

UNFPA South Sudan Country Programme Performance Summary

A. Country Information		
Country name: South Sudan		
Category per decision 2013/31:Red	Current programme period: 2012-2013, extended to 2016	Cycle of assistance: FIRST

B. Country Programme Outputs Achievement			
CPAP Output 1: Strengthened national capacity to implement the Minimum Initial Service Package (MISP) for Reproductive Health including GBV and STI/HIV prevention and response in humanitarian emergencies			
Indicators	Baseline	Target	End-line data (December 2015)
1.1 No. of service providers trained on CMR	0	250	332
1.2 No. of service providers trained in MISP	0	300	322
1.3 No. of service providers trained on rational use of RH kits	0	500	383
1.4 No. of kits procured and distributed	0	3750	2476
1.5 No. of women and girls provided with dignity kits	0	20,000	37,655
1.6 No. of pregnant women benefiting from clean delivery kits	0	100,000	105,400
1.7 Contingency plan that includes UNFPA mandate areas	0	3	4
1.8 No. of young people reached with ASRH, HIV, GBV information and services	0	350,000	226,905

Key Achievements

Notable achievements include:

- providing dedicated leadership of the GBV sub-cluster at the national and sub-national levels and leading the RH working group of the health cluster;
- scaled up the response through the deployment of technical and operation staff in the humanitarian hubs in Juba, Mingkaman, Bor, Malakal and Bentiu; additionally, acquired rapid response capacity through 3 dedicated staff in Juba, that continually work with partners to identify needs and respond immediately; this has enabled timely hands on support and response including building the capacity of humanitarian actors on various SRH and GBV service delivery;
- trained 332 (133 females and 199 males) on Clinical Management of Rape (CMR) survivors and Psychological First Aid(PFA); trained 322 (111 females and 211 males) on Minimum Initial Services Package (MISP) and rational use of emergency RH kits;
- trained 228 (111 females and 117 males) on Basic Emergency Obstetric and Newborn Care (BEmONC); and trained 56 (28 females and 28 males) on provision of Adolescent Sexual and Reproductive Health (ASRH);
- also procured, prepositioned and deployed life-saving RH commodities and equipment including 2,128 RH kits distributed to over 40 field based humanitarian agencies, four (4) ambulances deployed to Juba (1), Mingkaman (1), Malakal (2), 200 hospital beds and mattresses, 12 delivery beds, 13 ward screen, 24 gynecological table, 36 examination table, 7000, dignity kits and 7 Solar systems were distributed to 7 facilities; therefore,
- over 270,000 pregnant women have been reached with ANC services, 55,000 clean delivery kits(CDK) distributed to visibly pregnant women,
- conducted 35,619 assisted deliveries, 3,097 caesarian sections,
- 125,000 women and girls provided with dignity kits,
- 231,810 women, girls and community leaders reached with GBV preventions messages and 22,000 young people reached with HIV prevention services including condom distribution;

CPAP Output 2: Strengthened national capacity to deliver comprehensive sexual reproductive health services including treatment and management of fistula.

Indicators	Baseline	Target	End-line data
2.1 # of service delivery points offering a minimum basic package of maternal health and midwifery services	0	25	50
2.2 No. of personnel trained on SRH and to implement the new family planning human rights protocol	0	800	871
2.3 No. of fistula repair surgeries.	300	300	679
2.4 UNFPA 10-step strategic approach to comprehensive condom programming implemented	0	1	1
2.5 Proportion of targeted service delivery points with no stock-out of contraceptives in the last six months	10%	60%	76.2% (primary level); 66.7% (secondary level); 100% (tertiary level)

Key Achievements

Since 2012, UNFPA, with funding from Canada, the Maternal Health Thematic Fund, Government of Sweden, Italian Cooperation, Australian Government, and UNFPA core resources, has contributed to training nurses, midwives, tutors and frontline health workers in South Sudan and other neighbouring countries in Africa. So far the following have graduated from 4 health sciences institutes supported by UNFPA and are deployed at health facilities across the country

- 59 Diploma Nurses have graduated from JCONAM
- 120 Diploma Midwives have graduated From JCONAM, Maridi, CHTI, & Jinja (Uganda)
- 97 Certificate Midwives have graduated from KajoKeji, Wau, Arua, & Leer (Uganda)
- 15 local nurses and midwives have been trained as Tutors in Arusha, Tanzania
- 1 Principal completed Masters in Health Services Management in Uganda
- Over 200 students are currently being trained in health sciences institutes supported by UNFPA
- Nurse and Midwife curricula have been thoroughly reviewed
- The selection of candidates for the national intake of midwives is gender sensitive and considers geographical disparities

Other achievements:

- Submitted recommendations on *Scaling up midlevel health cadres in South Sudan*. Strategy paper developed by a national task force co-lead by UNFPA
- 679 fistula repair surgeries completed successfully during fistula campaigns
- Registration system for fistula patients has been established and used for patient mobilization and planning fistula campaigns. 141 new fistula survivors registered.
- Procured and distributed reproductive health commodities, medicines and equipment averaging USD 1.5 million to more than 30 partners annually
- Awareness and community mobilization campaigns coupled with training of health care providers have resulted in generation of 78,453 CYPs through direct service delivery, and 336,167 CYPs through commodities distributed to partners.
- Distributed misoprostol to all counties implementing post-partum hemorrhage prevention program, averting at least 1,600 maternal deaths.
- 871 personnel trained on SRH/ new human rights-based family planning protocol
- Deployment of 15 national UN volunteer midwives for the first time in South Sudan to join with 30 international volunteer midwives deployed across the country for a total 45 UN volunteer midwives deployed at hospital and health centres providing capacity building and clinical mentoring of health workers and students and service delivery
- 45 deployed midwives have contributed to the following:
 - 239,527 pregnant women provided with antenatal care
 - 46,692 safe vaginal deliveries were conducted and supervised
 - 4,693 normal deliveries conducted by student midwives
 - 19,966 women with complications in pregnancy and childbirth were assisted with EmONC services
 - 14,235 women provided with family planning services
 - 50,746 women served at labour and delivery units
 - 38,154 newborns provided with quality neonatal care
 - 36,929 women provided with post-natal care services
 - 2,884 newborn babies in distress resuscitated
 - 9,792 males and 72,188 females accessing HIV and STI counselling and testing services
 - 3,315 health workers coached and mentored on reproductive health and emergency obstetric care

- 1,411 nursing, midwifery and other students received clinical mentorship and instruction at facilities where UNV midwives are based
- 665 women treated and managed for gender based violence
- 20 clinical officers studying emergency obstetric care, 10 doctors studying obstetrics and gynaecology and 3 doctors studying anaesthesia on external scholarships supported by UNFPA, successfully completed their second and third years respectively.
- 220 health workers were trained in EmONC since 2012 across South Sudan with funding from Sweden

CPAP Output 3: An enabling environment created for delivering and utilizing gender sensitive sexual and reproductive health services.

Indicators	Baseline	Target	End-line data
3.1 # of guidelines, protocols & standards for delivery of quality SRH services:	0	2	4
3.2 A costed integrated national SRH action plan based on EmONC needs assessment in place:	0	1	1
3.3 Midwifery workforce policies based on the ICM-WHO standards in place:	0	1	2
3.4 A social behaviour change communication (SBCC) strategy for adolescent and youth and other vulnerable groups in place	No	Yes	No

Key Achievements

- Procured and distributed to over 30 partners, 1.5 million USD reproductive health commodities, medicines and equipment
- Establishment of the national and 10 state level Nurses and Midwives Association and provided support for institutional strengthening so as to raise the profile of the profession
- With UNFPA support, the South Sudan Nurses and Midwives Association was accepted into membership with the International Confederation of Midwives
- 53.1 million Canadian dollars and 85 million Swedish Kronas mobilized for strengthening midwifery services from the Government of Canada and Sweden respectively
- Developed RH Policy, Strategic Plan and Family planning policy which provides the overall guidance for RH programming
- UNFPA led and facilitated the National EmONC Needs Assessment which was conducted country-wide and led to the development of ten EmONC Investment Plans
- Developed the draft Nursing and Midwifery Regulatory Framework, Code of Conduct for Nurses and Midwives and Uniform and Dress Code Policy for Nurses and Midwives contributed to the strengthening of Reproductive health coordination and programming including the establishment of various technical working groups and coordination mechanisms involving 45 partners working in reproductive health and midwifery
- Integrated gender and GBV issues in the health sector with the conduct of the gender assessment of midwifery programme and the establishment of the Health Sector Gender Working Group

CPAP Output 4: Strengthened national protection systems for advancing reproductive rights, gender equality and gender-based violence prevention and response.

Indicators	Baseline	Target	End-line data
A national gender policy is published and disseminated	No	300 copies	300 copies
# of sectorial plans incorporating new gender policy through UNFPA support	0	4	5
A costed National Action Plan on GBV in place	0	1	1

National Gender based Violence coordination structures are in place and functional	0	1	1
# of functional GBV coordination structures at sub-national level	3	7	10
Percentage increase in number of client at service points accessing services to prevent gender based violence	0	20% (5841)	20% (5841)

Key Achievements

1. A gender national gender policy was established with the technical support of UNFPA and disseminated.
2. A costed national action plan on GBV was developed with the technical support of UNFPA.
3. Dedicated Gender Focal Points (8) from relevant Ministries and Institutions (Ministry of Health, Ministry of Youth, Ministry of Labour and Public Services, Education , Agriculture, and the Human Rights and HIV Commission) were trained and regularly supported to mainstream, gender in different sector plans, strategies and policies. Gender equality, including GBV prevention was integrated in most of the national policy documents, including the South Sudanese Development Plan, the Transitional National Constitution, and in five sector plans including the revised Health Policy, the Reproductive Health Strategy, and the Midwifery Curriculum. A Gender mainstreaming manual was developed and disseminated together with the National Gender Policy. National SOPs for the GBV prevention and response were developed and the GBV National Action Plan was drafted.
4. UNFPA is coordinating the GBV Sub-Cluster in South Sudan which brings together more than 45 actors including Government, INGO, local NGOs, CBOs and FBOs. Field GBV coordination structures were put place at the State Level (8) and at the PoC level (5). As GBV Sub-Cluster leader UNFPA played an important role in resource mobilization, and supported the development of communication and advocacy material and tools such as the security and safety guidelines for survivors in the context of South Sudan
5. GBV data collection improved through the rollout of the GBVIMS among relevant GBV organizations. 13 organizations were trained and are now part of the GBVIMS; relevant GBV data are monthly collected, analyzed and safely shared to allow information sharing, programming and fund raising.
6. UNFPA has successfully supported a capacity building program on GBV prevention and response targeting frontline responders and policy makers, including police officers.
7. UNFPA supported eight women safe spaces offering a package of services and activities for women and girls survivors of GBV or at risk in Awerial, Bor, Fangak and Bentiu. Three hospitals (Juba Teaching Hospital, Bor Hospital and Eastern Equatorial Torit Hospital) were assisted in setting up confidential spaces for both female and male survivors waiting to receive medical care.
8. Community mobilization to prevent and respond to GBV was supported by strengthening protection networks especially in the areas affected by the crises and the establishment of “Male Champions” networks in two PoCs engaged in GBV prevention sessions among their communities.

CPAP Output 5: Increased access by adolescents and youth to comprehensive sexual and reproductive health information and youth-friendly services including HIV/AIDS prevention

Indicators	Baseline	Target	End-line data
Country has a national comprehensive sexuality education curricula which is aligned with international standards	0	1	Comprehensive Sexuality Education integrated into Life skills curriculum guidelines.
% of schools implementing sexuality education programmes that promote human rights and gender equality through UNFPA support.	0	10%	The indicate is postpone to the next CPD due to lack of relevant documents to support implementation of CSE

% increase of young people accessing youth-friendly SRH services and information.	0	25%	143,701 Young people accessed youth-friendly SRH services and information
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Key Achievements

Life Skills and Comprehensive Sexuality Education

- Comprehensive Sexuality Education was integrated into Life Skills School curriculum guidelines with support of UNFPA, UNESCO and UNICEF. The curriculum incorporated SRH, HIV and Gender/GBV among many thematic areas. The programme further supported orientation of 83 curriculum developers, programme managers and teachers on comprehensive sexuality education (CSE). The training is to introduce the concept of comprehensive sexuality Education in preparation for the implementation of CSE curriculum. In addition Learners and instructors materials on CSE developed and reviewed.
- Youth Peer Education approached was initiated and lunched to build capacity of young people on Sexual & Reproductive Health, HIV&AIDS/STIs, Life Skills, behavior change and communication. Rapid assessment of Youth Peer Education was conducted and National Youth Peer Education Strategy & Standard developed to scale up the network to all the 10 states. 602 Adolescent and youth were equipped with Peer Education technique and SRH knowledge.

Provision of youth friendly SRH and HIV services

- UNFPA supported MOH and other implementing partners in South Sudan to improve access of Young people to SRH services and information. A total of 143,701 Young people accessed youth-friendly SRH/FP, HIV & Gender/GBV services and information and 94 Health Workers trained on provision of adolescent and youth friendly services and information.

Evidence-based Youth Advocacy and Policies.

- UNFPA in collaboration with the South Sudan HIV/AIDS Commission and National Ministry of Health developed National Comprehensive Condom Programming Strategy incorporating the 10-step strategic approach for evidence and results based programming. The strategy has improved condom programming and promotion which has increased the uptake of condoms in Eastern and Central Equatoria States among young people from 6,000 per year in 2012 to 1,091,428 male condoms per year in 2014.
- Advocacy and policy dialogue which resulted into integration of ASRH into key national policies such as the National Youth Policy & Strategy, National RH Policy and Strategy, HIV/AIDS Strategic plan. In addition a separate Adolescent Sexual and reproductive health strategy was developed and validated in a stakeholder's consultative workshop.
- UNFPA supported setting up of a functional National Youth Coordination Forum and ASRH TWG which meets regularly to address issues of adolescent and Youth Programming.
- UNFPA support mapping of Sex workers in hot spot areas to aid Sex workers programming in South Sudan.
- Knowledge attitude and practice survey was conducted in the 7 states of South Sudan out of the 10 States.

Promotion of Youth Leadership and Participation.

- UNFPA initiated a Youth Fellow programme which promotes Youth leaders and empower young graduates to gain skills and experienced in UNFPA programming. So far 4 Youth Fellows were recruited for a minimum of 11 months and were able to get better jobs.

CPAP Output 6: Strengthened national capacity for production, analysis, management and utilization of gender-sensitive data to inform decision-making and policy formulation on population and development issues.			
Indicators	Baseline	Target	End-line data
6.1 # of Censuses, Surveys and Assessments conducted and analyzed	3	6 (MMR, IDP Survey, EnMoC, 3 Project Evaluations/Assessments)	4 surveys undertaken (2014 RHCS Survey, 2015 HCT Protection Strategy Baseline Survey; 2013 EmONC needs Assessment, and Annual Financial Resource Flow Surveys). Three project evaluations and assessments
6.2 # of population databases existing and accessible to users	0	3 (GBVIMS, HMIS, DevInfo)	GBVIMS fully operational with UNFPA support; DevInfo functional with UNICEF support
6.3 # of national and sub-national plans and frameworks reflecting integration of population and development issues	1	4 (SSDP, National and 2 state budgets and expenditure frameworks)	The conflict prevented drafting of SSDP II, but the CO was able to support the development of the document. “South Sudan: The Future We Want” which outlines national priorities action plan based on ICPD 2014 Framework of Actions and its linkages with the Post-2015 Sustainable Development Agenda
6.4 # of technical assistance provided on the use of population-related data and support for assessments	1	8 (4 PHC, 1 each for 4 surveys)	Four technical assistance missions were provided to NBS for census preparatory activities and three missions for RHCS survey, HCT survey and EmONC needs Assessment

Key Achievements

Strengthened capacity for data generation and increased availability of disaggregated data. New national survey reports were produced including:

- The conduct of the 2014 Reproductive Health Commodity Security (RHCS) facility-based survey which filled critical information gaps in reproductive health commodities and maternal health medicines in the country;
- technical and financial support for the conduct of the 2015 HCT Protection Strategy Baseline survey which provide baseline indicators on displacement, security, safety, freedom of movement, return intentions and experience of sexual and gender-based violence among IDPs of South Sudan;
- Conducted first ever EmONC needs Assessment in the country which provided data to guide evidence based programming including the development of EmONC Investment Plans
- the conduct of annual Financial Resource Flows Survey which provides data on financial resources available for population activities in South Sudan;
- Support for the development of census project document with detail budget and work plan, which was approved by the Council of Ministers;
- Deployment of Chief Technical Adviser to support preparations for the 1st Population and Housing Census of South Sudan;
- Technical assistance for development of census publicity and advocacy strategy and work plan; support for finalization of census questionnaires, manuals and control forms and methodology for census mapping;
- Support for pretest of use of new technologies in census mapping and data collection;
- capacity building initiatives including sponsorship of 2 NBS staff to pursue post graduate studies in demography in South Africa and Uganda; sponsorship of 8 senior technical and management staff of NBS for study tours to Rwanda and Ghana to gain knowledge on conduct of recent censuses; training of 30 NBS staff to serve as nucleus of a group of trainers that will spearhead the training programme for field staff for the census;
- Support for commemoration of annual events related to the ICPD and post-2015 development agenda; support for convocation of a National Consultative Forum, under the theme. “South Sudan: The Future We Want” which enabled South Sudanese to provide inputs for the formulation of national priorities action plan based on ICPD 2014 Framework of Actions and its linkages with the Post-2015 Sustainable Development Agenda;
- Support for observance of annual *African Statistics Day* to promote awareness among political decision makers, the private sector, civil society, and the general public on the role of statistics in the formulation, implementation, monitoring and assessment of development policies and to advocate support for major statistical operations, including censuses and surveys.

C. National Progress on Strategic Plan Outcomes¹	Start value	Year	End value	Year	Comments
Outcome 1: Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access					
Percentage in which at least 95% of service delivery points in the country have seven life-saving maternal/reproductive health medicines from the WHO priority list	0	2012	63.9% (secondary SDPS); 100% (tertiary SDPs)	2014	Determined through RHCS SDP survey started in 2014.
At least 60% of service delivery points at the national level have no stock-out of contraceptives in the last six months (if data is more than two years old, select data not available)	No	2012	Yes	2014	

¹The format is aligned to the UNFPA Strategic Plan outcomes, 2014-2017.

Contraceptive prevalence rate (total)	4.5% (all methods) 1.7% (modern methods)	2010	Data Not Available	2015	The baseline is from the South Sudan Household Health Survey. The MOH definition considers “verified skilled attendants”, which affects/ dilutes reporting on this indicator. Next survey (MICS) to determine end-values underway
Proportion of demand for contraception unmet/ unsatisfied (total)	24%	2010	Data Not Available	2015	
Percentage in which at least 80% of live births in the country are attended by skilled health personnel	14.7%	2010	Data Not Available	2015	
Number of adapted and implemented protocols for family planning services in the country that meet human rights standards including freedom from discrimination, coercion and violence	3	2012	11	2015	
Percentage of women and men aged 15-49 who had more than one sexual partner in the past 12 months who reported use of a condom during their last intercourse (female/male)	0	2012	Data Not Available	2015	This indicator is not tracked through the national HMIS
Has the country increased the national budget for sexual and reproductive health by at least 5 per cent?	No	2012	No	2015	Dedicated budget line available for SRH in the Health Sector Development Plan, but it is not actualized.

Summary of National Progress

Overall, the social indicators, particularly for women and girls are still among the worst in the world. However, marginal improvement in maternal mortality ratio (MMR); 2,054 (2006 Household survey) to 1989 (UNDP 2014) per 100,000 live births have been recorded. Several factors account for the high MMR, including low proportion of deliveries at health facilities (11.5%), of which only 14.7% are still attended by skilled birth attendants. Socio-cultural barriers have kept the contraceptive prevalence rate amidst high unmet need for contraception. Nevertheless, during this CP, more skilled health workers (midwives, nurses, clinical officers and specialist doctors) have been trained and absorbed into the health care system. Family planning and other life-saving RH commodities have become more available at service delivery points, and the capacity to manage them better has increased. The government has taken on a more proactive and engaged role in coordinating SRH activities with partners, and major policy, regulatory and guidelines have been finalized. The current crisis has come on top of what was already a very fragile situation. This crisis has caused a major public health crisis with extensive disruption of essential primary and secondary health care services. For decades, more than 3 millions of people in South Sudan have relied on assistance provided by national and international relief organizations to meet their most basic needs.. The provision of sexual and reproductive health services; including Emergency Obstetrical and Neonatal Care (EmONC) and medical services to rape survivors contributed to save life of more 1.0 million displaced women and girls and host populations.

UNFPA's Contributions

UNFPA during implementation of the CP was the lead agency in driving progress in the area of reproductive health and rights. Notable achievements include:

Coordination, Policy and Advocacy

- Setup of national and sub-national coordinating mechanisms for FP, SRH and GBV Sub-Cluster that meet regularly to share information and coordinate strategies and responses.
- Development of major strategic documents for creating enabling environment for family planning and SRH, including the national HIV response and Comprehensive Condom programming strategy
- UNFPA supported development of a national and State-level professional nursing and midwifery associations of which 656 Nurses and Midwives are now members

Family Planning and Reproductive Health Commodity Security

- Procurement, distribution and pre-positioning of life-saving RH commodities and equipment; including emergency reproductive health kits to over 40 field-based humanitarian agencies as well as ambulances for referral service. These resulted in significant reduction in widespread stock-outs for essential RH commodities and services and faster respond to humanitarian crises.
- UNFPA supported MOH to conduct situational analysis of commodity situation in the country, and to do joint forecasting and quantification of Family Planning commodities with key stakeholders. The 3-year projection was used by donors and partners for advocacy to respond to country needs to avoid stock outs. The annual survey of availability of contraceptives and life-saving medicines also contributed to highlighting stock-out situation and causes to be addressed by government, donors and partners.
- Through the accelerated family planning program, over 78,453 CYPs were generated through direct service delivery by UNFPA-funded partners and at least 336,167 CYPs through commodities distributed to other partners.
- Capacity for supply chain management has been enhanced through construction and technical assistance for management of a warehouse at the national level. Training has also been provided to government and NGO partners on rational pharmaceutical management and long-acting methods. Regular monitoring missions have been carried out as part of supportive supervision and to provide on-job training for storekeepers, logisticians and dispensers.
- Supported the introduction of misoprostol for advance community-level distribution for self-administration as strategy for prevention of post-partum hemorrhage, which is the leading cause of maternal health (34%) in South Sudan.

More 1,128 GBV survivors who have sought CMR and psychosocial services between January and September 2015, on average.

Human Resources for Health

- To increase the proportion of births attended by skilled health workers, UNFPA supported training of nurses and midwives. Five (5) Health Training Institutes have been supported with operational costs, tutors (16) and scholarships for training over 250 Enrolled/registered midwives.
- To fill gaps in critical areas, UNFPA deployed 30 highly skilled International and 15 national UNV Midwives across the country. These midwives deployed have: provided antenatal care to 239,527 pregnant women; conducted 46,692 safe vaginal deliveries were conducted and supervised 4,693 normal deliveries conducted by student midwives; assisted 19,966 women with complications in pregnancy and childbirth with EmONC services; provided 14,235 women with family planning services and 36,929 women with post-natal care services; and supported 9,792 males and 72,188 females to access HIV and STI counselling and testing services

- UNFPA supported 20 clinical officers studying emergency obstetric care, 10 doctors studying obstetrics and gynaecology and 3 doctors studying anaesthesia on external scholarships in neighbouring countries. These experts have been integrated into the public health care system after their training.
- Further, support was provided for 10 Training of Trainers, training of over 800 health workers on SRH and the localization of the training of Associate Clinicians under the Task Shifting Initiative.
- Capacity building and training of teachers, curriculum developers, programme managers and youth peer educators on comprehensive sexuality education (CSE);
- Capacity building of humanitarian health providers and RH partners on MISP for SRH services implementation and CMR*PFA as well as on BEmONC and other SRH topics
- Renovation of health facilities; including maternity wards in humanitarian settings

Outcome 2: Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health

Percentage of young women and men aged 15-24 who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission (female/male)	11.3%-South Sudan Household Survey	2010	Data Not Available		
Does the country have laws and policies that allow adolescents (regardless of marital status) access to sexual and reproductive health services?	Draft RH & Family Planning policies; RH Strategic	2010	Yes-RH & Family Planning policies; RH Strategic 2013-2016 in place	2013	

Summary of National Progress

South Sudan government recognized the importance of multi-sectoral approach in addressing adolescent and youth issues and developed a multi-sectoral national youth policy and strategic plan; RH policy and strategy, family planning policy. The government also integrated Sexuality education into the life skill curriculum which is part of the education curriculum.

The Government identified the Youth Peer Education approached known as Y-Peer, as an initiative among other for national scale up through the Youth Payam Service and it was included in South Sudan development plan 2011-2013.

Despite the existence of policies and strategic frameworks access of young people to SRH services and information is limited.

UNFPA's Contributions

UNFPA provided technical and financial support for the development of the national youth policy and strategic plan, RH policy and strategic Plan. UNFPA supported development of ASRH strategy, factsheet on young people, training of trainers on provision of youth friendly adolescent and youth sexual and reproductive health services.

Outcome 3: Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth

Does the country have the gender equality national action plans that integrate reproductive rights with specific targets and national public budget allocations?	No	2012	Yes	2015	
Proportion of taken actions by the country on all of the Universal Periodical Review (UPR) accepted recommendations on reproductive rights from the previous reporting cycle					
Percentage of women aged 15–49 who think that a husband/partner is justified in hitting or beating his wife/partner under certain circumstances	0	2010	79%		Indicator from South Sudan Household Health Survey 2010

Summary of National Progress

South Sudan was admitted as the 193rd member state of the United Nations by the General Assembly on 13 July 2011. It is also a member of the AU and IGAD. The country has both an international and regional obligation by default to respect and implement key international instruments that promotes gender equality and rights of women. The country signed the Geneva Convention binding it to uphold international humanitarian law. Although South Sudan has not yet ratified CEDAW and other important conventions that promote and protect gender equality, the principal tenets of these instruments are reflected in national legal instruments.

Commitment to gender equality and the empowerment of women are enshrined in provisions of the Transitional Constitution and Bill of Rights which guarantees for equality and equity between women and men as well as a 25% Affirmative Action provision for women in all spheres as a temporary positive measure to redress past imbalances. A number of laws enacted including the Child Act (2008) and some sector specific policies further demonstrate the desire to redress past inequalities and violations of the rights of women, children, people with disabilities and other vulnerable groups.

South Sudan developed a national Gender policy and its implementation strategy that came to effect in 2013. The policy came as a result of thorough consultation with different stakeholders in private, government at national and state levels, development partners, national and international organizations. The National Gender Policy serve as a framework and provide guidelines for mainstreaming principles of gender equality and the empowerment of women in the national development process with the ultimate goal of making gender equality an integral part of all laws, policies, programs and activities of all government institutions, the private sector and civil society.

Government has also provided fertile ground for Women's political participation and representation at all level of government with an affirmative action of 25%. Women were encouraged to register, vote and run for election in the first multiparty election in 2010. With the support of development partners this led to unprecedented 51(31%) women out of 170 members elected to South Sudan Legislative Assembly in April 2010 elections with 10 currently serving as members of the cabinet. In the national legislative assembly, women representation stands at 29% and they hold 27% of the cabinet position. In January 2013, South Sudan signed the Protocol, but it has not been ratified by the National Assembly yet.

Despite the achievements, South Sudan still faces considerable challenges promotion of gender equality and empowerment of women in South Sudan. Among the challenges the most significant are related to the still weak legal and justice sectors and the limited institutional framework.

UNFPA's Contributions

UNFPA provided technical support for the development of the Gender National Gender policy.

With the support of UNFPA a costed national action plan on GBV was developed and dedicated Gender Focal Points (8) from relevant Ministries and Institutions (Ministry of Health, Ministry of Youth, Ministry of Labour and Public Services, Education, Agriculture, and the Human Rights and HIV Commission) were trained and regularly supported to mainstream, gender in different sector plans, strategies and policies. Gender equality, including GBV prevention was integrated in most of the national policy documents, including the South Sudanese Development Plan, the Transitional National Constitution, and in five sector plans including the revised Health Policy, the Reproductive Health Strategy, and the Midwifery Curriculum. With the technical support of UNFPA A Gender mainstreaming manual was developed and disseminated together with the National Gender Policy. National SOPs for the GBV prevention and response were developed and the GBV National Action Plan was drafted with the financial and technical support of UNFPA.

Outcome 4: Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality					
Has the country had at least one census of good quality that was processed, analyzed and disseminated following internationally agreed recommendations (during the last 10 years)?	Population and Housing Census of Sudan	2008	Yes		The last census was conducted in 2008 when the country was part of Sudan. Projections to 2020 have been made 1 thematic report on Orphans has been produced. Preparations for next census in 2018 ongoing
Has the country collected, analyzed and disseminated a national household survey that allows for the estimation of key population and reproductive health indicators (in the last 5 years)?	South Sudan Household Survey	2010	Yes		Preparations are ongoing for Maternal Mortality – MICS survey scheduled for 2016-2017
Proportion of new national development plans that address population dynamics by accounting for population trends and projections in setting development targets	South Sudan Development Plan	2011	Yes		The South Sudan Development Plan (SSDP) was extended until mid-2016

Summary of National Progress

The South Sudan Development Plan (SSDP) was launched in 2011 for a period of two years but was extended until mid-2016. The first UNFPA Country Programme, 2012-13 was aligned to the SSDP and was also extended to June 2016. Similarly, the United Nations Country Team (UNCT) extended the United Nations Development Assistance Framework (UNDAF) to 2016. The Agreement on the Resolution of the Conflict signed in August 2015, provides a new roadmap for progress and new opportunities to strengthen efforts towards peace and development. Among other opportunities, the Agreement provides for the Transitional Government of National Unity to establish a new national development framework during the transitional period until 2018. Until this new framework is in place, and in order for the UNCT to better align the policy and programmatic work to the current context, the Country Team decided to launch an Interim Cooperation Framework (ICF) as its overarching Strategic Plan covering the period 2016 and 2017. The ICF will replace the current UNDAF on an interim basis until a new UNDAF can be developed, based on a new national framework. The UNCT will assist the Transitional Government of National Unity in formulating this new national development framework that would have the Sustainable Development Goals (SDGs) mainstreamed in it. In a similar vein, the 2nd UNFPA Country Programme of Assistance, aligned to the ICT is designed for a period of one and half years, during which it is expected that the next development plan would be produced.

Lack of up to date data is a major challenge to evidence based planning and programming in South Sudan. The data and indicators available for the country come from the disputed 2008 population and housing census conducted when the country was still part of the Republic of Sudan and a few national household surveys. The population projection data sets (2008-2015, 2015-2020) for the country are derived from the results of the 2008 census and national household surveys. The census results have not been analysed, nor have any thematic reports produced, except for a monograph on Orphanhood and census administrative report. The National Bureau of Statistics, in collaboration with Ministry of Health and UNICEF, conducted the 2010 South Sudan Household Survey which provided much of key population and reproductive health indicators that the country currently uses. Other surveys undertaken in South Sudan include the 2013 South Sudan National Assessment for Emergency Obstetric and Newborn Care, 2014 Reproductive Health Commodities and Services Survey and 2015 Humanitarian Country Team Protection Strategy Baseline Survey. Progress is being made in preparations for the conduct of a Maternal Mortality Ratio Survey in 2016 that will provide updated indicators. The survey is a collaboration between National Bureau of Statistics, Ministry of Health, UNICEF and UNFPA, with funding from Canada's DTFAD.

Preparations for the first population and housing census of South Sudan commenced with the development of the census project document, census mapping strategy and Census Publicity and Advocacy Strategy and Work-Plans. The National Bureau of Statistics was able to finalize drafts of census questionnaires, manuals and control forms, undertake pilot census mapping and conduct a pre-test of census tools and instruments. The NBS is considering using new technologies in the next census. It is envisaged that the use of the smartphones will save data collection and data processing costs and deliver census results in much shorter period than using the conventional paper based data collection and data processing techniques. Hand-held smartphones would be useful in census cartography (to assist with mapping and capture of GPS coordinates) and census data collection in place of the traditional paper based questionnaires. Consequently, the NBS undertook tests in census mapping and enumeration, using new technologies to inform on their suitability for the forthcoming census. However, census preparations have slowed down due to the humanitarian emergency which arose as a result of the December 2013 crisis. A new opportunity is the recently signed Peace Agreement which makes a strong case for the conduct of a census within the 30 month period of the Transitional Government of National Unity.

UNFPA's Contributions

UNFPA financial and technical contributions enabled the country to hold a national consultative forum with a broad spectrum of South Sudanese stakeholders which discussed national priorities and the formulation of clear national priorities action plan based on the ICPD 2014 Framework of Actions and its linkages with the Post-2015 Sustainable Development Agenda. The outcome document, "South Sudan: The future we want" is expected to be one of the background documents the Ministry of Finance and Economic Planning will use in developing the next South Sudan Development Plan.

Technical and financial support from UNFPA enabled the National Bureau of Statistics to produce the census project documents and other documents as well as commence implementation of key census preparatory activities including pre-test of census questionnaires and instruments, pilot test of census mapping, test of use of new technologies in mapping and data gathering. UNFPA contribution was critical in the face of severe funding constraints faced by the NBS due to inability to access government approved funds for the census. Also, the conduct of various sample surveys was made possible by support from UNFPA.

D. Country Programme Resources						
SP Outcome Choose only those relevant to your CP	Regular Resource (Planned and Final Expenditure)		Others (Planned and Final Expenditure)		Total (Planned and Final Expenditure)	
Increased availability and use of integrated sexual and reproductive health services	6,589,418	5,870,660	55,315,821	45,166,407	61,905,238	51,037,067
Youth policies and programmes, and increased availability of comprehensive sexuality education	941,549	808,790			941,549	808,790
Advanced gender equality, women's and girls' empowerment, and reproductive rights	1,127,997	1,067,095	675,300	561,051	1,803,297	1,628,147
Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics	4,611,336	4,526,892			4,611,336	4,526,892
Programme coordination and assistance	1,858,418	2,073,349			1,858,418	2,073,349
Total	15,128,717	14,346,788	55,991,121	45,727,458	71,119,838	60,074,246