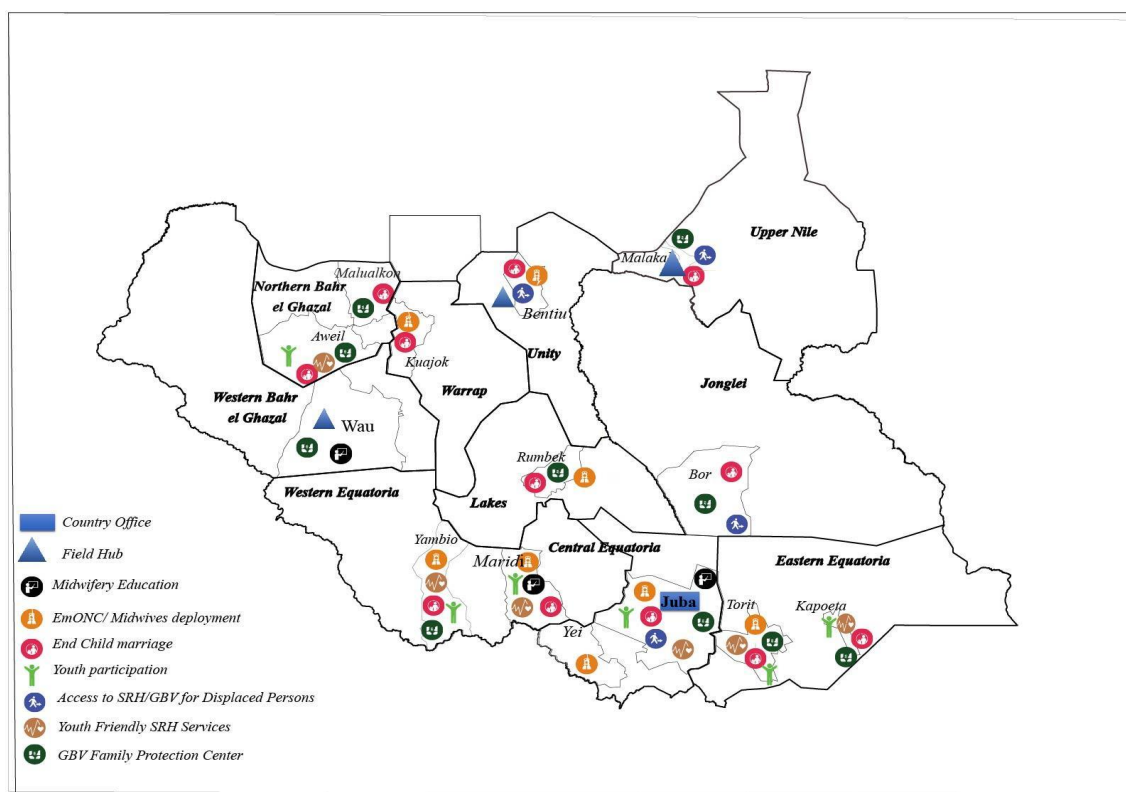


**GOVERNMENT OF SOUTH SUDAN/UNFPA 3RD COUNTRY
PROGRAMME (2019-2021)**

FINAL REPORT

DATE: AUGUST 2021

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



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Disclaimer

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

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List of Abbreviations and Acronyms

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

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

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Facts on South Sudan

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Executive Summary

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

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

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

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

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

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

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

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

4. Main Finding of the Evaluation

Relevance

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

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

Effectiveness

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

Efficiency

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

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

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

Sustainability

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

Coordination

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

Coverage

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

Connectedness

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

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

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

Main Conclusions

Strategic Level:

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

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

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

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

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

Programme Level:

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

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

Recommendations

Strategic level

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

Program level

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

Chapter 1 Introduction

1.1 Purpose and Objectives of the Country Programme Evaluation

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

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

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

Specific evaluation objectives are:

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

1.2 Scope of the Evaluation

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

1.3 Methodology and Process

1.3.1 Evaluation Criteria and Evaluation Questions

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

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

Table 1: Evaluation Criteria and Questions

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

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

1.3.2 Sample selection

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

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

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

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

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

1.3.3 Data Sources, Collection and Analysis

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

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

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

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

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

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

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

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

Source: Evaluation team analysis

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

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

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

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

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

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

1.3.4 Process Overview

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

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

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

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

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

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

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

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

Chapter 2 Country Context

2.1 Development Challenges and National Strategies

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

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

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

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

2.2 Situation analysis of Sexual and Reproductive Health

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

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

¹⁴ 2019 South Sudan Humanitarian Response Plan

¹⁵ World Human Development Report, 2019

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

¹⁷ South Sudan Household Survey, 2010

¹⁸ World Bank Development Indicators data

¹⁹ FP 2020 report

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

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

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

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

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

2.3 Adolescents and Sexual Reproductive Health

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

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

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

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

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

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

²⁴ South Sudan Household Survey, 2010

²⁵ South Sudan Household Survey, 2010

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

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

2.4 Gender Equality and Women Empowerment Context

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

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

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

²⁶ World Bank Development Indicators data

²⁷ South Sudan National Development Strategy 2018-2021

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

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

³⁰ Ibid.

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

³² Ibid.

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

³⁴ Ibid.

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

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

2.5 Population Dynamics Context

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

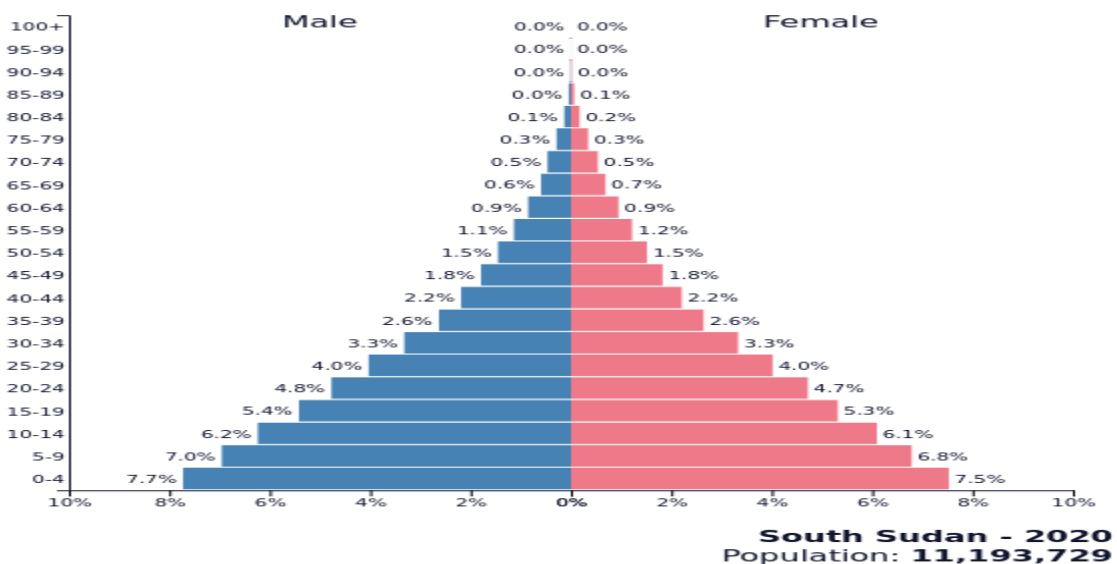


Figure 1: South Sudanese Population Pyramid, 2020.

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

2.6 Role of External Assistance

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

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

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

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

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

Source: OECD (2016).

2.7 United Nations Cooperative Framework

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

Chapter 3 United Nations and UNFPA response and programme strategies

3.1 UNFPA strategic response

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

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

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

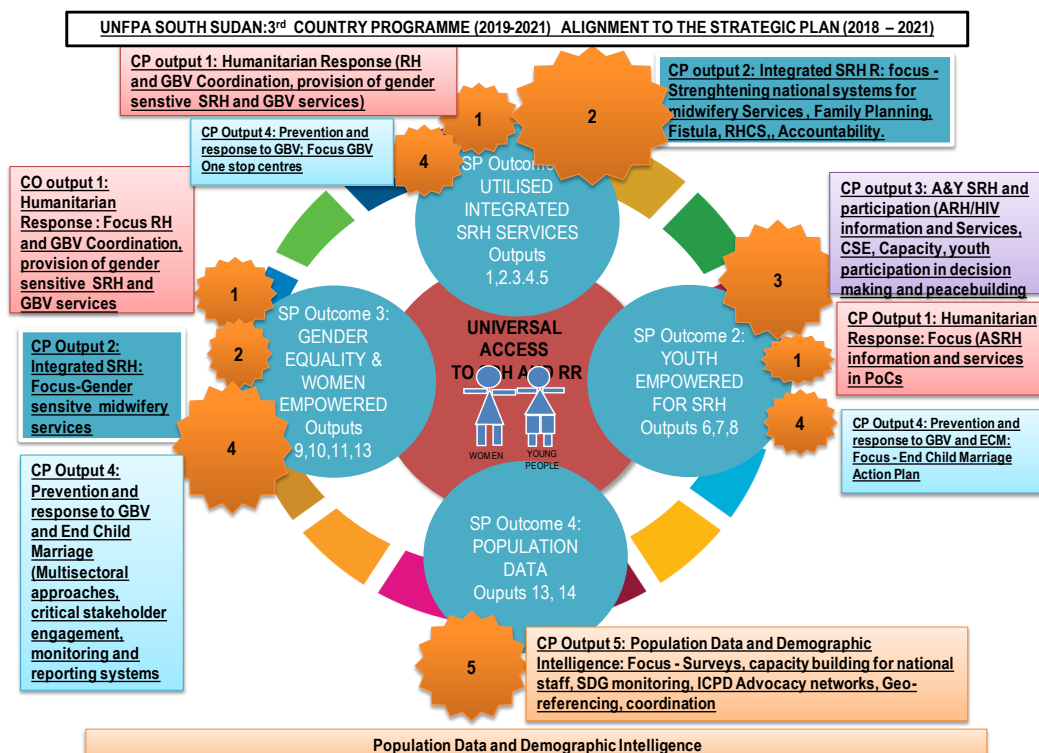


Figure 2: GOSS/UNFPA 3rd Country Programme Alignment to the UNFPA Strategic Plan (2018-2021).

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

3.2 UNFPA Response through the Country Programme

3.2.1 Brief description of previous country programs

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

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

3.2.2 Current UNFPA 3rd Country Programme

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

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

| Outcomes | Outputs | Strategies |
|--|--|---|
| <i>Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence.</i> | <ol style="list-style-type: none"> 1. Crisis-affected populations, particularly women and adolescent girls, have increased access to information and services for maternal health, family planning, gender-based violence and HIV prevention in emergency and fragile contexts. 2. National systems, especially for maternal health and family planning are strengthened for the | <ol style="list-style-type: none"> (a) provide reproductive health and GBV prevention and response services in emergencies and relatively stable areas; (b) Develop capacity for delivery of minimal initial services package, including post-abortion care; (c) strengthen GBV information management system; (d) coordinate GBV sub-cluster and reproductive health working group at national and sub-national levels; (e) provision of coordinated fistula repair services; (f) undertake social and behaviour change communication activities to mobilize population for use of maternal health, family planning, HIV, and GBV services; (h) rehabilitate, equip and provide in-service training of health workers to provide emergency obstetrics care services; (i) expand sites and networks for provision of youth-friendly reproductive health and HIV prevention services. <ol style="list-style-type: none"> (a) strengthen midwifery education and provision of bonded-scholarships for student midwives; (b) support for nurses and midwifery regulation and services including working with functional midwifery council (c) deploy United Nations volunteer midwives at 14 targeted facilities (d) Build capacity of midwifery association functions at national and sub-national levels; (e) train complementary maternal health service providers such as obstetricians and clinical officers under task-shifting for emergency obstetrics care; (e) conduct maternal death surveillance and review especially in 14 targeted health facilities; (f) implement FP2020 action plan, including procurement and distribution of reproductive health/family planning supplies; strengthening supply chain |

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

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

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

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

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

Programme Management

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

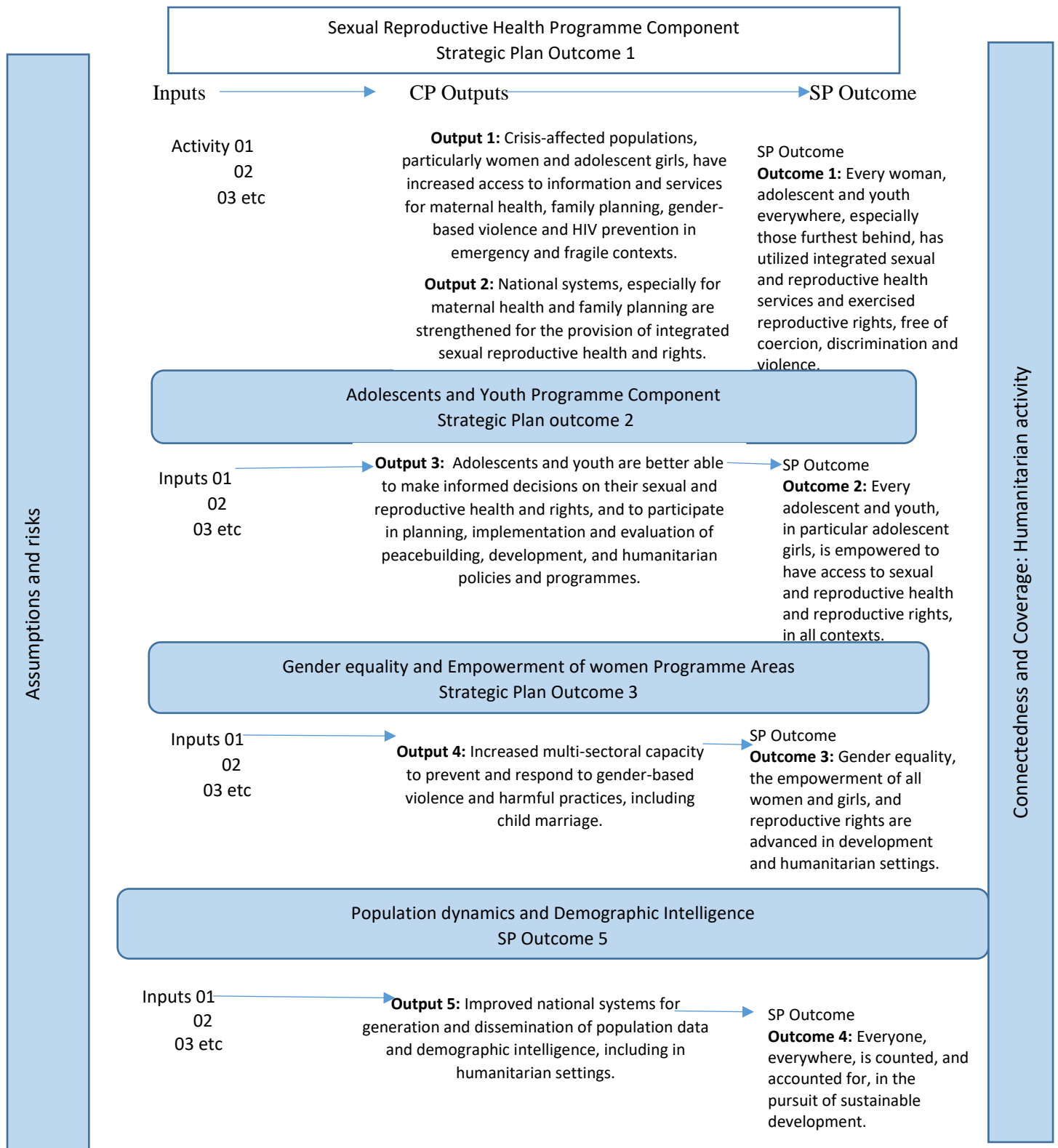
In addition, the UNFPA South Sudan CO takes part in activities of the UNCT under the leadership of the United Nations Resident Coordinator, with the objective to ensure inter-agency coordination and efficient delivery of tangible results in support of the national development agenda and the SDGs.

Theory of Change

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

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

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



3.2.3 The Country Programme Financial Structure

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

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

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

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

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

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

Figure 4: Total budget utilisation by type of funding

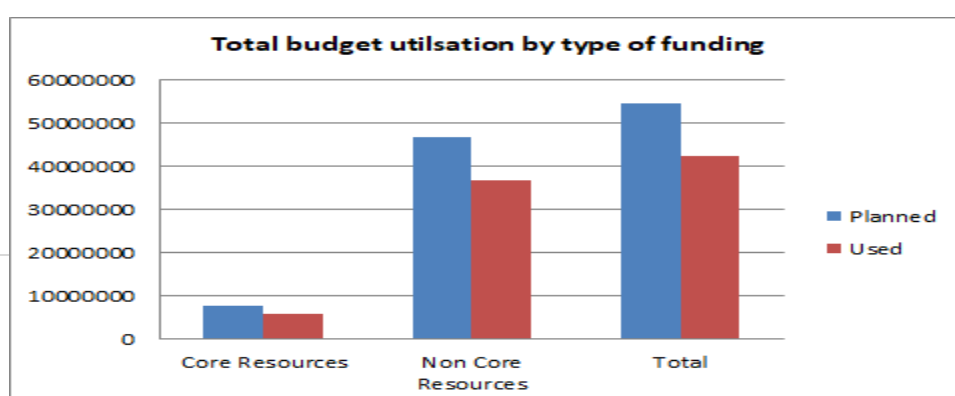


Figure 5: Budget utilisation by thematic area.

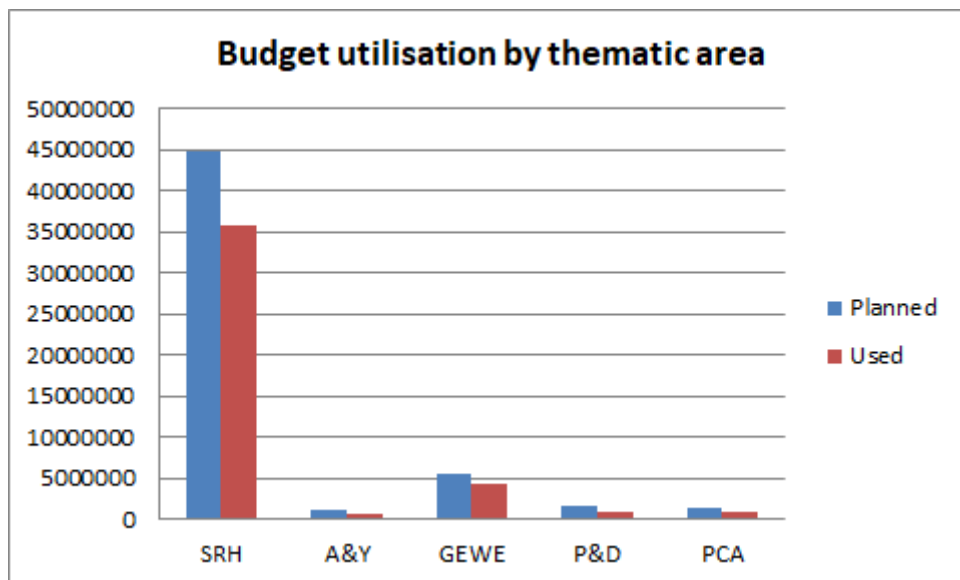
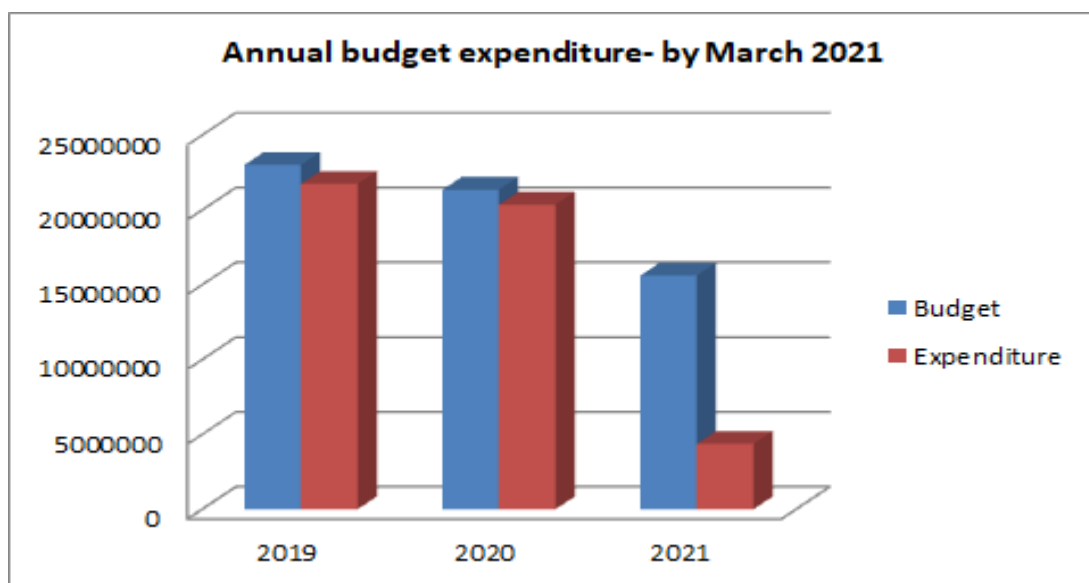


Figure 6: Annual Budget expenditure by March 2021.



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

Chapter 4 Findings- answers to evaluation questions

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

4.1 Evaluation Questions on Relevance

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

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

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

Summary:

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

4.1.1 Sexual and Reproductive Health

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

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

³⁶ KI Interviews at national level

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Response to COVID-19 pandemic in South Sudan

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

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

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

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

⁴⁴ KI Interviews

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

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

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

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

4.1.2 Adolescents and Youth

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

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

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

4.1.3 Gender Equality and Women’s Empowerment

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

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

⁴⁹ Key informant interviews at national level

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

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

⁵² KI Interviews at national level

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

⁵⁴ South Sudan Vision 2040, 2011.

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

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

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

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

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

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

4.1.4 Population Dynamics and Demographic Intelligence

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

4.2 Evaluation questions on Effectiveness.

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

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

Summary:

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

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

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

⁶⁰ Ibid.

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

Contribution to outcomes:

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

4.2.1 Sexual and Reproductive Health

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

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

4.2.1.1 Achievement of Planned Output Results and contribution to outcomes

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

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

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

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

Table 9: Performance achievement of SRH output indicators

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

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

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

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

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

4.2.1.2 Achievement of SRH Indicators

(a) Minimum Initial Service Package (MISP)

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

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

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

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

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

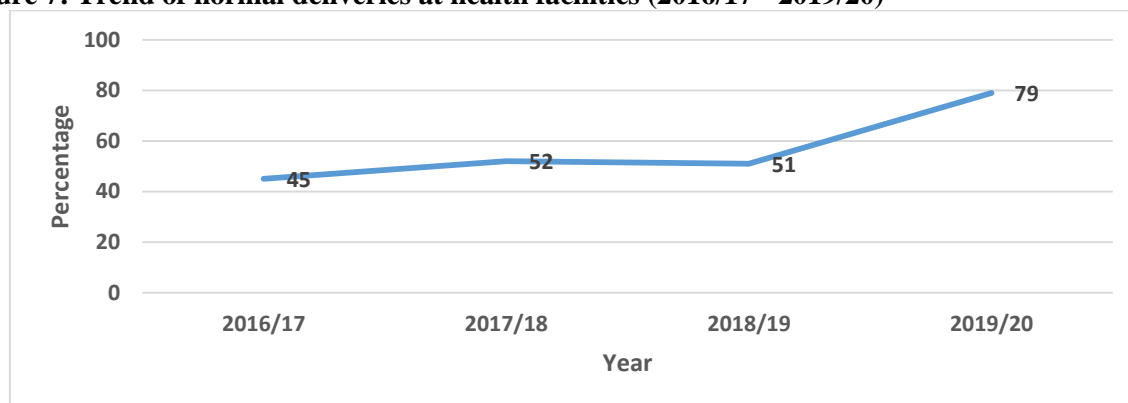
UNFPA CO supported 24 targeted health facilities (10 in PoCs and 14 under Strengthening Midwifery Education) to provide SRH/GBV services. UNFPA through the SMS II project in South Sudan provided technical and financial support in the deployment of UN volunteer (UNV) midwives to 14 targeted health facilities.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

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

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

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

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



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

(c) Fistula management

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

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

⁶⁴ Reproductive Health Policy (2019 - 2029)

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

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

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

(e) Midwifery training

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

(f) Emergency Obstetric and Neonatal Care

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

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

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

⁶⁵ National Obstetric Fistula Strategy (2019-2023)

⁶⁶ UNFPA Country Office Annual Report 2020.

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

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

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

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

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

(g) Family Planning

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

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

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

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

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

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

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

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

⁷² KI interviews at national level

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

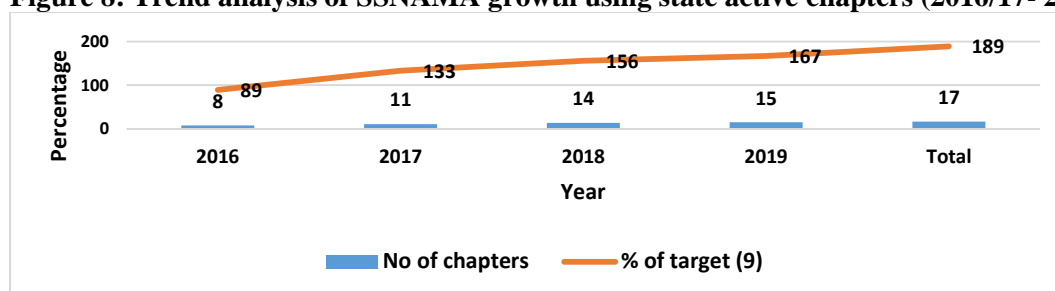
⁷⁴ KI interviews at national level

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

(i) Functional regulatory framework for midwifery practice

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

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



4.2.2 Adolescents and Youth

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

4.2.2.1 Achievement of planned output results, contribution to outcomes

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

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

Table 11: Performance achievement of AY output indicators

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

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

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

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

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

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

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

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

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

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

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

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

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

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

4.2.3 Gender Equality and Women’s Empowerment

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

4.2.3.1: Achievement of programme outputs and contribution to outcomes

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

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

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

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

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

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

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

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

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

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

⁷⁸ UN work on Gender Based Violence in South Sudan.

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

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

Strengthening National Institutional Capacities

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

Beneficiary perspectives:

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

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

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

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

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

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

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

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

⁸² Ibid.

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

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

4.2.4 Population Dynamics and Demographic Intelligence

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

4.2.4.1: Achievement of output results and contribution to outcomes

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

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

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

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

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

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

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

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

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

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

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

Key factors that constrained the success of PD component include:

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

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

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

4.3 Evaluation questions on Efficiency

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

Summary:

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

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

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

CP Funding and fund utilization

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

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

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

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

Programme, financial and administrative arrangements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Monitoring and evaluation

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

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

Innovation

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

Strategic Partnerships

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

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

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

Effect of COVID-19

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

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

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

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

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

4.4 Evaluation question on Sustainability

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

Summary:

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

4.4.1 Sexual and Reproductive Health

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

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

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

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

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

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

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

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

4.4.2 Adolescents and Youth Development

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

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

4.4.3 Gender Equality and Women’s Empowerment

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

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

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

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

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

4.4.4 Population Dynamics and Demographic Intelligence

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

4.5 Evaluation Question on Coordination

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

Summary

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

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

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

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

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

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

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

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

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

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

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

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

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

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

4.6 Evaluation question on Coverage

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

Summary

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

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

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

Sexual and Reproductive Health

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

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

⁸⁹ South Sudan Country Programme Document (2019-2021)

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

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

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

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

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

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

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

Adolescent and Youth Development

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

Gender Equality and Women's Empowerment

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

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

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

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

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

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

Population Dynamics and Demographic Intelligence

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

4.7 Evaluation question on connectedness

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

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

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

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

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

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

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

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

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

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

4.8 Overall key challenges for the CP implementation

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

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

4.9 Unintended effects

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

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

⁹⁵ KI interviews at national level

⁹⁶ KI interviews at national level

⁹⁷ Summary Report for Mid- Year Results June 2020.

4.10 Lessons learned

SRH Component

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

Adolescents and Youth Development

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

Gender Equality and Women's Empowerment

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

Population and Development Component

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

Chapter 5 Conclusions

Introduction

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

5.1 Strategic-level

Conclusion 1: C1: - Relevance

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

Origin: EQ 1, EQ2, EQ3

Associated Recommendation: R1

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

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

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

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

Conclusion 2: C2:- Effectiveness

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

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

Origin: EQ 2, EQ 3

Associated Recommendation: R5, R6, R7, R8

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

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

Conclusion 3: C3:- Efficiency

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

Origin: EQ6

Associated Recommendation: R2, R3, R4

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

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

Conclusion 4: C4:- Sustainability

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

Associated Recommendation: R2, R3, R4

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

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

Conclusion 5: C5:- Coordination

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

Origin: EQ 8

Associated Recommendation: R2, R3, R4

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

5.2 Programme Level

Conclusion 6: C6:- Coverage and connectedness

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

Origin: EQ9, EQ10

Associated Recommendation: R1, R2, R3, R4

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

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

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

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

Conclusion 7: C7:- Integrated and Joint Programming

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

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

Associated Recommendation: R2, R3, R4

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

Chapter 6: Recommendations

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

6.1 Strategic Level

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

Priority: High

Audience/Action: Government Ministries, CO and IPs

Time Frame: Short-term

Origin: C1

Operational Implications

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

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

Priority: High

Audience/Action: Government Ministries, CO and IPs

Time Frame: Long term

Origin: C3

Operational Implications

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

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

Priority: Medium

Audience/Action: UNFPA CO and IPs

Time Frame: Long-term

Origin: C1, C2, C3

Operational implications:

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

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

Priority: High

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

Time Frame: Long-term

Origin: C4

Operational implications:

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

6.2 Programmatic level:

Recommendation 5: R5:- Sexual and Reproductive Health

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

Priority: High

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

Time Frame: Long-term

Origin: C1, C4

Operational implications:

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

Recommendation 6: R6: Adolescents and Youth Development

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

Priority: High

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

Time Frame: Long-term

Origin: C1, C2, C3, C4

Operational implications

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

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

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

Priority: High

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

Time Frame: Long-term

Origin: C1, C2, C3, C4

Operational implications

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

Recommendation 8: R8: Population Dynamics and Demographic Intelligence

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

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

Priority: Very High.

Audience/Action: CO, MoFP, NBS

Origin: C1, C2, C3, C4

Operational Implications:

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

Annexures

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Annex 2: Terms of Reference

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

1. Introduction

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

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

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

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

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

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

⁹⁸ UNFPA Strategic Plan 2018-2021.

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

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

2. Country Context

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

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

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

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

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

⁹⁹ 2008 Population and Housing Census – Projections

¹⁰⁰ 2019 South Sudan Humanitarian Response Plan

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

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

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

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

3. UNFPA Country Programme

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

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

¹⁰¹ World Human Development Report, 2019

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

¹⁰³ South Sudan 2018/2019 National Budget Estimates

¹⁰⁴ South Sudan 2019/2020 National Budget Estimates

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

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

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

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

Outcome 1: Sexual and reproductive health and rights

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

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

Outcome 2: Adolescents and youth

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

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

Outcome 3: Gender equality and women's empowerment

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

Outcome 4: Population dynamics

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

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

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

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

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

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

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

UNFPA Thematic Areas of Programming

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

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

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

4.1. Purpose

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

4.2. Objectives

The **purpose** of this CPE is:

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

The **objectives** of this CPE are:

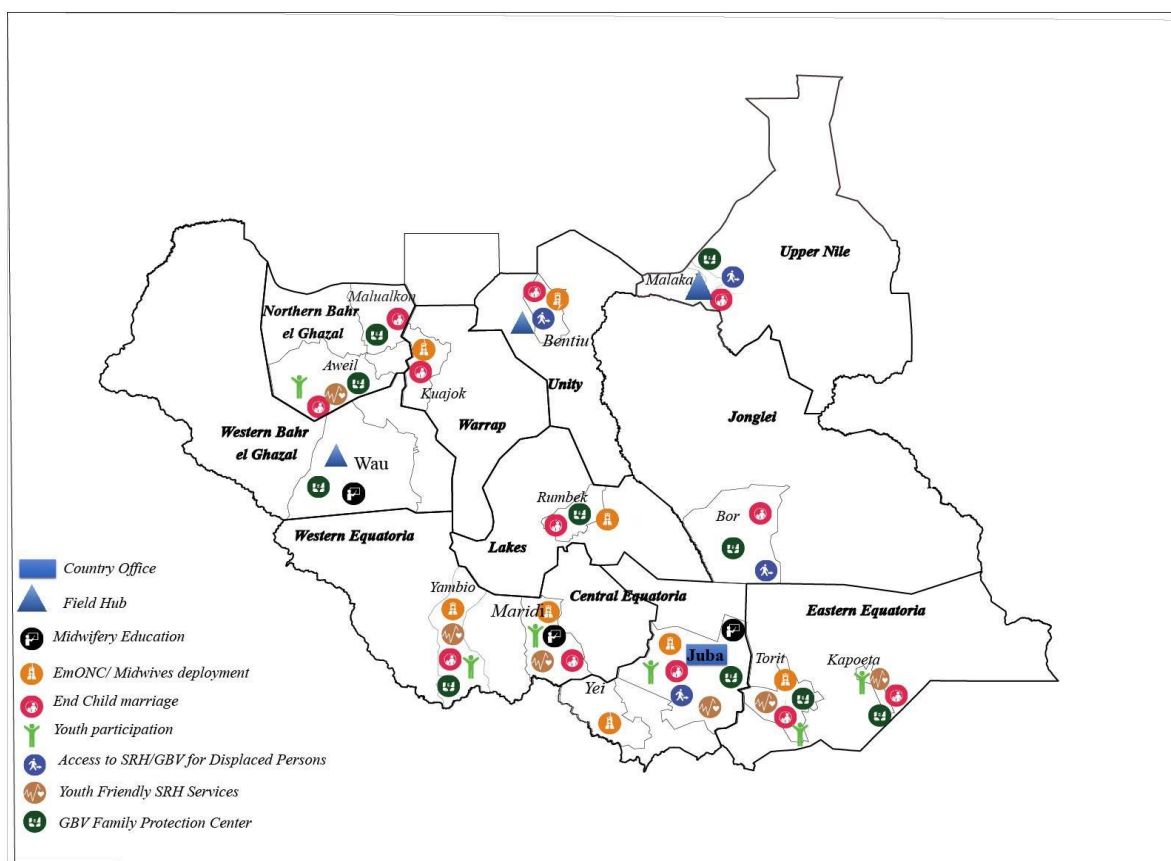
- Provide an independent assessment of the relevance, effectiveness, efficiency and sustainability of UNFPA support and progress towards the expected outputs and outcomes set forth in the results framework of the country programme.
- Provide an assessment of the geographic and demographic coverage of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

4.3. Scope

Geographic Scope

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

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



Thematic Scope

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

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

Temporal Scope

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

5. Evaluation Criteria and Preliminary Evaluation Questions

5.1. Evaluation Criteria

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

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

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

5.2. Preliminary Evaluation Questions

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

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

Relevance

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

Effectiveness

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

Efficiency

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

Sustainability

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

Coordination

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

Coverage

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

Connectedness

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

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

6. Methodology and Approach

6.1. Evaluation Approach

Theory-based approach

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

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

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

Participatory approach

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

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

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

Mixed-method approach

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

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

6.2. Methodology

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

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

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

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

The evaluation matrix

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

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

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

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

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

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

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

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

Finalization of the evaluation questions and assumptions

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

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

Sampling strategy

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

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

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

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

Data collection

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

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

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

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

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

Data analysis

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

Validation mechanisms

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

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

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

7. Evaluation Process

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

8. Expected Deliverables

The evaluation team is expected to produce the following deliverables:

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

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

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

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

All the deliverables will be developed in English language.

9. Quality Assurance and Assessment

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

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

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

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

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

8. SWAP – Gender

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

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

Annex Completed Evaluation Matrix for South Sudan-UNFPA Third Country Programme Evaluation

| Relevance: Evaluation Question | | | |
|--|---|--|--|
| <p>i) To what extent is the UNFPA Country Programme adapted to (i) the needs of diverse populations, including the needs of the marginalised and vulnerable groups,(ii) National development strategies and policies (iii) priorities articulated in international frameworks and agreements, in particular the ICPD PoA, SDGs and the New Way of Working</p> <p>ii) To what extent has UNFPA ensured that the varied needs of vulnerable and marginalised populations, including adolescents and youth, those with disabilities and indigenous communities have been taken into account in both the planning and implementation of all UNFPA-supported interventions under the country programme?</p> <p>iii) To what extent has the CO been able to respond to changes in national needs and priorities, including those of vulnerable or marginalised communities or to shifts caused by crisis or major political changes? What was the quality of the response?</p> | | | |
| Assumptions to be assessed | Indicators | Sources of information | Methods and tools for the data collection |
| Needs of targeted beneficiaries (diverse populations including marginalised and vulnerable populations) were identified and taken into account in the 3 rd CP | <ul style="list-style-type: none"> • Mechanism or process employed to systematically identify needs of targeted populations • Involvement of targeted populations in expressing their own needs and appropriate responses that meet their needs • Extent to which interventions were consistent with needs of targeted populations | <ul style="list-style-type: none"> • Programme documents – Annual work plans • Surveys and assessment reports • Key informant feedback | <ul style="list-style-type: none"> • Key informant interviews • Focus group discussions • In-depth documents review |
| 3 rd CP was adapted to or aligned to national development strategies and policies | <ul style="list-style-type: none"> • Programme outputs/ interventions are consistent to or support implementation of national policies and strategies • CP interventions were discussed and agreed with national partners | <ul style="list-style-type: none"> • CP and AWP • National policies and strategies for SRH and Adolescents and Youth • Reports, minutes of meetings with partners • Interviews with key informants | <ul style="list-style-type: none"> • In-depth documents review • Key informant interviews |
| CP outcomes and outputs as well as interventions are consistent with SDGs, ICPD POA, UNFPA SP and new way of working | <ul style="list-style-type: none"> • CP strategies and interventions support or contribute to achievement of specific SDGs and ICPD POA • ICDP POA goals are reflected and advanced in the CP outputs and interventions • UNFPA CO mode of engagement is consistent with | <ul style="list-style-type: none"> • CP and AWP • SDGs and ICDP POA documents • Key informant interviews | <ul style="list-style-type: none"> • In-depth documents review • Key informant interviews |

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|---|---|--|--|
| | <p>business model relevant to South Sudan as articulated in UNFPA Strategy.</p> <ul style="list-style-type: none"> • The UNFPA CO way of working for 3rd CP is reflected in the implementation approaches adopted at all levels (National to Community) | | |
| <p>Sexual and Reproductive Health</p> <p>Key informant interviews</p> <ul style="list-style-type: none"> • The stakeholders were consulted about their needs prior the implementation of the CP activities. The situational analysis brought out the need for ASRH programming in RSS • At design stage and during implementation of CP, the national government partners were consulted and their ideas taken on. However, the participation of sub-national structures e.g. State ministries was sub-optimal. • The high proportion of adolescents in RSS necessitated the need to focus on ASRH – to ensure that the youth are healthy and productive • The critical indicators of high teenage pregnancies and child marriages (all which contribute to a high MMR) required UNFPA to support in ASRH programming • UNFPA and IPs have worked with the youth groups to enable them claim their rights for ASRH and empowerment. • The UNFPA advocacy has helped the show the need for Youth Friendly Corners (YFCs) among the communities • There is a good number of IPs involved in ASRH activities, establishment and running of YFCs • MoH have prioritized ASRH by appointing a dedicated officer at the MoH • The UNFPA advocacy has helped to show the need for YFCs among the communities • Alignment: ASRH was in line with the UNFPA Strategic plan; there was alignment to the national policies and guidelines e.g. Comprehensive Sexuality Education Policy; National Youth Development Policy; National Menstrual Health Management guidelines; draft Youth Participation Decision Making guide. <p>Focus Group Discussions (FGDs)</p> <ul style="list-style-type: none"> • The adolescent girls were contacted by the partners working with them about their needs and they addressed the problems of early child marriage through the adolescent and youth friendly services (for example, family planning, prevention of STDs and girl child education) • There were workshops conducted by the partners to gather views of the adolescents related to SRH. <p>Recommendations for next CP</p> <ul style="list-style-type: none"> • UNFPA should ensure active participation of sub-national government structures during the design and implementation of CP. • The National Bureau of Statistics should work with partners especially local IPs to regularly generate data for SRH and ASRH services and build their technical capacity in data management (e.g. recording, utilisation for decision-making). <p>Gender Equality and Women’s Empowerment</p> <p>UNFPA as is the global norm, works with national institutions to further national priorities and then those are linked to international frameworks For instance, the gender</p> | | | |

equality and women empowerment priorities are identified in consultation with the National Ministry of Gender – these include South Sudan development Plan (SSDP), the South Sudan Vision 2040, and the Transitional Constitution of South Sudan (TCSS) as amended in 2020.

The gender equality and women empowerment intervention is equally aligned to the National Gender Policy and Strategy (NGP) and other national policies on gender equality, i.e. the National Gender Based Violence Standard Operating Procedure (SoP), the Humanitarian GBV Strategy, contextualized Guidelines for Women and Girls Friendly Spaces, the Draft Clinical Management of Rape Protocol for Ministry of Health and the summary of national laws affecting GBV. National priorities are then linked to CEDAW, UNSCRs 1325, cooperation frameworks of the UN such as the United Nations Joint Programme on Gender based Violence (GBV) Prevention and Response in South Sudan 2017 – 2020, with UNFPA, UNICEF, UNDP, UN Women, UNHCR, WHO, UNESCO, FAO, UNAIDS, IOM as participating agencies and the SGDs. UNFPA as is the global norms, works with national institutions to further national priorities and then those are linked to international frameworks. For instance, the gender equality and women empowerment priorities are identified in consultation with the National Ministry of Gender – these include South Sudan development Plan (SSDP), the South Sudan Vision 2040, and the Transitional Constitution of South Sudan (TCSS) as amended in 2020.

The gender equality and women empowerment intervention is equally aligned to the National Gender Policy and Strategy (NGP) and other national policies on gender equality, i.e. the National Gender Based Violence Standard Operating Procedure (SoP), the Humanitarian GBV Strategy, contextualized Guidelines for Women and Girls Friendly Spaces, the Draft Clinical Management of Rape Protocol for Ministry of Health and the summary of national laws affecting GBV. National priorities are then linked to CEDAW, UNSCRs 1325, cooperation frameworks of the UN such as the United Nations Joint Programme on Gender based Violence (GBV) Prevention and Response in South Sudan 2017 – 2020, with UNFPA, UNICEF, UNDP, UN Women, UNHCR, WHO, UNESCO, FAO, UNAIDS, IOM as participating agencies and the SGDs. As I said earlier, the context is a fluid one and there are so many political, special and economic changes happening all at the same time and this is difficult for us. However, we always try to work around those new developments to ensure that our response is able to capture new political developments and also other urgent needs of women and girls caught in conflict situations and other emergencies.

Let me say that we try our best to respond normative frameworks, GBV, establishing friendly spaces with other UN partners and this has been impressive. But I want to say that sometimes we have been told that our response is not adequate and what you need to do is to see our work vis- a vis the situation of the context , it is very difficult and often changing and we try our best to respond to GEWE issues as best as we can.

At the normative intervention level UNFPA is able to work with the Ministry of gender to ensure that newly adopted policies are incorporated as part of UNFPA's intervention and UNFPA has also supported the Ministry in the development of gender related policies and frameworks. GEWE needs are massive and we make sure that these are incorporated as part of our programming. The way it works is that – we work with the Ministry of gender who have identified key issues affecting women and girls and also review national level policies, strategies on gender equality and women empowerment. This includes affirmative action legislation in the laws of South Sudan, like the Constitution, the Child Act, etc. South Sudan has also ratified regional and international frameworks on GEWE, such as CEDAW and others – so these too are incorporated into our programming, including UN resolutions and frameworks, especially UNSCR 1325 and the national Action Plan. There is also the SDGs, but South Sudan is at a place where it may meet none of the GEWE goals. On GEWE, we know that vulnerability of women and girls is on the rise considering that there has been massive flooding, sub – national violence and Covid – 19 and GBV arising from adherence to harmful traditional practices.

GEWE is a priority for the country because of the years of marginalisation of women and girls arising from our customs and cultures so even at the national level the government made eradicating gender inequality, so as SAADO we framed our interventions along the national priorities, and also international frameworks adopted and ratified. Our priorities are also align with those of UNFPA. So we are working with communities to create awareness on the dangers of GBV and also engaging with communities to hold discussions on customary practices and the way women and girls, men and boys are treated, etc. So we twinned our interventions to the Transitional Constitution, the national gender policy, CEDAW provisions, the NAP on UNCSR 1325 and also the SDGs. The GEWE interventions are hinged on national priorities embedded on constitutional frameworks, national gender policies, and other pieces of legislation on children, especially the girl child – provisions that seek to enhance GEWE. At the International level, the interventions are supported by the UNSCR 1325, UN GBV strategies, CEDAW, etc. The GEWE intervention of UNFPA is adapted to the national level policies, laws and frameworks on GEWE and this approach of adapting interventions to national level priorities is critical to responding to GEWE needs in South Sudan. The GEWE framework of South Sudan are designed to be responsive to long standing gaps arising from years of marginalisation and years of

conflict, leaving women and girls too marginalised in all sectors. Even when you see the provisions of the TCSS, it tends to respond to issues like harmful customary practices that over the years have created unequal positions for boys and men and women and girls. You find that at in South Sudan early and forced marriage is one of the highest in the region. You find that affirmative action provisions for women in other countries is being realised, but for South Sudan, the situation is completely different because for a long time it was about 25% and the R- ARCISS introduced 35% which I think is progressive, but I think that there is so much work to be done and we may risk the change to help women if we do not look at the national level priorities as a starting point.

So, pegging interventions to national priorities is very important for UNFPA and also for us implementing partners. At the international level, there are the CEDAW, UNSCR 1325(the NAP), the CEDAW and other UN frameworks – that foster GEWE. The benchmark for UNFPA is that it ensures that national level priorities are connected all frameworks at the region and internationally.

Population Dynamics and Demographic Intelligence

The need to address population data is enshrined in a number of key documents. From the 2017 South Sudan Report on Sustainable Development Goals, it is noted that a number of SDG indicators have no recent data or no data at all. This poses challenges to evidence-based planning and evaluation of policies and programmes. Existing population data is old, from the 2008 census and the 2010 Household Health Survey. Limited data makes it hard to identify those who are left behind and who need to be reached first, although anecdotally, women, girls and young people are most in need, particularly the rural and disadvantaged, first time mothers and youth with disabilities. The Addis Ababa Declaration on Population and Development Beyond 2014

South Sudan SDG Report, Page 29, equally notes that there is generally lack of updated data. Social statistics data used for the purpose of planning, monitoring and evaluation. “South Sudan’s generation, collection and use quality and timely data from censuses, surveys, vital and civil registration systems, administrative records, studies and research, disaggregated by sex and population groups, for the purposes of planning, monitoring and evaluation leaves a lot to be desired. There is generally lack of updated data. Social statistics data used for planning, monitoring and evaluation is from 2008 census and 2009 household budget survey. The next census is supposed to be within ten years but this is not feasible due to crisis in the country. Accessibility of public use samples though is getting old and not dependable due to population movements. It is difficult to conduct surveys regularly due to the crisis and issues of accessibility and funding constraint. There is also poor coordination system to ensure gathering the available data from MDAs. Most of the SDG and National/Sector development pan indicators lack baselines and realistic targets. Apart from studies undertaken by development partners, there is limited qualitative and quantitative research and policy studies on part of government. There is generally lack of national statistical capacity to undertake evidence-based analysis and policy studies, as well as the ability to conduct sound monitoring and evaluation programmes. The current data collection available is dependent on funding from Development partners. Professionals trained in population analysis or statistics are available but there is a lot of staff turnover due to poor living conditions and poor pay. South Sudan has a Statistics Act of 2011 that provides for collection, compilation, analysis and dissemination of all official statics in socio-economics, environmental and other statistics that confirms with international standards. However, most of the provisions of this act remain largely un implemented.”

Effectiveness. Evaluation Question:

4). To what extent have the 3rd CP interventions contributed to the achievement of the expected results (outputs and outcomes) of the CP in particular i) Increased access and use of integrated sexual and reproductive health services; ii) Empowerment of adolescents and youth to access sexual and reproductive health services and exercise their sexual and reproductive rights; iii) Advancement of gender equality and the empowerment of all women and girls; iv) Increased use of population data in the development of evidence-based national development plans, policies and programmes?

| 5). To what extent has UNFPA successfully integrated gender and human rights perspectives in the design, implementation and monitoring of the country programme. | | | |
|--|---|--|--|
| Assumptions to be assessed | Indicators | Sources of information | Methods and tools for the data collection |
| Planned outputs were achieved and contributed to outcome results in CP3 interventions | <ul style="list-style-type: none"> Evidence of achievement of CP output targets Utilisation of the outputs of the CP to contribute to outcome results | <ul style="list-style-type: none"> CP Results Framework with clear targets Annual reports (SI Reports) AWPs Monitoring reports Reports of evaluations of components of SRHR and ASRH Key informant interviews (UNFPA staff and implementing partners) Beneficiaries | <ul style="list-style-type: none"> In-depth documents review Key informant interviews Focus group discussions |
| Gender and human rights-based approaches were explicitly integrated into the 3 rd CP | <ul style="list-style-type: none"> Evidence of systematic gender analysis to inform the design of the 3rd CP Evidence of consideration of gender dynamics in the design and implementation of interventions by UNFPA and implementing partners Capacity development in gender integration into programming Evidence of gender lens applied in monitoring, data disaggregation and data use Evidence of human rights-based approaches applied in programming for CP (Human rights barriers identified and addressed) | <ul style="list-style-type: none"> CP document, Results framework, programme and project reports Key informant interviews with UNFPA staff, Implementing partners Key informant interviews with other UN Agencies | <ul style="list-style-type: none"> In-depth documents review Key informant interviews Focus group discussions |
| Sexual and Reproductive Health Key informant interviews <ul style="list-style-type: none"> A whole spectrum of SRH services were provided and all targets achieved above 95% The field sites and outreaches provided effective SRH services | | | |

- The targeted HFs likely to be covered but it is a drop in an ocean as it not possible to have country-wide coverage due to limited financial resources
- Integrated outreaches for ASRH being implemented via the targeted HFs (youth reached with relevant information)
- The State of the Youth Report was used to help in advocacy for mobilisation support and creating interest in ARSH.

FGDs

- The girls and boys are able to access the youth friendly services at Torit hospital and have been provided with health education on family planning, HIV/AIDS transmission and prevention
- The IP project activities have changed the behaviour and practices of beneficiaries, for example, (a) more girls are attending health facilities than before the previous years; (b) girls in the Aweil area reported practising family planning (using modern methods such as pills, implants); they have learnt to space the pregnancies.

Recommendations for next CP

- Improvement of HR capacity at UNFPA CO is critical (for instance the Officer in charge of ASRH is alone at UNFPA CO and has not gone on leave for a long time) – a second officer is needed to strengthen the TA to ministries
- Since adolescents has a big percentage of the population, UNFPA CO needs to upgrade UNFPA position to a higher level to ensure that the programme can have a meaningful implementation
- UNFPA should improve the mobilization of financial resources. Just for information, UNFPA convinced MoH to have UNFPA act as a sub-recipient for Global Fund against HIV, Malaria and TB.

Gender Equality and Women's Empowerment

KIIs

OSC is one of our biggest achievements in this CPE cycle and this is because these OSC offer integrated support in one space. You find that there is medical, psychosocial counselling and legal services all offered at the same time and in one facility.

Can clients choose the type of services they need or they have to receive all if it?

No, no... When they come to the OSC, they are briefed and all the services offered are explained to them and should a victim feel they only need medical services, which is what will be given and in some situations women choose to pursue legal options and that one is entirely left to them to decide. You see many come to be treated after serious GBV incident and they do not want to pursue legal remedies. Why is that? This is because most of the perpetrators are relatives and spouses – so when a GBV incident has occurred survivors prefer to get treated and not to pursue legal options because of the repercussions of doing so.

They may get divorced or the husband may stop supporting her and the children and sometimes relatives intervene and request that the survivor withdraws her complain and that is what our lawyers will do and respect the decision and options of the survivor. We have the friendly spaces managed by our partners. This is a space where survivors of GBV and any vulnerable women and girls convene to talk to one another, learn how to sow clothes and offer a support system for one another. Capacity building of national counterparts, the joint UN programming on GBV and also the programme that engages with grassroots structures to eradicate harmful customary

practices being practiced against women , and girls.

The gender Unit is cross cutting and embeds human rights perspectives. Therefore, the unit responds to GEWE issues with in the unit and in other UNFPA units. So integrating gender and human rights is a core activity of the unit and this has been done so well, you can see all of our programmes have an integrated element of gender and human rights.

This is a good question and I can say that SAADO consortium has attempted to support the eradication of early marriages, increased knowledge about the dangers of GBV and engaged with the community to make sure that they are able to see their women and girls as important and accord the same equal opportunities accorded to boys and men. We have established a network of the local organisations – as you know SAADO is a consortium and we are able to respond to GEWE needs from a multi – pronged angle, e.g. to make sure that we are engaging with the communities and also referring survivors of GBV to the right places. Gender is like a sister to human rights – in enhancing GEWE, SAADO is in line with the bill of rights in the TCSS and also other legislation that seek to end gender discrimination and marginalisation of girls and women in our communities.

The CP has delivered so much considering that this cycle was implemented in a very challenging time in South Sudan. The country is dealing with conflicts at all levels, then the massive flooding this year and then the pandemic. Therefore, you find that there are GEWE needs arising from conflict related agencies like sexual and gender based violence, domestic violence, and vulnerabilities arising for women in the event that their areas are affected by flooding. Therefore, to engage with communities to transform the way they see women and girls in times such as the one I explained is such an achievement.

There is also the OSC, which have interlinked services for survivors and the safe spaces for women and girls. I think the programme has delivered to a satisfactory level for survivors. However there so many challenges encountered and these may overshadow the successes. E.g. the uncertainty about the implementation of the implementation of the peace agreement, increased political and localised conflicts.

There is also the strict adherence to our customary practices that encourage domestic violence and other forms of GBV, early and forced marriages, etc. that makes our contributions on GEWE seem like futile endeavours. With regards to how UNFPA integrated gender and human rights perspectives in the d design – GEWE is about equality, which is a human rights field and I think that in moth M&E the indicators are designed in a manner that captures how GEWE is able to meet the human rights needs for all, especially women and girls.

Articulating the GEWE is not just about identifying a gap and responding to it, that would make the intervention fragmented and with no longer term forecast. In this regard as a consortium, we are able to study the environment, conduct an assessment to be able to understand all of the GEWE gaps. We also studied the overall operational GEWE framework at the national level, the gaps and then we were able to come with a concept note that articulates all the national priorities and international ones and that is why I think UNFPA was confident and awarded us some funding to support their interventions in Upper Nile.

UNFPA Country programme captures all the national level priorities, UN frameworks and international instruments like the CEDAW and as a country team UNFPA works with the rest of the UN agencies to ensure that they are able to deliver jointly on GEWE – you know about the Joint GBV programme. I think this model of operation ensures that UNFPA and others are responding to GEWE from within their mandates. Engagement with communities in order to raise awareness about harmful customary practices,

Conducting trainings on harmful customary practices, Engaging with young men to enhance their understanding of the rights and needs of women and girls, and to ensure that there is a critical mass of young men and community leaders who can be champions of change and lead the transformative agenda. The many partners of UNFPA are

able to support so many interventions, for us in IRC; we are supporting the OSC and raising awareness on GBV issues. The OSC offers all services that GBV survivors need and these are all provided in one place – this eases mobility for survivors and ensures that they can come to one centre and be provided with information about a range of other services that they may need. These include counselling, legal service and health services.

GBV intervention responds to the need to treat women and men fairly and this is enshrined in the TCSS and I think that by ensuring that women and girls are treated the same way men and boys are treated – is a step towards ensuring that human rights of all are respected in South Sudan as enshrined in the constitutional provisions and in the provisions of other laws that seek to further equality and I think that UNFP has done well.

At the international level, UNFPA GEWE interventions have embedded international frameworks such as CEDAW, SDGS, UNSCR 1325 and other UN frameworks on GBV and these all seek to ensure that all are treated equally.

Let me speak about the activities we are implementing. The OSC is one of the greatest achievement of the CP. The OSC acknowledges the difficulties faced by survivors of GBV and other forms of violence. As you may know, in this country GBV is sometimes regarded as normal and that means survivors have no structures to turn to in the event that they have been subjected to GBV. The customary courts/ traditional leaders judge the cases according to the customs, which may hinder survivors from accessing justice.

On the other hand, it was always the norm that survivors of GBV do not know where to go seek counselling, medical, legal etc., services. This meant that in the past survivors of GBV remained silent. However, with the OSC, the survivors come to one place where a range of services and responses is provided. It is a friendly space where survivors are assisted, treated, counselled and if they feel they would want to pursue justice, then they are assisted in the legal aid clinics.

Some survivors may not wish to seek justice because the perpetrator maybe a husband and or a relative and if they do not want to seek for legal assistance, we then simply provide information on the other supports and leave it at that. The OSC have eased things for survivors of GBV.

One thing I that I must say though is that survivors of GBV may be afraid to seek for legal redress because we have only 2 safe houses one in Juba and one in Torit, where women can easily be kept safely for some time as they process their various cases – This is a problem because once the survivor has reported a case and has nowhere to return to she will drop seeking the assistance and return home to the perpetrator and the same cycle continues. There are mechanisms that engage several IPs – both national and international and linked to community based participation and all of these mechanisms seek to raise awareness on the harm that is caused by early and forced marriages, and discriminating against women and girls.

There is now a critical mass of young people, especially young men engaged at various levels and in various states to start rethinking the way women and girls are treated. There are also communities that have made public declaration to end early and forced girl child marriages – there are only a few communities, I think 2 that have done this, but I think it is a good start and gives the impression that eradicating this harmful practice is possible.

Working through IPs is effective and efficient for UNFPA and you find that we are implementing areas that UNFPA does not have a physical presence, but is present through its funding to IPs – the OSC, the networks for young men and the encouragement of communities to shun the harmful customary practices - these incredible successes, And the first starting and early stages of ensuring that GEWE is not just a normative interventions focusing on national and international frameworks, but also engaging communities and survivors directly for great impact.

Effectiveness should be measured with regards to the situation of the context and this means that, in conducting trainings and encouraging communities to make declarations to end early and forced marriages – is a huge step in the right direction. This means that communities are beginning to acknowledge the importance of GEWE and can actually make declarations to end it.

The network of young men and women is a formidable force and a vehicle of change and this has been a significant constitution to the GEWE processes in South Sudan. If there is going to be a change, this can only be achieved by including young men and boys to start treating women and girls more favourable and allowing them to

participate and this is beginning to take form in the areas where we operate.

The OSC that we run in Yambio has assisted survivors of GBV and those are as you know funded by UNFPA. The OSC is an intervention that is integrated and provides services in the form of legal, medical and psychosocial counselling that is much needed by the survivors. In the past, GBV survivors had nowhere to go – if they sought medical attention from the hospital, they would be asked to produce a form 8 from the police and this made seeking for services a difficult endeavour, also there was no legal aid for those would like to get legal advice or prosecute the perpetrator.

The presence of the OSC is such a success because, because of positive testimonies of those who have been assisted has encouraged other survivors to seek for similar services. In addition, the knowledge that there is such a service for GBV survivors has to some extent deterred and reduced the prevalence of GBV.

However, the OSC only supports the services I mentioned and when these women have sought for assistance, the perpetrators who are their husbands and male relatives' withdrawn financial support and the women end up suffering. Other women due to lack of economic opportunities, have instead shunned the services of the OSC and suffer GBV in silence. After we got the UNFPA funding, we started implementing GEWE programmes here in Eastern Equatoria. As I speak to you right now, I am in Kapoeta – we have colleagues covering other parts of EE like Torit, but because of Covid we have not been able to move between these 2 locations. We work with community level structure to engage all members of the community to increase awareness on issues of GBV.

In EE GBV is so rampant and I think that South Sudan has the highest prevalence, and I can also say in EE it is so high. They are still practicing archaic norms that affect women and girls. Therefore, we work with community level structures to engage with all members of the community, we conduct trainings, and also refer GBV survivors to services around us – E.g. GBV Case Management at 'One Stop Centers.

We have integrated GBV into other donor funded programmes so we are able to respond to GBV needs from a wide range of angles to cover training, capacity building, services at OSC, And engaging with the community and community leaders like the chiefs and also the rule of law institutions because some GBV survivors report the matter to the OSC and some choose to prosecute the perpetrator, so we work with all those institutions.

UNFPA ensures that all of the CPE components on GEWE are at least achieved as planned through direct implementation and through the operations of partner NGOs and the Ministry of gender at both the national and at the state level.

GEWE CPE 3 interventions have delivered on one stop centres in the 10 states of South Sudan by 2020, established resource centres across states, and implemented a joint UN GBV programme offering integrated services to women and girls and women and girls friendly spaces.

There is also the establishment of communal social structures to raise awareness and prevent GBV at the community level. Interventions are implemented at the community level so that community leaders, youth, women and girls can participate and provide inputs to issues such as customary law and the treatment of women and girls. To what extent has UNFPA successfully integrated gender and human rights perspectives in the design, implementation and monitoring of the country programme.

First of all, UNFPA's GBV intervention, is a human rights related area because it seeks to enhance gender equality and women empowerment so that men and women, boys and girls achieve the same level of equality as enshrined in the legislative provisions, policies, etc. The GEWE unit is a cross cutting one and deals with issues of GEWE, human rights across all units within UNFPA. This is a small unit, of 2 persons, but serves all the units of UNFPA, this is very cumbersome for us, and this is something that UNFPA need to do something about. There needs to be a system of expanding the unit to cater for the cross cutting needs and to be able to respond

to a broader range of GEWE demands from the main counterpart.

These achievements are baby steps in a very difficult context, yet significant in current context. On the part of UNFPA, I can say that we have delivered on the GEWE interventions under outcome 3 and output 4. Despite this achievements there are several challenges encountered – these include, short term funding regimes as a result of the context being a humanitarian one, weak capacities of government institution despite a well-articulated capacity development plan and donor dependency.

FGDS: On the side of beneficiaries, there are several success stories -

Women in Western Equatoria and in Upper Nile state – expressed satisfaction about the services provided at the OSC and Women friendly spaces. They noted that it is the first time that when they encounter GBV issues they have a place to go and seek assistance – what is unique is that the OSC have integrated services provided at OSC - and if they choose to take legal action, there are lawyers offering legal aid. Despite the success of the OSC, the beneficiaries noted that when the perpetrators who are mostly their spouses or other relatives, know they have sought services at the OSC and intend to take legal action, they are then denied financial support. Economic woes of women sometimes deter them from seeking services from the OSC and it would be good if UNFPA can link survivors to economic opportunities.

For the friendly spaces in Unity, beneficiaries were happy with the services and noted that the space brings them together to discuss their issues and eases their psychological burdens. However, there were complaints about lack of materials used to training them e.g. lack of materials for making bed sheets and they hoped that they would be given some start-up capital for businesses.

Population and Demographic Intelligence

The Country program set out to improved national systems for generation and dissemination of population data and demographic intelligence, including in humanitarian settings.

The programme envisaged to support NBS undertake surveys, assessments and thematic analysis to provide data on reproductive health and gender-based violence through capacity building, technical and financial support.

Under this element, UNFPA built the capacity of the National Bureau of Statistics to generate, analyse, produce and disseminate reports including using them report on Sustainable Development Goals;

- 102 National Bureau of Statistics (NBS) and other sector staff have been trained on new technologies in data collection, analysis and dissemination including Population Estimation and ArcGIS COVID 19 dashboard, CSPro etc.
- A number assessments and secondary data compilation have been conducted including:
 - a) Reproductive Health Commodity Survey initiated in 2018 but completed in 2019
 - b) Compendium of administrative data from sector specific information management system
 - c) South Sudan SDG data

Support to MoH for compilation of HMIS data (support ranged from review of HMIS tools, to printing and distribution of tools to HFs, to support to report compilation). This was done in conjunction with the member of Health Sector M&E Working Group.

- UNFPA is supporting the NBS to conduct the Population Estimation Survey: The objective of the Population Estimation Survey is to provide current population and socio-economic indicators for policy formulation, development planning, service delivery, monitoring and evaluating development programs, and improve governance. The survey is currently at recruitment and training of enumerators. The enumeration will take place in the first week of May 2021.

UNFPA also supported the government of South Sudan undertake advocacy initiatives in the bid to ensure integration of demographic dividend, sexual and reproductive health and gender-based violence in in policy and development planning

- UNFPA Undertook advocacy initiatives for ICPD that resulted in securing ICPD@25 National Commitments for accelerating achievement of the ICPD goals. This was through holding of advocacy events with key stakeholders including members of parliament, religious leaders, women and youth leaders etc.
- The CO is also in the process of undertaking a pre-Demographic Dividend Assessment that will provide concrete recommendations for integration of the DD in sectional and national plan. However, through advocacy, the ministries of Youth, Gender and Health used the DD related ICPD@25 national Commitments as well as the DD continental framework to integrate DD recommendations into their plans and programmes. A case in point is the ongoing development of the Youth Development Enterprise Fund and the Youth Development Policy by Ministry of Youth
- Other initiatives that have been undertaken to enhance advocacy for ICPD include
 - a) Undertaking specific advocacy events by members of parliament particularly to states to galvanize the support of state leadership and stakeholders to address the SRH/FP and GBv issues.
 - b) Development and dissemination of advocacy documents/materials including the Population and Development Linkages, State of South Sudan Youth Reports, The State of South Sudan Population Reports and use of other UNFPA Global Advocacy Materials

UNFPA has also supported the National Bureau of Statistics to regularly update indicator data on the SDG indicators focusing on the UNFPA -prioritized Sustainable Development Goals indicators. However, inadequate data has remained a challenge in achieving this. The key initiatives under this are

- Support to NBS for compilation of the South Sudan SDG report
- Support to SDG Data landscaping, done in conjunction with the UN M&E Working Group

In terms of strengthening data coordination, UNFPA is supporting the NBS to develop a data coordination and sharing protocol

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

| Assumptions to be assessed | Indicators | Sources of information | Methods and tools for the data collection |
|---|--|--|---|
| CP3 implementers received resources as planned, to expected level, on time and in a consistent manner | <ul style="list-style-type: none"> • Funds were disbursed on time and of expected amount to implementing partners • Funding level was adequate to enable IPs undertaken planned activities | <ul style="list-style-type: none"> • AWP's and Annual progress reports and implementing partners' reports • Key informant interviews (UNFPA staff and implementing partners) | <ul style="list-style-type: none"> • In-depth documents review • Key informant interviews |

| | | | |
|---|--|--|---|
| Both UNFPA and Implementing partners had adequate human resources capacity to implement CP3 interventions | <ul style="list-style-type: none"> • UNFPA CO staffing level matched the competency and workload for SRH and ASRH • Mechanisms were put in place to address emerging capacity gaps • Extent to which TA was used to deliver the 3rd CP • Implementing partners HR capacity matched the competencies and number required to deliver CP supported interventions | <ul style="list-style-type: none"> • AWP and progress and project reports • IP Micro-assessment reports • Key informant interviews with UNFPA Staff and Implementing Partners | <ul style="list-style-type: none"> • In-depth documents review • Key informant interviews |
| UNFPA Policies, procedures and tools contributed to achievement of CP results | <ul style="list-style-type: none"> • Types of policies, procedures and tools established by UNFPA • Extent to which these policies, procedures and tools were used and to what effect | <ul style="list-style-type: none"> • Key informant interviews with UNFPA staff and implementing partners • Documents of policies, procedures and tools | <ul style="list-style-type: none"> • In-depth documents review • Key informant interviews |

Therefore, this unit is of 2 persons only - myself as the gender specialist and a national who is a gender analysis. These achievements are baby steps in a very difficult context, yet significant in current context. On the part of UNFPA, I can say that we have delivered on the GEWE interventions under outcome 3 and output 4. Despite this achievements there are several challenges encountered. We are 2 dedicated persons and able to achieve as expected and on cross cutting issues across UNFPA units – however this is constraining considering the bulk of needs in South Sudan and considering that the context is a fast changing one and 2 of us have to be able to pick up issues quickly and respond in a timely manner.

For our delivery to improve I would suggest an expansion of the unit. This has been raised, however due to financial resource constraints, this has not been happened and I think that there are cheaper ways to source competent and skilled persons from UNV or through an internships programme.

For a small unit, I think that the delivery of outcome 3 and output 4 are within our expectations and despite several challenges such as financial constraints, being a 2 persons unit, and the challenges of the context, the team was able to deliver GEWE components within the CPE and handle cross cutting gender related issues in all the other units. The needs in South Sudan are massive and I think that it is understand able that humanitarian funding is limited an short term, there is need to think about longer term funding options so that we are able to respond to longer term GEWE needs across the states and the 3 administrative areas.

There is just the 2 of us in the unit and that is constraining. We find ourselves overwhelmed and being pulled in all directions within the unit, UN family and the government institutions. In addition, I am being honest about this and hope that one of your strong recommendations will be towards ensuring that the unit is expanded – that is on the human resources side.

On the side of financial resources, we are all aware that South Sudan is an emergency context with very few developmental interventions. This means that donors are providing funds for GEWE interventions in times of emergencies.

This makes us to focus on protection type activities, like the OSC, the women and girl's friendly spaces, and not preventive type interventions that seek to work with communities to transform mind-sets for longer and sustained improvement in the treatment of girls and women.

We are a consortium and we have staff to implement our activities in Upper Nile, but they are constrained because the GEWE needs are too many. In this year alone and with the onset of Covid and working from home, some of our donors reduced or completely cut off our funding and we are struggling to pay some of the staff, so we had to let some of them go.

Overall, funding is for short term and very limited and up to now, I do not understand why a national organisation like SAADO is given such limited funding when compared with the international organisations.

UNFPA must ensure that the funding threshold is the same for national and international organisations. If they think that we are not able to manage huge funding, it is not fair to us. They should try us and will see that we have the capacity and the financial systems in place to manage and account for funds. If we have funding like the international organisations we are able to attract competent staff and also pay for additional ones.

I am concerned about efficiency - I think that efficiency should be construed as providing adequate financial resources to respond to all needs and having all staffing needs in place to be able to cover all aspects of intervention. The funds given to us are for 3 – 6 months and we do not have all of the staff that we would need. So I think to be able to perform better there is need to review the funding modalities and also ensure that despite South Sudan being a very difficult context, funding should be allocated for longer periods.

It is understandable that the GEWE needs in South Sudan are overwhelming. We would want to do more apart from raising awareness on the harms of GBV and strict adherence to customary practices that discriminate against women and girls, but we are limited in terms of financial resources and also we do not have adequate staff to cover more areas as we would want. For instance, you find that so many community leaders, young men and women need to be trained and to also establish spaces for discussion on issues of GBV and culture, but we are only limited to one area that is funded by UNFPA. Also, when our funding is compared with international partners, I can say that the international partners like IRC are awarded more funding to cover the implementation of activities and project overhead costs – so they receive so much funding compared to us the national organisations.

It is a good start that UNFPA is able to award funding to national organisations, but this needs to be done in the same way as is done for international organisations. I think that, national organisation possess context specific knowledge and experience of dealing with GEWE issues and this means that we can easily get to the core of some of the issues causing GBV because we are nationals and locals and we know our people and our culture better.

UNFPA has allocated resources for us to be able to deliver integrated services at the OSC – we use the finances to ensure that the GBV survivors are able to receive services.

We are also able to pay a few staff to support service provision. This is okay, but we would hope that there is additional funding to support women empowerment projects, so that when they make a decision to prosecute a GBV survivor, they are not left vulnerable. This economic vulnerability often makes women reconsider their decisions and may find themselves back in the hands of the perpetrator.

Another thing is that there are no safe houses and in a place like Lakes State, where the culture of early and forced marriage, and domestic violence is very high, women who report cases have nowhere else to go. We are trying our best, but there is never enough money to be able to respond to all GEWE needs. There is always funding shortfalls and staffing limitations – that's the way things are and we try our best to make sure that we are providing the service as required.

We are also assisted by staff seconded from the Ministries of health, legal attorneys who receive incentives to provide services at the OSC. I would like to see a situation where, even when the funding is little, it should for at least longer term to be able to cover our interventions at the OSC> As it stands now, this context is so volatile and this is why the donors of UNFPA are giving short term funding to their partners.

If the government would be making a financial contribution to GEWE priorities, then funding gaps would be filled by finances from government, but government is broke and has no money and only depends on UN and other institutions providing funding for GEWE. I want to be candid about this. I know that UNFPA and donors are constrained because of the huge financial burden they carry to make sure that GEWE priorities are responded to in an efficient manner, that said, the funding is not enough and does not even cover economic empowerment of women and in the absence of economic empowerment, women will still be marginalised and will continue to suffer GBV in silence.

In terms of human resources, many staff have been sourced from the Ministry of health, ministry of gender and other institutions to support the OSC and there are many IPs implementing activities in the friendly spaces, but there have been complaints that the resources in the friendly spaces are not enough and this may leave women and girls who have dared to stand up against perpetrators more vulnerable.

Efficiency should be looked at as value for money and that means that UNFPA invest in human resources and optimally utilises its funding to make a difference in the lives of men, women and children. I know that you can never have all of the financial resources you need, but the funding available is able to respond to the GEWE needs that matter, it would be good to have longer term funding regimes and also increase the funding threshold to cater for some of the urgent GEWE needs that emerge as a result of calamities affecting South Sudan. In the absence of funding from government, UNFPA is intervening beyond what is expected of a UN agency and this is because all of the GEWE needs in both emergency and are well articulated in the CP. I can say that resource baskets are shrinking in South Sudan and the needs are massive in all areas, so the donors funding are giving their all to support the programmes and also to support implementing partners, and also supporting through incentives the personnel from government institutions – this is massive if you project all of the needs and also that the government is not able to fund any of the interventions.

There is always the problem of both financial and human resources. It is never enough and considering the GEWE needs in South Sudan, but here in Yambio we are managing the funds provided by UNFPA to respond to the cases that are brought before us.

Population and Demographic Intelligence

The PD component of the UNFPA Country Programme is mainly implemented by UNFPA, National Bureau of Statistics as implementing partner; and Ministry of Finance and Planning and South Sudan Parliamentary Network on Population and Development as sub-contractees.

Key factors that affected the success of PD component include

- a) Human resources
 - PD under UNFPA country office has been supported largely by staff from M&E unit plus one technical specialist on Geo-Referenced Infrastructure and Demographic Data for Development. This staffing is insufficient for the delivery of PD interventions
 - Human Resource capacity at NBS. In the previous country programmes, UNFPA supported training of a number of NBS staff to improve their demographic and statistical skills. However, majority of a number of staff have since left NBS for other well paying jobs. Majority of the current staff at NBS lack the key demographic and statistical skills as well as skills for report writing. However, UNFPA through this country has trained the staff on specific data collection and

analysis packages . The inadequate capacity of NBS has resulted in low absorption rate of UNFPA resources

- The Ministry of Finance and Planning designated a focal point persons for UNFPA Country Programme. Plans are underway to build the capacity of staff in coordination of population programmes.

b) Financial

- UNFPA provides resources for implementation of PD workplans. However, no government counter funding is provided. Government, generally lacks resources for implementation of own programmes. For example, the budget for FY2020/21 has not been passed (April 2021) even as the FY has only 2 months to end. The staff salaries are too low and have not been paid since August 2020.

External factors that affected the implementation include general inadequate functionality of government structures and processes on which the PD component relies eg the National and Sector Planning processes are ineffective, National Legislative Assembly has not been reconstituted ; Insecurity in most parts of the country makes data collection difficult; Economic conditions: High inflation, depreciation of the South Sudan Pound increases the costs of doing business, low government financing limits government contribution to the programmes.

Despite the capacity gaps at NBS, continuous capacity development and direct programme funding has ensured continuity of data management programmes. UNFPA is currently the only UN agency and development partner that signs a Workplan and allocates resources directly to NBS

- o UNFPA signs a Workplan with NBS
- o In 2019, the funding was channelled directly to NBS on quarterly advance basis
- o In 2020, the modality was changed. UNFPA provided direct payment (no advance but payment is done directly to vendors after provision of a service). This change in modality was occasioned by the high risk rating of NBS from the micro assessment.

The PD component of the UNFPA Country Programme is mainly implemented by UNFPA, National Bureau of Statistics as implementing partner; and Ministry of Finance and Planning and South Sudan Parliamentary Network on Population and Development as sub-contractees

The mechanism operates in such a way that the identified partners have workplans that together contribute to the realisation of CPD targets. UNFPA has a directly executed WP and NBS has a workplan that includes activities to be implemented by Ministry of Finance and Planning as well as the Parliamentary Network.

- Funds have been used effectively to produce the results stipulated under effectiveness
- No shortfall have been realised except under the Population Estimation Survey, where UNFPA is fundraising to bridge the budget GAP.
- There has been low absorptive capacity on part of NBS.

Human, financial and logistics]

- Insufficient human resources on part of UNFPA and NBS. The few available are overstretched
- The government provides technical staff, space within their offices and also enabling environment to align to its priorities.

Sustainability. Evaluation Question:

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

| Assumptions to be assessed | Indicators | Sources of information | Methods and tools for the data collection |
|----------------------------|------------|------------------------|---|
|----------------------------|------------|------------------------|---|

| | | | |
|--|---|---|--|
| <p>IPs and beneficiaries capacities built with support of 3rd CP contribute to sustainability of CP benefits</p> | <ul style="list-style-type: none"> • Evidence of capacity built among IPs and beneficiaries • Extent to which capacities developed will ensure durable effects of 3rd CP | <ul style="list-style-type: none"> • AWP and programme and project reports • Key informant interviews with UNFPA staff, Implementing Partners, and other key stakeholders • Focus group discussions with beneficiaries | <ul style="list-style-type: none"> • In-depth documents review • Key informant interviews • Focus group discussions |
| <p>Types of mechanisms put in place by 3rd CP to ensure durable effects of the CP</p> | <ul style="list-style-type: none"> • Evidence of mechanisms (policies, strategies, infrastructure, networks etc) established by the CP | <ul style="list-style-type: none"> • AWP and programme and project reports • Key informant interviews with UNFPA staff, Implementing Partners, and other key stakeholders • Focus group discussions with beneficiaries | <ul style="list-style-type: none"> • In-depth documents review • Key informant interviews • Focus group discussions |
| <p>Sexual and Reproductive Health</p> <p>Key informant interviews</p> <ul style="list-style-type: none"> • UNFPA has done a catalytic role with the limited resources and IPs no longer totally dependent on UNFPA for funds • SRH and ASRH programmes likely to continue without UNFPA funding • UNFPA has developed functional partnerships with government ministries and agencies (e.g. Ministry of Health, Ministry of Youth, Ministry of Education; HIV/AIDS Commission); IPs; and other UN agencies (e.g. UNICEF, WHO, UNAIDS, UN Women) • There are challenges in partnerships with government stakeholders largely due to the following: <ul style="list-style-type: none"> ○ Limited human resources (HR) capacity ○ Delayed salaries for government IPs, which leads to demotivation ○ Limited government fund allocation to SRH and ASRH • The staff working in PoCs are drawn from the local areas and IDPs themselves; the staff have been capacitated to continue implementation of activities • The evidence of sustainable mechanisms /elements include <ul style="list-style-type: none"> ○ Youth led networks ○ Integration of YFS into routine services | | | |

FGDs

- Some female beneficiaries near Aweil hospital felt that the UNFPA support for SRHR and ASRH should be continued; they mentioned that the national and state governments were too weak to take over according to their own observations on the ground.

Recommendations for next CP

- UNFPA should advocate with Government of South Sudan and State governments for increased fund allocation to SRH, ASRH in order to enhance sustainability.

Gender Equality and Women Empowerment

This I think is where the problem lies. We have been able to make sure that we have built the capacities of the ministries of gender and of the staff running the OSC, however, as you know the civil servants are not being paid and this includes the staff of the ministry of gender and so the personnel running the OSC are drawn from the Ministries of health and the ministry of Justice, for instance, but the thing is that these efforts are being sustained through donor funding and I have a feeling that if there is no more funding from UNFPA and from implementing partners these initiatives will suffer massively.

There is good will from the government counterparts to be able to fund and support some of the GEWE interventions, but so far because of the economic crisis this is not possible and therefore longer term sustainability is weak. This I think is where the problem lies. We have been able to make sure that we have built the capacities of the ministries of gender and of the staff running the OSC, however, as you know the civil servants are not being paid and this includes the staff of the ministry of gender and so the personnel running the OSC are drawn from the Ministries of health and the ministry of Justice, for instance, but the thing is that these efforts are being sustained through donor funding and I have a feeling that if there is no more funding from UNFPA and from implementing partners these initiatives will suffer massively. There is good will from the government counterparts to be able to fund and support some of the GEWE interventions, but so far because of the economic crisis this is not possible and therefore longer term sustainability is weak.

Sustainability is a challenge at this time and while the GEWE interventions are embedded within institutions like the Ministry of Gender at the national and state level and while we have tried to source competent staff from these institutions to support our services for GBV survivors, we are only able to give little incentives. The incentive was to supplement government salaries, but as you know government workers do not get paid and this makes sustainability a challenge. Secondly, staff from our key institutions have benefitted from several capacity building activities and we think that with the knowledge they acquired, they can be able to sustain the interventions, but the issue is if the government will be able to pay them if we terminate the funding. So sustainability is one that is hard to forecast in a very difficult context and one that is largely humanitarian – this is a start and if the context stabilises, then we can be in position to project how the initiatives can be sustained by government.

Sustainability is a tricky one because I think we are operating in emergency times and to speak about sustainability would require that the government structures at the national and the local levels are able to fund projects and also able to pay its staff, but that is not the case and I think you are South Sudanese and you know that the government is broke and barely able to pay its own staff.

Sustainability requires certain variables, like stability and a government that has funding to manage and implement some of the interventions, but that is not the case and sustainability is still a very weak point. It is UNFPA donors funding, managing and sustaining the GEWE interventions and I am sure that if UNFPA pulls out, all of this

will collapse.

Sustainability under the current period needs planning and a strategy jointly development with government and one that takes the form of @ phasing out approach@ I say this because the GEWE interventions are heavily reliant on funding from donors – if you see the priorities of the Ministry of Gender, they are all funded by international organisations and a range of other donors. The funding to the Ministry is very little and they can barely support GEWE needs within the country, how do you then expect that in such a situation the government is able to sustain interventions?

From my understanding, even the staff that are sources from the government are supported by UNFPA and other donors. So local ownership of interventions is very weak and I think that we cannot begin to speak about sustainability if these things are not in place.

Most interventions at the grassroots level are managed by partners to UNFPFA and while we are always working with the ministries of gender, their involvement is very limited and they do not fun anything.

UNFPA has supported us and I think we are one of the very few national partners, but to be able to enhance sustainability and in line with the localisation agenda, it is good to start supporting more national organisations.

Our engagement with community leaders, young men and women and girls, is embedded in the community and even if funding terminates, the knowledge has been shared, trainings conducted and the beneficiaries make sure that these initiatives can be sustained at the community level.

We are also ensuring that all our interventions in other projects have a component of GEWE, so that we establish a solid basis for continuation of activities at the community level and to empower women and girls, men and boys.

All GEWE interventions are supported through UNFPA funding. While the Ministry of gender is on board, it does not have funding and is unable to pay its staff. The Ministry is not funding the GEWE interventions. In the absence of funding from government institutions it is difficult to start talking about sustainability.

Sustainability as I see it is a long term strategy and in the current emergency context, there is a focus on the current and urgent GEWE issues and I would not say that there is much thought on sustainability.

However, in the longer term a sustainability strategy is crucial to ensure that interventions can be supported even when there is no donor funding. There has to be a continuation of the services being provided because these services have been helpful to women and girls and have made a difference.

The thinking is that the staff from government institutions like the Ministry of health and of gender, including the legal attorneys – would continue providing services at the OSC even when UNFPA funding terminates. We have also been able to train the staff seconded from government institutions and **with all** the capacity development, it is hoped that the institutions concerned can take over after UNFPA has stopped.

However, the government has several challenges in paying its staff, and also lacks resources to maintain the OSC – so sustainability is a little tricky considering these factors.

In the current state, it is very hard to think long term, it is best to put the necessary infrastructure in place. I.e human resources, embedding GEWE frameworks in institutions and also achieving a level of stability. There has to be primary consideration at hand before we can even speak about sustainability.

In the projects UNFPA implements there are small models of sustainability emerging, e.g. building capacities, working with staff from government institutions and engaging with grassroots communities.

There is government structures at all levels – the national and state levels. This means that by sourcing staff from government institutions, who then receive training and are capacitated to provide services is a long term sustainability thought _ it is a good thought, but I wonder how this is going to happen in the long term when the government can bare pay for its staff and can barely fund interventions. Capacitating IPs can be seen as a sustainability strategy and this has happened at multiple levels, at the national level, and in the states and this essentially means that these partners can continue working on the country’s GEWE priorities.

Despite this, enmeshment of GEWE plans into local governance structures remains weak and longer term planning on GEWE needs is also weak. Local ownership needs to be strengthened on three levels: in implementation, where more national NGOs could be directly contracted; in more engagement with national-level counterparts; UNFPA to be clearer about the exit strategies for its programming and focus more on development work or by handing over institutionalized project structures to national counterparts

And focusing on institutional change over the longer-term. Services at the OSC are appreciated, and here in Yambio, we work with the state Ministry of Gender, which has a department of social welfare. The social workers are sourced from the State Ministry of Gender and the health care providers from the ministry of health – these workers are supported by UNFPA by providing incentives – which is encouraging them to work considering that government salaries do not come on time and even if they do, it cannot do much for these workers. It is then possible that when the funding is not there these workers can continue to volunteer at the OSC, but the worry is that without funding, the state cannot maintain services at the OSC and in the long term the trained staff will leave because the government does not pay.

The staff that we have trained may end up looking for greener pastures.

Implementing partners operate in areas where UNFPA may have no physical presence and I think that, through IPs, UNFPA is able to reach places outside of Juba – Like ADRAA is implementing in EES. With the support from UNFPA we are able to offer integrated services at the OSC and also engage with communities on the eradication of GBV and other forms of violence against women and children. We have mainstreamed GEWE into all our interventions so that even when the UNFPA funding terminates, we are still able to implement some GEWE projects that are funded by other donors. You know it is very rampant. I think that approach issues through communal structures and the community itself, is a strong sign of sustainability because even if we no longer have funding, the knowledge we imparted within the community and its structures remains intact and can be shared and shared.

Despite little evidence of sustainability, you have to look at the context and how deeply the culture is enmeshed within the community. GBV is so extreme and treated as normal in EE so sometimes even after we try to work with community leaders and train them and also raise awareness of these harmful practices, you still find parents giving their children to be married at a very young age and these things happen within the families and we are not able to intervene.

This makes sustainability of these interventions such a challenge. The community views trainings on GBV as foreign and not good for their communities and I think that this thinking can affect sustainability. .You know government all over South Sudan is not paying its staff, so those providing services at the OSC are given incentives that help them as they run the services – now the issue is if the funding terminates, how then are these staff going to be sustained? As you see people are already used to the service and if there is no funding this means the health care providers, the social workers, the legal aid providers and psychosocial support services will terminate and this will leave a big gap.

Population Dynamics and Demographic Intelligence

- Sustainability is somehow enhanced through implantation of the programmes using the NBS/Government process. However, continuity is only is guaranteed as long as funding is available.. The Gov is currently not funding and supports NBS with very little resources.
- There are plans to strengthen the programme as the country gears up to the preparation of the Population and Housing census 2021/22
- UNFPA is coordinating efforts to ensure collaborative support to NBS by the UN Agencies

Coordination . Evaluation Question

| 8. To what extent has UNFPA contributed to the functioning and consolidation of UNCT coordination mechanisms in South Sudan? | | | |
|--|---|---|---|
| Assumptions to be assessed | Indicators | Sources of information | Methods and tools for the data collection |
| UNFPA was actively involved in coordination structures for the CP3 within the UN | <ul style="list-style-type: none"> Evidence of UNFPA membership and participation in SRHR/ASRH related coordination structures Evidence of collaboration and joint programming with other UN Agencies in CP3 programmes | <ul style="list-style-type: none"> Documents – minutes of coordination structures Key informant interviews with UNFPA staff and other UN agencies | <ul style="list-style-type: none"> In-depth documents review Key informant interviews |
| <ul style="list-style-type: none"> UNCT: UNFPA participates in weekly UNCT meetings. UNFPA Country Representative is sometimes assigned Officer in Charge for Resident Coordinator Office and chairs the UNCT meetings during that time Programme Management Team: UNFPA participates in bi-monthly PMT meetings. For 2018 and 2019, UNFPA Deputy Rep was co-chair (with UNICEF) of the PMT UN Joint Programme: UNFPA is lead of the Joint Programme on GBV Prevention and response UNCF Results Groups – UNFPA Co-leads the UNCF Results Group 4 on Women and Youth Empowerment, contributes to Results Group 1 (Governance) and Results Group 3 (Social Services) Prevention of Sexual Exploitation and Abuse (PSEA) – UNFPA lead the PSEA coordination team in 2019/2020 Other UN Coordination mechanisms in which UNFPA actively participates are UN M&E Working Group, Programme Criticality Maintenance Team, Operations Management Team, UN Communications Team (lead in 2020) UNCT Flagship Projects – two of the flagship projects for the UNCT are led by UNFPA (UN Joint Programme on GBV and Geo-referenced Infrastructure and Demographic Data for Development (GRID3) UNFPA attends all the UNCT meetings and sometimes makes presentation on specific topics where it expects support from UNCT especially on GBV cases, Population Estimation Survey etc <p>UNFPA participated in several coordination mechanisms at the national level and also at the state level and I must say that with several partners from the UN and also from the international organizations – there is the protection cluster, the GBV sub cluster – the GBV sub cluster brings all actors together and these structures have also been replicated in all the states and in 2 of the administrative areas.</p> <p>The GEWE intervention is one that is managed at the UNCT level due to the significance of the interventions. At the country level we are able to champion GEWE interventions by drawing on national priorities that are then linked to broader UN frameworks. A clear UNCT level contribution is the UN GBV joint programme that is implemented across UN agencies.</p> <p>We are part of the gender coordination mechanisms at the national level and we have also made sure that we have similar state level coordination forums that are attended by all stakeholders supporting GEWE interventions. On that front we are doing well, coordination gives all partners the chance to discuss achievements and find joint</p> | | | |

solutions to challenges.
Coordination at both the national and state level is good and we are part of the coordination mechanism and we do attend regularly to keep ourselves abreast of new things and some of the difficulties encountered by other agencies. The Ministry of Gender is very active in these coordination forms. This is good and the GEWE coordination are extensive.

Coordination has worked so well at national and in the states – there are strong interagency synergies within the UN, local organisations and international ones. In fact coordination is one of the infrastructures that has improved delivery of interventions across themes and locations.

We participate here in Juba at all GEWE coordination forms and we do the same in the field. The coordination of GEWE activities is one that I can say is well managed by UNFPA and is one that responds to several levels of issues and also brings all actors together in one form – this has been helpful and very effective. This is an area where UNFPA and partners have performed beyond expectation. Coordination has become an instrument where all partners convene and share experiences, jointly implement activities and share challenges affecting them – in coordination forums, joint solutions to issues are explored jointly. There is coordination at all level, at the country team level, at the interagency level and there is a forum that brings all UN, INGOs and national NGOs and government in one forum to resolve issues and map ways forward especially in very difficult areas like lakes state.

There is excellent coordination of interventions at the national and state levels and these coordination forms are composed of UN agencies at the UNCT level, International organisations and national NGO – This has ensured that the delivery of GEWE interventions is smooth and it also gives a chance to the Ministry of gender to participate and make inputs and also suggest best approaches to dealing with some really difficult GEWE issues, especially those arising from customary practices like early and forced marriages.

This is outstanding and one of the mechanisms in place that has ensured that even in times of conflict and other emergencies UNFP is able to deliver and reach hard to reach places. There are several forums for coordination and we are in all of these and this helps us to plan better and I think UNFPA has been able to ensure that these are functional and effective.

If there is an area that is performing well, it is coordination, but I think there is a replication of so many coordination forms and as IPs we find ourselves running from one coordination forum to the next and all those are on GEWE and I was wondering why those are not harmonised into specific streams, which will result in fewer forums at the national level and a similar approach to be adopted in the states.

There are just too many coordination forums and this results in duplication. There is also the notion of territorialism and you find that - sometimes information is not easily shared and you find so many similar interventions strewn all over the place – this results in fatigue of the communities and project participants. Here in Yambio coordination is a very efficient activity, all partners convene weekly and sometimes bi – weekly for briefings, updates, etc. and this way each agency knows what the other is doing, solutions to challenges are shared and this works well. Our team in Juba also attends the national level coordination forum. The forums are also an opportunity for the state government to share with us their challenges and we all find ways of helping them. One of the strengths of the GEWE interventions is an extensive network of partners that participate in all coordination forums in the state. In fact, before Covid, we used to travel to Torit for some of the coordination meetings chaired by the State Ministry of Gender and UN agencies, especially the one on joint GBV programming. So I think this is an area where UNFPA has performed very well and there are several multi – stakeholder coordination forums in Juba and in the other states.

Population Dynamics and Demographic Intelligence

UNFPA is participating in a number of UNCT coordination mechanisms. With regard to population data the initiatives include

- Geo-Referenced Infrastructure and Demographic Data for Development. This is a flagship project to the UNCT, led by UNFPA. The objective is to ensure improved

availability of geo referenced data to inform decision making. Key initiatives under this include the Population Estimation Survey and the One Settlement Mao Initiative

- The SDG monitoring under the collaboration of the UN Agencies in the UN M&E Working Group. Under this initiative, support is provided to NBS to improve SDG data collection and reporting. A Data Landscaping exercise for the SDGS is being finalised

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

| Assumptions to be assessed | Indicators | Sources of information | Methods and tools for the data collection |
|---|--|--|--|
| CP3 humanitarian interventions were targeted at and delivered in all geographical areas where affected populations reside | <ul style="list-style-type: none"> • Evidence of mapping SRHR/ASRH humanitarian interventions to all effected geographical areas • Evidence of the types of humanitarian interventions implemented • Evidence of people reached (target vs actual results) against people who needed SRHR/ASRH services | <ul style="list-style-type: none"> • AWP • Programme and project reports • Monitoring reports (data) • Key informant interviews with UNFPA staff, implementing partners, other stakeholders • FGDs with beneficiaries | <ul style="list-style-type: none"> • In-depth documents review • Key informant interviews • Focus group discussions |

The GEWE intervention is one that is managed at the UNCT level due to the significance of the interventions. At the country level we are able to champion GEWE interventions by drawing on national priorities that are then linked to broader UN frameworks. A clear UNCT level contribution is the UN GBV joint programme that is implemented across UN agencies.

For the OSC – there is a nearly 100% coverage because they operate in the 10 states and in the administrative areas. We will in the future think of expanding services to RUWENG – the new administrative area. We are in Upper Nile and there are other implementing partners supporting UNFPA funded projects in the 10 states. The coverage is okay and I hope that the services can be extended to the administrative areas.

This is also an area where UNFPA has performed well. To be present in 10 states and 2 administrative areas is a success story considering the challenges of rolling out interventions to the states in South Sudan. Through other partners and us, UNFPA is able to reach all of the 10 states and 2 administrative areas.

The CP interventions are in all of the 10 states of South Sudan. There is no state that has been left out and I think this is a wonderful development. It is not easy to reach all areas in South Sudan, but UNFPA is able to do that and that’s commendable.

The GEWE interventions supported by UNFPA cover all of the 10 states and that means that the interventions cover all of South Sudan.

UNFPA GEWE intervention is one of the interventions covering the entire country and the UN joint programming makes sure that all agencies are part of a well-connected GEWE response. It would be good to start moving outside of state capitals, like the case in Kapoeta for instance. The whole country is taken care of and this is

outstanding!
 I learnt that the programmes are being implemented in all the states in South Sudan _ usually hear this in coordination meetings and I think that the coverage of intervention is in the entire country. The CP 3 interventions are in all the states and also in the administrative areas. Coverage is excellent. I understand that the GEWE programmes are implemented in the 10 states and this is representative of all the states and this is good and means that GEWE interventions are all over South Sudan.

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

| Assumptions to be assessed | Indicators | Sources of information | Methods and tools for the data collection |
|--|--|---|---|
| UNFPA humanitarian response was consistent to and supported long term development goals in the CP results framework (outcome and impact) | <ul style="list-style-type: none"> UNFPA humanitarian response in SRHR and ASRH were aligned to long term development goals in the CP results framework | <ul style="list-style-type: none"> Documents – AWP and Results Framework Key informant interviews with UNFPA staff and key informants from government | <ul style="list-style-type: none"> In-depth documents review Key informant interviews |

I think this is answered in my first comments under relevance and right there you can see that we have liked national priorities, with UN ones and also ensured that international GEWE frameworks are equally incorporated in our response.

I have stated that much of the funding is short term and can only support protection type support and very little intervention on preventive type interventions – so for long term development, I can say that I that we are yet to get there, once the R-ARCISS is implemented fully and the country becomes more stable, we can then start to think about long term development goals. That said I must emphasise that there is long term development on our part and we are only inhibited by the role of the context. For instance if you see under relevance, we align our GEWE interventions to the longer term national priorities. We also make sure that we are responding in line with regional and global frameworks.

I know that South Sudan falls under emergency response. While GEWE are linked to longer term and transformative interventions, the recurrence of emergencies makes it difficult to forecast longer term needs – at each cycle of flooding and conflict, more gender GEWE needs a rise and this is so challenging.

There is the HDP nexus thinking and the extent to which UNFPA is thinking long term is sometimes difficult considering that this is an emergency context. You can see from the national priorities, and international ones such as the SDGs, UNSCR 1325, etc. you can see there is long term projection on how to respond to GEWE needs, but I think the context makes it very difficult.

This is a gradual process and I think hinging interventions on national priorities – is to ensure that there is longer term plan for ensuring that GEWE is engrained in the South Sudanese society, the problem is that there are several emergencies that continue to disrupt GEWE interventions – e.g. conflicts, flooding and now Covid 19.

The context makes the donors to give us only short term funding, and this affects the way we respond to longer term development goals.

It would be beneficial to us, if the donors consider the HDP nexus thinking to start to rethink the GEWE funding options in South Sudan and this means that they can allocate short term funding for emergencies, but also make sure that peace building and longer term development initiative are part of the funding basket. For a successful implementation of GEWE interventions it is essential that longer term plans are enshrined in projects being implemented and as you can see right at the relevance section,

the interventions are designed in a manner that responds to longer term development goals at the national and international levels. How can UNFPA start thinking long term and also peg interventions to longer term development? By virtue of the current international regional and national frameworks that CP are hinged on – there is evidence of longer term development and also to enhance global norms on GEWE, but I think the issue is that there are always conflicts at the national or local levels and on top of that, there is flooding in Jonglei, Upper Nile and some parts of Equatoria and these may hinder plans on longer term development goals as articulated in both national and international priorities.

UNFPA GEWE programmes are clearly well thought out and linked to longer term development plans of the country and at the international level. I think the issue is that the country is in constant crisis and it is very hard to progressively work on longer term goals. You find that each intervention is almost an emergency type one, so if there is stability, there could then be longer term thoughts on development goals. I think I brought this up in the sustainability area – that longer term is well articulated, but it is very difficult to think long term in South Sudan and I think I say this for obvious reasons. Longer term thoughts are contingent on the context. You find that the context is very fragile, localised and sporadic conflicts are always occurring and also in recent years there has been an increase of flooding and all of these factors have a bearing on GEWE plans and activities - these factors have even made the situation on GBV worse – so long term thinking is embedded the CP, but the context dictates how that gets implemented. The CP 3 is progressive and forward looking by ensuring that the SDGs, CEDAW and South Sudan development frameworks, but because the context is an emergency one, it is sometimes difficult to pursue longer term goals. I must underscore that this is a context of emergency with a little focus on long term development – this is due to the recurrence of the conflicts and also the increase in the number of local level conflicts. Much of the funding is also allocated to humanitarian assistance because of flooding and now Covid. Because of these reasons, the focus is on the short term needs and I hope that if stability is achieved UNFPA can focus on long term needs. That said when you see the GEWE frameworks embedded in UNFPA Country Programme, it is aligned to long term development benchmarks and the only reason affecting a progression towards those targets is the conflicts and uncertainty around the implementation of the peace agreement.

Population Dynamics and Demographic Intelligence

- UNFPA support to NBS for generation of database both short and long-term benefits for the data is used to inform immediate decision making as well as projections into the future.
- UNFPA is supporting the NBS to establish a Common Humanitarian Database the Data base is hosted under www.ssnbs.org
- Once the Common Humanitarian Database is completed and regularly updated, this will enable humanitarian actors to reach the most affected population sub-groups

Annex 4: Data Collection Tools

Interview Guides

Key Informant Interview Guide for UNFPA Country Office Staff

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

Focal Points and Programme Officer: SRH AND ASRH

Focal Points and Programme officer: GEWE

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

General introduction and closing - 1. Human connection

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

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

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

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

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

4. Ending the interview

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

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

Relevance

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

Effectiveness

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

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

Efficiency

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

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

What was/is their output?

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

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

Sustainability

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

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

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

Coordination with UNCT

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

UNFPA Added value

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

Cross-cutting Issues:

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

Lessons Learnt and recommendation

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

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

National Stakeholders: National and States and NGO IPs

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

General introduction and closing - 1. Human connection

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

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

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

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

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

4. Ending the interview

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

Relevance

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

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

Effectiveness

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

Efficiency

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

Sustainability

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

Coordination and Partnership

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

Added value

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

Cross-cutting Issues:

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

Lessons Learnt and recommendation

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

Govt of South Sudan/UNFPA 3rd Country Programme Evaluation

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

Place: Beneficiaries in Addis and Districts

Relevance

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

Effectiveness

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

Sustainability

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

Focus Group Discussion – Adolescents and Youths

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

Can we introduce ourselves?

Can you explain what activities you have participated in?

Core Questions:

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

Effectiveness

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

Site Visits [Look for these]

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

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

YFSRH Facilities:

Ministries with budget allocation for adolescents sexual and reproductive health

Communities that abandoned CM:

GBV Victims and Survivors:

Fistulae Patients and Reintegrated

Agencies with sex-age-disaggregated data.

Any adoption of human rights approach?

Annex 5: Stakeholders' Map

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

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

*WRO= Women's Rights Organization

Annex 6: Documents Consulted

Global UNFPA documents

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

South Sudan national strategies, policies and action plans

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

UNFPA CO programming documents

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

UNFPA CO M&E documents

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

Other documents

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

report

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

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

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

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