



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

Distr.: General
5 July 2022

Original: English

Second regular session 2022

29 August to 1 September 2022, New York

Item 5 of the provisional agenda

UNFPA – Country programmes and related matters

United Nations Population Fund

Country programme document for South Sudan

Proposed indicative UNFPA assistance:	\$90.0 million: \$6.9 million from regular resources and \$83.1 million through co-financing modalities or other resources
Programme period:	Three years (2023–2025)
Cycle of assistance:	Fourth
Category:	Tier I
Alignment with the UNSDCF Cycle:	United Nations Sustainable Development Cooperation Framework, 2023–2025

Note: The present document was processed in its entirety by UNFPA.

22-13036X (E) 240822



Please recycle 



I. Programme rationale

1. South Sudan has an estimated population of 13.7 million people, with females constituting 48.9 per cent (6.7 million). The country has a very youthful population, with young people below the age of 30 comprising an estimated 73.6 per cent, and the working-age group (15-64 years) constituting 49.6 per cent, with 85 per cent engaged in non-wage work, chiefly in subsistence agriculture and livestock rearing. According to the Sudan Population and Housing Census, 2008/2009, at least 5.1 per cent of South Sudanese are living with a disability. However, this percentage may be understated due to significant data gaps. The Common Country Assessment (CCA) 2021 noted that only 9 per cent of young people are salaried employees; most young people are unemployed, underemployed and unemployable due to the lack of basic skills. Adolescents and youth are also systematically excluded from decision-making. Given the potential of young people to contribute to economic and social transformation, the South Sudan 2021 National Development Strategy highlights the importance of deliberate and sustained investment in the health, empowerment and employment of young people across all age categories to harness the demographic dividend.

2. While 83.6 per cent of the population lives in rural areas, the urban population has grown by 2.7 per cent in the last decade (CCA). At least 80 per cent of the population is defined as income-poor, living on the equivalent of less than United States \$1 per day. The 2020 UNDP South Sudan Human Development Indicators report noted that 91.9 per cent of the population experience multidimensional poverty, and this is exacerbated in rural areas. The CCA reported that poverty is the key driver of gender inequality, with South Sudan having a gender development index of 0.842, below the sub-Saharan average. Poverty has increased the vulnerability of women and young people to risks such as gender-based violence, including child marriage, unintended pregnancies, sexually transmitted infections, including HIV and AIDS, and has limited their access to general health and education services.

3. South Sudan is a vulnerable country with some of the worst social indicators globally, particularly for women and girls. The maternal mortality ratio is estimated at 1,150 per 100,000 live births (United Nations estimates, 2017), and the United Nations Cooperation Framework report for 2020 noted that only 19 per cent of births were attended by skilled health personnel, with a high rate of home deliveries (87 per cent). Emergency obstetric care services remain limited, with only 40 per cent of health facilities functional and service delivery being largely provided by international organizations. The poor health indicators are due to several factors, including the weak and underfunded healthcare system, with less than 2 per cent of the annual budget allocated to health; weak health policy implementation, and severe capacity gaps with respect to human resources for health, notable for physicians (1 doctor per 65,574 persons) and midwives (1 per 39,088 persons). The investment case for ending preventable maternal deaths highlights the potential to save over 5,500 maternal lives by 2030, with a 50 per cent increase in effective coverage of high-impact interventions, enabled by sustainable financing of \$318 million in the Decade of Action.

4. The total fertility rate is 4.4 children per woman, and family planning uptake in South Sudan remains extremely low, with a contraceptive prevalence rate of only 6 per cent for all methods. The unmet need for family planning remains high (29.7 per cent [FP2030 report]). The essential medicines supply and distribution system is greatly affected by an inefficient push system and a very weak national logistics management and information system, with gaps in inventory management including forecasting, distribution, partner management of supplies, and reporting. The 2019 Safe Motherhood Study identified several challenges affecting family planning services, including a lack of transport, the distance between health facilities, insecurity, gender inequality and gender-based violence, with both clients and health workers facing harassment and threats of violence for accessing or administering family planning without spousal consent. Additionally, the quality of family planning services remains poor, with limited demand-generation activities. Towards ending unmet need for family planning by 2030, an increase in the modern contraceptive prevalence rate from 30 per cent to 50 per cent would avert nearly 1.4 million unintended pregnancies; this would require an investment of about \$28.33 million.

5. Adolescent reproductive health status in the country is poor, with teenage pregnancy estimated at 30 per cent among girls aged 15-19 years, and the adolescent birth rate at 158 per 1,000 girls aged 15-19 years. Sexually transmitted infections are also a major concern; the adult HIV prevalence rate is 2.5 per cent and 30 per cent of new HIV infections occur among young people aged 15-24 years. Women and girls constitute 64 per cent of new infections. Young people and other key populations, particularly sex workers and persons with disabilities, have poor access to integrated sexual and reproductive health (SRH) information and services, including comprehensive sexuality education for both in-school and out-of-school adolescents and youth. Poverty, insecurity and poor availability of quality information and services on reproductive health, family planning, and prevention of sexually transmitted infections and HIV remain key barriers for adolescents and youth to access social services. Moreover, there are limited opportunities for young people to be engaged in livelihood skills-building programmes, such as the technical and vocational education and training programmes, as the demand for these programmes exceeds supply.

6. One study undertaken in selected conflict-affected locations reported that 65 per cent of women and girls have experienced physical and or sexual violence in their lifetime, while about 22 per cent of women have also experienced intimate partner violence. The CCA also reported that persons with disabilities experience varying degrees of physical and verbal violence, hindering their access to SRH, family planning or gender-based violence (GBV) services and to education and their participation in social, political and economic life. There is limited availability and access to GBV prevention and response services, and a weak capacity and investment for addressing GBV generally, and particularly in emergencies, including conflict-related sexual violence. Gender inequality and gender-based violence are perpetuated by conflict, weakened community and social support systems, weak institutional capacities for GBV prevention and response, and the prevailing cultural norms, which discourage reporting of GBV cases to service providers. A total of 9,647 incidents of GBV were reported in 2020 through the GBV information management system. However, violence against women and girls is highly underreported and normalized due to socio-cultural beliefs and practices. With a targeted investment of \$87.56 million for high-impact GBV prevention and response interventions, at a 50 per cent coverage level, a total of 2.66 million cases of GBV could be averted by 2030.

7. The rate of child marriage in the country is estimated at 52 per cent, with a direct negative impact on the health, resilience and productive capacity of survivors, leading to increased poverty and creating a self-reinforcing cycle of underdevelopment, violence and vulnerability. Child marriage is deeply rooted in gender inequality and harmful social norms. The perceived low status of girls, lack of education, and the prevailing safety concerns about girl children and control over sexuality, as well as the dowry collected by their families, are reasons for the high prevalence of child marriages. The gender parity index, the total enrolment rate for upper secondary school education, is 0.65. With the closure of schools due to the COVID-19 pandemic, leading to more time spent at home and increased stress, more girls have been exposed to the increased risks of sexual abuse, child marriage and early pregnancies. Towards ending child marriage by 2030, an investment of \$503 is required to avert one case of child marriage in the country.

8. The CCA reported that despite the 2018 Revitalized Peace Agreement on the Resolution of Conflict in the Republic of South Sudan resulting in a truce at national level, there continues to be an upsurge in subnational conflict. Notwithstanding a slight decrease in the number of human rights violations perpetrated by armed groups in 2020, the population remains highly exposed to attacks on civilians as well as other human rights violations, including sexual violence. Moreover, the ongoing instability and conflict in the Horn of Africa, coupled with drought and rising food prices, if prolonged, could affect the fragile peace agreement in South Sudan.

9. The country continues to face unprecedented and persistent humanitarian crises, with an estimated 8.9 million people in need of humanitarian assistance in 2022, an increase of 0.6 million from 2021. Moreover, 2.0 million are internally displaced, with 123,000 in displacement camps; 335,000 are refugees; and 7.2 million people are acutely food insecure, with 1.8 million women and children malnourished. The situation is complicated further by perennial flooding and droughts worsened by climate change and the impact of the COVID-19 pandemic. The 2017

Verisk Maplecroft climate change vulnerability index indicates that South Sudan is among the five most vulnerable countries in the world, based on the impact of climate change and the resources available to cope with extreme weather events. These interrelated shocks have resulted in frequent and forced displacements, destroyed livelihoods, disrupted and fragmented social services delivery, with more adverse impacts particularly on women and young people. The delivery of the Minimum Initial Service Package (MISP) for reproductive health in crisis situations has been hampered by inadequate coordination, a lack of robust mechanisms for the prevention of sexual violence and HIV prevention services, as well as the inadequate provision of family planning services.

10. The existing population data is outdated; the 2014 Population Census and the extended maternal mortality survey were disrupted by the 2013 conflict. Limited data makes it hard to identify who is 'left behind' and in need of immediate attention. Additionally, the CCA noted that data systems remain weak, with no data disaggregation; only 23 per cent of the indicators needed to monitor the Sustainable Development Goals (SDGs) from a gender perspective are available, with gaps in key areas, including on unpaid care, domestic work and gender pay gaps. With its social indicators and current pace of progress, South Sudan is not on track to meet the SDGs by 2030.

11. Key lessons learned from the implementation of the previous country programme include: (a) a focus on systems building is key to achieving sustainable results; (b) flexibility and adaptability in light of the COVID-19 pandemic and other emerging humanitarian crises are critical for continuous delivery of programme results while addressing the effects of the crises; (c) demand creation strategies need to be linked to capacity development efforts in order to achieve the desired outcomes and impact; and (d) engagement of stakeholders especially the subnational leadership and religious and cultural leaders, has been key to mobilizing multisectoral efforts to address harmful traditional practices.

12. The new country programme is evolving from the earlier focus of the first three country programmes, from a focus mainly on midwifery and humanitarian interventions toward now providing broader support on sexual and reproductive health and rights (SRHR), family planning and gender-based violence, as the country rapidly moves towards development, recovery and resilience and the United Nations system moves towards a more localized and state-level presence in the country. UNFPA contributions will be catalytic in areas where it has convening and lead roles. Through its leadership on the GBV Area of Responsibility, UNFPA will contribute meaningfully to the preparation of the annual Humanitarian Response Plan to address the assessed – and expressed – GBV needs of the affected populations. This will include conducting needs and gap analysis, determining the populations in need of GBV interventions and collaborating with other stakeholders on the development of the South Sudan Humanitarian Needs Overview, leveraging the organization's data expertise. UNFPA will also contribute directly to the collective outcomes on prevention and response to GBV in the Humanitarian Response Plan and the United Nations Sustainable Development Cooperation Framework (UNSDCF).

II. Programme priorities and partnerships

13. The proposed fourth country programme responds to human rights obligations encompassed in the revised National Development Strategy, South Sudan Vision 2040, African Union Agenda 2063, the UNSDCF, 2023-2025, SDGs 1, 3, 5,8,10, 13, 16 and 17, and the voluntary commitments made by South Sudan at ICPD+25. It is aligned with the UNFPA Strategic Plan, 2022-2025, and responds to the South Sudan investment cases for the three transformative results (ending preventable maternal deaths, ending unmet need for family planning, and ending gender-based violence and harmful practices). Aligned to the UNSDCF priorities, programme interventions will focus on universal access to quality, equitable and inclusive social services and social protection, especially for women, girls and youth in South Sudan. The programme was developed in close consultation with these target groups, as well as the Government, civil society organisations and development partners. The vision of the programme is as follows: Every woman, girl and youth in South Sudan is empowered and enjoys quality sexual and reproductive health and rights and gender equality; and gender-based violence, including child marriage, is reduced.

14. Inspired by this vision, the country programme will accelerate progress towards the three UNFPA strategic plan outcomes to achieve the following results by 2025: (a) increase the modern contraceptive prevalence rate (for women aged 15-49 years) from 6 per cent to 10 per cent; (b) increase skilled birth attendance from 19 per cent to 27 per cent; and reduce the percentage of women experiencing intimate partner violence from 22 per cent to 20.85 per cent.

15. The programme will prioritize the following integrated pathways: (a) expanding equitable access to high-quality family planning information and services, including MISP in humanitarian settings, using innovations and ensuring that the programmes reach the furthest behind first; (b) scaling up delivery of quality integrated SRH services including family planning, GBV, HIV and emergency obstetric and newborn care services, using human rights-based approaches; (c) scaling up demand-side interventions to address gender and socio-cultural norms and practices that impede access to SRHR/GBV/family planning and HIV information and services and perpetuate inequalities between men and women; (d) ensuring reproductive health commodity security and 'last mile' assurance through partnerships, innovation and digitalization; (e) strengthening national systems and capacities to be better prepared, more agile in responding to emergencies while supporting community resilience to cope and recover; (f) scaling up midwifery services to provide multifaceted support for improved maternal health and family planning, as well as gender and social norm change; (g) promoting family planning and SRHR within universal health coverage; (g) tackling harmful practices, including child marriage, increasing the agency of women and girls and promoting positive models for masculinity; and (h) generating, analysing and using population and service data to support evidence-based family planning, maternal health and gender-based violence prevention and response services.

16. Since the outcomes are interconnected, addressing these critical pathways will contribute to acceleration and scale-up across the three transformative results. Additionally, the programme will prioritize five integrated outputs focused on: (a) quality of care and services; (b) gender and social norms; (c) population change and data; (d) humanitarian action; and (e) adolescents and youth, with midwifery, family planning and MISP. All the outputs contribute to the achievement of each outcome, through a multidimensional relationship with these outcomes.

17. The programme will deploy five accelerators, with innovation integrated across the programme, to expedite implementation of the interconnected pathways: (a) use human rights-based and gender-transformative approaches to empower individuals to know and claim their rights, and increase the ability and accountability of individuals and institutions responsible for respecting, protecting and fulfilling these rights; (b) strengthen partnerships and innovative financing mechanisms to mobilize resources for the three transformative results, including South-South and triangular cooperation; (c) strengthen data systems, including technology and evidence, to generate timely, reliable and user-friendly population and service availability data, to inform decision-making and measure the progress and impact of the programmes, including SDG monitoring; (d) institute innovative measures to leave no one behind and reach those furthest behind first (including girls, women, sex workers, people with disabilities, discriminated ethnic minorities, the rural poor and youth); and (e) support national, state and county-level actors to enhance resilience and adaptation, to ensure the continuity of life-saving SRHR and GBV interventions, in particular the implementation of MISP and family planning for SRHR across the humanitarian, development and peace continuum, as well as to mitigate the impact of the COVID-19 pandemic.

18. The programme will deploy five modes of engagement: (a) strategic advocacy and policy dialogue for integrating SRHR/GBV in national and state-level policies and in universal health coverage frameworks along the humanitarian, development, and peace continuum; (b) knowledge management for evidence-based decision making and enhancing UNFPA normative role and thought leadership; (c) capacity development of national and state-level actors and institutions; (d) provision of integrated, people-centred SRHR/GBV/HIV information and services; and (e) strengthening coordination and partnership for accelerating progress towards achievement of the ICPD Programme of Action and the three transformative results.

19. The main target groups are women, girls, adolescents and youth, including persons with disabilities, and the programme will apply a life-course approach, recognizing that people have

different and changing needs throughout their lives. Programme interventions will provide an integrated package of SRHR/GBV/HIV prevention services that respond to the country's specific needs, informed by existing socio-economic indicators, with a focus on reaching those states that are furthest behind. The coverage target will be at the national level for family planning and reproductive health commodity security, including data management interventions; and will target a maximum of five states for the integrated package of SRHR/GBV/HIV prevention services. The selection of the states will prioritize areas in which United Nations partnerships and area-based programming already exist, and those states with the most adverse indicators in relation to the transformative results. UNFPA will work closely with the Government, civil society, feminist advocates and activists, men's groups, faith-based groups and traditional leaders, the media, academic and research institutes, United Nations system agencies and other partners to accelerate progress towards the transformative results.

A. Output 1: By 2025, women, youth and marginalized populations have increased access to equitable and people-centred maternal health, family planning, gender-based violence and HIV prevention information and services through a strengthened and robust health system

20. This output contributes directly to UNSDCF Outcome 3, which seeks to ensure that children, women and men in South Sudan, particularly youth and vulnerable groups, enjoy improved coverage of inclusive and responsive, quality social services and social protection. UNFPA will work with Government, and the United Nations system, particularly the H6 partnership, and civil society organizations, including the networks of persons living with HIV/AIDS, persons with disabilities, women-led and youth-led organizations, to position family planning as a national development priority and to promote maternal health and skilled attendance at birth in hard-to-reach communities and humanitarian settings.

21. The programme will: (a) strengthen reproductive health commodity security, including supply chain management, through a responsive electronic logistics management information system, introduced through a phased approach, and through 'last-mile' assurance, including in humanitarian settings; (b) expand competency-based training in all family planning methods and in the provision of rights-based quality family planning services; (c) support demand-generation interventions for family planning, STI/HIV prevention, and SRHR-GBV services including engagement with faith based organizations and cultural leaders; (d) support community-based initiatives including Boma Health initiative to provide family planning and SRH services and promote SRHR within UHC, ensuring linkages with the formal health system; (e) scale up training and deployment of human resources for maternal and newborn health including midwives; (f) support provision of integrated maternal health including emergency obstetric care, sexually transmitted infections (STI)/HIV prevention, and the GBV information and essential services package; (g) provide technical assistance to strengthen adolescent and youth-friendly SRH information and services, including STI/HIV prevention and family planning; (h) advocate for increased investments in the three transformative results, using the costed investment cases; and (i) implement South-South cooperation and exchanges with selected countries to strengthen programmes on male engagement and positive health-seeking behaviours as well as emergency obstetric care facility networks.

B. Output 2: By 2025, strengthened capacities of actors, institutions, and mechanisms to address discriminatory gender and social norms and to advance gender equality and women and girls agency, across the humanitarian, development and peace continuum

22. This output contributes to UNSDCF Outcome 4, in which women, youth and vulnerable groups are empowered to demand and exercise their political, economic, social, environmental and cultural rights. It will address patriarchal socio-cultural norms that impede the agency of women and girls and adversely impact equal power for decision-making in private and public. To address this, building networks and coalitions of women in politics is key, so that women can effectively influence the peace process and decision-making, including on health issues. Specifically, the capacity of women and youth legislators, networks and coalitions will be

strengthened to effectively participate in political dialogues and influence peacemaking and decision-making processes. Additionally, the capacity of women's rights organizations and women holding public portfolios will be strengthened, to enhance their leadership capacities and skills through intergenerational dialogues, South-South cooperation for learning, knowledge sharing, and peer mentorship support. The engagement of men and boys will be enhanced to enable them to act as allies for gender equality and in supporting women's participation in the political process.

23. The programme will address harmful gender social norms and discrimination, with an emphasis on: (a) strengthening the skills and capacities of young women, adolescents and persons with disabilities to exercise their agency, rights and bodily autonomy; (b) providing technical assistance to support implementation of the National Action Plan to End Child Marriage (2017-2030); (c) building capacities of the national and subnational gender machinery, traditional institutions, civil society, and organizations of persons with disabilities and other vulnerable groups to amplify demands for the right to bodily autonomy; (d) providing technical assistance to support the development and implementation of national policies and laws on prevention and response to GBV; (e) supporting capacity building of partners to monitor implementation of human rights commitments and recommendations related to gender equality and discrimination, including through South-South cooperation with neighbouring countries; (f) enhance meaningful engagement with men and boys by promoting positive models of masculinity to challenge discriminatory norms and support women and girls' rights to bodily autonomy; (g) support innovative technology-led initiatives and media engagements to address gender-based violence, SRHR and harmful practices; and (h) strengthen multisectoral, multidimensional partnerships between the Government, civil society service providers, traditional leaders and norm setters, women and other vulnerable groups organizations as well as men and boys as advocates for gender equality and social inclusion.

C. Output 3: By 2025, strengthened data systems and evidence, especially those related to sexual and reproductive health and rights, gender-based violence and population changes

24. This output contributes to generation and access to population data and demographic intelligence and their use to advocate for integration of ICPD issues into national sector plans. It will also assure the availability of high-quality data and evidence to accelerate and measure progress towards the SDGs and UNFPA transformative results. It contributes to UNSDCF Outcome 1 on inclusiveness, accountability, upholding human rights, non-discrimination and protection of people at risk.

25. The programme will focus on: (a) capacity-building of statistical agencies at national and subnational levels to generate, analyse, produce and disseminate statistical reports on key indicators, including the SDGs, for evidence-based planning; (b) support the production of studies on the demographic dividend and other population-based themes related to sexual and reproductive health and gender-based violence, to measure progress in achieving the transformative results and contribute to peacebuilding; (c) strengthen health and GBV information management systems; and (d) support preparations for the Population and Housing Census in South Sudan.

26. UNFPA will build on existing partnerships with the National Bureau of Statistics, the Ministry of Finance and other line ministries, including those for health, gender and youth, H6 partners, academia, civil society organizations, women-led and youth-led groups and the private sector. UNFPA will work with academia to strengthen knowledge generation and dissemination, policy guidance, capacity building and leadership development. South Sudan will explore South-South cooperation and other partnerships with countries in the region to strengthen systems for civil registration and vital statistics, health management and GBV information management, supporting preparations for mapping, pre-enumeration, enumeration and post-enumeration of the Population and Housing Census planned for 2023-2024

D. Output 4: By 2025, strengthened capacity of actors and systems to provide timely, peace-responsive, conflict and climate-sensitive life-saving interventions to crisis-affected populations

27. This output contributes directly to UNSDCF outcome 2 by building the resilience of key systems to reduce the impact of humanitarian emergencies and climatic actions on the rights and choices of women and girls, and those furthest left behind. This entails: (a) prioritization of early preparedness and anticipatory action; (b) scaling up the provision of life-saving interventions, focusing on humanitarian conflict and post-conflict contexts. It will seek to ensure that relevant ministries, departments and agencies, local government agencies and communities are better equipped to establish and maintain inclusive, gender and peace-responsive early warning systems and disaster preparedness, response and recovery mechanisms. It also contributes to UNSDCF outcome 4 to ensure that women, youth and vulnerable groups are empowered to demand and exercise their political, economic, social, environmental and cultural rights. With the large number of internally displaced persons in need of emergency response, and the presence of the Office of the United Nations High Commissioner for Refugees (UNHCR) and other partners providing reproductive health and GBV services in refugee camps, UNFPA humanitarian programming will focus largely on internally displaced persons. UNFPA will continue to collaborate with UNHCR and other humanitarian actors in key area that are complementary across humanitarian, development and peace responsive efforts, including the provision of supplies, capacity building and information management.

28. In collaboration with key government and United Nations system partners, including UNHCR, the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), the United Nations Mission in South Sudan (UNMISS) and the H6 partners, among other key institutions, the programme will: (a) scale up advocacy and leadership on implementation of the updated MISP and position family planning as a life-saving intervention; (b) strengthen coordination in the GBV area of responsibility and with SRH working groups at national and subnational levels; (c) promote leadership, participation and capacity building of women's groups, youth organizations and community structures in crisis-recovery and post-conflict contexts to promote peaceful co-existence; (d) build national capacity to integrate SRHR and GBV interventions in preparedness and contingency plans, disaster risk reduction, COVID-19 response, climate change, conflict resolution and peacebuilding initiatives and strategies; and (e) strengthen partnerships and participate in area-based programming, including with the South Sudan Multi-partner Trust Fund on Reconciliation, Stabilization and Resilience and the Partnership for Recovery and Resilience.

E. Output 5: By 2025, youth and adolescents, especially young women facing multiple forms of discrimination, are empowered to demand and access their rights to sexual and reproductive health and reject gender-based violence and harmful practices, across the humanitarian, development and peace continuum

29. This output contributes to UNSDCF Outcome 4 so that women, youth and vulnerable groups are empowered to demand and exercise their political, economic, social, environmental and cultural rights. In collaboration with the Government, youth-led organizations and coalitions and youth movements, this output seeks to address the needs of adolescents and youth by focusing on an integrated life-cycle approach to ensure that young people are aware of their rights to bodily autonomy and make informed choices about their reproductive health and rights, including the prevention of gender-based violence and child marriage. The programme will also support the country to harness the demographic dividend through investments in youth empowerment initiatives; supporting advocacy to enable universal and high-quality education and creating an environment for universal access to high-quality health services, including SRHR and family planning services, especially for the youths.

30. The programme will: (a) strengthen leadership and participation of young people, including those of marginalized groups, in decision-making related to policies and programmes on SRHR, GBV and gender equality, harmful practices, climate change, humanitarian action and

peacebuilding; (b) strengthen access to gender-sensitive, age-appropriate comprehensive sexuality education for in-school and out-of-school young people; (c) support innovative initiatives to address gender-based violence, sexual and reproductive health, family planning, STI/HIV prevention and harmful practices; (d) engage with the Government and the private sector to support life-skills training for young women and men for employment and economic empowerment; (e) strengthen the capacity of government institutions for multisectoral coordination on youth development initiatives and provide support to the Government on the operationalization of the Eastern and Southern Africa commitments on comprehensive sexuality education; and (f) support the adaptation and implementation of a youth peace and security agenda in South Sudan.

III. Programme and risk management

31. The programme will be implemented under the overall coordination of the Ministry of Finance and Planning of the Republic of South Sudan. The Ministries of Health, Gender Child and Social Welfare, Youth and Sports, Education and the National Bureau of Statistics will oversee implementation of the relevant elements of the programme. Implementing partners will be engaged, applying the harmonized approach to cash transfers, leveraging inter-agency cooperation for risk mitigation and cost efficiencies. UNFPA will strengthen collaboration with the United Nations country team, in line with a 'delivering as one' approach and the UNSDCF.

32. The programme will leverage partnerships with traditional and non-traditional partners and will promote innovation in programme delivery. UNFPA will emphasize partner diversification and resource mobilization from new funding sources, including international financial institutions, as part of a strategic move from funding to financing to achieve programmatic sustainability and scalability. The programme will strengthen South-South and triangular cooperation and other partnerships with various countries and institutions to leverage financial resources as well as bilateral exchange of knowledge and expertise.

33. The office structure will be aligned to ensure adequate human resource capacities for integrated programme delivery, focusing on national and subnational approaches. It will be tailored to ensure UNFPA strategic repositioning, enhanced results-based management, innovation and enhanced field focus to reach those furthest behind. Staff capacities will be enhanced as an ongoing process to ensure the appropriate skills mix.

34. The programme has identified the following extremely likely risks: (a) persistent insecurity characterized by armed conflict, intercommunal violence and civil unrest, especially by youth; (b) delayed implementation of critical milestones of the Revitalised Agreement on Resolution of Conflict in South Sudan; (c) an unfavourable economic situation characterized by inflation spikes as well as devaluation of the local currency, resulting in high cost of goods and services and high staff turnover; (d) insufficient national financial resources allocated to address the programme-related sector priorities; (e) weak human resource capacities for both government entities and civil society organizations, affecting institutional capacities and sustainability; (f) prolonged humanitarian crises, the protracted effects of the COVID-19 pandemic and emergencies; and (g) weak implementation of relevant SRHR, family planning and GBV policies.

35. To mitigate these risks, UNFPA will: (a) collaborate with United Nations agencies to undertake conflict analysis, environmental and political scanning to assess operational and political risks, and develop and implement a robust risk management plan; (b) support continued advocacy with the Government, including the South Sudan Parliamentary Network on Population and Development, to enhance the implementation of the Revitalised Agreement on Resolution of Conflict in South Sudan; (c) support continued partnerships and policy-level engagement with UNDP, the World Bank and other stakeholders to work with the Ministry of Finance and Planning on economic stabilization measures; (d) develop and implement robust strategic communications, partnerships and resource mobilization plans and utilize the investment cases for the three transformative results for evidence-based advocacy for resource mobilization; (e) strengthen national and subnational technical and managerial capacities; (f) re-programme funds in humanitarian emergency situations, in consultation with the Government, as required, to respond to emerging issues within its mandate; and (g) foster evidence-based advocacy and policy

dialogue to advance the implementation of legal and policy frameworks related to sexual and reproductive health and gender-based violence. Given the overall high risk rating highlighted in the CPD risk register, the CO will mainstream its business continuity plan and specific mitigation strategies for each programme component.

36. This country programme document outlines UNFPA contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at UNFPA levels concerning country programmes are prescribed in the UNFPA programme and operations policies and procedures and the internal control framework.

IV. Monitoring and evaluation

37. Results-based management systems and approaches to programming will be central to delivery of this country programme. UNFPA, in collaboration with partners, will develop and implement a robust monitoring and evaluation plan to track and report on country programme results, in line with UNFPA policies and guidelines. The country programme monitoring and evaluation plan will be aligned with the UNFPA Strategic Plan and UNSDCF monitoring and evaluation frameworks, including those of United Nations joint workplans, and will use platforms, such as the new enterprise resource planning system, the Strategic Information System and UN Info, to monitor and report progress on results. The plan will include on-site and remote meetings with implementing partners, monitoring visits, periodic internal reviews, evaluations, risk assessments and knowledge management. UNFPA will be an active participant in the United Nations and national monitoring and evaluation mechanisms to ensure adequate integration of the country programme results.

38. Primary and secondary data collection, real-time monitoring, analysis and other innovative approaches to feed into quarterly, annual and midterm reviews will be undertaken to provide and inform programme implementation. A country programme evaluation to assess progress of achievement of programme results as well as track achievement of the transformative results will be conducted. The programme will support capacity-building initiatives on results-based management for UNFPA staff and partners. Feedback mechanism to inform programme-management decisions, learning and adaptive management will be established.

39. UNFPA will work with the Government, United Nations organizations and other partners to strengthen national and state monitoring and evaluation mechanisms to systematically obtain evidence to track results and enhance evidence-based decisions. This will include strengthening national monitoring and reporting capacities for the ICPD Programme of Action and the voluntary national commitments on ICPD+25, the 2030 Agenda for Sustainable Development, voluntary national reports and Universal Periodic Reviews and the UN Info for reporting on the UNFPA contributions to the UNSDCF and national development priorities.

RESULTS AND RESOURCES FRAMEWORK FOR SOUTH SUDAN (2023-2025)

NATIONAL PRIORITY: South Sudan National Development Strategy (2022/23-2024/25): Priority areas: 6.5.2 Health; 6.5.3 Social Protection; 8.6.1 Gender Mainstreaming and Women's Empowerment; 8.6.2 Youth Empowerment; 8.6.4 Capacity Development.				
UNSDCF OUTCOME: 3: Children, women and men in South Sudan, particularly youth and vulnerable groups, enjoy improved coverage of inclusive, responsive, quality social services and social protection.				
RELATED UNFPA STRATEGIC PLAN OUTCOME: 1: By 2025, the reduction unmet need in family planning has accelerated. 2: By 2025, the reduction and preventable maternal deaths has accelerated. 3: By 2025, the reduction of gender-based violence and harmful practices has accelerated.				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<u>UNSDCF Outcome indicators:</u> <u>Related UNFPA Strategic Plan outcome indicator(s):</u> <ul style="list-style-type: none"> Percentage of births attended by skilled health personnel <i>Baseline: 19% (2021); Target: 25% (2025)</i> Percentage of women of reproductive age (15-49 years) who have their need for family planning satisfied with modern methods <i>Baseline: 21% (2021); Target: 31% (2025)</i> Percentage of service delivery points that have at least 3 modern family planning methods available <i>Baseline: 38% (2021); Target: 55% (2025)</i> 	<u>Output 1.</u> By 2025, women, youth and marginalized populations have increased access to equitable and people-centred maternal health, family planning, GBV and HIV prevention information and services through a strengthened and robust health system.	<ul style="list-style-type: none"> Number of UNFPA-supported health facilities with adequate staffing levels for midwifery professionals <i>Baseline: 4 (2021); Target: 22 (2025)</i> Number of women and youth, including women and young people with disabilities, who benefited from UNFPA-supported services related to sexual and reproductive health and prevention and response to gender-based violence <i>Baseline: 960,000 [SRH: 951,026; GBV: 8,974] (2021); Target: 2,460,000 [SRH: 2,432,000; GBV: 28,000] (2025)</i> Existence of a national inter-agency safe and ethical information management system for gender-based violence incident monitoring and case management for both humanitarian and development settings <i>Baseline: No (2021); Target: Yes (2025)</i> Existence of functional mechanism to provide quality-assured, adolescent-responsive sexual and reproductive health services in public health facilities in line with global standards for quality healthcare services <i>Baseline: No (2021); Target: Yes (2025)</i> Percentage of service delivery points with no stockouts in last three months <i>Baseline: 78% (2021); Target: 85% (2025)</i> 	Ministries and state ministries: Ministry of Health, Ministry of Gender, Child and Social Welfare, Ministry of Youth and Sport, Ministry of Finance, H6 (WHO, UNICEF, UNAIDS UN-Women, World Bank), Health Pool Fund; CSOs, national and international NGOs universities, academic institutions, networks for persons living with disabilities or living with HIV, sex workers and others	\$22.8 million (\$1.8 million from regular resources and \$21.0 million from other resources)
NATIONAL PRIORITY: South Sudan National Development Strategy (2022/23-2024/25): Priority areas: 6.5.2 Health; 6.5.3 Social Protection; 8.6.1 Gender Mainstreaming and Women's Empowerment; 8.6.2 Youth Empowerment; 8.6.4 Capacity Development.				
UNSDCF OUTCOME: 3: Children, women and men in South Sudan, particularly youth and vulnerable groups, enjoy improved coverage of inclusive, responsive, quality social services and social protection. 4: Women, youth plus vulnerable groups are empowered to demand and exercise their political, economic, social, environmental and cultural rights.				
RELATED UNFPA STRATEGIC PLAN OUTCOME: 1: By 2025, the reduction unmet need in family planning has accelerated. 2: By 2025, the reduction and preventable maternal deaths has accelerated. 3: By 2025, the reduction of gender-based violence and harmful practices has accelerated.				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<u>UNSDCF Outcome indicators:</u> <u>Related UNFPA Strategic Plan outcome indicator(s):</u> <ul style="list-style-type: none"> Proportion of seats held by women in national parliaments 	<u>Output 2.</u> By 2025, strengthened capacities of actors, institutions, and mechanisms to address discriminatory gender and social norms to advance	<ul style="list-style-type: none"> Number of functional multi-stakeholder national and state-level mechanisms to address discriminatory gender and social norms, at the individual, social and institutional levels <i>Baseline: 10 (2021); Target: 13 (2025)</i> Existence of functional national and state-level mechanisms to prepare women for leadership and participation in decision-making <i>Baseline: No (2021); Target: Yes (2025)</i> 	Ministries of Gender, Child and Social Welfare; Health; Youth and Sports; Finance; and Public Health; South Sudan Human Rights	\$20.2 million (\$1.2 million from regular resources and \$19.0 million from other resources)

<p><i>Baseline: 32% (2021); Target: 35% (2025)</i></p> <ul style="list-style-type: none"> • Proportion of women aged 20–24 years who were married or in union before age 18 <i>Baseline: 52% (2021); Target: 35% (2025)</i> • Percentage of women experiencing intimate partner violence (by end year) <i>Baseline: 22 % (2021); Target: 20.8% (2025)</i> 	<p>gender equality and women and girls agency, across the humanitarian, development and peace continuum</p>	<ul style="list-style-type: none"> • Number of government (national and state) and CSOs staff trained using the social norm empowerment package adapted to the South Sudan context <i>Baseline: 0 (2021); Target: 500 (2025)</i> • Number of communities that declare elimination of GBV and child marriage with support from UNFPA <i>Baseline: 30 (2021); Target: 60 (2025)</i> 	<p>Commission (SSHRC); Transitional National Legislative Assembly; UN joint programme partners; CSOs, NGOs, including Smile Again Africa Development Organization (SAADO)</p>	
<p>NATIONAL PRIORITY: South Sudan National Development Strategy (2022/23-2024/25): Priority areas: 6.5.2 Health; 6.5.3 Social Protection; 8.6.1 Gender Mainstreaming and Women’s Empowerment; 8.6.2 Youth Empowerment; 8.6.4 Capacity Development</p>				
<p>UNSDCF OUTCOME: 1: Women and men in South Sudan, particularly youth and vulnerable groups, benefit from and participate in more transparent, accountable, and inclusive governance that protects and promotes human rights, enables the consolidation of peace, establishes the rule of law and ensures access to justice for all</p>				
<p>RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1: By 2025, the reduction unmet need in family planning has accelerated. 2: By 2025, the reduction and preventable maternal deaths has accelerated. 3: By 2025, the reduction of gender-based violence and harmful practices has accelerated.</p>				
<p>UNSDCF outcome indicators, baselines, targets</p>	<p>Country programme outputs</p>	<p>Output indicators, baselines and targets</p>	<p>Partner contributions</p>	<p>Indicative resources</p>
<p><u>UNSDCF Outcome indicators:</u> <u>Related UNFPA Strategic Plan outcome indicator(s):</u></p> <ul style="list-style-type: none"> • The country conducts a Population and Housing Census <i>Baseline: No (2021); Target: Yes (2025)</i> 	<p><u>Output 3.</u> By 2025, strengthened data systems and evidence, especially those related to sexual and reproductive health and rights, gender-based violence and population changes</p>	<ul style="list-style-type: none"> • Percentage of sexual and reproductive health indicators routinely collected as part of the national health information system and made publicly available <i>Baseline: 10 (2021); Target: 50 (2025)</i> • Existence of disaggregated data that is collected, mapped and reported (including by age, sex, wealth, disability and other ‘leaving no one behind’ factors) on the prevalence of gender-based violence and harmful practices <i>Baseline: No (2021); Target: Yes (2025)</i> • Number of institutions at national and subnational levels with the capacity to generate, analyse, disseminate and utilize SRH/GBV administrative data <i>Baseline: 2 (2021). Target: 10 (2025)</i> • Functional real-time central management information system on GBV established <i>Baseline (2021): No, Target: Yes</i> • Existence of demographic dividend analysis report <i>Baseline: No (2021); Target: Yes (2025)</i> 	<p>National Bureau of Statistics, Ministry of Finance, other line ministries (Health, Gender, Youth), H6 partners, donor partners, academia, universities, CSOs, women’s and youth groups, the private sector</p>	<p>\$16.9 million (\$1.0 million from regular resources and \$15.9 million from other resources)</p>
<p>NATIONAL PRIORITY: South Sudan National Development Strategy (2022/23-2024/25): Priority areas: 6.5.2 Health; 6.5.3 Social Protection; 8.6.1 Gender Mainstreaming and Women’s Empowerment; 8.6.2 Youth Empowerment; 8.6.4 Capacity Development</p>				
<p>UNSDCF OUTCOME(S): 2: Women and men in South Sudan, particularly youth and vulnerable groups, benefit from and contribute to more sustainable and inclusive economic development, with reduced dependence on oil, improved climate change adaptation and greater resilience to economic shocks. 3: Children, women and men in South Sudan, particularly youth and vulnerable groups, enjoy improved coverage of inclusive, responsive, quality social services and social protection. 4: Women, youth plus vulnerable groups are empowered to demand and exercise their political, economic, social, environmental and cultural rights</p>				
<p>RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1: By 2025, the reduction unmet need in family planning has accelerated. 2: By 2025, the reduction and preventable maternal deaths has accelerated. 3: By 2025, the reduction of gender-based violence and harmful practices has accelerated.</p>				

UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p><u>UNSDCF Outcome indicators:</u> <u>Related UNFPA Strategic Plan outcome indicator(s):</u></p> <ul style="list-style-type: none"> Number of policies and guidelines in place to enable the enhancement or implementation of nationally determined contributions and the National Adaptation Plan <i>Baseline: 0 (2021); Target: 3 (2025)</i> The country adopts and implements national disaster risk reduction strategies/plans in line with international frameworks <i>Baseline: No (2021); Target: Yes (2025)</i> 	<p><u>Output 4.</u> By 2025, strengthened the capacity of actors and systems to provide timely, peace-responsive, conflict and climate-sensitive life-saving interventions to crisis-affected populations.</p>	<ul style="list-style-type: none"> Number of women, adolescents and youth who benefited directly from life-saving interventions supported by UNFPA in humanitarian emergencies <i>Baseline: 306,740 (2021); Target: 1,000,000 (2025)</i> Existence of a national emergency preparedness, response and disaster risk reduction plan which integrates sexual and reproductive health (including MISP) and GBV responses <i>Baseline: No (2020); Target: Yes (2025)</i> Existence of a readiness assessment to provide MISP for sexual and reproductive health in crisis situations within the past 12 months <i>Baseline: No (2021); Target: Yes (2025)</i> Number of service providers trained to provide MISP and other conflict and climate-sensitive interventions <i>Baseline: 401 (2021) Target: 1,200 (2025)</i> Number of local and community-level disaster risk reduction committees established <i>Baseline: 6 (2021); Target:10 (2025)</i> 	<p>Ministries of Health; Gender; Youth; Finance; and Humanitarian Affairs; UNMISS and OCHA, WHO, UNHCR, H6 Partnership; CSOs, NGOs (International Rescue Committee, International Medical Corps, IMA World Health), women and youth organizations, community groups</p>	<p>\$16.4 million (\$1.5 million from regular resources and \$14.9 million from other resources)</p>
<p>NATIONAL PRIORITY: South Sudan National Development Strategy (2022/23-2024/25): Priority areas: 6.5.3 Social Protection; 8.6.1 Gender Mainstreaming and Women's Empowerment; 8.6.2 Youth Empowerment; 8.6.4 Capacity Development</p>				
<p>UNSDCF OUTCOME: 1: Women and men in South Sudan, particularly youth and vulnerable groups, benefit from and participate in more transparent, accountable, and inclusive governance that protects and promotes human rights, enables the consolidation of peace, establishes the rule of law and ensures access to justice for all</p>				
<p>RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1: By 2025, the reduction unmet need in family planning has accelerated. 2: By 2025, the reduction and preventable maternal deaths has accelerated. 3: By 2025, the reduction of gender-based violence and harmful practices has accelerated.</p>				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p><u>UNSDCF Outcome indicators:</u> <u>Related UNFPA Strategic Plan outcome indicator(s):</u></p> <ul style="list-style-type: none"> Access to non-formal vocational education and post-primary technical and vocational education and training programmes for adults women, men and youth increased <i>Baseline: 10,000 (2021); Target: 20,000 (2025)</i> Number of women and youth organizations actively participating in the national and state-level political and governance structures and systems <i>Baseline: 10 (2021); Target: 18 (2025)</i> 	<p><u>Output 5.</u> By 2025, youth and adolescents, especially young women facing multiple forms of discrimination, are empowered to demand and access their rights to sexual and reproductive health and reject gender-based violence and harmful practices, across the humanitarian, development and peace continuum.</p>	<ul style="list-style-type: none"> Number of adolescents girls, including girls with disabilities and girls affected by other furthest left-behind factors, reached by girl-centred programmes that build their life skills, health, social and economic assets <i>Baseline: 0 (2020); Target:3,000 (2025)</i> Number of UNFPA supported youth-led innovative initiatives, including digital solutions, for accelerating the achievement of the transformative results <i>Baseline: 0 (2021); Target:2 (2025)</i> Number of institutions that operationalize out-of-school comprehensive sexuality education following international standards <i>Baseline: 3 (2021); Target:6 (2025)</i> Number of young people (in-school and out of school) reached with comprehensive sexuality education information <i>Baseline: 31,557 (2021); Target: 100,000 (2025)</i> 	<p>Ministries of: Gender; Child and Social Welfare; Health; Youth and Sports; Peace Building; and Finance; National Bureau of Statistics, Peace Commission, SSHRC; UN Joint programme partners: CSOs, NGOs</p>	<p>\$12.1 million (\$1.0 million from regular resources and \$11.1 million from other resources)</p> <p>Programme coordination and assistance \$1.5 million; (\$0.3 million from regular resources and \$1.2 million from other resources)</p>