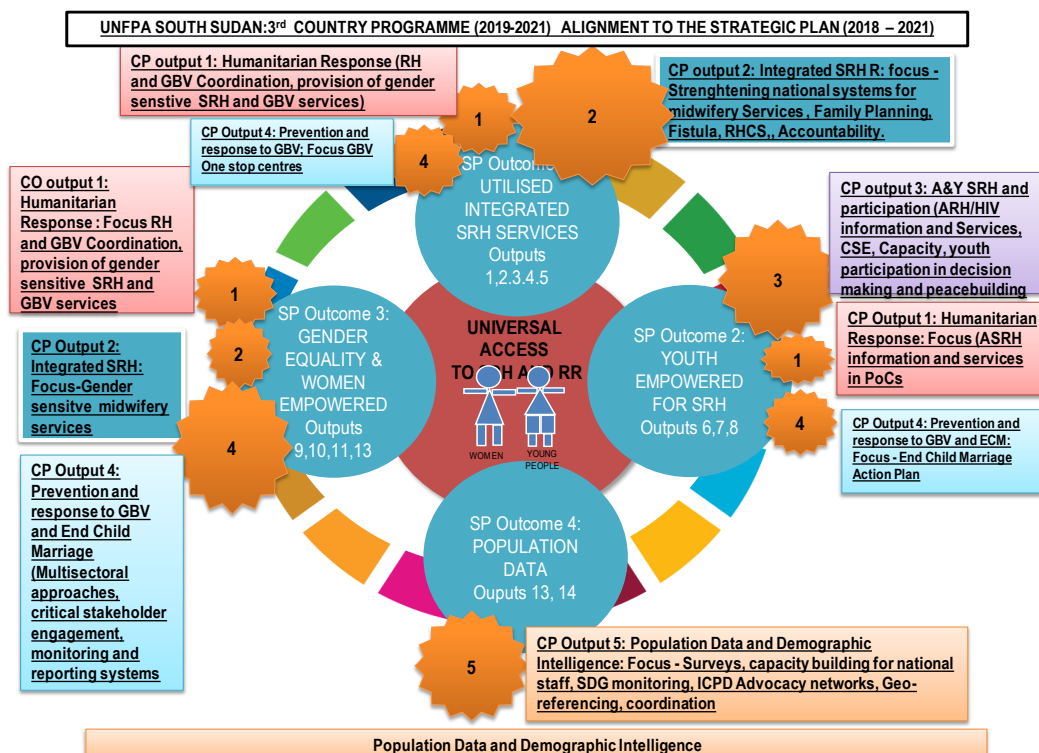


Figure 2: GOSS/UNFPA 3rd Country Programme Alignment to the UNFPA Strategic Plan (2018-2021).

UNFPA is committed to focus on three transformative results namely to end preventable maternal deaths; to end the unmet need for family planning and to end gender-based violence and harmful practices including child marriage.

3.2 UNFPA Response through the Country Programme

3.2.1 Brief description of previous country programs

UNFPA has been operating in South Sudan, first as a sub-office of UNFPA South Sudan and then as a full-fledged Country Office (CO) in 2012 after South Sudan gained independence in 2011. The 1st Country Programme of Assistance to the Government of the Republic of South Sudan initially planned to run from 2012-2013, but was extended to June 2016 in alignment with the extended South Sudan Development Plan (2012-2016). The CP was aligned with the Outcomes of UNFPA's Strategic Plan (2014 – 2017) and based on the United Nations Cooperation Framework (UNCF) for South Sudan (2012-2013) extended to 2014 – 2016. The first country program focused on putting in place post-independence mechanisms for delivering Minimal Initial Services Package for SRH/BV services, creating enabling environment for provision of SRH,GBV and ASRH services and strengthening the national statistical system,

The second country program, 2016-2018 focused on ensuring: Health service providers in conflict-affected states are able to effectively deliver gender sensitive sexual and reproductive health services, including gender-based violence response ; Ministry of Health and its partners are able to ensure the availability of and demand for high quality integrated reproductive health services, including family planning and fistula treatment; Reproductive health information and youth friendly health services, including gender-sensitive HIV/AIDS prevention, are accessible by adolescents and youth and Improved availability and use of national and state-level data to formulate, implement and monitor policies and programmes

3.2.2 Current UNFPA 3rd Country Programme

The 3rd CP (2019-2021) is grounded in human rights and gender equality principles and aligned with the SDGs, the UNFPA SP 2018-2021 and UN Cooperative Framework 2019-2021, the South Sudan Vision 2040 and the National Development Strategy (2018/19-2020/21). The Programme has 5 intended outputs and identifies 32 strategies that shall facilitate the achievement of the outputs.

Table 5: South Sudan 3rd Country Programme Outcomes, Outputs and Strategies

Outcomes	Outputs	Strategies
<i>Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence.</i>	<ol style="list-style-type: none"> Crisis-affected populations, particularly women and adolescent girls, have increased access to information and services for maternal health, family planning, gender-based violence and HIV prevention in emergency and fragile contexts. National systems, especially for maternal health and family planning are strengthened for the 	<ol style="list-style-type: none"> provide reproductive health and GBV prevention and response services in emergencies and relatively stable areas; Develop capacity for delivery of minimal initial services package, including post-abortion care; strengthen GBV information management system; coordinate GBV sub-cluster and reproductive health working group at national and sub-national levels; provision of coordinated fistula repair services; undertake social and behaviour change communication activities to mobilize population for use of maternal health, family planning, HIV, and GBV services; rehabilitate, equip and provide in-service training of health workers to provide emergency obstetrics care services; expand sites and networks for provision of youth-friendly reproductive health and HIV prevention services. <ol style="list-style-type: none"> strengthen midwifery education and provision of bonded-scholarships for student midwives; support for nurses and midwifery regulation and services including working with functional midwifery council deploy United Nations volunteer midwives at 14 targeted facilities Build capacity of midwifery association functions at national and sub-national levels; train complementary maternal health service providers such as obstetricians and clinical officers under task-shifting for emergency obstetrics care; conduct maternal death surveillance and review especially in 14 targeted health facilities; implement FP2020 action plan, including procurement and distribution of reproductive health/family planning supplies; strengthening supply chain

Outcomes	Outputs	Strategies
	provision of integrated sexual reproductive health information and services and for accountability on sexual reproductive health and rights.	management system and training health service providers in provision of family planning services; (g) develop leadership and management capacities for sexual reproductive health programmes; and (h) advocate to mobilize support for GBV services and reproductive health and rights, including integrating maternal health in Universal Periodic Report.
2. <i>Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts.</i>	3. Adolescents and youth are better able to make informed decisions on their sexual and reproductive health and rights, and to participate in planning, implementation and evaluation of peace building, development and humanitarian policies and programmes.	(a) advocate, with relevant sectors, to mainstream youth issues into national and sectoral policies, plans and budget allocations; (b) provide technical support for improved harmonization, coordination and work of youth-focused organizations; (c) support youth structure and deepening youth participation in decision-making structures and processes for peace, development and humanitarian programmes; and (d) provide technical and financial support the integration of comprehensive sexuality education into secondary school programme and for out of school youth in displacement while linking them to youth-friendly services
3. <i>Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings.</i>	4. Increased multi-sectoral capacity to prevent and respond to gender-based violence and harmful practices, including child marriage.	(a) Build capacity of the National Bureau of Statistics to generate, analyze, produce and disseminate statistical reports and use them to report on the SDGs; (b) advocate for using UNFPA supported policy-oriented research on demographic dividend, sexual and reproductive health and GBV in sectoral planning; (c) strengthen work of parliamentarians and media networks to advocate on linking population and development in government plans and budgets; (d) support application of modern geo-referenced demographic data generation technology, including satellite imagery, to collect data in inaccessible areas for the Population and Housing Census, and to monitor selected SDG indicators; and (e) support the bureau of statistics to coordinate multi-stakeholder forum on data for development and humanitarian action.
4. <i>Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development.</i>	5. Improved national systems for generation and dissemination of population data and demographic intelligence, including in humanitarian settings	(a) Build capacity of the National Bureau of Statistics to generate, analyze, produce and disseminate statistical reports and use them to report on the SDGs; (b) advocate for using UNFPA supported policy-oriented research on demographic dividend, sexual and reproductive health and GBV in sectoral planning; (c) strengthen work of parliamentarians and media networks to advocate on linking population and development in government plans and budgets; (d) support application of modern geo-referenced demographic data generation technology, including satellite imagery, to collect data in inaccessible areas for the Population and Housing Census, and to monitor selected SDG indicators; and (e) support the bureau of statistics to coordinate multi-stakeholder forum on data for development and humanitarian action.
4 outcomes	5 Outputs	32 intervention activities.

The **overall goal** of the UNFPA South Sudan 3rd CP (2019-2021) is **universal access to sexual and reproductive health and reproductive rights and reduced maternal mortality**, as articulated in the UNFPA Strategic Plan 2018-2021. The UNFPA South Sudan 3rd CP 2019-2021 has 4 thematic areas of programming with distinct **outputs** structured according to the four outcomes in the Strategic Plan 2018-2021 to which they contribute. The CP contributes to the **outcomes** of the UNFPA Strategic Plan 2018-2021 highlighted above. Following from the UNFPA Global Business model, South Sudan is a red quadrant country. Thus the CO delivers its country programme through the following modes of

engagement: (i) advocacy and policy dialogue, (ii) capacity development, (iii) knowledge management, (iv) partnerships and coordination, and (v) service delivery

The third country programme embraced human rights and gender equality principles. It largely keeps the same focus as the second country programme and employs flexible strategies within the humanitarian relief, development and peace continuum. It contributes to UNFPA Strategic Plan (2018-2021) results: zero preventable maternal deaths, zero unmet need for family planning and zero gender-based violence.

The programme is implemented at national level and in the 10 states where all programme components converge to gain economies of scale and collective impact. CP3 interventions in South Sudan are spread throughout the country as shown in the map. The Government of South Sudan's priorities and the political, economic and social context of the country are the main influencing factors in determining the UNFPA's assistance to South Sudanese development agenda. Thus, the programme areas address the requests and needs of the country. Life-saving humanitarian interventions are implemented wherever needed. Regular resources are used mainly for catalytic and innovative work in advocacy, building partnerships and knowledge management, while other resources are used mainly for service delivery and capacity development. The programme was implemented in collaboration with United Nations organizations and with development partners, including through South-South and triangular cooperation.

Programme Management

Responsibility for the management of the Country Programme rest with the government ministries or department responsible for each component and assisted by the UNFPA Country Office staff. For each thematic component, a government ministry has an overall responsibility for coordinating the planning, managing, monitoring and reporting on the programme activities in that component while UNFPA provides the necessary logistic support to strengthen programme design and implementation, monitoring, evaluation and coordination. Implementation partners assume responsibility for their activities specified in the annual work plans and also put in place monitoring and evaluation mechanisms.

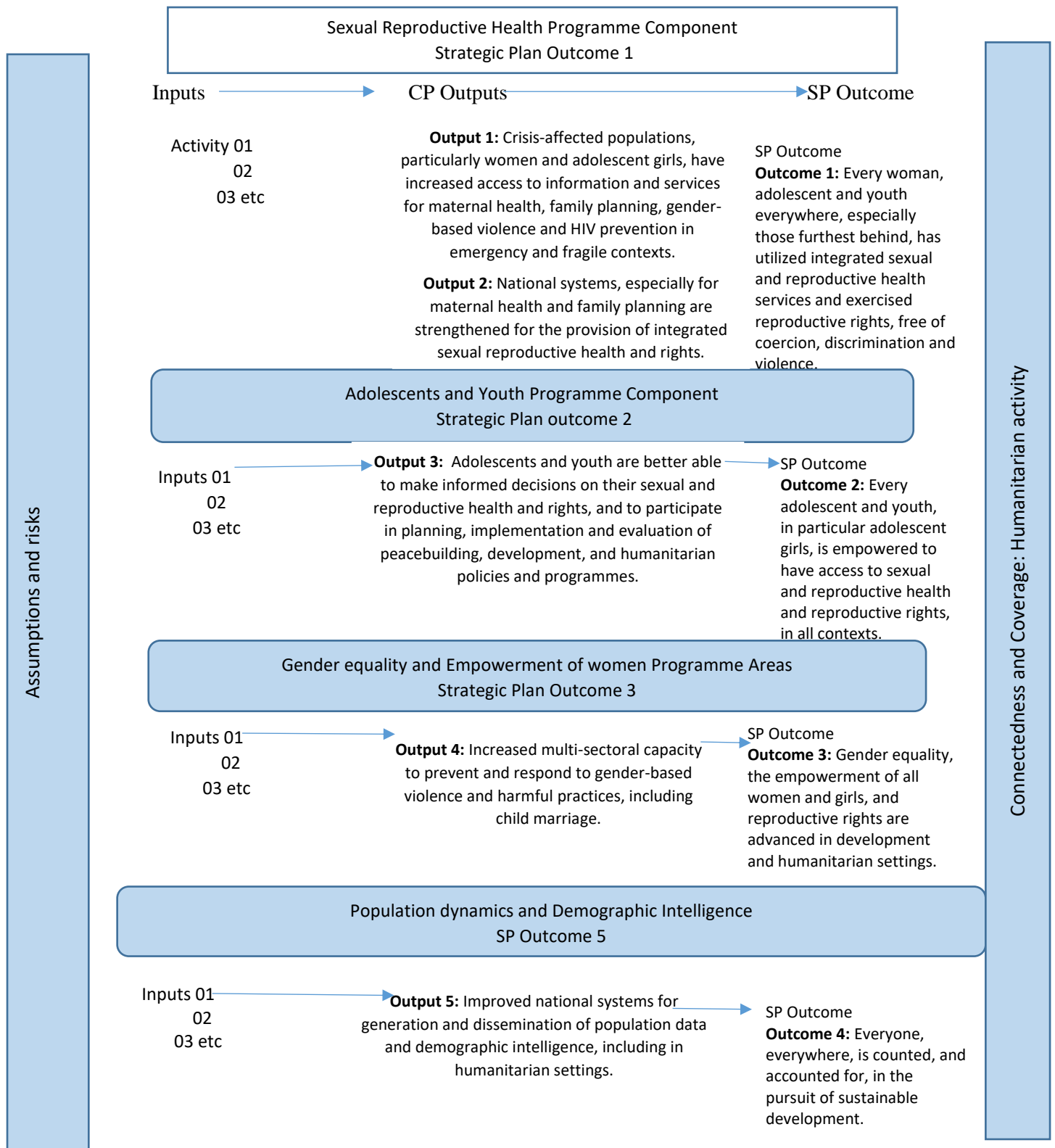
In addition, the UNFPA South Sudan CO takes part in activities of the UNCT under the leadership of the United Nations Resident Coordinator, with the objective to ensure inter-agency coordination and efficient delivery of tangible results in support of the national development agenda and the SDGs.

Theory of Change

As deciphered from the Country Programme Documents, the theory of change stipulates that achievement of outputs is expected to facilitate achievement of both UNFPA strategic outcomes and outcomes/outputs identified in the UN Cooperative Framework towards the achievement of the goal of the RSS National Development Strategy. The intervention logic of UNFPA support is on based and linked to UNFPA Strategic Plan 2018-2021, National Development Strategy and UN Cooperative Framework in South Sudan (2019-2021). The documents reveal the potential cause-effect linkages between outputs and outcomes. The intervention strategies of the 3rd CP include capacity development including technical assistance and training; service delivery, health systems strengthening, advocacy and policy, and dialogue/advice (e.g. national strategies, media campaigns etc.), These strategies are guided by the principles of human rights and gender equality.

This theory simply states that when the inputs are implemented as intervention activities there would be a change in the quality of life of the beneficiaries of the CP, giving some assumptions or hypotheses. The theory of change is generally based on a sound intervention logic that the strategic four outcomes and the five outputs which are contributing to the attainment of the outcome were articulated well. The linkages between activities for planned interventions for the outputs were clear as well as linkages between outputs and the outcome. The indicators for outputs were sufficient to measure the progress.

Figure 3: Logic Model for UNFPA South Sudan 3rd Country Programme



3.2.3 The Country Programme Financial Structure

The 3rd CPD was costed for \$55.0 million: USD7.8 million from regular resources and USD 47.2 million through co-financing modalities and/or other resources. Regular resources were allocated to the Country Office on a yearly basis. SRH was expected to take 78 percent (or USD 43.1m) of the total resources. Adolescents and youth 7.3 percent (or USD 4.6m); gender equality and women’s empowerment 9 percent (USD 5.0 m), population and development 3.6 percent (or US2.0m), and Programme Coordination and Assistance (PCA) at 3.6 percent (USD 2.0 m)

Table 6: UNFPA Indicative Financial Commitments as per South Sudan/ UNFPA 3rd CP 2019-2021

	Regular resources	Other	Total
Sexual and Reproductive health and rights	3.3 m	39.8 m	43.1m
Adolescents and Youth	1.6 m	2.4 m	4.0 m
Population and development	1.0 m	4.0 m	5.0 m
Gender equality and Women’s empowerment	1.0 m	1.0 m	2.0 m
Programme coordination and assistance	0.9 m	1.0 m	2.0 m
Total	7.8 m	47.2 m	55.0 m

Table 7 shows that the highest implementation rate was in the second year of the programme cycle and the overall implementation rate was 77 percent. This is due to the fact that the NBS has low absorptive capacity while the suspension of activities due to the Covid-19 pandemic restrictions could also be a possible reason. The postponement of the Population Estimation Survey pending government approval also contributed to this

Table 7: Overview of the Budget (allocation, expenditures and utilization rate) for the CP3

Thematic areas	Core resources		Non-core resources		Total Resources		
	Planned	Used	Planned	Used	Planned	Used	percent Used
Sexual and Reproductive health and rights							
SRH	5,929,706.14	4,382,583.53	38,960,027.45	31,260,015.09	44,889,733.59	35,642,598.62	79 percent
Adolescents and Youth	276,753.07	200,244.35	745,659.93	390,830.22	1,022,413.00	591,074.57	58 percent
Gender equality and Women’s empowerment	437,771.21	337,539.54	5,086,633.93	4,012,966.71	5,524,405.14	4,350,506.25	79 percent
Population and Development	404,761.00	251,409.71	1,182,321.00	590,709.70	1,587,082.00	842,119.41	53 percent
PCA	615,191.58	461,476.34	818,578.69	532,493.38	1,433,770.27	993,969.72	69 percent
Total	7,664,183.00	5,633,253.47	46,793,221.00	36,787,015.10	54,457,404.00	42,420,268.57	78 percent

Figure 4: Total budget utilisation by type of funding

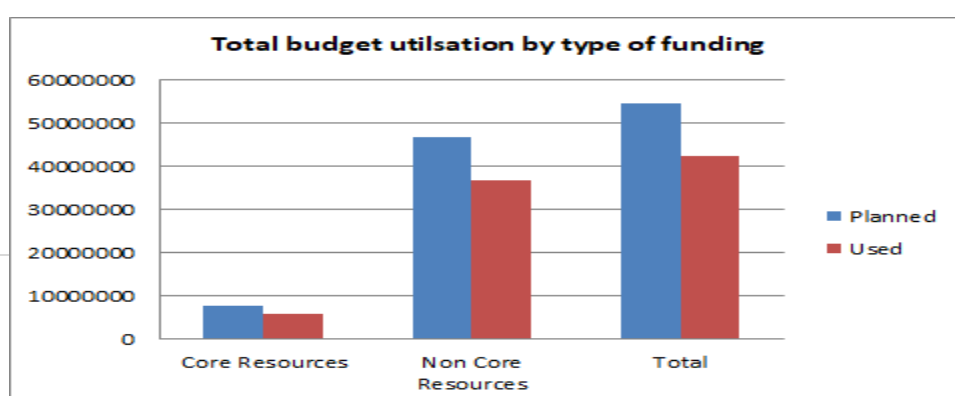


Figure 5: Budget utilisation by thematic area.

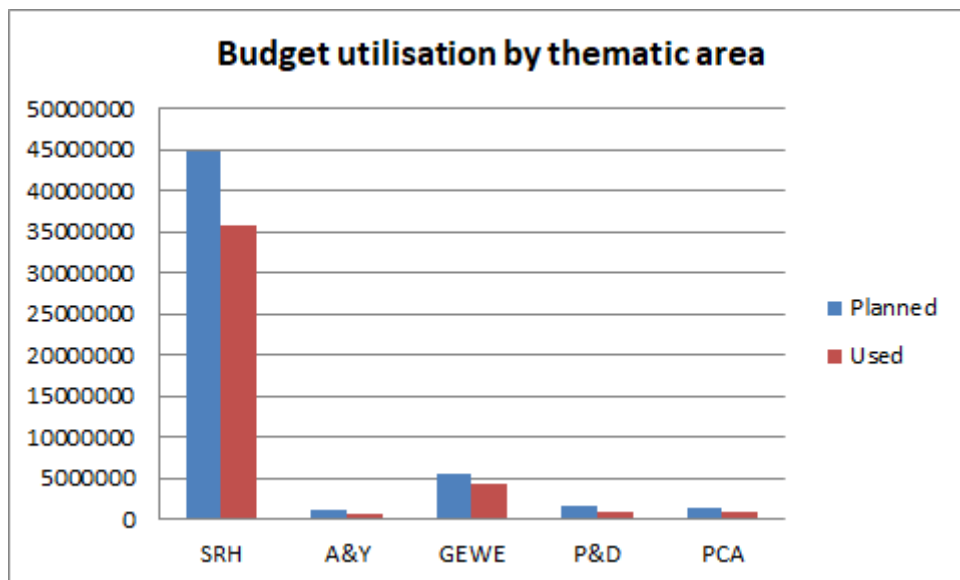
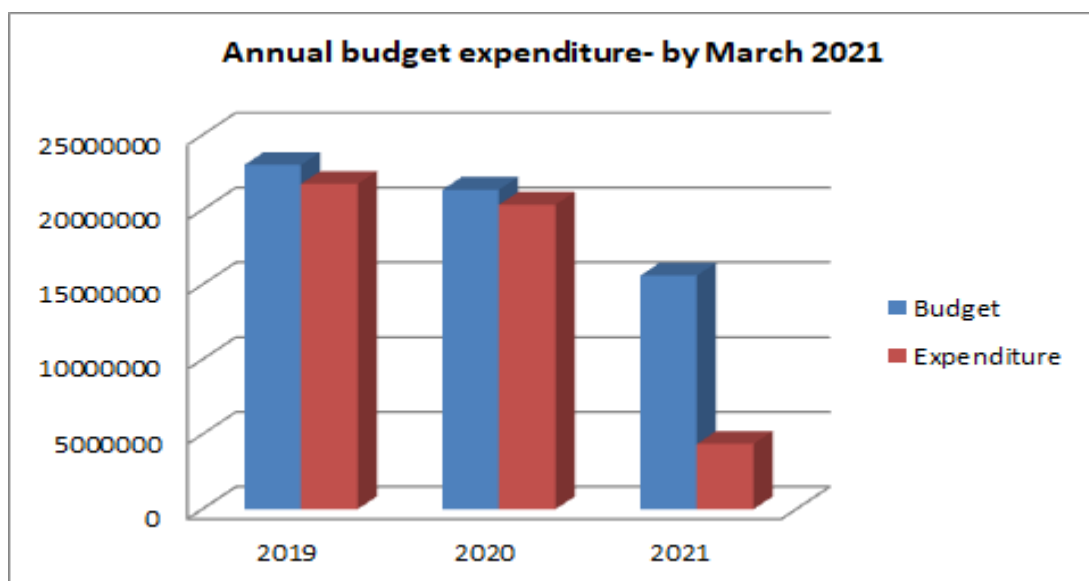


Figure 6: Annual Budget expenditure by March 2021.



Overall, 48 percent of total resources were spent as at March 2021, more than the globally expected 25 percent. Utilisation rates were higher in 2019 and 2020, (94 percent and 95 percent respectively).

Chapter 4 Findings- answers to evaluation questions

This chapter presents the findings of the evaluation for each of the ten (10) evaluation questions. CPE Component 1 analyses CP thematic areas against the evaluation criteria of relevance, effectiveness, efficiency and sustainability. Component 2 analyses the strategic positioning of UNFPA CO using criteria: coordination with the UNCT, and humanitarian-development criteria of coverage and connectedness. Under each criterion, the findings are presented for the four component areas of sexual and reproductive health, adolescent and youth development, gender equality and women's empowerment, and population dynamics and demographic intelligence. Answers to all the evaluation questions, under Relevance criteria, are reported together for all the four strategic outcome components to avoid repetition.

4.1 Evaluation Questions on Relevance

EQ 1: To what extent is the country programme adapted to: i) the needs of diverse populations, including the needs of marginalized and vulnerable groups; ii) national development strategies and policies; iii) the strategic direction and objectives of UNFPA; and iv) priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action, and SDGs and the New Way of Working.

EQ 2: To what extent has UNFPA ensured that the varied needs of vulnerable and marginalized populations, including adolescents and youth, those with disabilities and indigenous communities, have been taken into account in both the planning and implementation of all UNFPA-supported interventions under the country programme?

EQ 3: To what extent has the CO been able to respond to changes in national needs and priorities, including those of vulnerable or marginalized communities, or to shifts caused by crisis or major political changes? What was the quality of the response?

Summary:

The components of UNFPA's CP3 are well aligned and highly relevant to the needs of the Government of South Sudan policies, and strategies as well as UNCF and international commitments, UNFPA mandate and to the needs of the beneficiaries. The associated interventions of the four components were consistent with priority components of ICPD PoA and SDG Agenda and the transformative and people-centred results of UNFPA's strategic plans 2014-2017 and revised SP 2018-2021. The GEWE component of CP3 is in line with the principles of the UNFPA Strategic Plan and normative international frameworks (ICPD, CEDAW, MDGs, CEDAW, UNSCR 1325, MDGs, the Beijing Platform for Action, UN System-wide Action Plan (UN-SWAP), the Maputo Protocol and the SDGs) the outcomes and outputs addressed the needs of the population including the vulnerable and marginalised groups in South Sudan. Adolescents and youth, population and development components are also aligned to the national priorities and UNFPA Strategic Plans. Changes in the national development and humanitarian needs, as in the case of the Covid-19 pandemic lockdown, were responded to adequately by the CO. Humanitarian context is integrated in all the four outcomes.

4.1.1 Sexual and Reproductive Health

The CP3 was developed in consultation with a wide spectrum of partners, including the government, civil society and other development partners, United Nations organizations, academia and the private sector.^{35, 36} The beneficiaries were further consulted by the IPs so as to customize interventions according to their needs. The CP3 was strategically aligned with national priorities, as outlined in South Sudan Vision 2040,³⁷ National Development Strategy (2018 - 2021),³⁸ the United Nations Cooperation Assistance Framework and the UNFPA Strategic Plan (2018 - 2022), and contributed to harnessing the DD while taking into account the lessons learned from the previous country programme.

³⁵ GoSS-UNFPA 3rd Country Programme Business Plan (2019-2021)

³⁶ KI Interviews at national level

³⁷ South Sudan Vision 2040 - Towards Freedom, Equality, Justice, Peace and Prosperity for All, February 2011

³⁸ RSS/Ministry of Finance and Planning: National Development Strategy, FY 2018-2021 (April 2018)

All (100 per cent) the key informants interviewed (n = 149) indicated that the CP3 was fully aligned to the national priorities. Some of the respondents' voices captured included the following:

“The CP3 addressed the national priorities as contained in the National Development Strategy, Health Sector Strategic Development Plan; the priorities in SDGs (SRH targets in particular). It also contributed to the larger health system strengthening of which the human resources for health (HRH) is one building block”, reported a key informant at the national level.

Some key national respondents appreciated that UNFPA support was aligned to international development priorities and strategies but noted at the same time that there was sub-optimal involvement of the State Ministries of Health (SMoHs).

“Though UNFPA support was relevant and aligned to International development priorities and strategies, the involvement of the SMoHs was sub-optimal in the country programme implementation, yet this is the frontline where the majority of the population lives”, stated a key informant at the national level.

The CP3 response was informed by evidence of priority population needs. The direct beneficiaries of the programme were women and young people, especially adolescent girls, people living with disabilities (PLWD) and most at risk populations (MARPs).³⁹ The CP3 targeted all states and counties.

The development of CP3 programmatic interventions was based on validated baseline data on SRH arising from service data, national socio-economic and SRHR policies; the National Development Strategy (2018-2021).⁴⁰ In addition, the SRH interventions were in line with the UNFPA Strategic Plan (2018-2021); as well as global priorities, including the SDGs, and the ICPD Plan of Action. There was alignment with local contexts and strategic priorities across jurisdictional levels which facilitated responsiveness of interventions for SRH-specific health indicators.

Specifically, the SRH outputs 1 and 2 of the CP3 were aligned to the National Health Policy II (2016-2026); Social and Human Development Pillar; the Basic Package of Health and Nutrition Services in Primary Health Care (2011); National Family Planning Policy (2013); Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition Strategic Plan (2018-2022); and the National and State level EmONC Investment Plans for South Sudan (2015-2019).

EQ2: To what extent has UNFPA ensured that the varied needs of vulnerable and marginalized populations, including adolescents and youth, those with disabilities and indigenous communities, have been taken into account in both the planning and implementation of all UNFPA-supported interventions under the country programme?

The CP3 components of SRH and adolescents and youth addressed the needs of the beneficiaries in the UNFPA supported states. The women, girls and people living with disabilities attested to being contacted by IPs before the activities were undertaken. Other female beneficiaries reported that services at health facilities addressed their needs; they saw more women deliver at health facilities instead of their homes and the improvement they had witnessed at the various health facilities.

“Our eyes were opened to many opportunities e.g., family planning options, livelihood skills. Health facility deliveries have increased as a result of awareness administered and there has been a realization of quality services”, reported women and girls during an FGD session, Torit Hospital, Eastern Equatoria State.

³⁹ GoSS-UNFPA 3rd Country Programme Business Plan (2019-2021)

⁴⁰ RSS/Ministry of Finance and Planning: National Development Strategy, FY 2018-2021 (April 2018)

“There has been a good change in medical services - more is available now compared to previous periods. For example, pregnant women are monitored until the baby is born and those who have delivered are monitored for over a period of 42 days. Support by midwives has increased, making them available on site to provide desired services”, said women and girls during an FGD session, Munuki primary health care centre, Juba County, Central Equatoria State.

The GBV survivors found the services provided at GBV One Stop Centres (OSCs) relevant to their needs as per their voices captured during focus group discussions.⁴¹

“GBV centre has addressed our needs such as protection as it is a ‘home away’ from home for those facing domestic abuse and neglect by our spouses at home”, reported female GBV survivors during an FGD session at a GBV One Stop Centre, Juba Teaching Hospital, Central Equatoria State.

EQ3: To what extent has the CO been able to respond to changes in national needs and priorities, including those of vulnerable or marginalized communities, or to shifts caused by crisis or major political changes? What was the quality of the response?

The country had civil strife from 2013 including the flare up in July 2016 and on-going incidents of insecurity in some parts of the country, which disrupted programme activities. UNFPA CO responded through the Humanitarian and GBV unit to address the needs of displaced communities especially women, girls and GBV survivors.⁴² The voices of some key respondents pointed to the fact that there was an adequate response to the humanitarian crisis despite interruption of some project activities.

“A family protection centre model was established and hence the GBV One Stop Centers (OSCs). At the GBV OSCs, there was integration of medical, psychosocial counselling, police protection and para-legal services so that GBV survivors do not have to run from one institution to another seeking assistance”, said a key informant at the national level.

“There were always major risks working in post-conflict areas where there had been population displacement and personal trauma. The small number of professionals in the country and the need to build a response quickly in the country had the potential risk of overburdening the small number of staff who were there. However, this risk and others like seasonal flooding in some places were discussed regularly with various stakeholders in order to have the best solution”, reported a key informant at the international level.

Given the fact that the country was fragile and the humanitarian situation was pervasive and widespread,^{43, 44} future programmes /projects should consider the vulnerable nature/ context and must be flexible to respond to some of the humanitarian needs in the country and not focus only on development.

Response to COVID-19 pandemic in South Sudan

Since the detection of the first case⁴⁵ of COVID-19, South Sudan had a rapid rise of cases with health system concerns. By the end of August 2020, there were 2,518 confirmed cases, 1,298 active cases, 1,294 recoveries and 47 deaths.⁴⁶ Humanitarian crises in the country were aggravated by COVID-19 pandemic and South Sudan’s new armed inter-communal and political clashes led to increased displacements.⁴⁷ The

⁴¹ Report of the evaluation of the Strengthening of Midwifery Services II project in South Sudan (October, 2020)

⁴² SMS II Project Final Report to the Government of Sweden (September 2015 - December 2018)

⁴³ https://reliefweb.int/sites/reliefweb.int/files/resources/ss_20200415_humanitarian_snapshot_march.pdf

⁴⁴ KI Interviews

⁴⁵ "Briefing: What's behind South Sudan's COVID-19 inspired UN-backlash". The New Humanitarian. 10 April 2020. Retrieved 1 July 2020

⁴⁶ UNFPA Population Vulnerability Dashboard (accessed on 1st September 2020)

⁴⁷ UNFPA East and Southern Africa Region COVID-19 Situation Report No. 7 (reporting period 1 Oct. -31 Dec. 2020)

response of the CO to the COVID-19 pandemic was a mitigation of an unforeseen problem and the CO had to cope with the new circumstances. For instance, UNFPA supported Juba Teaching Hospital to provide personal protective equipment (PPEs) for protection against the infection and supported training of health workers to promote prevention of COVID-19 and boost their confidence to serve amidst the rising cases in the country.⁴⁸ New direct support was provided to health facility workers and national UN volunteers (UNVs) through weekly and then bi-weekly zoom meetings.⁴⁹ The regional office and the country office supported the continuity of essential SRH services⁵⁰ by advocating at national and sub-national levels for the continuity of SRH services at health facility and community levels. In addition, UNFPA supported the South Sudan AIDS Commission and partners to install condom dispensers in strategic locations in Juba city that were accessible by men and women with limited access to condoms.⁵¹ Covid -19 brought issues of gender inequality into sharper focus due to the fact that the lockdowns increased the prevalence of GBV.

4.1.2 Adolescents and Youth

The Adolescents and Youth (AY) component was deemed relevant since it was aligned to the UNFPA Strategy on Adolescents and Youth towards realizing the full potential of adolescents and youth. In addition, it was aligned to the global UNFPA Strategic Plan (2018-2021) as well as the global priorities such as the ICPD Plan of Action. The AY component was also contributing to SGD number 3 – Good health and wellbeing.

Under the Adolescents and Youth output 1 of the CP3, the CO supported the development of the following policies, strategies and frameworks: National Youth Development Policy; draft Youth Participation Decision making guideline; and National Menstrual Health Management (MHM) national guideline.⁵²

In terms of the changing environment, CP3 particularly responded to the increasing humanitarian challenges of the past few years especially the influx of internally displaced persons (IDPs) residing in PoC sites and refugees (including adolescents and youth) from the neighbouring countries of South Sudan, DRC, South Sudan and Central African Republic.

4.1.3 Gender Equality and Women’s Empowerment

Various document reviews and KIIs revealed that the gender equality and women’s empowerment component is adapted and aligned to gender equality and women empowerment priorities of the government of South Sudan encapsulated in the South Sudan National Development Strategy 2018 – 2021,⁵³ the South Sudan Vision 2040,⁵⁴ and the Transitional Constitution of South Sudan (TCSS 2011)⁵⁵ as amended in 2020. The intervention is equally aligned to the National Gender Policy and Strategy (NGP) and other national policies on gender equality, i.e. the National Gender Based Violence Standard Operating Procedure (SoP), the Humanitarian GBV Strategy, contextualized Guidelines for Women and Girls Friendly Spaces, the Draft Clinical Management of Rape Protocol for Ministry of Health and the summary of national laws affecting GBV. UNFPA interventions are engrained in CEDAW and the United Nations Security Council (UNSC) resolution frameworks such as the National Action Plan (NAP) on UNSCR 1325 for South Sudan⁵⁶ and cooperation frameworks of the UN such as the United Nations Joint Programme on Gender based Violence (GBV)⁵⁷ Prevention and Response in South Sudan 2017 –

⁴⁸ UNFPA East and Southern Africa Region COVID-19 Situation Report No. 7 (reporting period 1 Oct. - 31 Dec. 2020)

⁴⁹ Key informant interviews at national level

⁵⁰ UNFPA East and Southern Africa Region COVID-19 Situation Report No. 7 (reporting period 1 Oct. - 31 Dec. 2020)

⁵¹ https://www.unfpa.org/sites/default/files/resource-pdf/ESARO_Sitrep.pdf

⁵² KI Interviews at national level

⁵³ The South Sudan National Development Strategy, 2018- 2021.

⁵⁴ South Sudan Vision 2040, 2011.

⁵⁵ The bill of rights, Transitional Constitution of South Sudan, amended 2020.

⁵⁶ National Action Plan on UNSCR 1325 for South Sudan, 2015 – 2020.

⁵⁷ United Nations Joint Programme on Gender based Violence (GBV) Prevention and Response in South Sudan 2017 – 2020

2020, with UNFPA, UNICEF, UNDP, UN Women, UNHCR, WHO, UNESCO, FAO, UNAIDS, IOM as participating agencies.⁵⁸ The programme is also aligned to the Sustainable Development Goals (SDGs), i.e. goal 3, 5 and 10.⁵⁹

“The programme is well aligned to both national and international frameworks on gender equality, but in a context where men are placed first, then boys, then cattle and finally women and girls, you can expect that despite well-articulated programmes changes to the negative perception about women and girls will take a long, a very long time to take root...”⁶⁰

Interviews with implementing partners (IPs) and beneficiaries of the UNFPA gender programme also confirmed the relevance of the programme to national and international priorities on gender and well aligned with national strategies. For instance, one implementing partner covering Aweil and Juba noted that considering the context of South Sudan, where women and girls are less valued compared to men, the programme is relevant.

4.1.4 Population Dynamics and Demographic Intelligence

Document reviews, interviews with national IPs and KII with Programme lead show the relevance of the PD component. The need to address population data is enshrined in a number of key documents. From the 2017 South Sudan Report on Sustainable Development Goals, it is noted that a number of SDG indicators have no recent data or no data at all. This poses challenges to evidence-based planning and evaluation of policies and programmes. Existing population data is old, from the 2008 census and the 2010 Household Health Survey. Limited data makes it hard to identify those who are left behind and who need to be reached first, although anecdotally, women, girls and young people are most in need, particularly the rural and disadvantaged, first time mothers and youth with disabilities. The Addis Ababa Declaration on Population and Development Beyond 2014 South Sudan Report equally notes that there is generally a lack of updated data. Social statistics data used for the purpose of planning, monitoring and evaluation.

4.2 Evaluation questions on Effectiveness.

Evaluation Questions 4 and 5: EQ4. To what extent have the interventions supported by UNFPA contributed to the achievement of the expected results (outputs and outcomes) of the country programme? In particular, i) increased access and use of integrated sexual and reproductive health services; ii) empowerment of adolescents and youth to access sexual and reproductive health services and exercise their sexual and reproductive rights; iii) advancement of gender equality and the empowerment of all women and girls; and iv) increased use of population data in the development of evidence-based national development plans, policies and programmes?

EQ5. To what extent has UNFPA successfully integrated gender and human rights perspectives in the design, implementation and monitoring of the country programme?

Summary:

The CP largely achieved the intended output results. About 96 percent of the outputs in SRH component are likely to be achieved by the end of the CP period and are contributing to the achievement of the Strategic Plan Outcome, the increased availability and use of integrated sexual and reproductive services (including family planning, maternal health and HIV). About 99 percent of targets set in the AY component have been met and 67 percent are likely to be met by the end of the CP period. The GEWE planned output and overall outcome have been achieved, however due to challenges of the context it was difficult for UNFPA to debacle communal gender norm and culture that perpetuate harmful practices towards women. Review of the available monitoring data and programme related studies on indicators in the results framework at output and outcome levels has shown that overall a relatively high number of outputs and outcomes were achieved. Capacities of service providers have been built in for provision of

⁵⁸ The United Nations Joint Programme on Gender Based Violence 2017 – 2020.

⁵⁹ Interview with ADRA in Kapoeta via WhatsApp 17th December 2020.

⁶⁰ Ibid.

SRH/GBV services, more HWs have been trained, policies and strategies have been developed, national coordination mechanisms for SRH,GBV have been strengthened, Youth participation and management framework has been established. Progress in availability and use of SRH/GBV services at the level of the 10 states has been noteworthy. There were noted gaps in ensuring availability of up-to-date population data to inform decision making. However, the environment is conducive, without political tension and Covid-19 pandemic.

Contribution to outcomes:

- The results from implementation of the CP particularly training and building capacity of about 2,429 service providers, direct provision of SRH services to about 3.2 million people especially the women and youth, training 533 midwives and nurses most of whom are deployed across the country especially by NGOs and private health facilities, provision of reproductive health commodities across the country, achievement of 67 percent no-stock out rates etc, contributed significantly to realisation of program outcomes. The skilled birth attendance increased from 14 percent to 19 percent, while modern contraceptive rate increased from 1.2 percent to 3.2 percent. The program targeted facilities registered 79 percent SBA.
- Regarding adolescent and youth, the program focus on strengthening capacity of national and state institutions to effectively engage adolescents and youth in decision making, building strong networks of youth lead organisations, building the capacity of youth leaders and government technocrats results in increasing (from 2 to 4) the number of sectors that have effectively mainstreamed adolescents and youth issues in their policies and plans.
- Under GEWE, no data is available to assess changes in the outcomes. However, by strengthening national mechanism to prevent and address gender-based violence including child marriage; enhancing community commitment to eliminate child and forced marriage, the scale up of “One-Stop” centres within public health facilities for multi-sectoral case management of gender-based violence, the CP most likely made significant contribution to increasing access to GBV and CM information and services and increasing the consciousness of the stakeholders and vulnerable population to prevent and respond to GBV and CM
- For population and development, the contribution of the CP to the outcomes has been registered in terms of increasing (from 2 to 5, the national and sectoral policies, plans and programmes that integrate population issues. However, the contribution to availability of updated population data to inform evidence decision making has not been achieved.

4.2.1 Sexual and Reproductive Health

The Strategic outcome 1 (SRH) had two outputs namely: Output 1: Crisis affected populations, particularly women and adolescent girls, have increased access to information and services for maternal health, family planning (FP), gender-based violence (GBV) and HIV prevention in emergency and fragile contexts; and Output 2: National systems, especially for maternal health and family planning, are strengthened for the provision of integrated SRH information and services and for accountability on sexual and reproductive health and rights (SRHR).

The theory of change underlying the SRH component, as outlined in the CPD is generally based on sound intervention logic. The strategic outcome and the two outputs which are contributing to the attainment of the outcome were articulated well. The linkages between activities for planned interventions for the outputs were clear as well as linkages between outputs and the outcome. The indicators for outputs were sufficient to measure the progress. However, some output indicators were stated as categorical; requiring only “Yes” or “No” as the only options for measuring achievement. These categorical measurements fell short of clearly defining the quality, processes and parameters of measurement.

4.2.1.1 Achievement of Planned Output Results and contribution to outcomes

The evaluation assessed performance of nine output indicators linked to the above two outputs and the underlying interventions. Overall, 96 percent of the SRH output targets will be achieved by the end of the

program period (44 per cent output indicators met while five (56 per cent) were most likely to be achieved).

The results from implementation of the CP particularly training and building capacity of about 2,429 service providers, direct provision of SRH services to about 3.2 million people especially the women and youth, training 533 midwives and nurses most of whom are deployed across the country especially by NGOs and private health facilities, provision of reproductive health commodities across the country, achievement of 67 percent no-stock out rates etc, contributed significantly to realisation of program outcomes. The skilled birth attendance increased from 14 percent to 19 percent, while modern contraceptive rate increased from 1.2 percent to 3.2 percent. The program targeted facilities registered 79 percent SBA.

Table 9 below displays the indicators for the two outputs and interventions designed to achieve them as well the extent to which the indicators were achieved.

Table 9: Performance achievement of SRH output indicators

Outputs	Total indicators	Achieved ≥ 100 percent	Most likely to be achieved 70-99 percent	Likely to be achieved 25-69 percent	Unlikely to be achieved <25 percent
SRH Output 1	4	2	2		
SRH Output 2	5	2	3		
Total	9	4	5		
Per cent		44 percent	56 percent		

The details for the individual output indicators are shown in Table 10

Table 10: South Sudan 3rd CP Results achievement status for SRHR, December 2020

EXPECTED RESULT	INDICATORS	Indicator data				Remarks on achievement
		CPD Baseline	CPD Target	2020	percent achievement	
OUTCOME 1: Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence	Proportion of births attended by skilled health personnel.	14.7	25	19 percent (nationally)		79 percent in program target facilities
	Contraceptive prevalence rate	4.5 (mCPR-1.2)	9	mCPR – 3.2		
	Percentage of women and men 15-24 years' old who correctly identify ways of preventing transmission of HIV and reject major misconceptions about HIV transmission.	54 for women and 64 for men	64 for women and 74 for men	No data		This underscores need to have a functional data collection ecosystem
Output 1.1 Crisis affected populations, particularly women and	Number of trained service providers and managers with adequate knowledge and skills to implement the Minimum Initial Service Package	946	1,546	2,429	157 percent	Achieved

adolescent girls, have increased access to information and services for maternal health, family planning, gender-based violence and HIV prevention in emergency and fragile contexts	Number of people reached with integrated sexual reproductive health services in displacement and the 14 target facilities disaggregated by type of service.	1,505,612	3,620,000	3,166,401	87 percent	Good, likely to be achieved
	Number of fistula patients repaired with direct support from UNFPA.	900	1,350	1,190	88 percent	Good, Likely to be achieved
	Existence of inter-agency reproductive health working group and gender-based violence sub-cluster coordination bodies functional.	No	Yes	Yes	100 percent	Achieved
Output 1.2: National systems, especially for maternal health and family planning are strengthened for the provision of quality integrated sexual reproductive health information and services and for accountability on sexual reproductive health and rights.	Number of midwives trained using curriculum that meets ICM and WHO standards.	335	658	553	84 percent	Good, likely to be achieved
	Percentage of service delivery points that have no stock-out of at least 3 contraceptive methods in the last three months.	31	40	67	167 percent	Achieved
	Maternal health integrated in Universal Periodic Report.	No	Yes	Yes	100 percent	Achieved
	Existence of a functional regulatory framework for midwifery practice	No	Yes	Partial; ⁶¹	50 percent	May or may not be achieved

4.2.1.2 Achievement of SRH Indicators

(a) Minimum Initial Service Package (MISP)

The CO planned to strengthen capacity for provision of MISP for reproductive health in emergency settings. The planned targets for service providers trained on MISP for Reproductive Health including Clinical Management of Rape (CMR), Emergency Obstetric and Newborn Care, Post Abortion Care and post abortion, and rights base FP were all achieved above a hundred percent.⁶² A national CMR (CMR) protocol was developed to streamline provision of CMR services in the country as well as UNFPA facilitating training on GBV in emergencies (minimum standards, psycho-social support, and case management). The country programme achieved 130 per cent of the target (13 versus 10) of Women and Girl Safe Spaces (WGFS) which were functional and providing GBV prevention and response services in

⁶¹ The interim Nurses and Midwifery Regulation bill presented to Parliament: Interim Nurses and Midwifery Council/ Board continued to be functional

⁶² UNFPA Summary 2020 Programme Performance Report (November, 2020)

emergency setting. The locations included Bentiu PoC 3, Ding Ding 1, Koch 1, Tong 1, Bor 1, Minkaman 1, Ayod 2 and Kapoeta East 3).

(b) Integrated sexual reproductive health services in displacement and the 14 target facilities

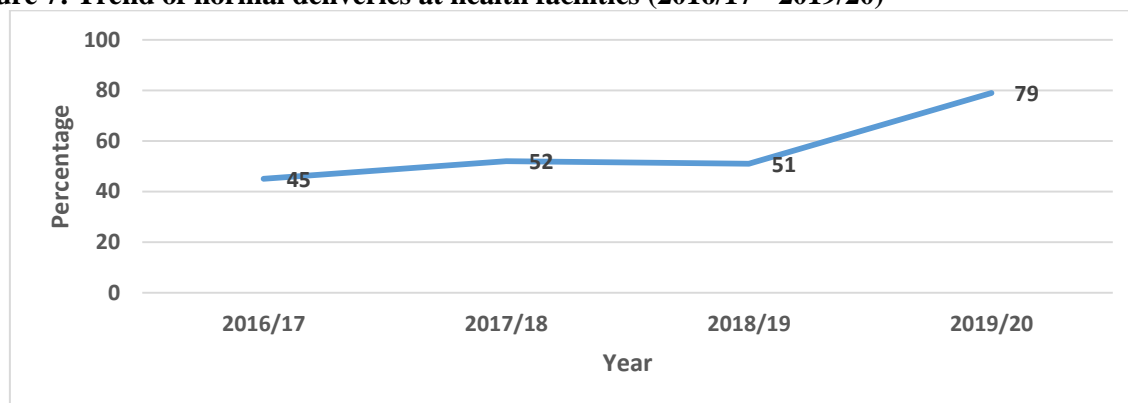
UNFPA CO supported 24 targeted health facilities (10 in PoCs and 14 under Strengthening Midwifery Education) to provide SRH/GBV services. UNFPA through the SMS II project in South Sudan provided technical and financial support in the deployment of UN volunteer (UNV) midwives to 14 targeted health facilities. A total of 41 UNV midwives versus an initial target of 28 UNVs were achieved (one hundred and forty-six per cent). The UNV midwives were visible at the health facility level and clients utilized the services they provided. In addition, there was an increase in the uptake of maternal, new-born child health (MNCH) services and deliveries at health facilities.⁶³

In addition, the CO provided technical and financial support to government ministries to ensure that adolescents and the youth got information on SRH and services and accessed integrated SRH/HIV/GBV services in health facilities. Seven health facilities (Kapoeta, Torit, Yambio, Maridi, Juba TH, Mingkaman and Aweil) continued to provide Adolescent Youth Friendly Services (AYFS). As a result of the above, the affected population especially women and girls were able to access SRH information and services, adolescent SRH services, rights-based FP services, emergency reproductive health kits and dignity kits.

The CONDOMIZE campaign which employed both traditional and social media since its launch last year 2019 was largely successful; One hundred condom dispensers were installed at different outlets in order to increase access to condoms by the key populations and young people.

Trends in health facility deliveries: Facility-based deliveries have been used as a proxy for skilled birth attendance (SBA). The assumption for the use of the proportion of health facility deliveries as a proxy for SBA is that the birth attendants at targeted health facilities have the necessary competent skills to provide care during childbirth and are trained, accredited and skilled health professionals. There was a sustained increase in the trend of mothers who delivered at health facilities from 45 percent in 2016/17 to 52 percent in 2017/18, 51 percent in 2018/19 and 79 percent in 2019/20 as shown in Figure 7. However, the overall proportion for the same years was 42 percent which indicated that there were still some mothers still delivering outside the formal health system.

Figure 7: Trend of normal deliveries at health facilities (2016/17 - 2019/20)



Source: Evaluation team analysis of PMF data for SMS II Project

(c) Fistula management

Under the safe motherhood programme, MoH gave priority to the provision of support for the clients with near long-time complications, such as fistulae.⁶⁴ According to the Ministry of Health, from 2006 up to

⁶³ Report of the evaluation of the Strengthening of Midwifery Services II project in South Sudan (October, 2020)

⁶⁴ Reproductive Health Policy (2019 - 2029)

October 2020, over 60,000 obstetric fistula cases were registered. During this CP, UNFPA supported repair of 290 women with fistula, finalisation of the National Obstetric Fistula Strategy (2019-2023),⁶⁵ the achievement of fistula repair (cases repaired versus annual targets) was eighty four percent⁶⁶, but there was still limited coverage and the backlog was still huge.

(d) Inter-agency RH and GBV sub-cluster coordination

UNFPA continued to lead GBV Sub-cluster and RH Working Group. Notable key achievements included production and sharing of GBV Information Management System reports, integration of GBV interventions in the humanitarian emergencies including flood response, training stakeholders in GBV, preparation and integration of GBV and RH in humanitarian plans. The data collected under UNFPA leadership was used to address GBV needs and response. As a result of the above, the planned target with regard to functionality of the GBV coordination mechanism was achieved a hundred percent.

(e) Midwifery training

UNFPA provided technical and financial support to the midwifery training through the SMS II project.⁶⁷ The Diploma Midwifery and nursing curricula were reviewed and are in full conformity with International Confederation of Midwives and World Health Organisation (ICM/WHO) standards and incorporated gender equality elements, and are now used by 19 non-project HSI in the country. UNFPA supported a model for provision of quality midwifery education at 4 HSI namely JCONAM, Maridi, Wau and Kajo Keji; that has resulted in influencing the framework for delivery of midwifery education in the country.⁶⁸ A hundred per cent of the midwives and nurses that enrolled the master's degree successfully completed while sixty-four percent of midwives and nurses that enrolled for the bachelors' degree also successfully completed. However, the number of midwives produced remains low compared to the huge demand.

(f) Emergency Obstetric and Neonatal Care

Basic emergency obstetric and neonatal care (BEmONC) is critical to reducing maternal and newborn death.⁶⁹ This care, which can be provided with skilled staff in health centres, large or small, includes the capabilities for carrying out seven signal functions (SF) of EmONC. Comprehensive emergency obstetric and newborn care (CEmONC), typically delivered in hospitals, includes all the basic functions above, plus capabilities for two other functions namely performing caesarean sections and safe blood transfusion.

At design stage of the CP3, UNFPA agreed with other partners such as the Health Pooled Fund (HPF) and the World Bank that the strengthening of EmONC facilities was to be done in collaboration with the HPF, USAID supported projects and World Bank supported projects that had strengthening EmONC services among their key objectives. This partnership promoted synergy and avoided overlaps and wastage of resources.

UNFPA provided support to 14 target hospitals for the provision of CEmOC signal functions. This was largely achieved in that 13 (93 percent) out of 14 health facilities performed CEmOC.⁷⁰ However, with a total of 24 emergency obstetric and neonatal care (EmONC) facilities [13 CEmONC and 11 basic emergency obstetric and neonatal (BEmONC)], the country was far below the WHO recommended 5 EmONC facilities per population of 500,000 people. Nevertheless, there was a sustained increase in the trend of mothers who delivered at health facilities from 45 percent in 2016/17 to 52 percent in 2017/18, 51 percent in 2018/19 and 79 percent in 2019/20.

⁶⁵ National Obstetric Fistula Strategy (2019-2023)

⁶⁶ UNFPA Country Office Annual Report 2020.

⁶⁷ Report of the evaluation of the Strengthening of Midwifery Services II project in South Sudan (October, 2020)

⁶⁸ Report of the evaluation of the Strengthening of Midwifery Services II project in South Sudan (October, 2020)

⁶⁹ Setting standards for Emergency Obstetric and Newborn Care, UNFPA 2014.

⁷⁰ UNFPA Summary 2020 Programme Performance Report (November, 2020)

UNFPA supported MoH in the implementation of MPDSR cycle at national and sub-national levels with emphasis of strengthening maternal death notification, quality reviews and responsiveness to recommendations as part of the key indicators for improving service delivery in health facilities.

(g) Family Planning

In 2017, the Government of South Sudan made FP2020 commitments, citing FP as critical to improving the lives of its women and girls and positioning the country on the path toward a demographic dividend.⁷¹ The specific commitments made were to (a) Improve availability and access to family planning information and services through provision of rights-based integrated sexual and reproductive health (SRH) services; (b) Reduce maternal mortality by 10 percent by 2020; (c) Increase modern contraceptive prevalence rate among married women from 5 percent (FP2020 FPET 2016 estimate) to 10 percent by 2020.

Under the CP, UNFPA has supported the country to implement the commitments and all the planned targets under FP were achieved by the time of the CPE: (i) sixty-seven percent of the health facilities registered no stock-outs of at least 3 FP common methods; (ii) the IP supply chain management risk assessment for MoH was completed; (iii) the e-logistics management information system (e-LMIS) software was customized and in use for inventory management at the Central Medical Stores. UNFPA continued to be the sole provider of reproductive health commodities to public health facilities in South Sudan.

The demand for FP services was constrained by negative socio-cultural factors among beneficiaries.⁷² The CO supported the IPs to conduct sensitization talks on the value of using contraceptives. Advocacy for FP was intensified by the South Sudan Parliamentary Network on Population and Development in Rumbek, Kapoeta and Maridi. There was also weak data management of FP indicators in the health management information system (HMIS) and district health information system (DHIS).

“The computation of the contraceptive prevalence rate is constrained due to the factor that the DHIS is not capturing all information on FP”, reported a KI at national level.

(h) Maternal Health reflected in Universal Periodic Report (UPR)

UNFPA supported the South Sudan Human Rights Commission and Ministry of Gender, Children and Social Welfare to develop a framework for monitoring of SRHR indicators under the UPR.⁷³ The monitoring framework for UPR had two phases namely: *phase one* had 2018 results (i) SRHR baseline data; (ii) Increased SRHR knowledge; and (3) Increased number of SRHR allies while *phase two* entailed 2019 to 2020 results: (i) SRHR Monitoring data; (ii) SRHR Advocacy; (iii) SRHR database and (iv) SRHR reporting obligations met. In the context of this framework, the SSHRC supported government to both respond to the identified rights violations and to meet international rights obligations. Human rights monitoring provided government with the information necessary to determine where to focus in order to meet their human rights obligations; while simultaneously providing rights-holders with information necessary to hold government accountable for human rights violations.⁷⁴ The MH and SRH issues are adequately addressed in the framework.

Challenges in Maternal Health: The main challenges encountered in provision of MH/SRH services were the inadequate funding from government, which limited the implementation coverage; human resources issues related to recruitment; poor staff deployment and retention which affected accessibility and quality of services; stock out of some commodities, supplies and equipment at service delivery points. The voices of the respondents attested to some of the above challenges:

⁷¹ <http://www.familyplanning2020.org/south-South Sudan>

⁷² KI interviews at national level

⁷³ UNFPA Summary 2020 Programme Performance Report (November, 2020)

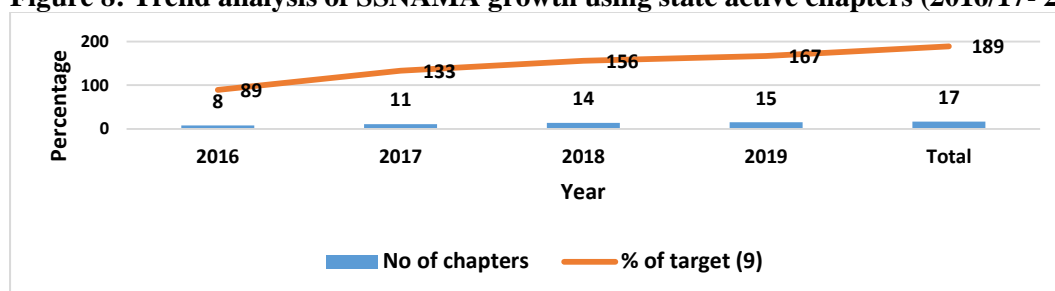
⁷⁴ KI interviews at national level

“During the implementation of the CP3, the key challenges were inadequate human resource capacity of implementing partners especially the government ministries, poor economic situation in the country which led to limited budget allocation to health, delayed salaries and staff demotivation,” reported a KI informant at national level.

(i) Functional regulatory framework for midwifery practice

The interim Nurses and Midwifery Council/ Board continued to be functional though the Nursing. However, the Midwifery legislation and regulations were not yet passed by time of the evaluation; the bill is pending at the Ministry of Justice. Advocacy efforts are under way with the Parliamentary Network on P&D to ensure the passing of the legislation. UNFPA also supported strengthening the organizational and technical capacity of South Sudan Nurses and Midwives Association (SSNAMA), in collaboration with Canadian Association of Midwives (CAM) and AMREF.⁷⁵ SSNAMA now has functional national and 15 state chapters more than the planned 11 functional chapters and is able to engage in advocacy initiatives to improve the working environment for nurses and midwives.

Figure 8: Trend analysis of SSNAMA growth using state active chapters (2016/17- 2019/20)



4.2.2 Adolescents and Youth

The CP outcome 2 (Adolescents and Youth) had one output namely: Adolescents and youth are better able to make informed decisions on their sexual and reproductive health and rights, and to participate in planning, implementation and evaluation of peace building, development and humanitarian policies and programmes. The theory of change underlying the adolescent and youth component shows sound intervention logic. The linkages between activities for planned interventions for the output were clear

4.2.2.1 Achievement of planned output results, contribution to outcomes

The evaluation assessed performance of 3 output indicators linked to the above output and the underlying interventions. The results are summarised in Table 11. Overall, 99 percent of the output indicators are likely to be achieved by the end of the program. One out the indicators, 1(33 percent) output indicators was already met the defined targets while 2 (67 per cent) were likely to be achieved.

With regard to outcome contribution, the program focus on strengthening capacity of national and state institutions to effectively engage adolescents and youth in decision making, building strong networks of youth lead organisations, building the capacity of youth leaders and government technocrats results in increasing (from 2 to 4) the number of sectors that have effectively mainstreamed adolescents and youth issues in their policies and plans

Table 11: Performance achievement of AY output indicators

Outputs	Total indicators	Achieved ≥ 100 percent	Most likely to be achieved 70-99 percent	Likely to be achieved 25-69 percent	Unlikely to be achieved <25 percent
AY Output 3	3	1		2	
Per cent		33 percent		67 percent	

⁷⁵ Report of the evaluation of the Strengthening of Midwifery Services II project in South Sudan (October, 2020)

The details for the individual output indicators are shown in Table 12. The only output indicator which already met the defined target by the time of the CPE was related to operational multi-sectoral coordination mechanism on youth that advocated for increased investments in marginalized adolescents and youth. The two indicators unlikely to be achieved were (i) national and state institutions that effectively engage adolescents and youth in decision making as per agreed procedures; and (ii) secondary schools that have integrated sexuality education into school curriculum.

Table 12: South Sudan 3rd CP Results achievement for Adolescent and Youth, December 2020

EXPECTED RESULT	INDICATORS	Indicator data				Remarks
		CPD Baseline	CPD Target	ACTUAL 2020	percent achievement	
OUTCOME 2: Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all Contexts						
Number of sectors that have mainstreamed adolescents and youth issues in their policies and plans.	2	5	4 (Youth, Health, Gender, Education)	80 percent	Met	
Output 2.1: Adolescents and youth are better able to make informed decisions on their sexual reproductive health and rights, and to participate in planning, implementation and evaluation of peace building, development and humanitarian policies and programmes.						
Number of national and state institutions that effectively engage adolescents and youth in decision making as per agreed procedures.	0	15	7	47 percent	Likely to be achieved	
Number of secondary schools that have integrated sexuality education into school curriculum/ Programs	20	50	21	42 percent	Likely to be achieved	
Existence of a functional multi-sectoral coordination mechanism on youth that advocates for increased investments in marginalized adolescents and youth.	No	Yes	Yes	100 percent	Met	

(a) National and state institutions effectively engage adolescents and youth in decision-making as per agreed procedures

UNFPA facilitated the establishment of 7 functional networks of youth focused and youth led organizations on HIV/SRH/GBV and AfriYAN South Sudan chapter. These networks (1 National, 6 state/county levels in Juba, Torit, Aweil, Yambio, Wau, Kapoeta and Maridi) have helped amplify the voices of young people. The CO was on track in achieving 99.8 per cent of the stakeholders (499 versus target of 50) who were reached with advocacy for promotion of youth participation in decision making. The drafts of the Youth Bill and the Youth Participation Guide were developed and these were submitted to Ministries of Justice and Youth for review. (Document reviews, IDI and KII).

(b) Secondary schools that have integrated sexuality education into school curricula

The comprehensive sexuality education (CSE) was aimed at empowering the young people to be better prepared to prevent and protect themselves against infections (HIV, STDs), sexual abuse, early sexual debut, teenage/unplanned pregnancies and school dropout; able to immediately respond, mitigate and get desired relief when they are infected, abused, engaged in unplanned early sexual activities; able to embark on recovery and rehabilitation of themselves to reduce the long-term effects of such dangerous experiences and return to an educational track. UNFPA supported the provision of integrated sexuality education into school curricula in 21 secondary schools (70 percent) compared to the target of 30.⁷⁶ Given

⁷⁶ UNFPA Summary 2020 Programme Performance Report (November, 2020)

the on-going COVID-19 lockdown measures, the trained teachers provided life skills and SE information using a door-to-door approach. (Document reviews, IDI and KII).

(c) Operational multi-sectoral coordination mechanism on youth that advocates for increased investments in marginalized adolescents and youth

UNFPA supported the formation of national and state level multi-sectoral coordination mechanisms aimed at ensuring increased public investment in youth. These coordination mechanisms were instrumental in the review of the National Youth Policy, compilation of the State of Youth Report and provided inputs into the on-going discussions on the Youth Enterprise Development Fund and Youth Bill. (Document reviews, IDI and KII).

Challenges: Some notable challenges experienced under youth component included (i) Low government financing for youth programming, weak implementation of the law especially on the arraignment of GBV perpetrators; the COVID-19 pandemic hampered outreaches and IPs had to use a door-to-door approach; high expectations from youth especially regarding economic empowerment which is beyond the CP focus.

4.2.3 Gender Equality and Women’s Empowerment

Planned output in GEWE is to “increase multi-sectoral capacity to prevent and respond to gender-based violence and harmful traditional practices, including child marriage” with the objective of contributing to gender equality and women’s empowerment. Key strategies include establishment of effective inter-sectoral coordination mechanisms, advocate with political, traditional and religious leaders, men and boys, and media outlets to end child marriage; development of capacity of national level platforms that monitor, report and advocate the honouring of global and regional commitments on reproductive rights; coordination of the implementation of the UN Joint Programme on Gender-Based violence prevention and response, rolling out the ‘One Stop Center’ model for survivors of gender-based violence; advocacy and provision of technical assistance for mainstreaming gender equality and gender-based violence into national and sectoral policies and plans.

4.2.3.1: Achievement of programme outputs and contribution to outcomes

All the CP outputs indicator targets under GEWE will be achieved by the end of the CP period. Currently there is a functional national mechanism to engage multiple stakeholder including civil society, faith-based organizations, and men and boys, to prevent and address gender-based violence including child marriage, 15 communities have made public commitments to end child marriage and the scale up (from 1 to 11) of OSCs for provision of integrated GBV case management services has been achieved.

Lack of data to assess changes in the outcomes under GEWE remains a major challenge. However, by strengthening national mechanism to prevent and address gender-based violence including child marriage; enhancing community commitment to eliminate child and forced marriage, the scale up of “One-Stop” centres within public health facilities for multi-sectoral case management of gender-based violence, the CP most likely made significant contribution to increasing access to GBV and CM information and services and increasing the consciousness of the stakeholders and vulnerable population to prevent and respond to GBV and CM.

Table 13: South Sudan 3rd CP Results achievement for Gender and Women Empowerment, December 2020

EXPECTED RESULT	INDICATORS	Indicator data				Remarks
		CPD Baseline	CPD Target	2020 Cumulative	Percent achievement	
OUTCOME 3: Gender equality, the empowerment	Percentage of women aged 20-24 years who were married or in a union before age 18.	45	40	No data		This underscores the need for data

of all women and girls, and reproductive rights are advanced in development and humanitarian settings	Percentage of respondents who find it justifiable for men to beat their wives or partners for any reason.	74	65	No data		ecosystem This underscores the need for data ecosystem
	Output 3.1: Increased multi- sectoral capacity to prevent and respond to gender-based violence and harmful practices, including child marriage	Existence of national mechanism to engage multiple stakeholder including civil society, faith-based organizations, and men and boys, to prevent and address gender-based violence including child marriage.	No	Yes	Yes	100 percent
	Number of communities that make public declarations to eliminate child and forced marriage, with support from UNFPA.	0	30	15	50 percent	Likely to be achieved
	Number of “One-Stop” centres established within public health facilities for multi-sectoral case management of gender-based violence.	1	10	11	110 percent	Achieved

UNFPA CO has made significant progress in this component with the following key achievements

Policy and legal Framework: UNFPA interventions contributed to the development of policy and legal framework such as the Strategic National Plan on Ending early and Child marriages and the draft anti GBV bill, Standard Operating Procedures for GBV, and Gender and GBV Mainstreaming Guide.

One-Stop-Centres: Under the third CP, UNFPA was able to scale up provision of integrated GBV case management services at HFs. To respond and to deliver efficient solutions to the challenges related to GBV response services, UNFPA, IRC with national partners the Ministry of Health and Gender, established a one stop centre in Juba in 2017. This was scaled up to 10 other one stop centres states by 2020 in Rumbek, Malualkon, Wau, Torit, Yambio, Kapoeta, Bor, Malakal, Aweil and Akobo.

UN Joint Programme on GBV: UNFPA is leading implementation of the 3-year UN Joint Programme on GBV for 2017 – 2020,⁷⁷ that among other things, aims to strengthen mechanisms for comprehensive prevention and response to GBV. The UN Joint programme has been able to provide increased access to survivor-centered GBV services in health, Police and legal sectors and protection through various models - the family protection Centres (FPC), a one-stop centres and Safe House in Torit, providing shelter, psychosocial and income generating activities for survivors of GBV.⁷⁸ The JP has also been able to strengthen the of the Ministry of Justice to provide legal aid services to the population and developed manual on investigation and prosecution of GBV through distribution of 1,000 copies of the National Action Plan 1325, 20,000 copies of 1325 Snapshot Booklet, and 25,000 copies of the Summary of Laws

⁷⁷ The United Nations Joint Programme on Gender Based Violence 2017 – 2020.

⁷⁸ UN work on Gender Based Violence in South Sudan.

on SGBV, training of 876 (187 female) government law enforcement officers on trauma management and psychosocial support and operationalising 19 Special Protection Units are operating in police stations.

Women and Girls Friendly Spaces: Mobile and static women and girls friendly spaces - these are spaces where GBV case management for women and girls including referrals is provided. UNFPA has been able to support 13 women and girls friendly spaces in PoCs and selected non-camp locations offering GBV services to women and girls, reaching over 2,237 women and girls.

Strengthening National Institutional Capacities

About 1,220 partners have received various capacity building on GBV prevention and response (Including CMR, MHPSS, GBV case management).⁷⁹ Although UNFPA built the institutional capacities of relevant ministries such as the Ministry of Gender, of Health and rule of law institutions like the police, much more needs to be done to ensure that the relevant ministries are capacitated enough to deliver on their mandates. In addition to issues of institutional capacities, funding is sourced from donors and the UN only.

Beneficiary perspectives:

From the perspectives of beneficiaries, the one stop centres, the safe spaces and prevention activities implemented to change the mind-sets of the community, men, women, boys and girls have been very helpful. Interviews with beneficiaries from Yambio, Wau and Torit showed that the range of services provided at the one stop centres have been a great relief to women and girls. Beneficiaries noted that the one stop centres provide avenues or redress in the event that they were subjected to GBV by acting as referral and service centres.

A testimony from one beneficiary in Yambio “After having survived physical violence at the hands of her spouse, I was referred to the one stop centre by a former GBV survivor. I was counselled, given medical attention for the injuries and advised on steps to follow, including legal redress. I was informed of a range of services available and choose the options. I was able to pursue a case of domestic violence against my spouse, which I won. I was also advised on how to pursue economic opportunities such as a small-scale business to be able to take care of myself”.⁸⁰ Several other beneficiaries from the Yambio’s one stop centre echoed the same sentiments.

However, despite the successes of the centre, the services of the centre are not fully aligned to economic services and opportunities that would ensure economic independence of the survivors.⁸¹

While beneficiaries explained that the services at the one stop centre were effective, a full circle response type, covering economic empowerment would help survivors, who after successfully escaping abusive relationships or marriages, find themselves with no resources to cater for their needs. In the next phase of programme implementation, it would be good if UNFPA could reach out to more partners providing food security assistance, vocational training and micro finance support.⁸²

Tangible progress has also been made with regards to changing the minds of young men and the community on their perspectives about women. For instance, in a FGD with young men who participated in workshops and trainings in Bentiu, visible changes were noticed. The young men explained that they and the community at large began to learn how to treat women and girls better through the IRC interventions. It was felt that for tangible transformations to take root, more young men and community members have to be reached. The number of targeted beneficiaries is not as comprehensive as it should be.⁸³

⁷⁹ The United Nations Joint Programme on Gender Based Violence 2017 – 2020.

⁸⁰ Interview via WhatsApp with a female and beneficiary of the one stop center in Yambio, 25th January 2021.

⁸¹ Interview with a beneficiary of ones stop center in Yambio, via WhatsApp, 25th January 2021.

⁸² Ibid.

⁸³ FGDs with beneficiaries of workshops and trainings in Bentiu, via WhatsApp, 26th 2021.

Despite these achievements, several challenges were enumerated as barriers to the overall delivery of outputs during the period of evaluation. The current interventions heavily focus on the provision of services and response to GBV, with limited focus on prevention, which should be the pivotal area of focus. Changing norms, mind-sets and communal outlook on GBV should primarily be the focus. The limited focus on prevention is linked to the short-term donor funding policies, in response to the prevailing humanitarian context of South Sudan. However, the short-term funding options lead to situations where the roots of GBV causes such as negative customary practices are not implemented in a sustained longer-term model.⁸⁴

4.2.4 Population Dynamics and Demographic Intelligence

The planned output in population dynamics and demographic intelligence is “improved national systems for generation and dissemination of population data and demographic intelligence, including humanitarian settings” to contribute to the outcome “everyone, everywhere, is counted and accounted for in the pursuit of sustainable development”. To achieve these, the UNFPA CO worked with the National Bureau of Statistics and Ministry of Finance and Economic Development on the strategic interventions relating to the interventions relating to capacity-building, advocacy, data generation and integration of population issues policies and plans. (Document reviews).

4.2.4.1: Achievement of output results and contribution to outcomes

About 67% of the output indicator results are likely to be achieved. These relate to the updating of data for UNFPA prioritised indicators and integration of demographic dividend into sector plans. Existence of a population report based on satellite imagery will not be achieved owing to lack of funding and on-going insecurity in the country. However, UNFPA has mobilised partners to support the conduct of the Population Estimation Survey.

The contribution of the CP to the outcomes has been registered in terms of increasing (from 2 to 5, the national and sectoral policies, plans and programmes that integrate population issues. However, the contribution to availability of updated population data to inform evidence decision making has not been achieved.

Table 14: South Sudan 3rd Country Programme Results achievement for Population and Development, December 2020

EXPECTED RESULT	INDICATORS	Indicator data				Remarks
		CPD Bassline	CPD Target	ACTUAL 2020 cumulative	percent achievement	
OUTCOME 4: Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development	Existence of a population report based on satellite imagery.	No	Yes	No		
	Number of evidence-based national and sectoral policies, plans and programmes that integrate population dynamics.	2	5	4 - Health, Education, Gender, Youth	80 percent	Likely to be achieved
Output 4.1 Improved national systems for generation and	Number of national surveys, assessments and thematic analysis conducted on reproductive health and gender-based violence.	1	6	3	50 percent	Unlikely to be achieved
	Percentage of UNFPA-	0	100	60	60 percent	Likely to

⁸⁴ Interview with UNFPA in Juba, Via WhatsApp, 14th December 2020.

dissemination of population data and demographic intelligence, including in humanitarian settings	prioritized Sustainable Development Goals indicators regularly updated by the National Bureau of Statistics.					be achieved
	Number of sector plans that have integrated the demographic dividend recommendations.	0	4	3	75 percent	Likely to be achieved

Interviews with both the CO Programme lead, National Bureau of Statistics and MoFED indicate significant progress towards capacity-building for the National Bureau of Statistics to generate, analyse, produce and disseminate statistical reports and use them to report on the Sustainable Development Goals. About 70 staff from NBS and ministries were trained on emerging technologies, data collection and analysis software’s statistical packages, Geo information Systems etc. The Evaluation Team was not able to assess the capability of the NBS staff in the use of these packages. Further interviews with IPs and CO indicated that the interventions promoted the use of UNFPA-supported, policy-oriented research on the demographic dividend and sexual and reproductive health and gender-based violence in sectoral planning. (Document reviews, IDI and KII).

With UNFPA support under the wider UN M&E Working Group, NBS was able to establish a National SDG monitoring taskforce responsible for coordinating the development and roll-out mechanisms for monitoring, tracking and reporting on the SDGs in the country. A data landscaping was conducted and provided information on the status of availability of SDG data. The report indicates the huge gaps in the SDG data availability in the country. (Document reviews, IDI and KII).

UNFPA is supporting the NBS to conduct the Population Estimation Survey. Once completed, the survey will provide up-to-date population estimates, modelled Infrastructure data for Water and Sanitation, Lands, Settlements, Roads, Education, Health, Agriculture as well as in preparations for the 2020 round of population and housing censuses.

UNFPA also supported the government of South Sudan undertake advocacy initiatives in the bid to ensure integration of demographic dividend, sexual and reproductive health and gender-based violence in in policy and development planning. UNFPA undertook advocacy initiatives for ICPD that resulted in securing ICPD@25 National Commitments for accelerating achievement of the ICPD goals. This was through holding of advocacy events with key stakeholders including members of parliament, religious leaders, women and youth leaders etc.

The CO is also in the process of undertaking a pre-Demographic Dividend Assessment that will provide concrete recommendations for integration of the DD in sectional and national plan. However, through advocacy, the ministries of Youth, Gender and Health used the DD related ICPD@25 national Commitments as well as the DD continental framework to integrate DD recommendations into their plans and programmes. A case in point is the ongoing development of the Youth Development Enterprise Fund and the Youth Development Policy by Ministry of Youth. (Document reviews, IDI with IPs and KII with CO Analysts).

Key factors that constrained the success of PD component include:

- Inadequate human resources, the PD under UNFPA country office has been supported largely by staff from M&E unit plus, one technical specialist on Geo-Referenced Infrastructure and Demographic Data for Development.
- Weak Human Resource capacity at NBS characterised by high attrition of the staff previously trained with UNFPA support, inadequate capacity of the current staff in demographic and statistical skills as well as skills for report writing. The staff salaries are too low and had not been paid since August 2020

- Lack of financial resources to invest in data generation. UNFPA provides resources for implementation of PD work plans. However, no government counter funding is provided. Government, generally lacks resources for implementation of own programmes.
- General inadequate functionality of government structures and processes on which the PD component relies e.g. the National and Sector Planning processes are ineffective; National Legislative Assembly has not been reconstituted etc.

Document reviews show that UNFPA continues to expand partnerships for the advancement of the International Conference on Population and Development. The South Sudan Parliamentary Network on Population and Development continued to engage in ICPD advocacy and policy dialogue that resulted in the review of the Youth Development Policy at the Parliament. The SSPNPD also pushed for state leadership participation in community mobilization for family planning. UNFPA also facilitated a consultative process that resulted in the development of the National Commitments for accelerating the implementation of the ICPD PoA in South Sudan. It also strengthens the work of parliamentarians and media networks to advocate on linking population and development in government plans and budgets; The MPs continuously conduct advocacy meetings in the states/Community level to discuss issues on FP, GBV, harmful practices, Teenage pregnancies.

4.3 Evaluation questions on Efficiency

EQ6: To what extent has UNFPA made good use of its human, financial and administrative resources, and used a set of appropriate policies, procedures and tools to pursue the achievement of the outcomes defined in the county programme?

Summary:

The IPs and CO made good use of its resources to implement approved component interventions. Utilisation rates were high in 2019 and 2020 with 94 percent and 95 percent resources spent respectively. Based on the review of financial documents, stakeholders' interviews, reviews of Annual Work Plans and Progress reports, only three out of the four component areas have made good use of the resources, except the population and development programme area that had low utilisation rate. Both national and international staffs as well as the consultants engaged have requisite skills to implement the program. Whereas SRH had adequate technical staff, the components of Youth, Gender and PD were not adequately staffed. Stakeholders were supportive of the approach UNFPA CO took to manage its staff, funds and technical resources. Activities employed to achieve outputs were found to be highly appropriate. The UNFPA administrative and financial systems for the CP were largely adequate and functional. UNFPA has a clear and robust financial, procurement and monitoring systems for ensuring checks and balances, and to ensure that IPs were accountable for deliverables in a timely manner. The evaluation team established that the UNFPA resource management systems were followed to the book and were efficient to support timely implementation of project activities and hence no qualified audit is reported. All Implementing Partners are effectively assured in line with oversight and assurance policies and procedures. Innovation in the CP is not well developed although efforts to foster innovation had been initiated by the time of the evaluation. UNFPA forged strategic partnerships with UN Agencies, Donors, Government entities, CSOs etc that facilitated program delivery and amplification of GBV/SRH issues. However, partnership with Ministry of Finance and Planning for program coordination needs to be strengthened. Although mitigation measures were implemented, the COVID19 pandemic caused delays implementation of some program activities.

UNFPA has in place financial instruments which facilitated implementation of the country programme. The Country Office applied four modes of financial management tailored to the risk level of implementers as indicated from micro assessments, nature of activity and requirements of donors. These included (i) Direct Cash Transfer (DCT), (ii) Direct Payment (DP) disbursement mode, (iii) Reimbursement mode, and (iv) UNFPA direct execution mode which was applied to cases where mainly procured commodities and equipment. The application of these modes of funds disbursement minimized risk enabled UNFPA to effectively manage

financial regulations in the country and to meet donor requirements while facilitating implementation of the programme.

CP Funding and fund utilization

As indicated in section 3.2.5 (CP financial structure) , the CP resources are of two streams, ‘Regular Resources’ (RR) - allocated to the Country Office from contributions of members states and ‘Other Resources’ that are mobilized in the course of the CP from different donors. The CPD is costed for \$55 m: USD 7.8 million from regular resources and USD47.2 million through other resources.

Over the evaluation period, the CO had managed to mobilise \$54m which was above the CPD target of \$55m. This high resources mobilization rate is attributed to the availability of willing donors given the context of South Sudan including the humanitarian situation, as well as the ability of UNFPA to effectively implement the program and deliver results. Funds were mobilized from various donors including Canada, Sweden, Norway, Swiss, Echo, Japan, Humanitarian Fund, UNFPA HQ and other UN Joint initiatives

The financing structure was in conformity with component allocations envisaged in the CPD with having 81 percent of the resources.

Budget utilization rates were high, 94 percent in 2019, 95 percent in 2020 and 28 percent by March 2021. The high utilization rates were a result of timely development of workplans and continuous follow up and review of programme implementation. Consistent with the Budget Utilization, the proportion of CP outputs and milestones achieved was about 95 percent for 2019 and 2020.

Programme, financial and administrative arrangements

The CP3 is managed largely through NEX modalities and some interventions are also implemented via direct execution. The evaluation team noted timely development of Annual Workplans as one of the facilitating factors for programme implementation. However, for some IPs (about 30 percent) the development of WPs is always delayed leading to late commencement implementation. UNFPA CO developed workflow charts and quality assurance mechanisms that facilitated this process. Led by the Deputy Country representative, programme officers /output managers are in charge of quality of programming and programme implementation, resource mobilization and provision of technical support in their respective thematic areas. At the country office, “we have CP governance structures: senior management, programme review meeting, and other project based arrangements”.

The UNFPA administrative and financial systems for the CP were largely adequate and functional. UNFPA has a clear and robust system for ensuring checks and balances, and to ensure that IPs were accountable for deliverables in a timely manner. The CO team reviewed IP quarterly work plans, partner financial and programme reports and provided required feedback mainly on completeness, quality of reporting and absorption/utilization rates of the funds. UNFPA CO also ensured that regular audits of UNFPA accounts were carried out.

“The CO has ensured that there are annual audits of UNFPA accounts and those of IPs; none of the audit reports were qualified”, said one key informant at the national level.

However, there were challenges brought about by the absence of banks in some rural areas which meant that some staff had to rely on the Juba based banks to receive their salaries and allowances. The other challenge in the country was the absence of motorable roads in the majority of states which meant that the only reliable transport was air travel.

“The cost of doing business in South Sudan is very high since in the majority of cases the money spent on air transportation of goods up-country is many times more than the cost of goods themselves”, reported a key informant at the national level.

UNFPA followed the process of selection of implementing partners as prescribed in the UNFPA policies and procedures. As part of selection of IPs, initial micro-assessment of their administrative and financial systems was conducted. A plan to address any weakness found was also agreed between UNFPA CO and the IP concerned. The majority of international NGOs had adequate systems compared to those of the government ministries. For example, the MoH administrative and financial systems were deemed inadequate and needed further strengthening.

UNFPA CO provided technical and financial support to MoH, MGCSW and Ministry of Youth Affairs for the development of various policies, procedural guidelines and programme tools. All these have been useful to guide the implementation of the CP activities and those of the partners.

Procurement: UNFPA procurement procedures are well laid down and followed by the country office. The use of UNFPA procurement processes, especially for family planning and maternal health commodities, ensured timely delivery of the commodities in-country. Fast track procurement procedures were activated in times of humanitarian emergencies including during COVID 19. On the other hand, implementing partners use their own procurement procedures which are reviewed by UNFPA at the time of assessment of implementers.

Human Resources: UNFPA CO, to a large extent, has adequate human resources capacity to implement the CP. The component of reproductive health the number of CO staff was deemed as adequate and the professional caliber met the international standards. The technical capacity of staff at MoH was inadequate resulting into weak implementation. The UNFPA technical staff were at times drawn into doing mundane tasks at MoH, which was not the best use of their time. This tended to reduce the time spent on strategic tasks and subsequently constrained their efficiency.

Notable challenges were in inadequate staffing for the Gender, Youth and PD components especially for the midlevel technical personnel. At the UNFPA level, one Gender Specialist and a Gender Analyst lead the intervention. Considering that gender is cross cutting and with linkages to family planning, reproductive health, the unit is constrained. The Gender specialist noted that while resource constraints may explain the predicament, cheaper ways of recruiting technical staff to the Unit could be explored. E.g. National United Nations Volunteers and Interns could be recruited to the Unit. The CO is structured in a way that each programme staff is focused on a particular programmatic area. Although this ensures the provision of specialized technical expertise to government, it has limitations in delivering the CP through integrated approaches across all the 4 outcome areas (Documents Review and Key Informants).

On the other hand, the key government ministries are largely understaffed, have weak capacities and are demotivated to the extent that UNFPA staffs most times perform tasks for the government staff. Additionally, the economic crisis has affected the national partners especially government whose staff is paid a little irregular salary. This inadequate human resource capacity

has resulted in low absorption capacity particularly for the National Bureau of Statistics and Ministry of Health.

“We are sometimes forced by circumstances to carry out tasks such as drafting letters which consumes our valuable time which would otherwise be spent on strategic tasks”, reported one KI respondent at the national level.

Though the government provides technical staff, and space and enabling environment for CP implementation, there is an acute shortage of human resources on the part of government to implement and oversee the program activities. There is need to strengthen advocacy on human resource capacity for government ministries both at national and sub-national level.

Monitoring and evaluation

Monitoring and Evaluation requirements and procedures for the CP are also well established. The CO developed and implements the M&E Plan for the CP. There is adequate adherence to the principles of Results Based Management both in development of the WPs and programme reports. There was evidence of capacity building for implementing partners and UNFPA staff in RBM and M&E. The M&E requirements and tools were disseminated to implementers and all implementers interviewed have a clear understanding of the M&E requirements.

The CO conducted regular monitoring activities including monitoring visits, semi-annual and annual reviews, production of both project and program annual reports. The availability of reports from these activities enabled the evaluation team to access data on programme performance.

Innovation

Innovation in the CP is not well developed. However efforts to foster innovation had been initiated by the time of the Evaluation. An innovation team was constituted to spearhead innovation initiatives in the CO with support from ESARO. The team was leading the development of the accelerated strategy on innovation for programme delivery and business practices. Some of the innovative ideas identified as part of program implementation include the GBV One Stop Centres, GBV free toll help line and the school open days for CSE that increased demand and success to information and services.

Strategic Partnerships

As part of implementation of the Partnership and Resource Mobilisation Plan (2019 and 2020), UNFPA forged strategic partnerships to facilitate implementation of the CP. These include:

- (i) Strategic partnerships with other UN Agencies to undertake joint programming which enabled UNFPA to leverage the capacities and resources of other UN agencies to implement specific interventions. The Joint Program on GBV is one such example where the partnership facilitated mobilization of resources from the Peace Building Fund to roll out the GBV One Stop Centre model. Partnerships with WFP and FAO enabled integration of SRH/GBV in food and livelihood programmes.
- (ii) Partnership with training institutions for nurses, midwifery, doctors and clinicians that enabled training more health cadres as well as integration of SRH/GBV in training curricula.
- (iii) Partnership with Donors that helped mobilise sufficient resources for the country program as well as sharing technical perspectives that facilitated programme delivery.
- (iv) Partnership with government ministries of Health, Gender, Youth and the National Bureau of Statistics that increased ownership and program support. In addition, UNFPA continued to forge partnerships and support national mechanisms for reporting of the Addis Ababa Declaration on Population and development. UNFPA also held a high level meeting with the First Vice President to follow up and report on the implementation of the National commitments made at the ICPD@25 Nairobi Summit. The partnership with the South Sudan Network on Population and Development was instrumental in advocating to ICPD issues at national and state level. However, the partnership. However, the strategic partnership with the Ministry of Finance and Planning for national programme coordination needs to be strengthened.

- (v) Partnership with Civil Society Organizations, Health Pooled Fund, youth networks academic institutions like University of Juba and Upper Nile University, media, women organization that facilitated implementation of the CP interventions as well as amplifying advocacy efforts for creating an enabling environment for addressing GBV/SRH issues

Effect of COVID-19

The on-going COVID-19 lockdown measures have halted some program efficiency gains by affecting the rate of implementation of some activities including:

Under RH, with the closure of HSIs and suspension of some programme/project activities such as training of midwives and tutors, it is unlikely that the CP will utilize all the funds that were earmarked for the last financial year and simultaneously achieve the results set forth in this final year. There was also already plans for an extension as the HSIs remain closed so funds would be needed to ensure completion of the activities

Under AY activities within schools were suspended since schools were closed and it is unlikely that the CO will utilize all the funds that were earmarked for the last financial year.

For PD, COVID19 affected the implementation of the Population Estimation Survey and state level ICPD advocacy initiatives.

However, UNFPA in consultations with stakeholders developed and implemented a COVID19 response plan that was able to mitigate the effects of the pandemic on programme delivery.

4.4 Evaluation question on Sustainability

EQ7: To what extent has UNFPA been able to support implementing partners and beneficiaries (women and adolescents and youth) in developing capacities and establishing mechanisms to ensure the durability of effects?

Summary:

Interventions that address long-term development issues which focused on immediate needs in the context of South Sudan are likely to be sustainable. Ownership of the SRH and PD initiatives and their results has been relatively high with capacities built both at organizational and staff levels. The CP was largely implemented in the light of building capacities for both government and CSOs to implement SRH/GBV programs. Training of staff at the ministries and NGOs IPs in programme management, results based management and SRH/GBV/PD technical areas was conducted. The CP interventions were implemented majorly within the existing national and state level mechanisms and institutions and as such most of the SRH, AY and Gender Equality activities will remain largely sustainable. Working with CSOs, youth and women organisations that are already in the core SRH/GBV business is likely to result in continuity of the programs. The move towards working more with National NGOs is likely to foster more sustainability. However, capacities are still varying across the different Ministries and support remain needed in particular in the generation and analysis of data and for the preparations for census undertaking. Secondly, interventions that required heavier financial outlay like support for pre-service midwifery and nursing training, the GBV OSCs, data management may not continue at the current standards.

4.4.1 Sexual and Reproductive Health

At design stage of the CP3, a conscious effort was made to ensure that a sustainability mechanism was spelt out and documented within the Country Programme Business Plan.⁸⁵ The evaluation established that UNFPA provided technical capacity to IPs in areas, which were found lacking after micro-assessments of the IPs. The specific areas included financial management (budgeting and financial reporting), data analysis and programme reporting. The primary beneficiaries (women, adolescents and youth) received continuous sensitization on various health education topics at static facilities and during outreaches. The major elements which were deemed sustainable included the following:

- The staff of the MoH, SMOHs and County Health Departments whose capacity was strengthened will continue to provide services.

⁸⁵ GoSS-UNFPA 3rd Country Programme Business Plan (2019-2021)

- The in-country training in tutorship was established in August 2019 at the College of Physicians and Surgeons and started with 25 tutors/students. The approach significantly reduced the costs that were being incurred through the training tutors in the neighboring countries; this approach led to training more tutors and ultimately will sustain the quality of pre-service education.
- The existence of the training infrastructure (e.g. buildings, internet, equipment) at least 3 out of 4 fully supported HSIs (JCONAM, Maridi, Wau and Kajo Keji will continue to be used for training. However, the high cost of re-service training employed under the CP will not be sustainable.
- The standard training curricula for the different health cadres, which will continue to be used in the future as national curricula endorsed by the MoH.
- The enacted policies, strategies, guidelines and manuals for the different programme/project components will continue to be used in future
- The integration of youth friendly services into routine services will foster sustainability

The evaluation captured the voices of some respondents about the sustainability of some of the programme/project elements.⁸⁶

“Generally, the professional midwifery association (SSNAMA) that was formed in the last two years is in position to continue in future and we have started a business initiative that can sustain the association. It has developed resource management strategy. The SMS II project has moved from deploying international UNV midwives to national UNV midwives who are local residents and will continue to serve”, said a key informant at the national level.

“There are some efforts by government to make training of midwives sustainable by having the trainees pay for their fees in other HSIs run by the government”, reported a key informant at the national level.

“The collaboration established between SMS II project and parliamentarians is helpful and critical for sustainability. There is vibrant relationship with parliamentarians and State Ministers who have gone out for face-to-face interactions with communities into the field to advocate and promote midwifery services and the health sector”, reported a key informant at the national level.

4.4.2 Adolescents and Youth Development

The elements which were deemed sustainable under the AY component included the following:

- The staff of the National and State MCYS whose capacity was strengthened will continue to provide services for the adolescents and youth
- The various policies and guidelines (e.g. Youth Development Policy, Draft Youth Bill, Comprehensive Sexuality Education manual, youth participation in decision making guide) which were developed will continue to be used in future
- The institutionalisation of CSE through integration into the secondary school curriculum and training of teachers will continue to be implemented as part of school programmes
- The national and state level youth coordination mechanisms established will remain functional since they are anchored on existing government structures.
- The networks of youth-focused and youth-led organizations on HIV/SRH/GBV and AfriYAN South Sudan chapter were deemed functional and these will most likely continue to operate.

4.4.3 Gender Equality and Women’s Empowerment

The gender equality and women empowerment programme is donor dependent with no financial resource input from the relevant institutions like the Ministry of Gender. While there is no sustainability strategy to articulate how the institutions will cope, should UNFPA funding end, two good examples of sustainability models exist, 1) the case workers, social workers, doctors and legal officers are government employees sourced from the relevant ministries, e.g. Ministry of Gender and health. These government staff are trained and paid an incentive by UNFPA and should UNFPA stop its intervention, the government

⁸⁶ Report of the evaluation of the Strengthening of Midwifery Services II project in South Sudan (October, 2020)

workers will be able to carry on. Communities have been reached through radio broad casts, trainings and dialogue sessions and even if the funding terminates, knowledge on GBV, disseminated to the community will continue to change norms, and mind-sets and even if UNFPA funding terminates, changes will continue to happen within the communities.

UNFPA and partners have embarked on legislative enactments and several bills on GBV, and national policies exist and through these pieces of legislation, rights of GBV survivors will still be safeguarded. The one stop centres have been established in government hospitals and facilities, they can still be operational. The government at the national and sub- national levels have showed immense political will to carry on; however in the absence of adequate funding and remuneration of staff, the sustainability of some activities hangs in the balance.

A good practice was experienced with some of the IPs. For instance ADRA⁸⁷ mainstreamed gender equality in all of its other projects and should UNFP funding terminate, gender related activities that were mainstreamed in other projects will continue. A good sustainability strategy is also linked to the UNFPA funding to national organizations like SAADO,⁸⁸ not only does this allow for the transfer of empowering local organizations to lead GBV interventions, it allows for transfer of local knowledge and reach of activities to remote areas.

4.4.4 Population Dynamics and Demographic Intelligence

Sustainability is somehow enhanced through implementation of the programmes using the NBS/Government process. However, continuity is only being guaranteed as long as funding is available. The Government is currently not funding and supports NBS with very little resources. There are plans to strengthen the programme as the country gears up to the preparation of the Population and Housing census 2021/22. UNFPA is coordinating efforts to ensure collaborative support to NBS by the UN Agencies. Once the Common Humanitarian Database is completed and regularly updated, this will enable humanitarian actors to reach the most affected population sub-groups.

4.5 Evaluation Question on Coordination

EQ8: To what extent has the UNFPA CO contributed to the functioning and consolidation of UNCT coordination mechanisms?

Summary

There is strong evidence of active and effective UNCT collaboration by the UNFPA South Sudan. UNFPA CO contributes to the functioning and consolidation of UNCT coordination mechanisms with a highly professional collegiality. The UNFPA SS CO participates actively in regular UNCT inter-agency working groups and chairs four of these working groups. UNFPA staff attention to UNCT coordination was very commendable, but some stakeholders felt that more external efforts at joint fund raising might be a greater priority. There was no instances where UN Cooperation Framework outputs or outcomes results that belong to the UNFPA mandate were not fully attributed to UNFPA. UNFPA leadership in the area of youth need to be strengthened.

All key UN agencies who responded to the interviews reiterated UNFPA's positive contribution in the country's overall development agenda, contributing effectively to improving UNCT coordination mechanism, particularly strengthening advocacy in several areas useful to other UN agency members.

Based on numerous in-depth stakeholder interviews, document and financial data review, there is strong evidence of active and effective UNCT collaboration by the UNFPA SS CO. UNFPA CO contributes to the functioning and consolidation of UNCT coordination mechanisms with a highly professional collegiality.

The UNCF reflects the interests, priorities and mandate of UNFPA in South Sudan to a great extent and UNFPA is one of the signatories. UNFPA interests are reflected in mainly three result areas of the

⁸⁷ Interview with ADRA in Kapoeta via WhatsApp 17th December 2020.

⁸⁸ Focused Group Discussion with SAADO in Juba via WhatsApp, 17th December 2020.

UNCF. These are Result area 1 (Governance) reflects issues of evidence-based programming where UNFPA priorities on ensuring good governance used on population data are pertinent considers participation of different population groups in decision making and UNFPA main interest is youth and women participation. The second group is Result Group 3 (Social Services) particularly under Health. This provides for access to SRH services (ANC, SBA, FP, STIs, and HIV/AIDS etc.) which is a core mandate of UNFPA. It also provided for building national systems (infrastructure, human resources, commodities etc.) that are pertinent for UNFPA. The third group, Result Group 4 is focused on women and youth empowerment. The UNCF provides for strengthening systems and structures to address harmful practices such as GBV and Child Marriage that are core to UNFPA strategy. It also prioritises the youth Comprehensive Sexuality Education, Youth Participation and National/State level multi-sectoral youth coordination mechanisms all of which are key elements of UNFPA country programme

UNFPA holds key responsible positions in various committees and working groups contributing to the country's development agenda. The ability to bring multiple strategic partners together and linking with UN agencies to increase the efficiency and effectiveness of the development contribution to the country has been highly valued and UNFPA's leadership was recognized as vital to the UNCT.

Strategically, UNFPA has maintained its strong presence in policy and key decision functions related to UNFPA mandate, evident from the list of active working groups and the role that UNFPA plays in these. UNFPA's corporate strengths are well recognized and acknowledged by other UN members who responded to the interviews. Interviews and document reviews show that UNFPA CO in South Sudan is an active member of and contributor to the existing UNCT mechanisms in the country. This is illustrated by the following activities UNFPA participates in weekly UNCT meetings. UNFPA Country Representative is sometimes assigned Officer in Charge for Resident Coordinator Office and chairs the UNCT meetings during that time. UNFPA also participates in bi-monthly Programme Management Team (PMT) meetings. For 2018 and 2019, UNFPA Deputy Representative was co-chair (with UNICEF) of the PMT.

In terms of inter-agency working groups, UNFPA is lead of the Joint Programme on GBV Prevention and response. UNFPA Co-leads the UNCF Results Group 4 on Women and Youth Empowerment contributes to Results Group 1 (Governance) and Results Group 3 (Social Services). It also leads the PSEA coordination team in 2019/2020. Other UN Coordination mechanisms in which UNFPA actively participates are UN M&E Working Group, Programme Criticality Maintenance Team, Operations Management Team, UN Communications Team (lead in 2020). UNFPA leads two of the Flagship Projects of the UNCT. These are UN Joint Programme on GBV and Geo-Referenced Infrastructure and Demographic Data for Development (GRID3). UNFPA attends all the UNCT meetings and sometimes makes presentations on specific topics where it expects support from UNCT especially on GBV cases, Population Estimation Survey etc.

All the interview respondents affirmed the positive role played by UNFPA and this feedback from another key informant reflects the majority's view of UNFPA's role within UNCT. However, one of the respondents noted that the UNCT is not '*strong in its intervention on adolescents and youth*'. [KII, UNCT], and called for the UNCT to consider more focus on adolescents and youth initiatives.

Table 15: Categories of UNCT Agencies and the Nature of Collaboration in South Sudan

Category	Specific	Nature of collaboration
UN Agencies	UNDP, WHO, UN WOMEN, FAO, WFP, UNICEF, UNESCO, OCHA	Partnership in programme delivery particularly under the H6 partnership framework, UNCF Results Groups, Joint Programme on GBV, humanitarian response
Donors	Canada, Sweden, Norway, Switzerland, European Union, Denmark, Japan, South Sudan	Provides resources for different country programme result areas

	Humanitarian Fund	
Other Development partners	DFID, World Bank, USAID, Health Pooled Fund --	Technical engagement on key areas like Resilience and Recovery, Geo-referenced Infrastructure and Demographic Data for Development (GRID3), Maternal Health etc.

4.6 Evaluation question on Coverage

EQ 9: To what extent have UNFPA humanitarian interventions systematically reached all geographic areas in which affected populations (women and adolescents and youth) reside?

Summary

UNFPA CP interventions are spread across the country, in the 10 states. UNFPA implements activities that are of national coverage nature like policy advocacy, provision of RH/GBV supplies, capacity building, data availability etc as well as state/field focused interventions. UNFPA implements humanitarian program as part of the wider national humanitarian assistance mechanism through the Humanitarian Response Plans. As such, UNFPA humanitarian interventions systematically reach all the geographic areas in which affected populations reside. In order to reach the above affected population, the selection of program sites for particularly for SRH and GBV are based on areas most affected populations live. UNFPA implements programs in all Protection of Civilian sites in Betui, Malakal, Wau, Juba, Bor and other areas of displacement around the country. The target facilities for SRH, ASRH, GBV OSC and Women and Girls Safe Spaces are located across all the states. When new emergencies arise like floods, COVID19, UNFPA in collaboration with other humanitarian actors develops and implements response plans aimed at reaching the affected populations. However, due to prevailing insecurity and a bad road network, programme interventions tend concentrated in areas where there is access and improved security.

South Sudan experienced a protracted humanitarian crisis, with four million people displaced: 1.9 million internally and 2.1 million as refugees in neighbouring countries as of September 2018. South Sudan also hosted 280,000 refugees, mostly from South Sudan and South Sudan. The majority of the displaced population were women, young people and children, who needed basic social services. The humanitarian crisis was also associated with GBV and the destruction and looting of health and education facilities.⁸⁹ By July 2020, the total people who were in need was 7.50 million of which 1.80 were women of reproductive age, 195,756 were pregnant women and 2.44 million young people.⁹⁰

UNFPA intervention under the current CP covers 10 states and 2 administrative areas. The interventions are based at the national, state capitals and selected sites. However, due to prevailing insecurity and a bad road network, programme interventions tend concentrated in areas where there is access and improved security.

Sexual and Reproductive Health

In order to reach the above affected population, UNFPA CO identified and targeted locations (POCs), IDPs and Health facilities that are close to where the vulnerable population live. UNFPA used the Minimum Initial Services Package for Reproductive Health including Clinical Management of Rape (CMR), Emergency Obstetric and Newborn Care, Post Abortion Care and post abortion, family planning.⁹¹ About 1,660,789 people were provided with SRH/GBV services through 24 targeted health facilities (10 in PoCs and 14 under Strengthening of Midwifery Services II project).

In humanitarian settings, UNFPA has closely worked with the Ministry of Health to set up RH Clinics and Youth friendly centres where they never existed. UNFPA has also continued to work with the Ministry of Health to build the capacity of health workers to provide quality SRH services and

⁸⁹ South Sudan Country Programme Document (2019-2021)

⁹⁰ <https://www.unfpa.org/data/emergencies/south-south-sudan-humanitarian-emergency> (accessed February 2021)

⁹¹ UNFPA Summary 2020 Programme Performance Report (November, 2020)

information, on BEmONC, Post Abortion Care, and Family Planning, Youth Friendly SRH Services, ensuring MISP and fistula management.

UNFPA rehabilitated and re-opened previously damaged maternity wards, identified and deployed critical staff to deliver SRH services through implementing partners; procured and deployed ambulances for referral, among others. It is notable that UNFPA remains a leading partner in procuring, pre-positioning and distributing reproductive health commodities and equipment including those for FP.

Through coordinating the Reproductive Health Working Group, UNFPA strengthened accountability to affected people through adapting response to include priorities to local circumstances, worked closely with local authorities and partners to support real time implementation of the Humanitarian Response Plan for health, and address cross cutting and multidimensional issues arising in the immediate context.

Through the UNFPA's SRH related interventions, Reproductive Health supplies and commodities were made available to all RH partners implementing RH programmes including Clinical Management of Rape within the humanitarian settings. As a matter of fact, most health facilities in the country were able to provide SRH services because of the reproductive health commodities and equipment provided by UNFPA.

Amidst COVID-19 pandemic, UNFPA ensured RH partners continued to deliver and attend to the sexual and reproductive health needs of women and girls, which continue to persist, even during the COVID-19 response. In terms of numbers, UNFPA reached 3,787,000 people with information and 614,039 with SRH services in 2020.

Adolescent and Youth Development

As of 2020, seven health facilities Kapoeta, Torit, Yambio, Maridi, Juba TH, Mingkaman and Aweil continued to provide Adolescent and Youth Friendly Services. Through seven health facilities in Kapoeta (Eastern Equatoria State), Torit (Eastern Equatoria State), Yambio (Western Equatoria State), Maridi (Western Equatoria State), Juba Teaching Hospital (Central Equatoria State), Mingkaman (Lakes State) and Aweil (Northern Bahr Ghazal State), a total of 423,600 young people were reached with SRH services; 4,230 first time young mothers were provided with integrated SRH/HIV/GBV /AYFS services/information package 3A total of 27,713 learners in 21 secondary schools and 2 universities (Juba and upper Nile) were reached with SRH information in the context of Comprehensive Sexuality Education.

Gender Equality and Women's Empowerment

Gender equality and women's empowerment interventions and approaches of UNFPA South Sudan covered most parts of the country where the vulnerable population live including raising awareness on GBV services, provision of GBViE response services through Women and Girls Friendly Spaces. Capacity building for Service providers and managers for provision of GBV services and GBV coordination has significantly contributed to address gender inequality, bring women's empowerment and tackle harmful traditional practices in the humanitarian settings.

Eleven (11) GBV OSCs provided integrated GBV case management in health facilities and streamlined referrals to other services are located across the country.⁹² The OSCs were based in the following health facilities: Juba (Central Equatoria State), Wau (Western Bahr Ghazal), Bor and Akobo (Jonglei State), Aweil (Northern Bahr Ghazal State), Torit and Kapoeta (Eastern Equatoria State), Yambio (Western Equatoria State), Malakal (Upper Nile State), Rumbek (Lakes State), Malualkon ((Northern Bahr Ghazal State)

Thirteen (13) Women and Girl Safe Spaces are functional providing GBV prevention and response services in Emergency setting (Bentiu PoC 3, Koch 1, Tong 1, Bor1, Minkaman1, Ayod 2 and Kapoeta East 3), 71,466 (28 percent) of the targeted 250,000 people have been provided with GBViE response services (WGFS in PoC and host communities). The UNFPA supported WGFS have enabled women to

⁹² UNFPA Summary 2020 Programme Performance Report (November, 2020)

socialize and build social networks, receive social support and access safe and non-stigmatizing multi-sectorial GBV response services (psychosocial, legal, medical) as well as receive information on issues relating to women’s rights, health, and services. Women and girls have been able to gain engage in livelihood activities to facilitate women’s meaningful participation in public life, including through job training that will support women to access the labour market. By enhancing their skills in making handcraft (embroidery, crocheting and beadings), sanitary pads production, Functional skills (literacy and numeracy) and Tea making among others.

Through leading GBV Sub Cluster, coordination at national level and in states, Six States/counties: Yambio, 2Torit, Aweil, Wau, Malakal, Akobo, have a functioning multi-sectoral coordination mechanism on GBV.

Population Dynamics and Demographic Intelligence

UNFPA data interventions are of national coverage. The CO actively engages in the collection and sharing of data used for the humanitarian programming. For example, the GBVIMS has coverage for the entire states of South Sudan providing an overall trend of GBV incidents. UNFPA consolidates agency for GBVIMS in South Sudan. GBV incidence data is collected from more than 20 GBV service providers to inform on the trends of GBV and gaps in service provision. This information is regularly shared with GBV Sub cluster members to inform their programming and HCT and bilateral donors to raise resources for GBV prevention and response projects. The second example is the development of the humanitarian database, in collaboration with National Bureau of Statistics that provides population data for common humanitarian programming.

4.7 Evaluation question on connectedness

EQ 10: To what extent has UNFPA humanitarian response supported and planned for longer-term development goals articulated in the results framework of the country programme?

Summary
<p>UNFPA CO successfully took a continuum approach across the humanitarian, development and peace nexus. The results framework enmeshes and supports longer term development goals by establishing national mechanism to engage multiple stakeholders, including civil society, faith-based organizations, and men and boys, to prevent and address GBV and child marriage. There were close linkages and associations between humanitarian and development interventions. UNFPA CO supported the deployment of UNV midwives across South Sudan’s ten states to provide safe maternal delivery by skilled attendants, dignity kits and comprehensive emergency obstetric care. UNFPA CO also worked closely with the MoH to scale up midwifery education, increase capacity for delivery of emergency obstetric care and improve clinical practice for midwifery, nursing and associate clinicians. However, the long-term development objectives were hard to achieve in such a fragile, conflict and post-conflict country context. The focus on community mobilisation and engagement approach will deliver the humanitarian, development and peace dividends.</p>

UNFPA CO successfully took a continuum approach across the humanitarian, development and peace nexus.⁹³ The CO tried its best to handle the different phases of humanitarian action including:

- Preparedness, disaster risk reduction and resilience-building interventions as aspects of humanitarian action which are undertaken by development staff with development funding in development settings
- Humanitarian response itself
- An understanding of how humanitarian response should be linked to longer-term (collective) outcomes and transition through early recovery back to normality and stronger development work.

UNFPA reported extensive capacity-building support to the Ministry of Health and programmes to train and deploy health professionals including to humanitarian hubs. However, this effort was hampered by

⁹³ UNFPA Summary 2020 Programme Performance Report (November, 2020)

poor political commitment, weak health systems and low levels of education among potential trainees. UNFPA CO supported the SMS II project (2016-2020)⁹⁴ to deploy UNV midwives across South Sudan's ten states to provide safe maternal delivery by skilled attendants, dignity kits and comprehensive emergency obstetric care. UNFPA CO also worked closely with the MoH to scale up midwifery education, increase capacity for delivery of emergency obstetric care and improve clinical practice for midwifery, nursing and associate clinicians.

While the country programme was able to respond and save many lives by providing immediate life-support in PoCs, the focus was mainly humanitarian.⁹⁵ However, the long-term development objectives were hard to achieve in such a fragile, conflict and post-conflict country context. The frequent acute on chronic emergencies in South Sudan created the above scenario, which slowed down country programme implementation. The issue of ensuring peace at all costs should be a priority of the H6 partners of the UN fraternity if future long-term development programmes are going to produce sustainable results.⁹⁶

The results framework enmeshes and supports longer term development goals by establishing national mechanism to engage multiple stakeholders, including civil society, faith-based organizations, and men and boys, to prevent and address GBV and child marriage. There are currently, functioning national and state level multi-sectoral coordination mechanism for ending Child marriage, capacity building initiatives for ending GBV and CM take place in both areas affected by humanitarian crisis as well as relatively stable areas.⁹⁷ The focus on community mobilisation and engagement approach will deliver the humanitarian, development and peace dividends.

UNFPA support to NBS for generation of database both short and long-term benefits for the data was used to inform immediate decision making as well as projections into the future. UNFPA supported the NBS to establish a Common Humanitarian Database, which is hosted under www.ssnbs.org

4.8 Overall key challenges for the CP implementation

Some notable challenges experienced during the implementation period included the following:

- Insecurity in some parts of the country made the implementation of some programme activities difficult. This was coupled by inadequate access to services by the beneficiaries due to insecurity and seasonal flooding
- The continuous decline of the South Sudanese economy, coupled with high inflation and inability of the government to pay workers' salaries in a timely manner contributed to a demotivated workforce as seen in high level of absenteeism at work and poor service delivery. Due to inadequate government funding of the health sector, the capacity of government ministries especially the MoH to effectively contribute to country programme implementation was jeopardized, consequently impacting negatively on the sustainability of programme interventions
- The inability of the government both at national and state level, to effectively deploy and retain health workers trained (nurses, midwives and associate clinicians) remained a major challenge
- The high illiteracy rate among women did not allow them to appreciate the value of FP; the majority regarded FP as a means of controlling population rather than child spacing. However, the uptake of FP was slowly increasing
- The COVID-19 pandemic and the attendant government's health and safety procedures resulted into in-country travel restrictions for UNFPA and IP staff as well as suspension of some activities.

4.9 Unintended effects

The evaluation team did not note any positive or negative unintended effects as a result of the CP3 interventions.

⁹⁴ Report of the evaluation of the Strengthening of Midwifery Services II project in South Sudan (October, 2020)

⁹⁵ KI interviews at national level

⁹⁶ KI interviews at national level

⁹⁷ Summary Report for Mid- Year Results June 2020.

4.10 Lessons learned

SRH Component

Strengthening the capacity of hospital on Reproductive, Maternal, and Newborn Health (RMNH) mentoring has worked well to regularly and effectively cascade mentoring support to health centers located in their catchment area with minimum cost. The availability of more contraceptive choices increases the number of contraceptive users. This is because, the clients' needs for long acting methods are better addressed. Generally, this contributed to increase in the Contraceptive Prevalence Rate (CPR). Demand creation strategies need to be linked to the capacity development efforts to achieve desired outcomes and impact. Another lesson is that political engagement, commitment and understanding of the importance of a skilled and motivated health work force for a productive, healthy population that contributes to national development is critical alongside technical programming and competence.

Adolescents and Youth Development

Youth collective efforts resulted in pushing for the passage of the Youth Policy fronting youth inclusion in sexual and reproductive health issues.

Gender Equality and Women's Empowerment

Engagement of stakeholders especially at the sub-national leadership, religious and cultural leaders has been key to achieving major inroads for mobilizing multisectoral efforts to address harmful traditional practices.

Population and Development Component

The entire national statistical system in South Sudan is weak and needs to be addressed if quality data issues are to be resolved. There is need to mobilise stakeholders to support the NBS's National Statistical Development Strategy.

Chapter 5 Conclusions

Introduction

The conclusions are drawn directly from the findings presented in the previous chapter, indicating the main conclusions at strategic level (such as relevance, effectiveness, efficiency, and sustainability of results), followed by more detailed programme findings.

5.1 Strategic-level

Conclusion 1: C1: - Relevance

All the 3rd CP core programmes are relevant in South Sudan. The 3rd CP is well aligned with all relevant national, international and UNFPA frameworks and UNFPA is showing responsiveness by working with key national partners and contributing to the development of national guidelines and strategies. The CP responded to changes in national and international priorities as well as the needs of the various vulnerable populations including IDPs, adolescents and youth, people with disabilities etc. UNFPA's trusted working relationship/collaboration with key government partners has contributed immensely towards greater national ownership while simultaneously helping UNFPA broker collaborative arrangements to achieve results.

Origin: EQ 1, EQ2, EQ3

Associated Recommendation: R1

In view of the continued high MMR and other negative SRH outcomes, UNFPA's choice of interventions for CP are highly relevant and responsive in addressing the urgent need for concerted efforts to lower the MMR and address other SRH needs to reach SDG. The SRH activities, indicators, outputs and outcomes were clearly linked through a logical results-based management approach. While a significant number of activities have been implemented, many of them were delayed due to cumbersome administrative processes, thereby effectiveness and efficiency were compromised. The programme indicators, output and outcome may not be fully achieved by the end of CP3 given on-going delays.

The GEWE component is highly relevant given its focus on three harmful practices, GBV, early marriage and FGM/C that pose a significant and increasing threat to girls' and women's health and rights. The programme is well aligned with all relevant national, global frameworks on gender equality and women's empowerment. While the programme is well articulated and in sync with national priorities and international protocols, several gaps in the legal response to GBV hinder a progression towards full realization of gender equality. UNFPA CO is showing responsiveness by working with key national partners and contributing to the development of essential national strategies and guidelines.

The priorities of the 3rd CP AY programme are also overall consistent with South Sudan's national priorities, the UNFPA Global Strategic Plans and UNCTF priorities. It is relevant and responsive in addressing the priorities of access to adolescents and youth services and participation in decision-making on issues that affect them. The PD component is also aligned to the national needs, international protocols especially UNFPA Strategic Plans (2014-2017, 2018-2021) and the principle of "Leaving No One Behind" espoused in the ICPD PoA and SDG Agenda 2030.

With a high degree of relevance to the national plans, UNFPA strategic plans, international treaties and commitments, the 3rd CP has delivered the results contributing to strengthening the national ownership and sustainability of most of the programme interventions. The fact that the CP is highly relevant to South Sudan is a key facilitating factor in the achievements recorded so far. However, the country's commitment to leaving no one behind; and in making data available for planning is yet to be strengthened.

Conclusion 2: C2:- Effectiveness

The 3rd CP achieved expected results in all the strategic outcome areas, with some variations in the achievement of outputs. The outputs under SRH, adolescents and youth and GEWE are likely to be achieved beyond 95 percent by the end of the programme while the output under PD is likely to register 75 percent achievement. There is strong evidence that the program output results are contributing to

program outcome particularly increased skilled birth attendance, slightly increased contraceptive prevalence rate, uptake of GBV prevention and response services as well as youth participation in decision making. However, inadequate data to measure the status of outcome indicators remains a major obstacle. The program targeting and reach to some of the vulnerable populations especially people with disabilities has not been explicit.

Origin: EQ 2, EQ 3

Associated Recommendation: R5, R6, R7, R8

In the SRH component, UNFPA ensured improved access to sexual and reproductive health as well as prevention and response to gender-based violence for conflict-affected population as well as populations in stable areas. It improved the capacity of health workers at 14 targeted hospitals, the Juba Primary Health Care Centers and 10 health facilities in humanitarian locations. UNFPA provided reproductive health commodities, worth USD1.8 million leading to 67 percent of service delivery points having no stock-out. Based on the contraceptives procured and distributed by UNFPA, an estimated 258,167 couple years of protection was provided. There is an improved national and state level commitment and capacity for provision of family planning, as UNFPA continued to play a key role in ensuring that the South Sudan government and partners pursue the Family Planning 2020 national commitment. There is success recorded in the comprehensive sexuality education and youth participation in decision-making as mechanisms for promotion of youth participation in decision making have been established in collaboration with the Ministry of Culture, Youth and Sports. CSE is now implemented in 30 secondary schools.

UNFPA continues to expand partnerships for the advancement of the International Conference on Population and Development. It supports the South Sudan Parliamentary Network on Population and Development to engage in ICPD advocacy and policy dialogue that resulted in the review of the Youth Development Policy. It also facilitated a consultative process that resulted in the development of the National Commitments for accelerating the implementation of ICPD PoA in the country. There is effort to improve data availability through the population estimation survey.

Conclusion 3: C3:- Efficiency

Implementation of the CP was highly efficient. Adherence to UNFPA financial and program, monitoring policies and procedures were employed to the maximum in the implementation of the 3rd CP interventions. This, together with the implementation of the partnership plan, resulted in high resource mobilisation, high fund utilisation and results achievement rates. Both national and direct execution modalities were used where possible. Programme finance was managed well, to the extent that no qualified audit was reported. Financial and human resources management were adequate at the CO level but due to weak infrastructural base of the country, the cost of doing business in the states is exorbitant. Human resources for the CO were adequate for SRH component, although more technical personnel are needed for AY, GEWE and PD components. There wasn't adequate attention to strengthen innovation during program implementation.

Origin: EQ6

Associated Recommendation: R2, R3, R4

UNFPA had a robust financial management, monitoring and tracking system that facilitated programmatic and financial accountability. Regular follow up was made with implementing partners (IPs) for financial tracking, and no qualified audits have occurred. Disbursements were made on the basis of satisfactory standard quarterly reporting. Most IPs reported that this worked well. All IPs reported challenges at year end when the reporting requirements are required much earlier than in other quarters. The Harmonised Approach to Cash Transfer (HACT) is in place and appears to work well. Despite limited budget and human resources, UNFPA has shown tremendous effort in terms of its efficiency. Inefficiencies identified include those caused by technical, operational and implementation issues (e.g. recruitment processes, lengthy procedures, weak government inter-sectoral coordination, and waiting for approvals by the ministries etc.). Limitations in updating programme operational plans and application of risks and risk mitigation processes and risk assumptions seem to have contributed to these inefficiencies. However, the cost of doing business in South Sudan being very high (due to air travel and insecurity) constrained the efficient use of financial resources and time for all concerned. The technical and financial management capacity of ministries (MoH, MGCSW, MoCYS) need further strengthening to enhance

ownership and enable them to be in the drivers' seat for CP activities. There was inadequate technical capacity at the Ministry of Finance and Planning, which is responsible for the coordination of the CP.

Conclusion 4: C4:- Sustainability

Although a sustainability plan involving GoSS was non-existent in the 3rd CP, there are aspects of the interventions that can guarantee sustainability of the various interventions. Sustainability varied with an overall satisfactory level depending on the relevance and maturity of the programmes. UNFPA efforts on IP capacity building and working to strengthen the existing structures will guarantee improved sustainability of the interventions and expected results. However sustainability and exit strategies need were not clearly articulated.

Associated Recommendation: R2, R3, R4

There are strong initiatives across CP components that point to guaranteed sustainability. However, UNFPA had no documented sustainability plan in CPD involving government and no exit strategy for the sustainability as confirmed by the lack of adequate domestic allocation to social sectors by the government. The lack of a documented phased sustainability plan agreed with the government and dwindling government resources resulted into the government not being fully committed to funding some of CP3 activities.

Sustainability can only be expected from those activities that address longer term development requirements at the exclusion of emergency response supported by UNFPA and activities focused on immediate needs in the context of South Sudan. Ownership of the SRH and PD initiatives and their results has been relatively high with capacities built both at organizational and staff levels. However, capacities are still varying across the different ministries and agencies.

Conclusion 5: C5:- Coordination

At the CO level, there is a strong evidence of effective UNCT coordination by the UNFPA CO South Sudan. UNFPA CO contributed to the functioning and consolidation of UNCT coordination mechanisms. The CO participated actively in a number of inter-agency working groups and chaired a number of these groups. Majority of the agencies in the UNCT expressed confidence in UNFPA's capacity to take on various roles. At CP level, it is envisaged that the Ministry of Finance and Planning should coordinate all the CP activities, but interviews with national stakeholders show that the Ministry was not optimal in the performance of this function.

Origin: EQ 8

Associated Recommendation: R2, R3, R4

Based on numerous in-depth stakeholder interviews, document and financial data review, there is strong evidence of active and effective UNCT collaboration by the UNFPA CO in South Sudan. As part of its programme implementation, UNFPA routinely collaborates with six of the UN Agencies such as WHO, UNICEF, UNAIDS on SRH, including HIV; UNICEF, UNDP on Youth: Gender and GBV: (UNDP, UN Women, IOM) PD: (UNICEF, IOM, WHO, UNDP) and PBF: (IOM, UNDP, UNICEF, UN Women). Stakeholders expressed strong approval for the exceptionally collaborative approach taken by UNFPA CO in South Sudan, although pointing out that UNCT involvement in the adolescents and youth programme is weak and needs active jerk up.

5.2 Programme Level

Conclusion 6: C6:- Coverage and connectedness

The CP took the comprehensive programming approach and has a wider geographic coverage. The CP3 was implemented in all the ten states and the wide geographic spread potentially constrained effective impact. The identification of program sited took into consideration the geographical reach as well as reaching the most vulnerable populations. For example, the evaluation noted that health workers such as UN midwives were deployed mainly to health facilities in state capitals and not in deep rural areas where the marginalization of beneficiaries is greater than in urban settings. However, with insecurity, access constraints and CCOVID19 restrictions some hard to reach areas were adequately served by the program.

Origin: EQ9, EQ10

Associated Recommendation: R1, R2, R3, R4

The UNFPA 3rd CP humanitarian programme is highly relevant given South Sudan's vulnerability to political conflict. It is well aligned with all relevant national, international and UN documents and

UNFPA is showing responsiveness by working with key national partners and contributing to the development of essential national documents, guidelines and systems. The humanitarian programme is well designed and the activities within the programme complement and support each other, while also linking to longer-term development goals. Progress has been made in the humanitarian area, with institutionalization of MISIP in relevant regulations, guidelines and systems for health disaster preparedness and response systems.

Overall, the programme has been effective and efficient in its implementation with a limited number of carried over and uncompleted activities especially in the population dynamics component. It is expected that the programme output and indicators will be achieved by the end of the cycle. In the immediate aftermath of any disaster as seen during the Covid-19 pandemic, coordination is one of the most crucial elements to facilitate efficient response. In the humanitarian response area including SRH and GBV in humanitarian response, the 3rd CP evaluation found a range of generally well-functioning coordination mechanisms.

Effective contribution to humanitarian assistance has proved UNFPA to be a leading advocate for preventing GBV in emergencies. Mainstreaming of humanitarian response within all three programme components (SRH and GEWE, Adolescents and Youth) has made the way forward for bridging the humanitarian and development nexus and could provide valuable lessons that can be shared with other countries. There is scope for further integration of prevention and response to GBV across development and humanitarian settings. Limited preparedness plans in disaster-prone areas may put additional burden for UNFPA in the response work. Coverage and connectedness in the area of SRHR, ASHR and GBV in humanitarian settings need improvement to ensure effectiveness, efficiency and sustainability of interventions.

Conclusion 7: C7:- Integrated and Joint Programming

Integrated and joint programming approaches helped to strategically position of UNFPA 3rd CP within the UNCF delivery mechanisms but was limited to few Joint Programmes. UNFPA external communication within the UNCT was rather inadequate.

Origin: EQ 2, EQ3, EQ4, EQ5, EQ6

Associated Recommendation: R2, R3, R4

In order to increase strategic cooperation further, the CPE team concluded it would be better to undertake more joint programming, on core programme areas of UNFPA's mandate which abut those of other UN organisations such as UNICEF, WHO and UN Women as part of the UNSDCF process. The CPE team concluded that joint programming could be further strengthened using joint UNCT advocacy. Making further use of new forms of advocacy, such as of social media has begun but needs to be further explored for the 3rd CP. This can also be done jointly with other UN agencies to develop a UN agency wide response. More stories for the press, radio and TV, as well as UNFPA specific documentaries would enhance UNFPA's profile.

Chapter 6: Recommendations

The recommendations are based on the evaluation findings and conclusions discussed in Chapters 4 and 5. Only 8 recommendations are prioritized: four strategic and four programmatic ones. These are within the responsibility of UNFPA CO, government and development partners, UNFPA Eastern and Southern Africa Regional Office and HQ, New York.

6.1 Strategic Level

Recommendation 1: R1: To maintain program relevance and foster stronger national ownership, UNFPA and government should, during the design and implementation of the next CP, give priority to wide consultations with key stakeholders including beneficiaries at all levels. Given the enormous SRH/GBV challenges in the country, UNFPA should operate through fostering strong and strategic partnerships.

Priority: High

Audience/Action: Government Ministries, CO and IPs

Time Frame: Short-term

Origin: C1

Operational Implications

- Ensure strong government leadership in the design and implementation of the CP
- Align the CP components to national and international priorities and beneficiary needs as well as being responsive to the changing environment
- Ensure wide and continuous consultations with key stakeholders at all levels including the vulnerable and marginalized groups
- UNFPA should support RSS at national and state levels on the adoption of appropriate methods to continuously reach and consult the marginalized and most vulnerable populations
- Ensure that adequate financial resources are available to respond to the changing landscape and needs
- Continue to strengthen existing strategic partnerships with key government and non-governmental organisations in the country.

Recommendation 2: R2: To enhance programme efficiency. UNFPA should collaborate with other UN partners to strengthen the technical and human resource capacity of government ministries (MoH, MoGSW, MoCYS, MoFP/NBS) both at national and sub-national level for better technical and financial and audit management systems as well as programme coordination.

Priority: High

Audience/Action: Government Ministries, CO and IPs

Time Frame: Long term

Origin: C3

Operational Implications

- The technical implication: there is need to conduct technical training including coaching and mentoring of the government staff on the financial management systems, procedures, accountability and reporting requirements of UNFPA as well as the coordination function
- The human resource implication is that adequate staff time should be available for the above. The financial implication is that funds for the above needs to be budgeted for and made available
- Given its leadership role in the UNCT set-up, UNFPA should maintain this position and assist government with the development of strategies for programme efficiency within the wider UN cooperation framework.

Recommendation 3: R3: UNFPA should consider a focused and comprehensive integrated programming approach across development and humanitarian programme components including peace-building initiatives to ensure maximum impact. UNFPA should strengthen government's decentralised approach/system by creating more sub-national offices and ensuring adequate human resources within the offices. UNFPA CO Human resource structure should be adequately aligned to the CP needs. More focus on building resilience is crucial.

Priority: Medium

Audience/Action: UNFPA CO and IPs

Time Frame: Long-term

Origin: C1, C2, C3

Operational implications:

- Ensure adequate capacity and skills mix for implementation of an integrated Country Program
- Build on past experience, maximize comparative advantage and resources available, and explore joint programming with other UN agencies as it adds value mutually.
- Explore the possible options for the geographic coverage of the next CP and this will require careful consideration of all factors (programming, value for money, political etc). This has financial and human resource implications, which are that funds and staff time would be required for pre-programme service availability assessments.

Recommendation 4: R4: UNFPA should advocate for a documented phased sustainability plan for future GoSS /UNFPA CP initiatives. The plan should spell out clearly the commitment of government and other partners; for example, having decreasing financial allocation of donors matched by increasing allocations by government over the years.

Priority: High

Audience/Action: UNFPA CO, RSS Ministries, Development Partners

Time Frame: Long-term

Origin: C4

Operational implications:

- Invest time and energy to secure buy-in from the senior leadership of MoH and MoFP on a comprehensive phase sustainability plan and advocate for increased government allocation to the health budget. A series of meetings among the relevant stakeholders (government, donors, development partners and UNFPA) will be needed to discuss the content and modalities of the plan. The financial implication is that UNFPA CO should allocate some funds for these meetings.

6.2 Programmatic level:

Recommendation 5: R5:- Sexual and Reproductive Health

In the 4th CP, SRH component should continue to be aligned with national priorities, international commitments related to maternal health and family planning as elaborated in several national policies and international frameworks as ICPD PoA and SDGs. Country Programme should be focused on integrated programming approach particularly delivery of integrated MH/FP/HIV services. The program should focus on both quality of care as well as demand creation for FP/SRH services.

Priority: High

Audience/Action: UNFPA CO, relevant RSS Ministries and IPs, Donors

Time Frame: Long-term

Origin: C1, C4

Operational implications:

- For maternal health, all the current activities can be continued in the next CP by collaborating with the relevant ministries and IPs
- The human resource implication is the UNFPA CO and partners should dedicate staff for the continuous advocacy efforts. The technical implication is that UNFPA CO should provide support to the above ministries in their mobilisation activities geared to demand creation
- Address the root causes of maternal death
- Continue the capacity-building interventions, health systems strengthening
- Accompany programmes with theories of change that encompass the entire results chain, ensuring adequate skills and capacity of staff that participate in the formulation of the results framework
- Maximise comparative advantage of resources available and explore joint programming with UNCT agencies.
- Implement comprehensive Social and Behavioural Change Programmes

Recommendation 6: R6: Adolescents and Youth Development

Given the fact that the adolescents and youth constitute a large percentage of the population in RSS and therefore a critical focus of UNFPA programming, UNFPA CO allocate more financial and human resources to the A&Y programming. This includes strengthening UNFPA leadership role for youth programming with in the wider UN framework in South Sudan. This will enable UNFPA to gain recognition as a leader in youth programming including participation the formal peace process.

Priority: High

Audience/Action: UNFPA CO, relevant RSS Ministries and IPs, Development partners

Time Frame: Long-term

Origin: C1, C2, C3, C4

Operational implications

- Employ mere technical staff to strengthen the current activities involving the adolescents and youth
- Strengthen UNFPA leadership on youth programming
- The CO should be a catalyst in speeding up the implementation of comprehensive sexuality education (CSE) programme and gender sensitive programming approach as a platform to change deep-rooted social norms related to gender relations in the country
- Enhance youth participation in political and socio-economic decision-making processes.
- Continue advocacy for youth participation in the implementation of demographic dividend plans and programmes in accord with national integration and cohesion and development.

Recommendation 7: R7:- Gender Equality and Women's Empowerment

Continue to strengthen implementation and scale up of the current GEWE initiatives using both the mainstreaming as well as the stand alone approaches. A full circle type response to the situation of GBV and CM is critical i.e. in addition to the provision of GBV information and response services to GBV and CM, it is pertinent that economic empowerment is equally prioritized as a means of empowering women and girls to demand for their rights. This will require allocation of more financial and human resources to the gender unit

Priority: High

Audience/Action: UNFPA CO, relevant RSS Ministries and IPs, Development partners

Time Frame: Long-term

Origin: C1, C2, C3, C4

Operational implications

- Adopt legislation, policies and measures that prevent, punish and eradicate GBV within and outside the family as well as in conflict and post-conflict situations
- A full circle type response to the situation of GBV is critical and that means in addition to the provision of GBV services and response to GBV, economic services are vital to ensure that women and girls continually become financially able to take care of themselves
- Establish opportunities for and linking GBV survivors to economic empowerment services from other counterparts
- Consider expanding women friendly spaces like the one in Bentiu to provide training to GBV survivors on how to start their own businesses
- Integrate male engagement across the GEWE interventions
- Map out barriers in achieving Zero GBV through the elimination of harmful traditional practices, child marriage
- Develop monitoring tools for monitoring progress at implementation level and measuring results at national and state levels
- Further strengthen gender mainstreaming across all the components in the next CP cycle.

Recommendation 8: R8: Population Dynamics and Demographic Intelligence

Given the enormous data needs in the country, UNFPA work to strengthen partnerships to support the implementation of the National Statistical System Strategy which provides for integrated statistical system for the production of improved quality of data related to population and other components of the CP. There should be strategic interventions to make data accessible and available for evidence-based

planning and policy-making cutting across all the programme areas inclusionsupport to NBS for the preparation of national census and national demographic and health survey.

Priority: Very High.

Audience/Action: CO, MoFP, NBS

Origin: C1, C2, C3, C4

Operational Implications:

- Continue to support the building of national capacities for data collection, analysis, and dissemination and in fostering the use of data to inform evidence-based policies.
- Continue to support increased availability of disaggregated quality data for evidence-based policy making, planning, implementation, monitoring and evaluation.
- Ensure that attention should be given to the need for training and career development of young demographers and statisticians, especially training in the newer technologies
- Raise awareness of the importance of statistical and demographic data for planning and monitoring population developments
- Coordinate with line ministries for the commitment and integration of population dynamics into sectoral development
- Provide technical support for the integration of population dynamics into national development
- Strengthen the capacities of the Ministry of Planning and Economic Development for coordination with and monitoring the sub-national level offices of NBS
- Support advocacy to promote the understanding of population dynamics through seminars, conferences and workshops
- Coordinate with other UNCT and international development partners for orientations on ICPD, SDG 2030.

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Annex 2: Terms of Reference

Terms of Reference for United Nations Population Fund (UNFPA) South Sudan 3rd Country Programme Evaluation

1. Introduction

The United Nations Population Fund (UNFPA) is the lead United Nations agency for delivering a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled. UNFPA expands the possibilities of women and young people to lead healthy and productive lives. The strategic goal of UNFPA is to “achieve universal access to sexual and reproductive health, realize reproductive rights, and reduce maternal mortality to accelerate progress on the agenda of the Programme of Action of the International Conference on Population and Development (ICPD), to improve the lives of women, adolescents and youth, enabled by population dynamics, human rights and gender equality”.⁹⁸ In pursuit of this goal, UNFPA works towards three transformative and people-centred results: (i) end preventable maternal deaths; (ii) end the unmet need for family planning; and (iii) end gender-based violence (GBV) and all harmful practices, including female genital mutilation and child, early and forced marriage. These transformative results will contribute to the achievement of the Sustainable Development Goals (SDGs), in particular good health and well-being (Goal 3), the achievement of gender equality and the empowerment of women and girls (Goal 5), the reduction of inequality within and among countries (Goal 10), and peace, justice and strong institutions (Goal 16). In line with the vision of the 2030 Agenda for Sustainable Development, UNFPA seeks to ensure that no one will be left behind and that the furthest behind will be reached first.

UNFPA has been operating in South Sudan, first as a sub-office of UNFPA Sudan and then as a full-fledged Country Office (CO) in 2012 after South Sudan Gained independence in 2011. The support that the UNFPA CO provides to the Government of South Sudan (GoSS) under the framework of the 3rd Country Programme (CP) 2019-2021 builds on national development needs and priorities articulated in the:

- South Sudan Vision 2040
- National Development Strategy (2018/19-2020/21)
- United Nations Cooperation Framework (2019-2020)
- National Health Policy (2016-2026)
- Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition (RMNCAH and N) Strategic Plan (2018-2022)
- Strategic National Action Plan for Ending Child Marriage (2017-2027)
- South Sudan National HIV/AIDS Strategic Plan (2018-2028)
- The South Sudan Humanitarian Response Plans (2019 and 2020)

The 2019 UNFPA Evaluation Policy requires CPs to be evaluated every two programme cycles “unless the quality of the previous country programme evaluation was unsatisfactory and/or significant changes in the country contexts have occurred”. The country programme evaluation (CPE) will provide an independent assessment of the relevance and performance of the UNFPA 3rd CP 2019-2021 in South Sudan and offer an analysis of various facilitating and constraining factors influencing programme delivery and the achievement of intended results. The CPE will also draw key lessons and provide a set of actionable recommendations for the next programme cycle.

The evaluation will be implemented in line with the *Handbook on How to Design and Conduct Country Programme Evaluations at UNFPA* (UNFPA Evaluation Handbook), which is available at: <https://www.unfpa.org/EvaluationHandbook>. The handbook provides practical guidance for managing and conducting CPEs to ensure the production of quality evaluations in line with the United Nations Evaluation Group (UNEG) norms and standards and international good practice for evaluation. It offers step-by-step guidance to prepare methodologically robust evaluations and sets out the roles and responsibilities of key evaluation stakeholders at all stages in the evaluation process. The handbook includes a number of tools, resources and templates that provide practical guidance on specific activities and tasks that the evaluators and the Evaluation Manager perform in the different evaluation phases.

The main audience and primary users of the evaluation are: (i) The UNFPA South Sudan CO; (ii) Government of South Sudan (iii) the United Nations Country Team (UNCT) in South Sudan; (iv) the UNFPA East and Southern Africa Regional Office (v) and donors operating in South Sudan. The evaluation results will also be of interest to a wider group of stakeholders, including: (i) Implementing partners of the UNFPA South Sudan CO; (ii) UNFPA

⁹⁸ UNFPA Strategic Plan 2018-2021.

headquarters divisions, branches and offices; (iii) the UNFPA Executive Board; (iv) academia; (v) local civil society organizations and international NGOs; and (vi) beneficiaries of UNFPA support (in particular women and adolescents and youth). The evaluation results will be disseminated to these audiences as appropriate, using traditional and new channels of communication and technology.

The evaluation will be managed by the Evaluation Manager within the UNFPA South Sudan CO, with guidance and support from the Regional Monitoring and Evaluation (M&E) Adviser at the ESARO and in consultation with the Evaluation Reference Group (ERG) throughout the evaluation process. A team of independent external evaluators will conduct the evaluation and prepare an evaluation report in conformity with these terms of reference.

2. Country Context

South Sudan attained independence in 2011 and has a population of 12.3⁹⁹ million with 81 per cent living in rural areas and 73.7 per cent aged below 30 years. The total fertility rate is 7.5 children per woman and the adolescent birth rate is 158 per 1,000 girls aged 15-19 years. Significant investment in mainstreaming youth issues is needed in key sector policies and plans, and in the youthful population directly, to increase their participation in decision-making and to reap a potential demographic dividend in South Sudan.

The Country has some of the world's worst social indicators, particularly for women. The maternal mortality ratio in South Sudan is estimated at 789 per 100,000 live births. There is a backlog of approximately 60,000 cases of obstetric fistula. The high maternal mortality ratio is mainly due to limited coverage and availability of quality services, as evidenced by the extremely low skilled birth attendance rate of 14.7 per cent. Only 40 per cent of health facilities are functional, though most still lack equipment, supplies and a sufficient number and mix of health personnel, especially midwives.

The contraceptive prevalence rate is 4.5 per cent with modern methods at 1.7 per cent. The unmet need for family planning is 23.9 per cent. The median age of sexual debut is 14 years. The prevalence rate of the human immunodeficiency virus (HIV) among adults is 2.5 per cent and 30 per cent of new HIV infections occur amongst persons aged 15-24 years, with women and girls accounting for per cent. Female sex workers and their clients are estimated to make up 54 per cent of all new HIV infections. Young people and other key populations, particularly sex workers, have poor access to integrated sexual and reproductive services and information, including comprehensive sexuality education for both in and out-of-school adolescents and youth. Inadequate legal and policy frameworks and deeply rooted socio-cultural beliefs and practices hinder the use of available sexual and reproductive health and GBV prevention and response services.

GBV remains high in South Sudan. A 2017 study in three states by the International Rescue Committee shows prevalence of GBV at 65 per cent. The GBV information management system reported 3,585 cases in 2017; 46 per cent and 17 per cent of which were due to intimate partner and sexual violence respectively. Both child marriage at 45 per cent and teenage pregnancy at a rate of 300 per 1,000 adolescent girls are high, and are contributing factors to low school enrollment. Only six per cent and 20 per cent of enrolled girls complete primary and secondary education respectively. Gender inequality, discriminatory practices, poverty, and the political conflict are drivers of GBV and child marriage, and limit access to opportunities, resources and participation for women in South Sudan.

South Sudan has been facing protracted humanitarian crisis since 2013 as a result of political and armed conflict. At present, four million people have been displaced: 1.9 million internally and 2.1 million as refugees in neighbouring countries. South Sudan also hosts 280,000 refugees mostly from Ethiopia and Sudan. The majority of the displaced population are women, young people and children who need basic social services. In 2019, on average about 7.5¹⁰⁰ million people were in need of humanitarian assistance with 4.54 million people facing acute food insecurity and 2.1 million women and children acutely malnourished. Every year, about 2 million people are affected by floods. The humanitarian crisis has also been associated with GBV and the destruction and looting of health and education facilities. With the signing of the Revitalized Agreement on the Resolution of the Conflict in the Republic of South Sudan in 2018, there has been a general improvement of the political and security situation in the country. This is underpinned by the continued observance of the Permanent Ceasefire and an absence of armed conflict between the different conflict parties. However, there are isolated instances of armed conflict between government forces and parties that are non-signatory to the agreement as well as intercommunal conflicts. This relative peace has resulted in some return of internally displaced persons and refugees to their original locations.

⁹⁹ 2008 Population and Housing Census – Projections

¹⁰⁰ 2019 South Sudan Humanitarian Response Plan

South Sudan has witnessed severe economic decline since the 2013 humanitarian crisis. The GDP per capita declined from USD 1,309 in 2014 to USD 275 in 2019¹⁰¹. The country's Human Development Index (HDI) declined from 0.425 in 2010 to 0.413 in 2018. The economic situation in the country remains unfavorable, characterized by high inflation that fluctuated between 37 percent in 2016 to 83 percent in 2018 and 175 percent in December 2019¹⁰². A decline in oil production as a result of the conflict, and depreciation of the local currency, have all undermined the government's ability to deliver basic services including health care. Poverty remains endemic with at least 80 percent of the population defined as income-poor and living on an equivalent of less than US\$1 per day. As a result, there is increased dependence on external aid for basic social services and humanitarian response. The decades of war for independence, local inter-communal conflicts and a weak economy have undermined national capacity for provision of services and resilience of the South Sudanese population. The economic situation has resulted in high costs for goods and services, also negatively impacting delivery of development and humanitarian programme as well as the ability of the government to pay salaries for staff and provide comprehensive health services.

South Sudan also faces human resource capacity gaps. Government ministries and institutions at all levels suffer from inadequate and insufficiently qualified and competent staff. Therefore, the need to attract migrant skilled personnel from neighboring countries as a stop-gap measure became apparent at independence up to now. This together with capacity building efforts for the nationals as well as attracting the South Sudanese in diaspora has for some time constituted huge budgetary requirements in which the Government has to be supported. Government sectors are still heavily dependent on development partners and NGOs. Despite significant investments in human resource development, there still remain many needs and gaps in all government ministries, departments and agencies. Scaling up human resources, including for health, remains a key priority for the Government of South Sudan as articulated in the national policy frameworks.

There has been government over-reliance on donor funding to finance critical social services. Government financing of own development efforts continued to suffer setbacks occasioned by lack of national resources. For example, out of the \$584 million national budget for the 2018/19 Fiscal Year, about 45 percent of the budget was allocated to wages and salaries. The health sector allocation was only 1.9 percent¹⁰³ of the total national budget and this has reduced to 1.1 percent¹⁰⁴ in the 2019/2020 budget. Despite the destruction during the war and the poor physical condition of most health facilities, there is no allocation to infrastructure development for the health sector. There has been limited investment in health system capacity development, particularly low employment and deployment of health care providers especially midwives in the health sector; irregular payment of health workers' salaries resulting in low motivation, poor attitude to work and absenteeism; and the sporadic provision of essential drugs and supplies coupled with a weak logistics management system.

The capacity of the national statistical system for the generation, analysis, dissemination and use of housing census and population data remains weak. As noted in the compilation of the 2017 inaugural South Sudan Report on the Sustainable Development Goals, lack of recent and quality data for most indicators, continue to pose challenges to evidence-based planning and evaluation of policies and programmes. Existing population data is from the 2008 National Population and Housing Census, as the conduct of the 2014 Population Census was disrupted by the 2013 conflict. Limited data makes it hard to identify those who are left behind and who need to be reached first, although anecdotally, women, girls and young people are most in need, particularly first-time mothers and youth with disabilities living in rural areas.

3. UNFPA Country Programme

UNFPA has been working with the Government first as a sub-office of UNFPA Sudan and then as a full-fledged CO in 2012 towards enhancing sexual and reproductive health and rights (SRHR), advancing gender equality, realizing rights and choices for young people, and strengthening the generation and use of population data for development. UNFPA is currently implementing the 3rd CP in South Sudan.

The 3rd CP (2019-2021) is aligned with the South Sudan Vision 2040, the National Development Strategy (2018/19-2020/21), the United Nations Cooperation Framework (2019 – 2020) and sectoral policies and strategies, including the National Health Policy (2016-2026), the Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition (RMNCAH and N) Strategic Plan (2018-2022); the Strategic National Action Plan for Ending Child Marriage ((2017-2027); the South Sudan National HIV/AIDS Strategic Plan (2018-2028); the South Sudan

¹⁰¹ World Human Development Report, 2019

¹⁰² <https://tradingeconomics.com/south-sudan/inflation-cpi>

¹⁰³ South Sudan 2018/2019 National Budget Estimates

¹⁰⁴ South Sudan 2019/2020 National Budget Estimates

Humanitarian Response Plans and the UNFPA Strategic Plan (2018-2021). It was developed in consultation with Government, civil society, bilateral and multilateral development partners, including United Nations organizations, the private sector and academia.

The UNFPA South Sudan CO delivers its country programme through the following modes of engagement: (i) Advocacy and policy dialogue, (ii) capacity development, (iii) knowledge management, (iv) partnerships and coordination, and (v) service delivery. The **overall goal** of the UNFPA South Sudan 3rd CP (2019-2021) is **universal access to sexual and reproductive health and reproductive rights and reduced maternal mortality**, as articulated in the UNFPA Strategic Plan 2018-2021. The CP contributes to the following **outcomes** of the UNFPA Strategic Plan 2018-2021:

- **Outcome 1.** *Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence.*
- **Outcome 2.** *Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts.*
- **Outcome 3.** *Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings.*
- **Outcome 4.** *Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development.*

The UNFPA South Sudan 3rd CP 2019-2021 has 4 thematic areas of programming with distinct **outputs** that are structured according to the four outcomes in the Strategic Plan 2018-2021 to which they contribute.

Outcome 1: Sexual and reproductive health and rights

Output 1: Crisis-affected populations, particularly women and adolescent girls, have increased access to information and services for maternal health, family planning, gender-based violence and HIV prevention in emergency and fragile contexts. This will be achieved through: (a) provision of reproductive health and GBV prevention and response services in emergencies and relatively stable areas; (b) capacity development for delivery of minimal initial services package, including post-abortion care; (c) strengthening GBV information management system; (d) coordination of GBV sub-cluster and reproductive health working group at national and sub-national levels; (e) provision of coordinated fistula repair services; (f) social and behaviour change communication activities to mobilize population for use of maternal health, family planning, HIV, and GBV services; (g) rehabilitation, equipping and in-service training of health workers to provide emergency obstetrics care services; (h) expanding sites and networks for provision of youth-friendly reproductive health and HIV prevention services.

Output 2: National systems, especially for maternal health and family planning are strengthened for the provision of integrated sexual reproductive health information and services and for accountability on sexual reproductive health and rights. This will, in the context of humanitarian and development continuum, be achieved through: (a) strengthening midwifery education and provision of bonded-scholarships for student midwives; (b) support for nurse and midwifery regulation and services including working with a functional midwifery council and deploying United Nations volunteer midwives; (c) supporting midwifery association functions at national and sub-national levels; (d) training complementary maternal health service providers, such as obstetricians and clinical officers under task-shifting for emergency obstetrics care; (e) conducting maternal death surveillance and review, especially in 14 targeted health facilities; (f) implementing the Family Planning2020 Action Plan, including procurement and distribution of reproductive health/family planning supplies; strengthening supply chain management system and training health service providers in provision of family planning services; (g) developing leadership and management capacities for sexual and reproductive health programmes; and (h) advocating to mobilize support for GBV services and reproductive health and rights, including integrating maternal health in Universal Periodic Reports.

Outcome 2: Adolescents and youth

Output 3: Adolescents and youth are better able to make informed decisions on their sexual and reproductive health and rights, and to participate in planning, implementation and evaluation of peacebuilding, development and humanitarian policies and programmes. The interventions to achieve this output include: (a) advocating with relevant sectors to mainstream youth issues into national and sectoral policies, plans and budget allocations; (b) supporting improved harmonization, coordination and work of youth-focused organizations; (c) support youth structure and deepening youth participation in decision-making structures and processes for peace, development and humanitarian programmes; and (d) support the integration of comprehensive sexuality education

into secondary school programmes and for out of school youth in displacement, while linking them to youth-friendly services.

Outcome 3: Gender equality and women's empowerment

Output 4: Increased multi-sectoral capacity to prevent and respond to gender-based violence and harmful practices, including child marriage. UNFPA has sought to: (a) establish effective inter-sectoral coordination mechanisms and advocate with political, traditional and religious leaders, men and boys, and media outlets to end child marriage; (b) develop the capacity of national-level platforms that monitor, report and advocate on adherence to global and regional commitments on reproductive rights; (c) coordinate the implementation of the United Nations Joint Programme on Gender-Based Violence prevention and response, including rolling out of the "one stop centre" model for GBV survivors; (d) advocate and provide technical assistance in mainstreaming gender equality and GBV into national and sectoral policies and plans; and (e) support coordination of the Health Sector Gender Working Group and the National Task Force on protection from sexual exploitation and abuse.

Outcome 4: Population dynamics

Output 5: Improved national systems for generation and dissemination of population data and demographic intelligence, including in humanitarian settings. The priority interventions are: (a) capacity building of the National Bureau of Statistics to generate, analyze, produce and disseminate statistical reports and use them to report on progress towards the SDGs; (b) advocate for using UNFPA-supported, policy-oriented research on the demographic dividend, sexual and reproductive health and GBV in sectoral planning; (c) strengthen the work of parliamentarians and media networks to advocate on linking population and development in government plans and budgets; (d) support application of modern geo-referenced demographic data generation technology, including satellite imagery, to collect data in inaccessible areas for the Population and Housing Census, and to monitor selected SDG indicators; and (e) support the National Bureau of Statistics to coordinate multi-stakeholder fora on data for development and humanitarian action.

In addition, the UNFPA South Sudan CO takes part in activities of the UNCT under the leadership of the United Nations Resident Coordinator, with the objective to ensure inter-agency coordination and efficient delivery of tangible results in support of the national development agenda and the SDGs.

The **theory of change** that describes how and why the set of activities planned under the CP are expected to contribute to a sequence of results that culminates in the strategic goal of UNFPA is presented in Annex A. The theory of change will be an essential building block of the evaluation methodology.

The UNFPA South Sudan CP 2019-2021 is based on the following results framework presented below:

South Sudan UNFPA 3rd Country Programme 2019-2021 Results Framework

Goal: Achieved universal access to sexual and reproductive health, realized reproductive rights, and reduced maternal mortality to accelerate progress on the

ICPD agenda, to improve the lives of adolescents, youth and women, enabled by population dynamics, human rights, and gender equality

UNFPA Thematic Areas of Programming

I. Sexual and reproductive health and rights	II. Adolescents and Youth	III. Gender Equality and Women Empowerment	IV: Population Dynamics
UNFPA Strategic Plan Outcomes			
Outcome 1. Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence.	Outcome 2. Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts.	Outcome 3. Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings.	Outcome 4. Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development.
UNFPA South Sudan 3rd CP Outputs, Indicators and targets			
<p>Output 1: Crisis-affected populations, particularly women and adolescent girls, have increased access to information and services for maternal health, family planning, gender-based violence and HIV prevention in emergency and fragile contexts</p> <ul style="list-style-type: none"> Number of trained service providers and managers with adequate knowledge and skills to implement the Minimum Initial Service Package. Baseline: 946; Target: 1,546 Number of people reached with integrated sexual reproductive health services in displacement and the 14 target facilities disaggregated by type of service. Baseline: 1,005,000 with reproductive health services; 463,500 with GBV services and 37,112 with family planning services; Target: 2,300,000; 1,170,000 and 150,000 respectively; Number of fistula patients repaired with direct support from UNFPA. Baseline: 900; Target: 1,350 Existence of inter-agency reproductive health and GBV sub-cluster coordination bodies functional as per standard operating procedures. Baseline: No; Target: Yes <p>Output 2: National systems, especially for maternal health and family planning are strengthened for the provision of integrated sexual reproductive health information and services and for accountability on sexual reproductive health and rights.</p>	<p>Output 3: Adolescents and youth are better able to make informed decisions on their sexual and reproductive health and rights, and to participate in planning, implementation and evaluation of peace building, development and humanitarian policies and programmes.</p> <ul style="list-style-type: none"> Number of national and state institutions that effectively engage adolescents and youth in decision making as per agreed procedures. Baseline: 0; Target: 15 Number of secondary schools that have integrated sexuality education into school curriculum. Baseline: 20; Target: 50 Existence of a functional 	<p>Output 4: Increased multi-sectoral capacity to prevent and respond to gender-based violence and harmful practices, including child marriage.</p> <ul style="list-style-type: none"> Existence of national mechanism to engage multiple stakeholders, including civil society, faith-based organizations, and men and boys, to prevent and address GBV and child marriage. Baseline: No; Target: Yes Number of communities that make public declarations to eliminate child, early and forced marriage, with support from UNFPA. Baseline: 0; Target: 30 Number of “One-Stop” centres established within public health facilities for 	<p>Output 5: Improved national systems for generation and dissemination of population data and demographic intelligence, including in humanitarian settings.</p> <ul style="list-style-type: none"> Number of national surveys, assessments and thematic analysis conducted on reproductive health and GBV. Baseline: 1; Target: 6 Percentage of UNFPA-prioritized Sustainable Development Goals indicators regularly updated by the National Bureau of Statistics. Baseline: 0; Target: 100

<ul style="list-style-type: none"> • <i>Number of midwives trained using curriculum that meets ICM and WHO standards. Baseline: 335; Target: 658</i> • <i>Percentage of service delivery points that have no stock-out of at least 3 contraceptive methods in the last three months. Baseline: 31; Target: 40</i> • <i>Maternal health integrated in Universal Periodic Report. Baseline: No; Target: Yes</i> 	<p><i>multi-sectoral coordination mechanism on youth that advocates for increased investments in marginalized adolescents and youth. Baseline: No; Target: Yes</i></p>	<p><i>multi-sectoral case management of gender-based violence. Baseline: 1; Target: 10</i></p>	<ul style="list-style-type: none"> • <i>Number of sector plans that have integrated the demographic dividend study report recommendations. Baseline: 0; Target: 4</i>
<p>UNFPA South Sudan 3rd CP Intervention Areas</p>			
<p>Interventions for output 1:</p> <p>(a) provide reproductive health and GBV prevention and response services in emergencies and relatively stable areas;</p> <p>(b) Develop capacity for delivery of minimal initial services package, including post-abortion care;</p> <p>(c) strengthen GBV information management system;</p> <p>(d) coordinate GBV sub-cluster and reproductive health working group at national and sub-national levels;</p> <p>(e) provision of coordinated fistula repair services;</p> <p>(f) undertake social and behaviour change communication activities to mobilize population for use of maternal health, family planning, HIV, and GBV services;</p> <p>(h) rehabilitate, equip and provide in-service training of health workers to provide emergency obstetrics care services;</p> <p>(i) expand sites and networks for provision of youth-friendly reproductive health and HIV prevention services.</p> <p>Interventions for output 2:</p> <p>(a) strengthen midwifery education and provision of bonded-scholarships for student midwives;</p> <p>(b) support for nurses and midwifery regulation and services including working with functional midwifery council</p> <p>(c) deploy United Nations volunteer midwives at 14 targeted facilities</p> <p>(d) Build capacity of midwifery association functions at national and sub-national levels;</p> <p>(e) train complementary maternal health service providers such as obstetricians and clinical officers under task-shifting for emergency obstetrics care;</p> <p>(e) conduct maternal death surveillance and review especially in 14</p>	<p>(a) advocate, with relevant sectors, to mainstream youth issues into national and sectoral policies, plans and budget allocations;</p> <p>(b) provide technical support for improved harmonization, coordination and work of youth-focused organizations;</p> <p>(c) support youth structure and deepening youth participation in decision-making structures and processes for peace, development and humanitarian programmes; and</p> <p>(d) provide technical and financial support the integration of comprehensive sexuality education into secondary school programme and for out of school youth in displacement while linking them to youth-friendly services</p>	<p>(a) establish effective inter-sectoral coordination mechanisms and advocate with political, traditional and religious leaders, men and boys, and media outlets to end child marriage;</p> <p>(b) develop capacity of national level platforms that monitor, report and advocate on honouring global and regional commitments on reproductive rights;</p> <p>(c) coordinate the implementation of the United Nations Joint Programme on Gender-Based Violence prevention and response, including rolling out of the “one stop centre” model for survivors of GBV;</p> <p>(d) advocate and provide technical assistance in mainstreaming gender equality and GBV into national and sectoral policies and plans;</p> <p>(e) support coordination of the Health Sector Gender Working Group and the National Task Force on protection from sexual exploitation and abuse.</p>	<p>(a) Build capacity of the National Bureau of Statistics to generate, analyze, produce and disseminate statistical reports and use them to report on the SDGs;</p> <p>(b) advocate for using UNFPA supported policy-oriented research on demographic dividend, sexual and reproductive health and GBV in sectoral planning;</p> <p>(c) strengthen work of parliamentarians and media networks to advocate on linking population and development in government plans and budgets;</p> <p>(d) support application of modern geo-referenced demographic data generation technology, including satellite imagery, to collect data in inaccessible areas for the Population and Housing Census, and to monitor selected SDG indicators; and</p> <p>(e) support the bureau of statistics to coordinate multi-</p>

<p>targeted health facilities; (f) implement FP2020 action plan, including procurement and distribution of reproductive health/family planning supplies; strengthening supply chain management system and training health service providers in provision of family planning services; (g) develop leadership and management capacities for sexual reproductive health programmes; and (h) advocate to mobilize support for GBV services and reproductive health and rights, including integrating maternal health in Universal Periodic Report.</p>			<p>stakeholder forum on data for development and humanitarian action.</p>
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4. Evaluation Purpose, Objectives and Scope

4.1. Purpose

The CPE will serve the following three main purposes outlined in the 2019 UNFPA Evaluation Policy: (i) demonstrate accountability to stakeholders on performance in achieving development results and on invested resources; (ii) support evidence-based decision-making; and (iii) contribute key lessons learned to the existing knowledge based on how to accelerate the implementation of the Programme of Action of the 1994 ICPD.

4.2. Objectives

The **purpose** of this CPE is:

- to provide the UNFPA CO in South Sudan, national stakeholders, the UNFPA ESARO, UNFPA Headquarters as well as a wider audience with an independent assessment of the performance of the UNFPA South Sudan 3rd CP 2019-2021.
- to broaden the evidence base for the design of the next programme cycle.

The **objectives** of this CPE are:

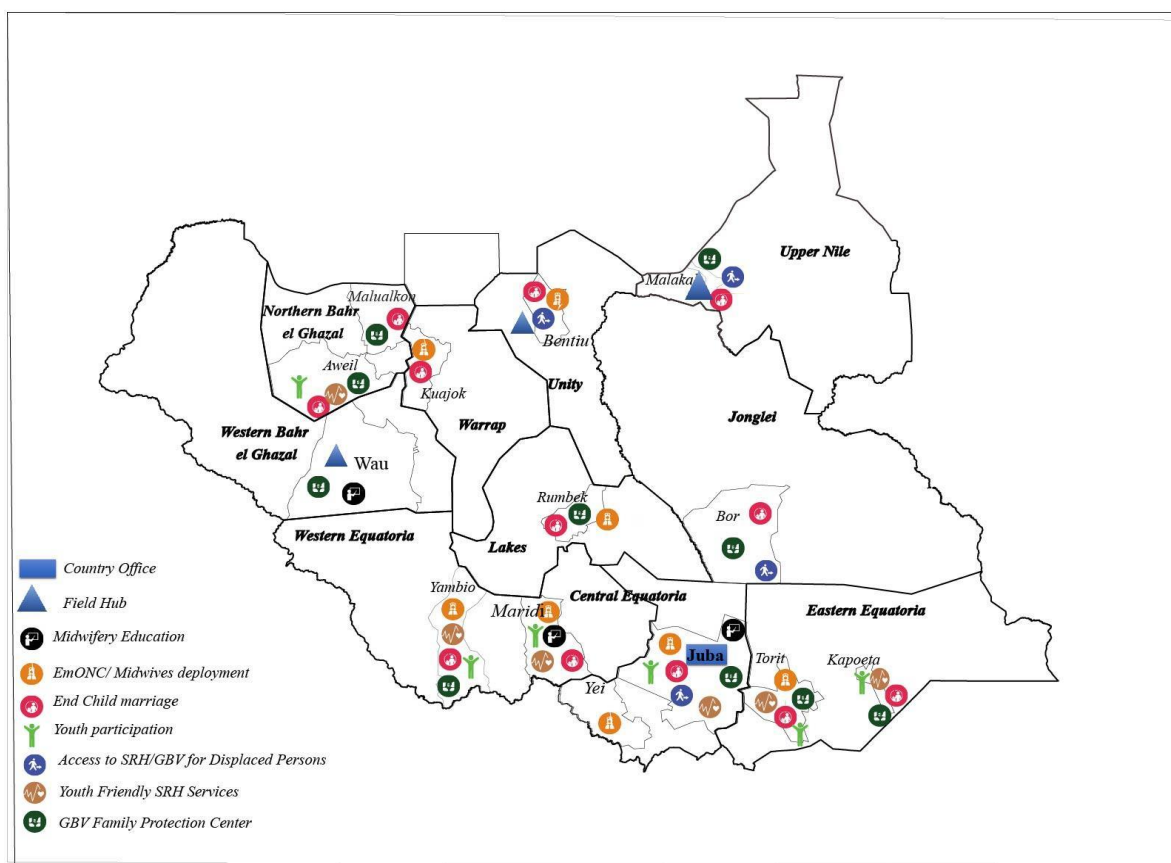
- Provide an independent assessment of the relevance, effectiveness, efficiency and sustainability of UNFPA support and progress towards the expected outputs and outcomes set forth in the results framework of the country programme.
- Provide an assessment of the geographic and demographic coverage of UNFPA humanitarian action and the ability of UNFPA to connect immediate, life-saving support with long-term development objectives.
- Provide an assessment of the role played by the UNFPA CO in the coordination mechanisms of the UNCT with a view to enhancing the United Nations collective contribution to national development results.
- Draw key lessons from past and current cooperation and provide a set of clear and forward-looking options leading to strategic and actionable recommendations for the next programme cycle.

4.3. Scope

Geographic Scope

The evaluation will cover interventions at the national level and locations in all states where UNFPA implemented interventions, namely:

State	Main intervention locations
Upper Nile	Malakal
Jonglei	Bor, Akobo
Eastern Equatoria	Torit, Kapoeta
Central Equatoria	Juba, Yei, Numure
Western Equatoria	Yambio, Maridi
Lakes	Rumbek
Warrap	Kuajok
Unity	Bentui
Western Bahr el Ghazel	Wau
Northern Bahr el Ghazel	Aweil, Malualkonn



Thematic Scope

The evaluation will cover the following thematic areas of the 3rd CP: sexual and reproductive health; gender equality and empowerment of women and girls; youth participation and comprehensive sexuality education; and population data and demographic intelligence. Within the area of sexual and reproductive health, the evaluation will not cover midwifery programming in the framework of the Strengthened Midwifery Services Project II to avoid duplication and overlap with this project-based evaluation that will be undertaken in the second quarter of 2020. However, the evaluation will include the data and results obtained through this project evaluation – and primary data will be collected to fill knowledge gaps, as relevant – to provide a comprehensive assessment of sexual and reproductive health programming.

In addition, under the evaluation criteria noted above, the evaluation will cover cross-cutting issues such as human rights and gender equality, monitoring and evaluation (M&E); communications; innovation; resource mobilization and strategic partnerships.

Temporal Scope

The evaluation will cover interventions planned and/or implemented within the time period of the current CP 2019 – 2021.

5. Evaluation Criteria and Preliminary Evaluation Questions

5.1. Evaluation Criteria

In accordance with the methodology for CPEs outlined in the UNFPA Evaluation Handbook (see section 3.2, pp. 51-61), the evaluation will examine the following four OECD/DAC evaluation criteria: relevance, effectiveness, efficiency and sustainability. It will also use the evaluation criterion of coordination to assess cooperation and partnerships of UNFPA within the UNCT and whether UNFPA interventions promote synergy and avoid gaps and duplication. As the UNFPA CO has been operating in humanitarian settings, the evaluation will also use the humanitarian-specific evaluation criteria of coverage and connectedness to investigate to what

extent UNFPA has been able to reach affected populations with life-saving services and work across the humanitarian-peace-development nexus and contribute to building resilience.

Relevance	The extent to which the objectives of the UNFPA country programme correspond to population needs at country level (in particular, those of vulnerable groups), and were aligned throughout the programme period with government priorities and with strategies of UNFPA.
Effectiveness	The extent to which country programme outputs have been achieved and the extent to which these outputs have contributed to the achievement of the country programme outcomes.
Efficiency	The extent to which country programme outputs and outcomes have been achieved with the appropriate amount of resources (funds, expertise, time, administrative costs, etc.).
Sustainability	The continuation of benefits from a UNFPA-financed intervention after its termination, linked, in particular, to their continued resilience to risks.
Coordination	The extent to which UNFPA has been an active member of, and contributor to existing coordination mechanisms of the UNCT
Coverage	The extent to which major population groups facing life-threatening suffering were reached by humanitarian action.
Connectedness	The extent to which activities of a short-term emergency nature are carried out in a context that takes longer-term and interconnected problems into account.

5.2. Preliminary Evaluation Questions

The country programme evaluation is expected to provide answers to a number of evaluation questions which are derived from the above criteria. The evaluation questions will delineate the thematic scope of the CPE and are meant to formulate key areas of inquiry that are of interest to various stakeholders, thereby optimizing the focus and utility of the CPE.

The evaluation questions presented below are indicative and the evaluators are expected to develop a final set of evaluation questions based on these preliminary questions, in consultation with the Evaluation Manager at the UNFPA South Sudan CO and the Evaluation Reference Group (ERG).

Relevance

1. To what extent is the country programme adapted to: i) the needs of diverse populations, including the needs of marginalized and vulnerable groups; ii) national development strategies and policies; iii) the strategic direction and objectives of UNFPA; and iv) priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action, and SDGs and the New Way of Working.
2. To what extent has UNFPA ensured that the varied needs of vulnerable and marginalized populations, including adolescents and youth, those with disabilities and indigenous communities, have been taken into account in both the planning and implementation of all UNFPA-supported interventions under the country programme?
3. To what extent has the CO been able to respond to changes in national needs and priorities, including those of vulnerable or marginalized communities, or to shifts caused by crisis or major political changes? What was the quality of the response?

Effectiveness

4. To what extent have the interventions supported by UNFPA contributed to the achievement of the expected results (outputs and outcomes) of the country programme? In particular i) increased access and use of integrated sexual and reproductive health services; ii) empowerment of adolescents and youth to access sexual and reproductive health services and exercise their sexual and reproductive rights; iii) advancement of gender equality and the empowerment of all women and girls; and iv) increased use of population data in the development of evidence-based national development plans, policies and programmes?
5. To what extent has UNFPA successfully integrated gender and human rights perspectives in the design, implementation and monitoring of the country programme?

Efficiency

6. To what extent has UNFPA made good use of its human, financial and administrative resources, and used a set of appropriate policies, procedures and tools to pursue the achievement of the outcomes defined in the county programme?

Sustainability

7. To what extent has UNFPA been able to support implementing partners and beneficiaries (women and adolescents and youth) in developing capacities and establishing mechanisms to ensure the durability of effects?

Coordination

8. To what extent has the UNFPA CO contributed to the functioning and consolidation of UNCT coordination mechanisms?

Coverage

9. To what extent have UNFPA humanitarian interventions systematically reached all geographic areas in which affected populations (women and adolescents and youth) reside?

Connectedness

10. To what extent has UNFPA humanitarian response supported and planned for longer-term development goals articulated in the results framework of the country programme?

The final evaluation questions and the evaluation matrix will be presented in the design report.

6. Methodology and Approach

6.1. Evaluation Approach

Theory-based approach

The CPE will adopt a theory-based approach that relies on an explicit theory of change, which depicts how the interventions supported by the UNFPA CO in South Sudan are expected to contribute to a series of results (outputs and outcomes) that lead to the overall goal of UNFPA. The theory of change also identifies the causal mechanisms, risks and contextual factors that support or hinder the achievement of desired changes. A theory-based approach is fundamental for generating insights about what works, what does not and why, as it focuses on the analysis of causal links (assumptions) between changes at different levels of the results chain described by the theory of change, and explores how these assumptions and contextual factors affected the achievement of intended results.

The theory of change will play a central role throughout the evaluation process, from the design and data collection to the analysis and identification of findings, as well as the articulation of conclusions and recommendations. The evaluation team will be required to verify the theory of change underpinning the UNFPA South Sudan 3rd CP (2019-2021) (see Annex A) and use this theory of change to determine whether changes at output and outcome levels occurred (or not) and whether assumptions about change hold true. The analysis of the theory of change will serve as the basis for the evaluators to assess how relevant, effective, efficient and sustainable the support provided by the UNFPA South Sudan was during the period of the 3rd CP.

As part of the theory-based approach, the evaluators shall use a contribution analysis to explore whether evidence to support key assumptions exists, examine if evidence on observed results confirms the chain of expected results in the theory of change, and seek out evidence on the influence that other factors may have had in achieving desired results. This will enable the evaluation team to make a reasonable case about the difference that the UNFPA South Sudan 3rd CP (2019-2021) made.

Participatory approach

The CPE will be based on an inclusive, transparent and participatory approach, involving a broad range of partners and stakeholders at national and sub-national levels. The UNFPA South Sudan CO has developed a stakeholders map (Annex B) to identify stakeholders who have been involved in the preparation and implementation of the CP, and those partners who do not work directly with UNFPA and yet play a key role in a relevant outcome or thematic area in the national context. These stakeholders include: representatives from government, civil society organizations, implementing partners, the private sector, academia, other United Nations organizations, donors and, most importantly, beneficiaries (in particular women and girls, adolescents/youth and men). They can provide insights and information, as well as referrals to data sources that the evaluators should use to assess the contribution of UNFPA support to changes in each thematic area of programming of the CP. Particular attention will be paid to ensuring participation of women, adolescent girls and young people, especially those from vulnerable and marginalized communities.

The Evaluation Manager in the UNFPA South Sudan CO will establish an ERG comprised of key stakeholders of the CP including: governmental and non-governmental counterparts at national level, Implementing Partner

staff, CO staff, staff from other UN agencies and the UNFPA ESARO M&E Adviser. The ERG will provide inputs at different stages in the evaluation process.

Mixed-method approach

The evaluation will primarily use qualitative methods for data collection, including document review, interviews, group discussions and observations through field visits, as appropriate. The qualitative data will be complemented with quantitative data to minimize bias. Quantitative data will be compiled through desk review of documents, websites and online databases to obtain relevant financial data and data on key indicators that measure change at output and outcome levels.

These complementary approaches described above will be used to ensure that the evaluation: (i) responds to the information needs of users and the intended use of the evaluation results; (ii) upholds gender and human rights principles throughout the evaluation process, including, to the extent possible, participation and consultation of key stakeholders (rights holders and duty-bearers); and (iii) provides credible information about the benefits for recipients and beneficiaries (women and adolescents and youth) of UNFPA support through triangulation of collected data.

6.2. Methodology

The evaluation team shall develop the evaluation methodology in line with the evaluation approach and guidance provided in the UNFPA Evaluation Handbook. The handbook will help the evaluators develop a methodology that meets good quality standards for evaluation at UNFPA and the professional evaluation standards of UNEG. It is expected that, once contracted by the UNFPA South Sudan CO, the evaluators acquire a solid knowledge of the handbook.

The CPE will be conducted in accordance with the *UNEG Norms and Standards for Evaluation*¹⁰⁵, *Ethical Guidelines for Evaluation*¹⁰⁶, *Code of Conduct for Evaluation in the UN System*¹⁰⁷, and *Guidance on Integrating Human Rights and Gender Equality in Evaluations*¹⁰⁸. When contracted by the UNFPA CO South Sudan, the evaluators will be requested to sign the UNEG *Code of Conduct* prior to starting their work.

The methodology that the evaluation team will develop builds the foundation for providing valid and evidence-based answers to the evaluation questions and for offering a robust and credible assessment of UNFPA support in South Sudan. The methodological design of the evaluation shall include in particular: (i) a theory of change; (ii) a strategy for collecting and analyzing data; (iii) specifically designed tools for data collection and analysis; (iv) an evaluation matrix; and (v) a detailed work plan.

The evaluation team is strongly encouraged to refer to the Handbook at all times and use the provided tools and templates at all stages of the evaluation process.

The evaluation matrix

The evaluation matrix is centerpiece to the methodological design of the evaluation (see Handbook, section 1.3.1, pp. 30-31 and Tool 1: The Evaluation Matrix, pp. 138-160 and the evaluation matrix template in Annex C). It contains the core elements of the evaluation: (i) what will be evaluated (evaluation questions for all evaluation criteria and key assumptions to be examined as part of the evaluation questions), and (ii) how it will be evaluated (data collection methods, sources of information and analysis methods for each evaluation question and associated key assumptions). By linking each evaluation question (and associated assumptions) with the specific data sources and data collection methods required to answer the question, the evaluation matrix plays a crucial role before, during and after data collection.

In the design phase, the matrix helps evaluators to develop a detailed agenda for data collection and analysis and to prepare the structure of interviews, group discussions and direct observation at sites visited. During the field phase, the evaluation matrix serves as a reference document to ensure that data is systematically collected for all evaluation questions and that data is documented in a structured and organized way. At the end of the field phase, the matrix is useful to verify whether sufficient evidence has been collected to answer all evaluation questions and identify data gaps that require additional data collection. In the reporting phase, the evaluation

¹⁰⁵ <http://www.unevaluation.org/document/detail/1914>

¹⁰⁶ <http://www.unevaluation.org/document/detail/102>

¹⁰⁷ <http://www.unevaluation.org/document/detail/100>

¹⁰⁸ <http://www.unevaluation.org/document/detail/980>

matrix facilitates the drafting of findings per evaluation question and the identification and articulation of conclusions and recommendations that cut across different evaluation questions.

As the evaluation matrix plays a crucial role at all stages of the evaluation process, it will require particular attention from both the evaluation team and the Evaluation Manager. The evaluation matrix will be drafted in the design phase and must be included in the design report. The evaluation matrix will also be included in the annexes to the final evaluation report, to enable users to access the supporting evidence for the answers to the evaluation questions.

Finalization of the evaluation questions and assumptions

Based on the preliminary evaluation questions presented in the present terms of reference (see section 5.2), the evaluators are required to finalize the set of questions that will guide the evaluation. The final set of evaluation questions will need to clearly reflect the evaluation criteria and key areas of inquiry (highlighted in the preliminary evaluation questions). The evaluation questions should also draw from the theory of change underlying the CP. The final evaluation questions will structure the evaluation matrix (see Annex C) and shall be presented in the design report.

The evaluation questions must be complemented by a set of critical assumptions that capture key aspects of how and why change is expected to occur based on the theory of change of the CP. This will allow evaluators to assess whether the preconditions for contribution to results at output and, in particular, outcome levels are met. The data collection for each of the evaluation questions and assumptions will be guided by clearly formulated quantitative and qualitative indicators, which need to be specified in the evaluation matrix.

Sampling strategy

The UNFPA South Sudan CO will provide an initial overview of the interventions supported by UNFPA, the locations where these interventions have taken place, and the stakeholders involved in these interventions. As part of this process, the UNFPA South Sudan CO has produced a stakeholder mapping to identify the whole range of stakeholders that are directly or indirectly involved in the implementation, or affected by the implementation of the CP (see Annex B)

Based on information gathered through desk review and discussions with the CO staff, the evaluators will refine the initial stakeholders map and develop a comprehensive stakeholders map. From this stakeholders map, the evaluation team will select a sample of stakeholders at national and sub-national levels who will be consulted through interviews and/or group discussions during the data collection phase. These stakeholders must be selected through clearly defined criteria and the sampling approach outlined in the design report (for guidance on how to select a sample of stakeholders see Handbook, pp. 62-63). In the design report, the evaluators should also make explicit what groups of stakeholders were not included and why. The evaluators should aim to select a sample of stakeholders that is as representative as possible, recognizing that it will not be possible to obtain a statistically representative sample.

The evaluation team shall also select a sample of sites that will be visited for data collection, and provide the rationale for the selection of the sites in the design report. The UNFPA South Sudan CO will provide the evaluators with information on the accessibility of different locations, including logistical requirements and security risks and concerns. The sample of sites selected for visits should reflect the variety of interventions supported by UNFPA in terms of thematic focus of programming and context.

The final sample of stakeholders to be consulted and sites to be visited will be determined in consultation with the Evaluation Manager based on the review of the design report.

Data collection

The evaluation will consider primary and secondary sources of information. For detailed guidance on the different data collection methods typically employed in CPEs, see Handbook, section 3.4.2, pp. 65-73.

Primary data will be collected through semi-structured interviews with key informants at national and sub-national levels (government officials, representatives of implementing partners, civil society organizations, other United Nations organizations, donors, and other stakeholders), as well as group discussions with service providers and beneficiaries (women and adolescents and youth) and direct observation during visits to programme sites.

Secondary data will be collected through desk review, primarily focusing on annual and mid-year reviews of the CP, progress reports and monitoring data, evaluations and research studies (incl. previous CPEs, assessments of the CP, evaluations by the UNFPA Evaluation Office, research by international NGOs and other United Nations organizations etc.), housing census and population data, and records and data repositories of the UNFPA South Sudan CO and its implementing partners, such as health clinics/centres. Particular attention will be paid to compiling data on key performance indicators of the UNFPA South Sudan CO during the period of the 3rd CP (2019-2021)

The evaluation team will ensure that data collected is disaggregated by sex, age, location and other relevant dimensions (e.g., disability status) to the extent possible.

The evaluation team is expected to dedicate a total of approximately three weeks for data collection in the field. The data collection tools that the evaluation team will develop, which may include protocols for semi-structured interviews and group discussions, a checklist for direct observation at sites visited or a protocol for document review, shall be presented in the design report.

Data analysis

The evaluation matrix will be the major framework for analyzing data. Once all data will have been entered into the evaluation matrix for each evaluation question, the evaluators should identify common themes, patterns and relationships in the data, as well as areas that should be further explored to answer the evaluation questions (see Handbook, sections 5.1 and 5.2, pp. 115-117).

Validation mechanisms

All findings of the evaluation need to be firmly grounded in evidence. The evaluation team will use a variety of mechanisms to ensure the validity of collected data, including (for more detailed guidance see Handbook, section 3.4.3, pp. 74-77):

- Systematic triangulation of data sources and data collection methods (see Handbook, section 4.2., pp. 94-95);
- Regular exchange with the Evaluation Manager at the CO;
- Internal evaluation team meetings to share and discuss hypotheses, preliminary findings and conclusions and their supporting evidence (an important internal validation mechanism will take place when the evaluation team gets together to prepare the debriefing with the CO and the ERG); and
- The debriefing meeting with the CO and the ERG at the end of the field phase where the evaluation team present the preliminary findings and emerging conclusions.

Additional validation mechanisms may be established, as appropriate. Data validation is a continuous process throughout the different evaluation phases. The evaluators should check the validity of data and verify the robustness of findings at each stage in the evaluation, so they can determine whether they should further pursue specific hypotheses or disregard them when there are indications that these are weak (contradictory findings or lack of evidence). The validation mechanisms will be presented in the design report.

7. Evaluation Process

The CPE process can be broken down into five different phases that include different stages and lead to different deliverables: preparatory phase; design phase; field phase; reporting phase; and facilitation of use and dissemination phase. Quality assurance must be performed by the Evaluation Manager and the evaluation team leader throughout all phases to ensure the production of a credible, useful and timely evaluation.

7.1. Preparatory Phase (CPE Handbook, pp.35-40)

The Evaluation Manager at the UNFPA South Sudan CO will lead the preparatory phase of the CPE, which includes:

- Establishment of the ERG.
- Drafting the terms of reference (ToR) for the CPE with support from the ESARO M&E Adviser and in consultation with the ERG, and approval of the draft ToR by the Evaluation Office.
- Selection of consultants by the CO, pre-qualification of the consultants selected by the Evaluation Office (if not yet pre-qualified), and recruitment of the consultants by the CO to constitute the evaluation team.
- Compilation of background information and documents on the country context and CP for desk review by the evaluation team.
- Preparation of a first stakeholders map (Annex B) and list of Atlas projects (Annex D).

- Development of a communication plan by the Evaluation Manager in consultation with the communications officer at the UNFPA South Sudan CO to support dissemination and facilitate the use of evaluation results. This plan should be updated as the evaluation process evolves, so it is ready for immediate implementation when the final evaluation report is issued.

7.2. Design Phase (*Handbook, pp.43-83*)

The evaluation team will conduct the design phase in consultation with the Evaluation Manager and the ERG. This phase includes:

- Desk review of initial background information and documents on the country context and CP, as well as other relevant documentation.
- Review and refinement of the theory of change underlying the CP (Annex A).
- Formulation of a final set of evaluation questions based on the preliminary evaluation questions provided in the ToR.
- Development of a comprehensive stakeholders map and sampling strategy to select sites to be visited and stakeholders to be consulted in South Sudan through interviews and group discussions.
- Development of a data collection and analysis strategy, as well as a concrete work plan for the field and reporting phases (see Handbook, section 3.5.3, p. 80).
- Development of data collection methods and tools, assessment of limitations to data collection and development of mitigation measures.
- Development of the evaluation matrix (evaluation criteria, evaluation questions, assumptions, indicators, data collection methods and sources of information).

At the end of the design phase, the evaluation team will develop a **design report** that includes the results of the above-listed steps and tasks. The design report will be developed in consultation with the Evaluation Manager, the ERG and the ESARO M&E Adviser. The template for the design report is provided in Annex E.

7.3. Field Phase (*Handbook, pp. 87 -111*)

The evaluation team will undertake a field mission to South Sudan to collect the data required to answer the evaluation questions. Towards the end of the field phase, the evaluation team will also conduct a preliminary analysis of the data to identify emerging findings and conclusions to be validated with the CO and the ERG. The field phase should allow the evaluators sufficient time to collect valid and reliable data to cover the thematic scope of the CPE. While a period of three weeks is recommended, the Evaluation Manager will determine the optimal duration of the field mission in consultation with the evaluation team during the design phase. The field phase includes:

- Meeting with the UNFPA South Sudan CO staff to launch the data collection.
- Meeting of evaluation team members with relevant programme officers at the UNFPA South Sudan CO.
- Data collection at national and sub-national levels.

At the end of the field phase, the evaluation team will hold a **debriefing meeting with the CO and the ERG** to present the preliminary findings and emerging conclusions from the data collection. The meeting will serve as an important validation mechanism and will enable the evaluation team to develop credible and relevant findings, conclusions and recommendations.

7.4. Reporting Phase (*Handbook, pp.115 -121*)

In the reporting phase, the evaluation team will continue the analytical work (initiated during the field phase) and prepare a **draft evaluation report**, taking into account the comments and feedback provided by the CO and the ERG at the debriefing meeting at the end of the field phase.

This draft evaluation report will be submitted to the Evaluation Manager for quality assurance purposes. Prior to the submission of the draft report, the evaluation team must ensure that it underwent an internal quality control against the criteria outlined in the Evaluation Quality Assessment (EQA) grid (Annex F). The Evaluation Manager and the ESARO M&E Adviser will subsequently prepare an EQA of the draft evaluation report, using the EQA grid. If the quality of the report is satisfactory (form and substance), the draft report will be circulated to the ERG for comments and feedback. In the event that the quality of the draft report is unsatisfactory, the evaluation team will be required to revise the report and produce a new version.

The Evaluation Manager will collect and consolidate the written comments and feedback provided by the members of the ERG. On the basis of the comments, the evaluation team should make appropriate amendments, prepare the **final evaluation report** and submit it to the Evaluation Manager. The final report should clearly account for the strength of evidence on which findings rest to support the reliability and validity of the

evaluation. Conclusions and recommendations need to clearly build on the findings of the evaluation. Conclusions need to clearly reference the specific evaluation questions from which they have been derived, while recommendations need to reference the conclusions from which they stem.

The evaluation report is considered final once it is formally approved by the Evaluation Manager at the UNFPA South Sudan CO.

7.5. Facilitation of Use and Dissemination Phase (*Handbook, pp.131 -133*)

In the facilitation of use and dissemination phase, the evaluation team will develop a **PowerPoint presentation for the dissemination of the evaluation results** that conveys the findings, conclusions and recommendations of the evaluation in an easily understandable and user-friendly way.

The Evaluation Manager, together with the CO communications officer, will implement the communication plan to share the evaluation results with the CO, ESARO, ERG, implementing partners and other stakeholders. The Evaluation Manager will also ensure that the final evaluation report is circulated to relevant business units in the CO, invite them to submit a management response, and consolidate all responses in a final management response document (see Annex G). The UNFPA South Sudan CO will subsequently submit the management response to the UNFPA Policy and Strategy Division in HQ.

The Evaluation Manager, in collaboration with the communications officer at the UNFPA South Sudan CO, will also develop an evaluation brief that makes the results of the CPE more accessible to a larger audience (see sections 8 and 10 below).

The final evaluation report, along with the management response and the independent EQA of the final report will be published on the UNFPA evaluation database by the Evaluation Office. The final evaluation report will also be made available to the UNFPA Executive Board and will be published on the UNFPA South Sudan CO website.

8. Expected Deliverables

The evaluation team is expected to produce the following deliverables:

- **Design report.** The design report should translate the requirements of the ToR into a practical and feasible evaluation approach, methodology and work plan. It should include (at a minimum): (i) a stakeholders map; (ii) an evaluation matrix (incl. the final set of evaluation questions, indicators, data sources and data collection methods); (iii) the evaluation approach and methodology, with a detailed description of the agenda for the field phase; (iv) and data collection tools and techniques (incl. interview and group discussion protocols). For guidance on the outline of the design report, see Annex E.
- **PowerPoint presentation of the design report.** The presentation will be delivered at an ERG meeting to present the contents of the design report and the agenda for the field phase. Based on the comments and feedback of the ERG, the Evaluation Manager and the Regional M&E Adviser, the evaluation team will develop the final version of the design report.
- **PowerPoint presentation for debriefing meeting with the CO and ERG.** The presentation provides an overview of key preliminary findings and emerging conclusions of the evaluation. It will be delivered at the end of the field phase to present and discuss the preliminary evaluation results with UNFPA South Sudan CO staff (incl. senior management) and the members of the ERG.
- **Draft and final evaluation reports.** The final evaluation report (*maximum 70 pages plus annexes*) will include evidence-based findings and conclusions, as well as a full set of practical and actionable recommendations to inform the next programme cycle. A draft report precedes the final evaluation report and provide the basis for the review of the CO, ERG members, the Evaluation Manager and the Regional M&E Adviser. The final evaluation report will address the comments and feedback provided by the UNFPA South Sudan CO, the ERG, the Evaluation Manager and the ESARO M&E Adviser. For guidance on the outline of the final evaluation report see Annex H.
- **PowerPoint presentation of the evaluation results.** The presentation will provide an overview of the findings, conclusions and recommendations to be used for dissemination purposes.

Based on these deliverables, the Evaluation Manager, in collaboration with the communications officer at the UNFPA CO in South Sudan will develop an:

- **Evaluation brief.** The evaluation brief will be a short and concise document that provides an overview of the key evaluation results in an easily understandable manner, to promote use among decision-

makers and other audiences. The structure, content and layout of the evaluation brief should be similar to the briefs that the UNFPA Evaluation produces for centralized (EO) evaluations.

All the deliverables will be developed in English language.

9. Quality Assurance and Assessment

The UNFPA Evaluation Quality Assurance and Assessment (EQAA) system aims to monitor the quality of centralized and decentralized evaluations at UNFPA through two processes: quality assurance and quality assessment. While quality assurance occurs throughout the evaluation process and covers all deliverables, quality assessment takes place following the completion of the evaluation process and is limited to the final evaluation report only.

The EQAA of this CPE will be undertaken in accordance with the guidance and tools that the UNFPA Evaluation Office developed as part of the EQAA system of the evaluation function at UNFPA (see <https://www.unfpa.org/admin-resource/evaluation-quality-assurance-and-assessment-tools-and-guidance>). An essential component of the EQAA system is the EQA grid (see Handbook, pp. 268-276 and Annex F) which defines a set of criteria against which draft and final evaluation reports are assessed to ensure the independence, impartiality, credibility and utility of evaluations. The EQA criteria will be systematically applied to this CPE.

The Evaluation Manager is primarily responsible for quality assurance of the key deliverables of the evaluation. However, the evaluation team leader also plays an important role in undertaking quality assurance. The evaluation team leader must ensure that all members of the evaluation team provide high-quality contributions and that the deliverables submitted to UNFPA comply with the quality assessment criteria outlined in the EQA grid.¹⁰⁹ The evaluation quality assessment checklist (see below), which is based on the EQA grid, is used as an element of the proposed quality assurance system for the draft and final versions of the evaluation report.

<p>1. Structure and Clarity of the Report To ensure report is user-friendly, comprehensive, logically structured and drafted in accordance with international standards and following the editorial guidelines of the UNFPA Evaluation Office (Annex I).</p>
<p>2. Executive Summary To provide an overview of the evaluation, written as a stand-alone section including key elements of the evaluation, such as objectives, methodology and conclusions and recommendations.</p>
<p>3. Design and Methodology To provide a clear explanation of the methods and tools used, including the rationale for the methodological approach. To ensure constraints and limitations are made explicit (including limitations applying to interpretations and extrapolations; robustness of data sources, etc.)</p>
<p>4. Reliability of Data To ensure sources of data are clearly stated for both primary and secondary data. To provide explanation on the credibility of primary (e.g. interviews and group discussions) and secondary (e.g. reports) data established and limitations made explicit.</p>
<p>5. Findings and Analysis To ensure sound analysis and credible evidence-based findings. To ensure interpretations are based on carefully described assumptions; contextual factors are identified; cause and effect links between an intervention and its end results (including unintended results) are explained.</p>
<p>6. Validity of Conclusions To ensure conclusions are based on credible findings and convey evaluators' unbiased judgment of the intervention. Ensure conclusions are prioritized and clustered and include: summary, origin (which evaluation question(s) the conclusion is based on), and detailed conclusions.</p>
<p>7. Usefulness and Clarity of Recommendations To ensure recommendations flow logically from conclusions, are targeted, realistic and operationally feasible, and are presented in order of priority. Recommendations include: summary, priority level (very high/high/medium), target (administrative unit(s) to which the recommendation is addressed), origin (which conclusion(s) the recommendation is based on), and operational implications.</p>

¹⁰⁹ The evaluators are invited to look at good quality CPE reports that can be found in the UNFPA evaluation database, which is available at: <https://web2.unfpa.org/public/about/oversight/evaluations/>. These reports must be read in conjunction with their EQAs (also available in the database) in order to gain a clear idea of the quality standards that UNFPA expects the evaluation team to meet.

8. SWAP – Gender

To ensure the evaluation approach is aligned with SWAP (guidance on the SWAP Evaluation Performance Indicator and its application to evaluation can be found at <http://www.unevaluation.org/document/detail/1452> - UNEG guidance on integrating gender and human rights more broadly can be found here: <http://www.uneval.org/document/detail/980>).

The EQAA process for this CPE will be multi-layered and will involve: (i) the Evaluation Manager at the UNFPA South Sudan CO, (ii) the ESARO M&E Adviser, and (iii) the UNFPA Evaluation Office

Annex 3: Evaluation Matrix

UNFPA SOUTH SUDAN COUNTRY OFFICE 3rd COUNTRY PROGRAMME EVALUATION

The evaluation matrix specifies the evaluation; the particular assumptions to be assessed under each question; the indicators, the “sources of information” (where to look for information) that will be used to answer the questions; and the methods and tools for data collection that will be applied to retrieve the data. The evaluation matrix must be included in the design report as an annex. During the field phase, the matrix will be used as a reference framework to check that all evaluation questions are being answered. At the end of the field phase, evaluators will use the matrix to verify that enough evidence has been collected to answer all the evaluation questions. The evaluation matrix must be included in the final report as an annex.

Relevance: Evaluation Question 1: To what extent is the country programme adapted to: i) the needs of diverse populations, including the needs of marginalized and vulnerable groups; ii) national development strategies and policies; iii) the strategic direction and objectives of UNFPA; and iv) priorities articulated in international frameworks and agreements, in particular the ICPD 2019-2021 Programme of Action, and SDGs and the New Way of Working.			
Assumptions to be assessed	Indicators (what to check)	Sources of Information	Methods and tools for data collection
<p>Assumption 1: The CP is aligned with the National Development Strategy and Sector policies, plans and strategies United Nations Cooperation Framework,</p>	<ul style="list-style-type: none"> • Extent to which the CP reflects the priorities articulated in the National Development Strategy and Sector policies, plans and strategies (Health, Gender, Youth, National Bureau of Statistics), • Evidence that the CPD 2019-2021 objectives reflect priorities of the United Nations Cooperation Framework, and Humanitarian Response Plan 	<ul style="list-style-type: none"> • CPD 2019-2021 (2019-2021) • CP Annual Workplans, • CP Annual Reports • South Sudan National Development Strategy • National Health Policy, • Health Sector Strategic Plan • RMNCAH Policy • National Fistula Strategy • National Gender Policy • National Constitution • National Plan for Statistical Development • National Youth Policy • United Nations Cooperation Framework • Humanitarian Response Plan 	<ul style="list-style-type: none"> • Document analysis • Interviews with UNFPA country office staff • Interviews with / survey of implementing partners

<p>Assumption 2: The CP is aligned to the ICPD 2019-2021 PoA, SDGs, other international obligations, and the UNFPA Strategic Plan</p>	<ul style="list-style-type: none"> • Evidence that the CPD 2019-2021 goal and outcomes and outputs are aligned with the UNFPA Strategic Plan • Extent to which the CPD 2019-2021 reflects the objectives of international and regional development frameworks line ICPD 2019-2021, Africa Declaration of Population and Development, SDGs, other international frameworks 	<ul style="list-style-type: none"> • ICPD PoA • SDGs • UNFPA Strategic plan (2018-2021) • CEDAW, Maputo Protocol, etc 	<ul style="list-style-type: none"> • Document analysis • Interviews with UNFPA country office staff • Interviews with / survey of implementing partners
<p>Relevance: Evaluation Question 2: To what extent has UNFPA ensured that the varied needs of vulnerable and marginalized populations, including adolescents and youth, those with disabilities and indigenous communities, have been taken into account in both the planning and implementation of all UNFPA-supported interventions under the country programme?</p>			
<p>Assumptions to be assessed</p>	<p>Indicators</p>	<p>Sources of Information</p>	<p>Methods and tools for data collection</p>
<p>Assumption 1: The CP takes into account the needs of vulnerable and marginalized populations especially youth, women and girls, displaced persons, persons affected by crisis etc</p>	<ul style="list-style-type: none"> • Evidence for a need's assessment, identifying the varied needs of diverse stakeholder groups • Chosen beneficiaries reflect priority populations in need • The selection of target groups for UNFPA-supported interventions of the programme is consistent with identified needs • Extent to which the interventions planned within the AWP's targeted at the most vulnerable population groups 	<ul style="list-style-type: none"> • CPD 2019-2021, AWP's, Annual Reports • Humanitarian Needs Assessment Report • Common Country Analysis • Conflict Analysis report 	<ul style="list-style-type: none"> • Document analysis • Interviews with UNFPA country office staff • Interviews with implementing partners • Focus groups discussions with final beneficiaries of different categories • Interviews with other development partners

Relevance: Evaluation Question 3: To what extent has the CO been able to respond to changes in national needs and priorities, including those of vulnerable or marginalized communities, or to shifts caused by crisis or major political changes? What was the quality of the response?

Assumptions to be assessed	Indicators	Sources of Information	Methods and tools for data collection
<p>Assumption 1: CPD 2019-2021 implementation was flexible enough to respond to changes in national needs and needs of vulnerable population</p>	<ul style="list-style-type: none"> • Evidence of changes in national needs and priorities during the course of CPD 2019-2021 implementation • Evidence of changes in population needs caused by crisis • Evidence of CP response to the changing needs 	<ul style="list-style-type: none"> • Humanitarian response plan • Humanitarian response report • COVI19 Response Plan • Country Program Reports • Interviews with staff and other stakeholders 	<ul style="list-style-type: none"> • Document analysis • Interviews with UNFPA country office staff • Interviews with implementing partners • Focus groups discussions with final beneficiaries of different categories • Interviews with other development partners

Effectiveness: Evaluation Question 4: To what extent have the interventions supported by UNFPA contributed to the achievement of the expected results (outputs and outcomes) of the country programme? In particular, i) increased access and use of integrated sexual and reproductive health services; ii) empowerment of adolescents and youth to access sexual and reproductive health services and exercise their sexual and reproductive rights; iii) advancement of gender equality and the empowerment of all women and girls; and iv) increased use of population data in the development of evidence-based national development plans, policies and programmes?

Assumptions to be assessed	Indicators	Sources of Information	Methods and tools for data collection
<p>Assumption 1: CP resulted in increased access to information and services for maternal health, family</p>	<ul style="list-style-type: none"> • Evidence that CPD 2019-2021 interventions focus on provision of MN/FP/GBV services to conflict affected populations • Evidence of capacity building for service providers and managers to implement the Minimum Initial Service Package 	<ul style="list-style-type: none"> • CPD 2019-2021 • CP Annual WPs • CP Annual Reports • Government Ministries 	<ul style="list-style-type: none"> • Document Reviews • KII • FGDs

<p>planning, gender-based violence and HIV prevention in emergency and fragile contexts for crisis affected populations, particularly women and adolescent girls,</p>	<p>aimed at improved quality of devices.</p> <ul style="list-style-type: none"> • Evidence of achievement of targets for people reached with integrated sexual reproductive health services in displacement and the 14 target facilities • Evidence for special focus on adolescents and youth with ASRH information and services (numbers reached) • Extent of achievement with regard to fistula management; putting in place national mechanisms for fistula treatment • Functionality and role of UNFPA in the inter-agency reproductive health and gender-based violence sub-cluster coordination mechanisms 	<ul style="list-style-type: none"> • CSO Partners • Beneficiaries • UNFPA Staff 	
<p>Assumption 2: CP resulted in strengthening national systems, especially for maternal health and family planning for the provision of integrated sexual reproductive health information and services and for accountability on sexual reproductive health and rights.</p>	<ul style="list-style-type: none"> • Extent of contribution to building capacity for midwifery education in the country; extent of achievement of midwives trained using curriculum that meets ICM and WHO standards • Contribution to strengthening mechanisms and capacity for delivery of Emergency Obstetric Care • Contribution to strengthening Supply Chain Management for Reproductive Health Commodities, extent of decline in stock out for contraceptives at Service delivery points • Existence of national policies and regulatory frameworks for SRHR put in place with UNFPA support. • Level of accountability for SRH/M in the country as reflected in the Maternal health in Universal Periodic Report. And other national accountability mechanisms 	<ul style="list-style-type: none"> • CPD 2019-2021 • CP Annual WPs • CP Annual Reports • Government Ministries • CSO Partners • Beneficiaries • UNFPA Staff 	<ul style="list-style-type: none"> • Document reviews • KII • FGDs
<p>Assumption 3: CP resulted in a) Strengthened mechanisms for adolescents and youth participation in decision making. Participation in</p>	<ul style="list-style-type: none"> • Existence and functionality of the national and state level institutions that effectively engage adolescents and youth in decision making as per agreed procedures. • Existence and functionality of networks of youth led organizations/networks that advocate for increased investments 	<ul style="list-style-type: none"> • CPD 2019-2021 • CP Annual WPs • CP Annual Reports • Government Ministries • CSO Partners 	<ul style="list-style-type: none"> • Document reviews • KII • FGDs

<p>planning, implementation and evaluation of peacebuilding, development and humanitarian policies and programmes and</p> <p>b) Strengthened mechanisms for implementation of Comprehensive Sexuality Education in schools</p>	<p>in youth</p> <ul style="list-style-type: none"> • Capacity building and advocacy initiatives for improving youth participation • Existence of policies, strategies, guidelines that promote youth participation • Enabling environment created for implementation of CSE, existence of schools implementing CSE 	<ul style="list-style-type: none"> • Beneficiaries • UNFPA Staff 	
<p>Assumption 4: CP increased multi-sectoral capacity to prevent and respond to gender-based violence and child marriage.</p>	<ul style="list-style-type: none"> • Existence functionality of national and state level mechanism to engage multiple stakeholders, including civil society, faith-based organizations, and men and boys, to prevent and address gender-based violence and child marriage. • Functionality of community mechanisms against GBV and Child Marriage, evidence of communities that make public declarations to eliminate child, early and forced marriage, with support from UNFPA. • Scale up of GBV “One-Stop” centres established within public health facilities for multi-sectoral case management of gender-based violence. • Capacity building initiatives for service providers and duty bearers for addressing GBV and Child Marriage • Policies, legal framework and strategy/guidelines developed for addressing GBV/CM with support from UNFPA 	<ul style="list-style-type: none"> • CPD 2019-2021 • CP Annual WPs • CP Annual Reports • Government Ministries • CSO Partners • Beneficiaries • UNFPA Staff 	<ul style="list-style-type: none"> • Document Reviews • KII • FGDs
<p>Assumption 5: CP improved national systems for generation and dissemination of population data and demographic intelligence,</p>	<ul style="list-style-type: none"> • Evidence of capacity building initiatives strengthening population data management systems • Evidence of support to sector information management systems • Existence of national surveys, assessments and thematic analysis conducted on reproductive health and gender-based 	<ul style="list-style-type: none"> • CPD 2019-2021 • CP Annual WPs • CP Annual Reports • Government Ministries • CSO Partners 	<ul style="list-style-type: none"> • Document Reviews • KII • FGDs

including in humanitarian settings.	<ul style="list-style-type: none"> violence. Status of monitoring and updating the UNFPA-prioritized Sustainable Development Goals indicators UNFPA participation in the national/UN SDG monitoring framework Mechanisms and status of integration of population issues /DD in sector plans Evidence of generation of data for use in humanitarian needs assessment 	<ul style="list-style-type: none"> Beneficiaries UNFPA Staff 	
Effectiveness: Evaluation Question 5: To what extent has UNFPA successfully integrated gender and human rights perspectives in the design, implementation and monitoring of the country programme?			
Assumptions to be assessed	Indicators	Sources of Information	Methods and tools for data collection
Assumption 1: Gender and Human rights were integrated into the design, implementation and monitoring of the CP	<ul style="list-style-type: none"> Extent of integration of human rights and GBV in the CPD 2019-2021 and annual workplans Evidence that CP implementation adopted a human rights and gender based approaches 	<ul style="list-style-type: none"> CPD 2019-2021 CP Annual Workplans CP Annual Reports Program Review Reports Field monitoring reports Interviews 	<ul style="list-style-type: none"> Document reviews KII FGDs
<ul style="list-style-type: none"> Efficiency: Evaluation Question 6: To what extent has UNFPA made good use of its human, financial and administrative resources, and used a set of appropriate policies, procedures and tools to pursue the achievement of the outcomes defined in the county programme? 			
Assumptions to be assessed	Indicators	Sources of Information	Methods and tools for data collection
Assumption 1: Beneficiaries of UNFPA support received the resources (financial, in-	<ul style="list-style-type: none"> Evidence that the planned resources were mobilized as foreseen in CPD 2019-2021 Evidence that resources were received in a timely manner by 	<ul style="list-style-type: none"> UNFPA staff from program and operations WPs and WP progress reports 	<ul style="list-style-type: none"> Document reviews Interviews with implementing

<p>kind materials) that were planned, to the level foreseen and in a timely manner</p>	<p>UNFPA and implementing partners</p> <ul style="list-style-type: none"> Evidence of coordination and complementarity among the programme components of UNFPA and coherence among 	<ul style="list-style-type: none"> Partners (implementers and direct beneficiaries) Atlas summary reports 	<p>partners</p> <ul style="list-style-type: none"> Interviews with UNFPA CO Interviews with beneficiaries of funding (including NGOs)
<p>Assumption 2: Administrative, financial procedures, procurement, human resources as well as the mix of implementation modalities allowed for a smooth execution of the country programme:</p>	<ul style="list-style-type: none"> Appropriateness of the application of UNFPA financing instruments and administrative regulatory framework, policies and procedures Evidence of training UNFPA staff and IP staff on UNFPA financial and administrative procedures Evidence of transparent IP selection process using UNFPA the IP selection guidelines Sufficiency of human resources' capacity for both UNFPA and IPs to implement the CP 	<ul style="list-style-type: none"> UNFPA staff from program and operations WPs and WP progress reports Partners (implementers and direct beneficiaries) Atlas summary reports 	<ul style="list-style-type: none"> Document reviews Interviews with implementing partners Interviews with UNFPA CO Interviews with beneficiaries of funding (including NGOs)
<p>Assumption 3: CP monitoring system, coordination and partnerships strategy were appropriate for the smooth implementation of the country program</p>	<p>Evidence that the CP has a monitoring and evaluation plan, and a partnership plan Evidence that the CP generates performance data on a regular basis Evidence of regular field monitoring visits and feedback on recommendations Evidence of a function program coordination mechanism Evidence of implementation of the partnership strategy</p>	<ul style="list-style-type: none"> CP M&E Plan CP Partnership strategy Country Programme Review Reports Country Program Annual and Quarterly reports Field monitoring visit reports Implementing partners UNFPA CO staff 	<ul style="list-style-type: none"> Document reviews KII with UNFPA staff and Partners

Sustainability: Evaluation Question 7: To what extent has UNFPA been able to support implementing partners and beneficiaries (women and adolescents and youth) in developing capacities and establishing mechanisms to ensure the durability of effects?

Assumptions to be assessed	Indicators	Sources of Information	Methods and tools for data collection
<p>Assumption 1: UNFPA interventions have contributed or are likely to contribute to ensure partners’ ownership and the durability of effects</p>	<ul style="list-style-type: none"> Evidence that planning of interventions is done together with partners (government, CSOs, beneficiary institutions) Sustainability plans or exit strategies to hand over UNFPA-initiated interventions to (local) partners have been developed during planning process Partners’ capacities have been built with a view to increasing their ownership of the UNFPA-initiated interventions Evidence of use of existing national structures to implement CP interventions 	<ul style="list-style-type: none"> CPD 2019-2021 Project documents Review and Planning Meetings’ Reports with partners Field visits Partners’ work plans Interviews with UNFPA staff, implementing partners and beneficiary institutions 	<ul style="list-style-type: none"> Document review Interviews with Implementing partners Interviews with professionals Interview with diverse groups of service users
<p>Assumption 2: Policies, strategies and laws have been put in place to ensure institutionalization and entrenchment of CP interventions.</p>	<ul style="list-style-type: none"> Evidence of policies and guidelines developed to ensure institutionalization of the CP interventions, in consultation with diverse stakeholders, including community and local organizations National strategies is developed, endorsed and operationalized New laws are being formulated to entrench the interventions 	<ul style="list-style-type: none"> CPD 2019-2021 Annual Workplans Relevant policies and laws Annual Reports 	<ul style="list-style-type: none"> Document review Interviews with UNFPA Staff and Implementing partners
<p>Assumption 3: UNFPA programme beneficiaries have increased knowledge and capacity regarding SRHR, HIV and GBV and greater access to and uptake of quality services</p>	<ul style="list-style-type: none"> Knowledge and capacity of beneficiaries and levels of service uptake Evidence of expanded and integrated high-quality services for SRHR, HIV and GBV at all levels established and sustainable 	<ul style="list-style-type: none"> Program Reports Field visits Service availability and utilization statistics 	<ul style="list-style-type: none"> Document review KII FGDs

Coordination: Evaluation Question 8: To what extent has the UNFPA CO contributed to the functioning and consolidation of UNCT coordination mechanisms?

Assumptions to be assessed	Indicators	Sources of Information	Methods and tools for data collection
<p>Assumption 1: The UNFPA country office has actively engaged and contributed to UNCT working groups and joint initiatives</p>	<ul style="list-style-type: none"> • Evidence of active participation in UN working groups and coordination mechanism line UNCT, PMT, OMT, M&E, Communications etc • Evidence of the leading role played by UNFPA in the working groups and/or joint initiatives corresponding to its mandate areas • Evidence of joint programming initiatives (planning) • Evidence of collaborative arrangements to leverage other UN agencies' resources to advance UNFPA mandate • UNFPA added value to the UNCT mechanisms 	<ul style="list-style-type: none"> • UNCF (2019-2021) • UNCF Joint Results Workplans and Reports • Joint Program documents and reports • Staff from the Resident Coordinator Office and other UN Agencies • UNFPA staff 	<p>Document analysis</p> <ul style="list-style-type: none"> • Interviews with UNFPA country office staff • Interviews with other United Nations agencies • Interviews with Spotlight Team and committee

Coverage: Evaluation Question 9: To what extent have UNFPA humanitarian interventions systematically reached all geographic areas in which affected populations (women and adolescents and youth) reside?

Assumptions to be assessed	Indicators	Sources of Information	Methods and tools for data collection
<p>Assumption 1: CP has implemented humanitarian interventions reaching all areas with affected populations.</p>	<ul style="list-style-type: none"> • Evidence of humanitarian interventions and resources (financial and human) in CPD 2019-2021 and workplan • Evidence of results from humanitarian interventions in the program reports • Evidence of wider coverage in all the humanitarian areas • Evidence of specific target to women and adolescents/youth in humanitarian settings 	<ul style="list-style-type: none"> • CPD 2019-2021 • CP Results Intervention Matrix • Annual Workplans • CP quarterly and annual reports • Interviews with UNFPA Staff, IP Staff and beneficiaries 	<ul style="list-style-type: none"> • Document review • KII • FGDs

Connectedness: Evaluation Question 10: To what extent has UNFPA humanitarian response supported and planned for longer-term development goals articulated in the results framework of the country programme?

Assumptions to be assessed	Indicators	Sources of Information	Methods and tools for data collection
<p>Assumption 1: UNFPA humanitarian response supported the long-term development goals and vice versa</p>	<ul style="list-style-type: none"> • Evidence of interlinkages between humanitarian and development goals • Evidence of UNFPA participation in the HDP nexus initiatives 	<ul style="list-style-type: none"> • CPD 2019-2021 • CP Results Intervention Matrix • Annual Workplans • CP quarterly and annual reports • Interviews with UNFPA Staff, IP Staff, Development Partners 	<ul style="list-style-type: none"> • Document review • KII • FGDs

Annex 4: Data Collection Tools

Interview Guides

Key Informant Interview Guide for UNFPA Country Office Staff

NB: Use these questions for all the Programme officers' in-charge of each component area in the Country Office. Thus

Focal Points and Programme Officer: SRH AND ASRH

Focal Points and Programme officer: GEWE

Focal Points and Programme Officer: P & D AND YOUTH PARTICIPATION

General introduction and closing - 1. Human connection

- Spend a few minutes to understand how the interviewee is today. Is the interview convenient or problematic in any way? Is s/he really busy and we should make the interview shorter than agreed?
- Explain briefly something about yourself, where do you come from, other interviews you are doing that also frame this present interview, etc.
- Thank the interviewee for the time dedicated to this interview.

2. Inform the interviewee of the objective and context of the interview

- Purpose of the evaluation – clarify briefly the purpose of the evaluation
- Confirm the time available for the interview
- Stress the confidentiality of the sources or the information collected.
- Explain what the objective of the interview (context) is. This not only shows respect, but is also useful for the evaluator, as it helps the interviewee to answer in a more relevant manner

3. Opening general questions: refining our understanding of the interviewee's role

Before addressing the objectives of the interview, the evaluator needs to ensure that s/he understands the role of the interviewee vis-à-vis the organisation, the programme, etc., so as to adjust the questions in the most effective way.

4. Ending the interview

- If some aspect of the interview was unclear, confirm with interviewee before finishing. Confirm that nothing that the interviewee may consider important has been missed: "have I missed any important point?"
- Finish the interview, confirming any follow-up considerations – e.g., if documents need to be sent and by when, if the evaluator needs to provide any feedback. Etc.
- Mention when the report will be issued and who will receive it.
- If relevant, ask the interviewee for suggestions/facilitation about other key persons (referred to during the meeting) that could also be interviewed.
- Thank the interviewee again for the time dedicated to this interview.

Introduction: Describe the UNFPA 3rd Country Programme and your involvement in it?

Relevance

- What are the national needs and priorities in South Sudan in terms of the development agenda?
- Were the objectives and strategies of the Country Programme discussed and agreed with national partners? [Probe]
- How did you identify the needs prior to the programming of the Sexual and Reproductive Health (SRH), Population Dynamics (PD), and Gender Equality (GE) including GBV components?
- To what extent is UNFPA support to South Sudan aligned to the objectives in South Sudan national development strategies and responding to national priorities?
- To what extent is the UNFPA support in the field of SRH, AYD and Gender Equality, PD adapted to the needs of
 - Population of South Sudan
 - Needs of the government
 - In line with priorities set by the international and national development frameworks?
- Does the 3rd Country Programme (CP) address these needs and priorities of the South Sudan population? What aspects of the national and sectoral policies are covered in the 3rd CP?
- Are there any changes in national needs and global priorities along the line? How did UNFPA Country Office (CO) respond to these?

Effectiveness

- Looking at the implementation so far, to what extent has 3rd CP reached the intended beneficiaries?
- Are outputs/targets achieved or likely to be achieved??

- To what extent has the 3rd CP contributed to improving the quality and affordability of SRH services provided particularly for the different components of the cluster?
 - To what extent have the interventions PD, AYD achieved their targets?
 - To what extent were the targeted groups of beneficiaries reached through the CP support?
- Overall, how effective is the 3rd CP in South Sudan?
- What are the facilitating factors for the realization of the SRH/AYD/GEWE/PD results?
- What are some of the challenges or limiting factors that, may have affected the achievement of and implementation of the programme? How were these challenges addressed?
- To what extent have the programme results reached the intended beneficiary groups? Have there been any tangible changes as a result of interventions? (mothers, adolescents, FP users, fistulae and GBV victims?)
- What have been unintended effects – positive or negative, direct or indirect? Why were they generated and what are the likely consequences?
- Share with us the approaches used to deliver SRH. AYSRH? What was the most appropriate and why?

Efficiency

How adequate were the available resources (funds, logistics, staff) used to carry out activities in the CP?

- Explain the resources management process of your programme area?
- How many staff is in your unit? Qualified with appropriate skills?
- Do you think your staff strength and capacity are enough for the 3rd CP implementation and achievement of results?
- How many consultants have worked on the 3rd CP since inception in 2019?
 - International consultants?
 - National consultants?

What was/is their output?

How useful is their outputs in the implementation of the 3rd CP?

- Do you think UNFPA CO administration and financial procedures are appropriate for the 3rd CP implementation?
- How timely were resources for interventions disbursed for implementation?
- Were there any delays? If yes, why? And how did you solve the problem?
- Any new activities added to the current programme activities?
- Are there occasions when the budget was not enough or you overspent?
- Are there any programmes cancelled or postponed? Why?
- Have the programme finances been audited? Any funding deficit?
- Any additional funding from the Government of South Sudan and other partners?
- What lessons has your Unit learnt in implementing the 3rd CP?
- Any challenges encountered so far?
- What is the plan for the future phase?

Sustainability

To what extent has the CP been able to support partners and beneficiaries in developing capacities of South Sudanese and establishing mechanisms to ensure ownership and durability of effects?

To what extent has national capacity been developed so that UNFPA may realistically plan progressive disengagement

- What are the benefits of the programme interventions?
- To what extent are the benefits likely to go beyond the programme completion?
- What measures are in place at the end of the programme cycle for the various programmes to continue?
- What are the plans for sustainability of the programmes?
- What are the main factors affecting sustainability
- Have programmes been integrated in institutional government plans?

Coordination with UNCT

- Is there any Inter-Agency Technical Working Group on this 3rd CP, involving other UN Country Team?
- What is the role of UNFPA CO in the United Nations Country Team coordination in South Sudan? What partnerships exist? Any specific contributions to the achievement of results? Any Challenges?
- How could these challenges be overcome?
- What role has UNFPA played in the South-South Cooperation? Any specific contributions? Any lessons learned? Any challenges?

UNFPA Added value

- What are the special strengths of UNFPA when compared to other UN agencies and development partners?
- To what extent has the CO been able to respond to specific humanitarian requests in the country?
- How is UNFPA perceived by implementing and national partners? – How do the national counterparts and development partners in the country perceive, recognise and recall UNFPA CO performance?
- What are the main UNFPA CO comparative strengths in the country?
- To what extent would results observed within the CP have been achieved without UNFPA support?
- What is the main added UNFPA added value in South Sudan context as perceived by national stakeholders?

Cross-cutting Issues:

- Were there any partnerships, coordination, monitoring and evaluation capacity challenges that facilitated the delivery of the 3rd CP results?
- How did you take care of gender equality, human rights, and youth vulnerabilities in your programming? Evidence?

Lessons Learnt and recommendation

- What was the most and least successful approach in the delivery of the SRH, AYSRH, Gender and PD components? What are the lessons learnt?
- What do you consider the most innovative approach in delivering programme outputs? Why?
- What are the best practices from the 3rd CP that should be continued in the next CP cycle or replicated elsewhere?
- What recommendations for the next CP?

Key Informant Interview Guide for Implementing Partners (SRH/AYD/GEWE/Population Dynamics)

National Stakeholders: National and States and NGO IPs

Place: To be used in Juba and State Capitals where interventions are held

General introduction and closing - 1. Human connection

- Spend a few minutes to understand how the interviewee is today. Is the interview convenient or problematic in any way? Is s/he really busy and we should make the interview shorter than agreed?
- Explain briefly something about yourself, where do you come from, other interviews you are doing that also frame this present interview, etc.
- Thank the interviewee for the time dedicated to this interview.

2. Inform the interviewee of the objective and context of the interview

- Purpose of the evaluation – clarify briefly the purpose of the evaluation
- Confirm the time available for the interview
- Stress the confidentiality of the sources or the information collected.
- Explain what the objective of the interview (context) is. This not only shows respect, but is also useful for the evaluator, as it helps the interviewee to answer in a more relevant manner

3. Opening general questions: refining our understanding of the interviewee’s role

Before addressing the objectives of the interview, the valuator needs to ensure that s/he understands the role of the interviewee vis-à-vis the organisation, the programme, etc., so as to adjust the questions in the most effective way.

4. Ending the interview

- If some aspect of the interview was unclear, confirm with interviewee before finishing. Confirm that nothing that the interviewee may consider important has been missed: “have I missed any important point?”
- Finish the interview, confirming any follow-up considerations – e.g., if documents need to be sent and by when, if the evaluator needs to provide any feedback. Etc.
- Mention when the report will be issued and who will receive it.
- If relevant, ask the interviewee for suggestions/facilitation about other key persons (referred to during the meeting) that could also be interviewed.
- Thank the interviewee again for the time dedicated to this interview.

Relevance

- What are the national needs and priorities in South Sudan in terms of the development agenda? Does the 3rd Country Programme (CP) address these needs and priorities of the South African population at district, provincial and national levels? What aspects of the national and sectoral policies are covered in the 3rd CP?
- Were the objectives and strategies of the Country Programme discussed and agreed with national partners? [Probe]

- How did you identify the needs prior to the programming of the Sexual and Reproductive Health (SRH), HIV/AIDS, Population Dynamics (PD), and Gender Equality (GE) including GBV components?
- Are there any changes in national needs and global priorities along the line? How did UNFPA Country Office (CO) respond to these?

Effectiveness

- Looking at the implementation so far, to what extent has 3rd CP reached the intended beneficiaries? Are outputs/targets achieved?
- What are the facilitating factors for the realization of the SRH/AYD/GEWE/PD results?
- What are some of the challenges or limiting factors that may have affected the achievement of and implementation of the programme? How were these challenges addressed?
- To what extent have the programme results reached the intended beneficiary groups? Have there been any tangible changes as a result of interventions? (mothers, adolescents, FP users, fistulae and GBV victims?)
- What have been unintended effects – positive or negative, direct or indirect? Why were they generated and what are the likely consequences?
- Share with us the approaches used to deliver SRH. AYSRH? What was the most appropriate and why?
- Overall, how effective is the 3rd CP in South Sudan?

Efficiency

- To what extent were the activities managed in a manner that would ensure the delivery of high quality results?
- Explain the resources management process of the programme
- How many staff is in your unit? Qualified with appropriate skills?
- Do you think your staff strength and capacity are enough for the 3rd CP implementation and achievement of results?
- Do you think UNFPA CO administration and financial procedures are appropriate for the 3rd CP implementation?
- What would have been done differently with the same resources to achieve the stated results?
- How about the programme approach, partner and stakeholder engagement, was it appropriate for CP implementation and achievement of results?
- How timely did the resources for this particular intervention come to your office?
- Were there any delays? If yes, why? And how did you solve the problem?
- Any new activities added to the current programme activities?
- Are there occasions when the budget was not enough or you overspent?
- Are there any programmes cancelled or postponed? Why?
- Any additional funding from the Government of South Sudan and other partners?

Sustainability

- To what extent are the benefits likely to go beyond the programme completion?
- What measures are in place at the end of the programme cycle for the various programmes to continue?
- What are the plans for sustainability of the programmes? Has the CP been able to support National institutional beneficiaries in developing capacities and establishing mechanisms to ensure ownership and the durability of effects?
- Have programme activities been integrated in institutional government plans?
- Does your institution have the capacity to continue the programme interventions without any donor support?

Coordination and Partnership

- What is the role of UNFPA CO in the United Nations Country Team coordination? What partnerships exist? Any specific contributions to the achievement of results? Any Challenges?
- How could these challenges be overcome?
- What role has UNFPA played in the South-South Cooperation? Any specific contributions? Any lessons learned? Any challenges?

Added value

- What are the special strengths of UNFPA when compared to other UN agencies and development partners in South Sudan?
- How is UNFPA perceived by implementing and national partners in the country?

Cross-cutting Issues:

- Were there any partnerships, coordination, monitoring and evaluation capacity challenges that facilitated the delivery of the 3rd CP results?
- How did you take care of gender equality, human rights, and youth vulnerabilities in your programming? Evidence?

Lessons Learnt and recommendation

- What was the most and least successful approach in the delivery of the SRH, AYSRH, Gender and PD components? What are the lessons learnt?
- What do you consider the most innovative approach in delivering programme outputs? Why?
- What are the best practices from the 3rd CP that should be continued in the next CP cycle or replicated elsewhere?
- What recommendations for the next CP?

Govt of South Sudan/UNFPA 3rd Country Programme Evaluation

Interview Guide for Beneficiaries (SRH/AYD/GEWE, PD)

Place: Beneficiaries in Addis and Districts

Relevance

- What are the national needs and priorities in South Sudan in terms of the development agenda? How important is the 3rd Country Programme (CP) to these needs and priorities at district, provincial and national levels?
- Does the 3rd CP address the needs in: Sexual and Reproductive Health (SRH), Adolescents, Youth and Gender (AYD), GEWE and Population Dynamics (PD)

Effectiveness

- To what extent has UNFPA support reached the intended beneficiaries?
- Are different beneficiaries appreciating the benefits of the UNFPA interventions? For example?
- What are the specific indicators of success in your programme?
- What factors contributed to the effectiveness or otherwise?
- Overall, how effective is the 3rd CP in South Sudan?

Sustainability

- What are the benefits of the programme interventions?
- To what extent are the benefits likely to go beyond the programme completion?
- What measures are in place at the end of the programme cycle for the various programmes to continue?
- Have programmes been integrated in institutional/government plans?
- How does the UNFPA CO ensure ownership and durability of its programmes?

Focus Group Discussion – Adolescents and Youths

Introduction: I am part of a team to evaluate GoSS/UNFPA 3rd Country Programme to help UNFPA CO plan the next Country Programme. We are looking at how effectively UNFPA or its partners has helped South Sudan to understand the issues of SRH, Gender and AYSRH.

Can we introduce ourselves?

Can you explain what activities you have participated in?

Core Questions:

1. What was the rationale for participating in the activities?
2. Relevance: How well does the activity fit in with the youth activities in South Sudan?
3. What effect do you think the activities should have with South Sudan youths?
4. Did activities contribute to changing any of your sexual and reproductive behaviour? If yes, how?

Effectiveness

- i. Provide examples of success of this programme as far as the youths in this country/district are concerned?
- ii. How useful are the activities
- iii. How do the activities here contribute to South Sudan's development?

Site Visits [Look for these]

RH/FPCS – Service delivery points with 3 modern contraceptives. Midwives availability

EmONC – Tertiary level facilities providing comprehensive emergency obstetrics and neonatal care.

YFSRH Facilities:

Ministries with budget allocation for adolescents sexual and reproductive health

Communities that abandoned CM:

GBV Victims and Survivors:

Fistulae Patients and Reintegrated

Agencies with sex-age-disaggregated data.

Any adoption of human rights approach?

Annex 5: Stakeholders' Map

Donor	Implementing agency							Other partners							Rights holders	Other
	Gov	Local NGO	Int NGO	WRO	Other UN	Academia	Other	Gov	Local NGO	Int NGO	WRO	Other UN	Academia	Other		
GENDER EQUALITY																
Strategic Plan (2018-2021) Outcome 3: Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings																
CPD Output: Output 4: Increased multi-sectoral capacity to prevent and respond to gender-based violence and harmful practices, including child marriage.																
SDJ03GCM: GBV and Child Marriage Prevention and Response																
UNFPA RR Canada Norway Swiss Sweden UN Women Trust Fund Peace Building Fund	MOH	SAADO	IRC AMRE F ADRA					Ministry of Gender State Authorities	ADFIN HRSS CIDO ADFIN CREW SIHA				UNWOE M UNDP UNICEF RCO	Religious Cultural leaders Women activists Media houses	GBV Survivors Persons with Disabilities	
POPULATION DYNAMICS																
UNFPA Strategic Plan outcome: Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development.																
CPD Output: Output 5: Improved national systems for generation and dissemination of population data and demographic intelligence, including in humanitarian settings																
SDJ03PDD: Population Data and Demographic Intelligence																
UNFPA RR, GRID3 SIDA	NBS							MDAs – Data producers and Users SSPNPD MOFP					RCO UNDP UNICEF WHO IOM WFP	Juba University Upper Nile University		
Reproductive Health																
UNFPA Strategic Plan outcome: Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence.																
CPD Outputs: Output 1: Crisis affected populations, particularly women and adolescent girls, have increased access to information and services for maternal health, family planning, gender-based violence and HIV prevention in emergency and fragile contexts. Output 2: National systems, especially for maternal health and family planning are strengthened for the provision of integrated sexual reproductive health information and services and for accountability on sexual reproductive health																

and rights.															
SDJ03RHS: Access to integrated SRH/GBV Services															
UNFPA Sweden Norway Canada EU Humanitarian Fund Japan CERF UBRAF UNFPA Supplies	MOH	IHO	IMC AMRE F IRC IMA IMC ADRA RHASS					State/POC Health Facilities					WHO UNOCHA UNICEF	Humanita rian partners	IDPs- Women, Girls, men, boys Female sex workers Adolescents and youth First Time Young Mothers
SDH03SRH: Systems and accountability for SRHR															
UNFPA Sweden Norway Canada Japan UBRAF UNFPA Supplies	MOH		IMC AMRE F CAM RHASS					State Health Facilities – HWs and administrator s HSIs – JCONAM, Maridi, KK, Wau, Torit, Rimbek, Aweil					WHO UNOCHA UNICEF H6+ partners		Women, Girls, men, boys
Adolescent and Youth															
UNFPA Strategic Plan outcome: Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts.															
CDP Output: Output 3: Adolescents and youth are better able to make informed decisions on their sexual and reproductive health and rights, and to participate in planning, implementation and evaluation of peace building, development and humanitarian policies and programmes															
SDJ03SYP: Sexuality Education and Youth Participation															
UNFPA RR Sweden		IHO	ADRA AMRE F					Ministry of Youth					UNESC O UNICEF RCO	USAID	Adolescents and Youth

*WRO= Women's Rights Organization

Annex 6: Documents Consulted

Global UNFPA documents

1. UNFPA Evaluation Policy (2019)
<https://www.unfpa.org/admin-resource/unfpa-evaluation-policy-2019>
2. Evaluation Handbook: How to Design and Conduct a Country Programme Evaluation at UNFPA (2019)
<https://www.unfpa.org/EvaluationHandbook>

South Sudan national strategies, policies and action plans

3. South Sudan Vision 2040
4. National Development Strategy (2018/19-2020/21)
5. National Health Policy (2016-2026)
6. Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition (RMNCAH and N) Strategic Plan (2018-2022)
7. Strategic National Action Plan for Ending Child Marriage (2017-2027)
8. South Sudan National HIV/AIDS Strategic Plan (2018-2028)
9. The South Sudan Humanitarian Response Plans (2019, 2020)

UNFPA CO programming documents

10. GoSS/UNFPA 3rd Country Programme Document (2019-2021)
11. United Nations Cooperation Framework (UNCF) (2019-2021)
12. UNCF Joint Workplans
13. CO annual work plans
14. Project/Donor Proposal Documents (SMS II Project, Norway, SWISS, HSSF, CERF, ECHO)
15. Joint programme documents (JP GBV, HIV/AIDS, Partnership for Resilience and Recovery)
16. Mid-term reviews of interventions/programmes in different thematic areas of programming
17. Donor and non-core resources' reports.
18. CO resource mobilization strategy
19. Country Programme Partnership Plan
20. Country Programme Communication Strategy

UNFPA CO M&E documents

21. GoSS/UNFPA 3rd Country Programme M&E Plan (2019-2021)
22. SMS II Project M&E Plan
23. SMS II Project Evaluation ToR
24. CO annual results plans and reports
25. CO field monitoring reports
26. Previous CPE of GoSS/UNFPA first Country Programme Documents
27. Evaluation reports (CPE, SMS I Project, Deploying Midwifery Project, and SMS II Project)

Other documents

28. Implementing partner work plans and progress reports
29. Implementing partner assessments
30. Audit reports and spot check reports
31. Meeting agendas and minutes of joint United Nations working groups
32. Donor

report

Annex 6: GOSS/UNFPA 3rd Country Programme Evaluation Agenda

Date	Activity / Institution	People to meet	Location	Link with the CP	Selection criteria	Justification
WEEK 1						
Day 1	Evaluation team meeting	Evaluation Team's internal meeting	Country Office or Virtual	NA	NA	Preparation of the briefing session; review of individual agendas; methodology refresher. Presentation of the evaluation team; preliminary discussions; approach to the plenary debriefing session.
	Meeting with CO Senior management; Portfolio presentation PO	Deputy Rep or Head of Programmes, Programme Associates	Country Office or Virtual	NA	NA	Brief the evaluation team on the actual portfolio being implemented.
	General briefing session	All CO staff and Evaluation Reference Group	Country Office or Zoom	NA	NA	Presentation of the CPE; validation of the Evaluation Matrix, the Intervention logic and the overall agenda.
Day 2	Relevant stakeholders in Capital city: Direct Implementation Partners	Ministers in charge or appropriate directors of Programme Areas: Economic Development and Planning; Health and Director of Gender and Family Unit National Bureau Statistics	Offices of the relevant Partners or via Zoom	U1 and U7; U2, U3, U4, U5, U7	Criteria 1, 2, 3, 4	Main beneficiary institutions; implementing partners. Implementing partner and beneficiaries of capacity building activities.
Day 3	Relevant stakeholders in Capital city: Direct Implementation Partners Continues	Planning Officers of Appropriate Ministries: Ministry of Economic Planning; Ministry of Health, Ministry of Education and Training etc	Offices of the Relevant Partners	U1 and U7; U2, U3, U4, U5 U7	Criteria 1, 2, 3, 4	Main beneficiary institutions; implementing partners. and beneficiaries of capacity building activities.
Day 4	Relevant stakeholders in Capital city – Indirect Implementation Partners/beneficiaries		Relevant Offices	U2, U3, U4, U5	Criteria 1, 2, 3, 4	Interviews and group discussions with final beneficiaries

Date	Activity / Institution	People to meet	Location	Link with the CP	Selection criteria	Justification
Day5	Relevant stakeholders in Capital city – Direct and Indirect Implementation Partners		Relevant offices	U1 and U7 U2, U3, U4, U5	Criteria 1, 2, 3, 4	Interviews and group discussion with final beneficiaries.
Day 6	Internal Team Meeting to review activities					
WEEK 2						
Day 7	Field work at intervention states and areas					Team Leader and evaluator in charge of SRH and Gender Equality
Day 8	Field work at intervention areas	Head of Regional Health Office			Criteria 1, 2, 3, 4	
Day 9	Stakeholders in intervention sites	Implementing Partners at Intervention sites			Criteria 1, 2, 3, 4	
Day 10	Beneficiaries of intervention programmes	Beneficiaries			Criteria 1, 2, 3, 4	
Day 11	Beneficiaries					
Day 12	Visit to intervention facilities	Implementing Partners			Criteria 1, 2, 3, 4	
Day 13	Wrap-up of field activities	Implementing Partners and Beneficiaries			Criteria 1, 2, 3, 4	
Day 14	Internal Team Review of activities					
Day 15	Trip back to Maseru					
WEEK 3						
Day 16	Focus group on strategic	Heads of UNCT or Operation Managers of	CO or elsewhere to	CP external framework	UNFPA Development Partners	Focus group to gather opinions and validate partial findings on strategic positioning criteria (added value and responsiveness) ;

Date	Activity / Institution	People to meet	Location	Link with the CP	Selection criteria	Justification
	positioning	Strategic Partners: World Bank, UNDP, UNICEF, UNICEF etc.	be determined			
Day 17	Interview/Focus group of strategic positioning and added value	Heads of UN Strategic Partner such as UNAIDS, WHO, UNDP, UNICEF, WFP, UNICEF	CO Board room	CP external framework	UNFPA Development Partners	Assessment of the systemic dimension of the strategic alignment criterion: complementarity and coordination issues; and responsiveness.
Day 18	Data analysis by individual evaluators	NA	Country Office or Hotel Base	NA	NA	Evaluator team members work individually in data analysis and preparation of their individual findings to the team the next day
Day 19	Data analysis	NA	Country Office or Hotel Base	NA	NA	Evaluator team members work individually in data analysis and preparation of their individual findings to the team the next day
Day 20	Preparation of the presentation of preliminary results (teamwork)	NA	Country Office	NA	NA	Internal team meeting. Internal presentation of preliminary results by each evaluator and preparation of a joint presentation
Day 21	Debriefing session and plenary discussion	All CO staff and ERG members	Country Office	NA	NA	Presentation of the CPE preliminary findings and recommendations; open discussions (workshop) with CO staff and RG members.
	Afternoon: Evaluation Team internal wrap up meeting at CO					Analysis of Outcome of the workshop, distribution of task, next steps – all to synthesize and finalize the Evaluation Report