



**Executive Board of the
United Nations Development
Programme, the United Nations
Population Fund and the United
Nations Office for Project Services**

Distr.: General
10 January 2012

Original: English

First regular session 2012

1 to 3 February 2012, New York

Item 7 of the provisional agenda

UNFPA – Country programmes and related matters

UNITED NATIONS POPULATION FUND

Final country programme document for South Sudan

Proposed indicative UNFPA assistance: \$21.2 million: \$6.8 million from regular resources and \$14.4 million through co-financing modalities and/or other, including regular, resources

Programme period: Two years (2012-2013)

Cycle of assistance: First

Category per decision 2007/42: A

Proposed indicative assistance by core programme area (in millions of \$):

	Regular resources	Other	Total
Reproductive health and rights	4.4	11.7	16.1
Population and development	0.8	2.2	3.0
Gender equality	0.8	0.5	1.3
Programme coordination and assistance	0.8	-	0.8
Total	6.8	14.4	21.2

I. Situation analysis

1. Following decades of war, and the six-year interim period of the comprehensive peace agreement, South Sudan officially became an independent state on 9 July 2011. During the agreement period, South Sudan initiated the establishment of state structures and essential institutions.

2. Although progress has been made, the world's newest State faces challenges that are overwhelming in terms of both scale and complexity. Despite having a rich resource base, South Sudan enters statehood as one of the most underdeveloped countries in the world. At least 80 per cent of the 8.3 million people in South Sudan are poor, living on the equivalent of less than \$1 per day.

3. State structures in South Sudan are rudimentary, and delivery systems are either non-existent or dysfunctional. Up to 60 per cent of remote locations are inaccessible during the rainy season, isolating rural populations. The Government has not yet established functional accountability mechanisms for managing public resources. In the absence of mechanisms for resolving disputes, violent conflict remains a day-to-day problem.

4. South Sudan is faced with one of the largest human-capacity gaps in the world, which hinders its development efforts. Government ministries and institutions at all levels suffer from a lack of qualified, competent staff. Nearly half of all civil servants in the country have only a primary school education.

5. South Sudan has some of the poorest health indicators in the world. Less than 40 per cent of the population has access to any form of health care. HIV prevalence is estimated at 3 per cent, and knowledge about HIV/AIDS is extremely low.

6. The maternal mortality ratio, estimated at 2,054 maternal deaths per 100,000 live births, is the highest in the world. Contributing factors include a poor national health infrastructure.

Skilled birth attendants are present at only 14.7 per cent of births; South Sudan has fewer than one nurse-midwife per 100,000 people. High rates of early marriage and teenage pregnancy exacerbate the situation. The teenage pregnancy rate, 300 births per 1,000 females aged 15-19, is linked to the absence of reproductive health programmes targeted at youth.

7. The contraceptive prevalence rate is low, at 1.7 per cent, mainly due to a lack of contraceptives as well as a lack of information and sensitization at the community level. Prevailing cultural and gender norms exacerbate the situation.

8. Eighty-five per cent of the total population, and more than 90 per cent of women, are illiterate. Youth under the age of 30 account for 70 per cent of the population; many of these young people are unemployed. The situation for girls is particularly challenging. A 15-year-old girl in South Sudan has a greater chance of dying in childbirth than of finishing school. Obstetric fistula and female genital mutilation/cutting are prevalent. Gender-based violence negatively impacts both individuals and communities.

9. Large population movements have changed the dynamics and structure of the population, affecting the accuracy of existing data. Over two million people, including refugees who fled during the prolonged war, have returned to South Sudan. The absence of up-to-date data, and the limited capacity to analyse and integrate gender-disaggregated population data into decision-making and policy development, severely limits effective planning. A new census for South Sudan is being planned to address some of these data gaps.

II. Past cooperation and lessons learned

10. UNFPA opened a sub-office in Juba, South Sudan, in 2006. Prior to independence, the UNFPA South Sudan sub-office implemented its

programme within the framework of the Republic of Sudan country programme.

11. UNFPA programme achievements in the area of reproductive health and rights include: (a) supporting the drafting of the national reproductive health policy and strategic framework and the establishment of the reproductive health unit within the Ministry of Health; (b) supporting the development of a comprehensive condom programming strategy; (c) securing reproductive health commodities and supplies; (d) initiating the midwifery education programme; (e) training and deploying health workers and youth peer educators; and (f) carrying out annual obstetric fistula campaigns.

12. Support for the establishment of the first diploma-level midwifery school in South Sudan has been hailed as an important step towards ensuring the availability of skilled birth attendants. Another achievement was the deployment of international United Nations Volunteer midwives in all 10 states of South Sudan.

13. The main challenges relate to pressing capacity issues as well as to logistical difficulties in the distribution of commodities and the deployment of human resources outside Juba. This has hindered efforts to scale up successful initiatives and programmes.

14. UNFPA led and supported the 2008 census and provided financial and technical support for the 2006 and 2010 South Sudan household surveys. Nevertheless, capacity gaps persist, affecting the analysis of data and the integration of data into the formulation and monitoring of policies and programmes.

15. In the area of gender equality, UNFPA supported the development of standards of practice for the response to gender-based violence and contributed to the passage of the 2010 women's bill. Challenges include a lack of functional systems for implementing existing legislation and a lack of capacity to raise awareness of the rights of women and girls.

16. Interventions to date have focused on the central government level. Due to capacity issues, such interventions have not yet penetrated the lower levels of government or rural areas. This has adversely affected the sustainability of programmes. Moreover, pressing humanitarian needs, particularly those resulting from violent conflict, have repeatedly overtaken the development agenda.

17. Building capacity and developing partnerships will be key factors in the successful implementation of the proposed programme. The presence of international organizations and institutions in South Sudan provides opportunities for developing effective partnerships in programme areas.

18. Challenges include scaling up successful initiatives and implementing policies and strategies developed under the previous programme. To do this successfully, more efforts are needed to: (a) support the development and finalization of policies and systems for managing the delivery of reproductive health services at all levels; (b) balance midwifery education with the immediate deployment of qualified international midwives to deliver services in the interim; (c) adopt flexible, evidence-based approaches to rapidly strengthen the capacity to deliver reproductive health services; (d) strengthen partnerships in key areas, building on complementary strengths; and (e) implement a focused programme emphasizing activities that can be done at scale and with impact.

III. Proposed programme

19. The proposed country programme is aligned with: (a) the South Sudan development plan, covering the interim period from independence to the end of 2013; (b) the United Nations Development Assistance Framework (UNDAF), 2012-2013; and (c) the UNFPA strategic plan. The programme consists of three components: (a) reproductive health and rights; (b)

population and development; and (c) gender equality.

20. The proposed country programme contributes to three of the four pillars of the national development plan and to four outcomes of the UNDAF. The programme also focuses on areas where UNFPA has significant programming experience, a comparative advantage and a proven track record in South Sudan. Programme implementation will emphasize capacity-building, the strengthening of partnerships, and synergies at national, state and community levels.

Reproductive health and rights component

21. The outcome of this component is: key policies, strategies and basic service delivery systems for comprehensive reproductive health services are established and functional. This outcome relates to the following UNDAF outcome: key service delivery systems are in place, laying the groundwork for increased demand. Partners under this outcome include the United Nations Children's Fund (UNICEF), the World Health Organization (WHO), the International Labour Organization (ILO), the World Bank, the United Kingdom Department for International Development (DFID), the United States Agency for International Development (USAID), the Japan International Cooperation Agency (JICA) and development cooperation from Australia, Canada, Germany, the Netherlands and Sweden. This component will have two outputs.

22. Output 1: An enabling environment is created for managing and delivering comprehensive reproductive health services. This will be achieved by: (a) supporting the development, finalization and implementation of policies, strategies, guidelines, service standards and legislation relevant to comprehensive reproductive health and rights and HIV prevention through technical support and advocacy; and (b) strengthening the institutional and technical capacity of the

Ministry of Health to manage and coordinate reproductive health programmes at national and subnational levels through technical support, skills development and staff placement.

23. Output 2: The national capacity to deliver reproductive health services, in particular emergency obstetric and neonatal care, is strengthened. This output will be achieved by: (a) supporting the expansion of the comprehensive midwifery programme; (b) supporting the expansion of youth-friendly HIV prevention and reproductive health services and information; (c) securing reproductive health commodities and supplies; (d) improving the capacity of health workers in essential reproductive health services; and (e) strengthening the referral system for emergency obstetric and neonatal care through skills development and the provision of equipment.

Population and development component

24. The outcome of this component is: population dynamics and their interlinkages with reproductive health, HIV and AIDS, gender equality and the needs of young people are addressed in national development efforts. Major partners under this outcome include the National Bureau of Statistics and UNDP. This outcome will be achieved through two outputs.

25. Output 1: Improved national capacity to integrate population dynamics, reproductive health and gender equality concerns into development planning and monitoring processes at all levels. To achieve this output, the programme will support: (a) the establishment of a population unit and a network of parliamentarians in population and development; (b) the development of the national population policy; and (c) advocacy efforts and skills building on integrating population data into policy and programmes.

26. Output 2: Enhanced national capacity to produce, analyse, disseminate and promote the utilization of population data at all levels. This

output will be achieved by: (a) providing technical assistance and supporting the mobilization of resources for the preparation and conducting of the upcoming population census; and (b) strengthening national technical capacity in data collection, analysis and dissemination.

Gender equality component

27. The outcome of this component is: gender equality and the reproductive rights of women and girls are integrated into development frameworks, laws, strategies, policies and programmes. UNFPA will work in partnership with the Ministry of Gender, Children and Social Welfare and the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), among others. The outcome will be achieved through two outputs.

28. Output 1: An enabling environment is created for integrating gender-related reproductive health and rights issues into development plans, policies and laws. This output will be achieved by: (a) strengthening the national capacity to coordinate gender programmes at national and subnational levels; and (b) supporting the national capacity to develop and deliver evidence-based gender programmes, policies and laws.

29. Output 2: The national capacity for integrated gender-based violence prevention and response programming is strengthened. This output will be achieved by: (a) strengthening systems for delivering integrated responses to gender-based violence; (b) sensitization and training of health workers and police personnel on various aspects of gender-based violence; (c) supporting the development of relevant policies and laws; and (d) supporting gender-based violence data collection, analysis and utilization.

IV. Programme management, monitoring and evaluation

30. The Ministry of Finance and Economic Planning will be responsible for the overall

coordination of the programme. UNFPA will work with the Ministry of Health, the Ministry of Gender, Children and Social Welfare, and the National Bureau of Statistics to implement the programme, adopting a results-based management approach. UNFPA will align the monitoring and evaluation of the programme with government sectoral monitoring processes, the UNDAF monitoring and evaluation framework, and the UNFPA monitoring and evaluation framework.

31. The South Sudan country office consists of a country representative, a deputy representative, an international operations manager, six international technical and programme staff, three national programme officers and six administrative support staff. UNFPA will establish additional local and international posts as required. UNFPA regional and subregional offices, headquarters units, South-South cooperation and consultants will provide technical support for programme implementation.

RESULTS AND RESOURCES FRAMEWORK FOR SOUTH SUDAN

<p>South Sudan development plan objective for social and human development: to promote the well-being and dignity of all the people of South Sudan by progressively accelerating universal access to basic social services</p> <p>National priority: improving and expanding education and health services</p> <p>UNDAF outcome: key service delivery systems are in place, laying the groundwork for increased demand</p>				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health and rights	<p>Outcome 1: Key policies, strategies and basic service delivery systems for comprehensive reproductive health services are established and functional</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> Percentage of births attended in a health facility Baseline: 12.3%; Target: 25% Percentage of births attended by skilled health personnel Baseline: 14.7%; Target: 30% 	<p>Output 1: An enabling environment is created for managing and delivering comprehensive reproductive health services</p> <p>Output indicator:</p> <ul style="list-style-type: none"> Number of reproductive health policies, guidelines and service standards approved and in use Baseline: 0; Target: 6 <p>Output 2: The national capacity to deliver reproductive health services, in particular emergency obstetric and neonatal care, is strengthened</p> <p>Output indicators:</p> <ul style="list-style-type: none"> Percentage of service delivery points that have health workers trained in comprehensive reproductive health Baseline: not available; Target: 25% Percentage of service delivery points that have reproductive health equipment, commodities and supplies Baseline: not available; Target: 30% 	Ministry of Health; NGOs; Office of the United Nations High Commissioner for Refugees; UNDP; UNICEF; USAID; WHO; World Bank CIDA, SIDA, Joint donor team, DFID, ILO, AusAid, GTZ, Government of the Netherlands, JICA	\$16.1 million (\$4.4 million from regular resources and \$11.7 million from other resources)
<p>South Sudan development plan objective for governance: to build a democratic, transparent and accountable government, managed by a professional and committed public service, with an effective balance of power among the executive, legislative and judicial branches of government</p> <p>National priorities: (a) improving and expanding education and health services; and (b) improving governance</p> <p>UNDAF outcome: core governance and civil service functions are established and operational</p>				
Population and development	<p>Outcome: Population dynamics and their interlinkages with reproductive health, HIV and AIDS, gender equality and the needs of young people are addressed in national development efforts</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> Total amount of funds mobilized for the upcoming census Baseline: none; Target: \$100 million Baseline indicators on maternal health and mortality are updated Baseline: none; Target: new set of indicators in place 	<p>Output 1: Improved national capacity to integrate population dynamics, reproductive health and gender equality concerns into development planning and monitoring processes at all levels</p> <p>Output indicators:</p> <ul style="list-style-type: none"> Population unit is established and functional Baseline: none; Target: population unit is established National population policy is developed Baseline: none; Target: population policy is in place <p>Output 2: Enhanced national capacity to produce, analyse, disseminate and promote the utilization of population data at all levels</p> <p>Output indicator:</p> <ul style="list-style-type: none"> Number of research reports generated and disseminated Baseline: to be determined; Target: two national research reports 	Office of the President; Ministries of: Culture, Youth and Sports; Finance and Economic Planning; and Parliamentary Affairs; National Bureau of Statistics; CIDA	\$3 million (\$0.8 million from regular resources and \$2.2 million from other resources)

<p>South Sudan development plan objective for social and human development: to promote the well-being and dignity of all the people of South Sudan by progressively accelerating universal access to basic social services</p> <p>National priorities: (a) improving and expanding education and health services; and (b) deepening peacebuilding and improving security</p> <p>UNDAF outcome: key service delivery systems are in place, laying the groundwork for increased demand</p>				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Gender equality	<p><u>Outcome:</u> Gender equality and the reproductive rights of women and girls are integrated into development frameworks, laws, strategies, policies and programmes</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> Number of new development frameworks, laws, policies, strategies and programmes that incorporate a gender perspective <p>Baseline: unavailable Target: 80%</p> <ul style="list-style-type: none"> Reproductive health issues are incorporated into the reports of the Convention on the Elimination of All Forms of Discrimination against Women <p>Baseline: none Target: 1 report</p>	<p><u>Output 1:</u> An enabling environment is created for integrating gender-related reproductive health and rights issues into development plans, policies and laws</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> A national gender policy is published and disseminated <p>Baseline: none; Target: 3,000 copies distributed</p> <ul style="list-style-type: none"> Number of new sectoral plans incorporating gender perspective <p>Baseline: to be determined; Target: 80%</p> <p><u>Output 2:</u> The national capacity for integrated gender-based violence prevention and response programming is strengthened</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> Percentage increase in number of clients at service points accessing services to prevent gender-based violence National gender-based violence coordination structures are in place and functional <p>Baseline: not available; Target: 20%</p> <p>Baseline: none; Target: established and functional</p>	<p>Ministry of Gender, Children and Social Welfare and other relevant line ministries and departments</p> <p>NGOs and civil society organizations and networks; universities</p> <p>UNDP; UNICEF; UN-Women; WHO</p>	<p>\$1.3 million (\$0.8 million from regular resources and \$0.5 million from other resources)</p> <hr/> <p>Total for programme coordination and assistance: \$0.8 million from regular resources</p>