

# MOVING TOWARDS THREE ZEROS

## KEY ACHIEVEMENTS



Ensuring rights and choices for all since 1969

**Delivering a world where  
every pregnancy is wanted  
every childbirth is safe and  
every young person's potential is fulfilled**

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# FOREWORD.

As the world continues to grapple with the COVID-19 pandemic so is South Sudan. There are some unprecedented human fatalities in addition to the physical and psychological impact of the pandemic, including joblessness, isolation, domestic violence, among others.

Additionally, widespread flooding in areas along the Nile and Lol rivers, and in Sudd marshlands displaced more than 800 thousand of the population; with a severe impact on the already struggling population, especially women and girls.

Through it all, UNFPA with the support of its partners, worked to ensure the continuity of service delivery, especially ensuring that the rights, safety, and dignity of women and girls are protected at all times.

With women and girls constituting the larger percentage of the flood-affected victims, UNFPA moved to ensure the availability of essential materials including dignity kits - menstrual pads, bathing soap, multiple pairs of underwear, sanitary napkins, flashlight among other essentials- to enhance their safety, promote basic hygiene, enable access to humanitarian services, and guarantee their mobility.

During the year, midwives with the support of UNFPA continued to provide health information and services to women and girls at health facilities, in the communities and paid home visits to pregnant women. Where face-to-face contact with mothers was not possible, consultation by phone call took place.

Our supported Women and Girls Friendly Spaces were also active throughout to help women develop their skills and capacities in income-generating activities, to become economically self-sufficient as part of our GBV risk-mitigating factors. The GBV One-Stop centres continued to provide integrated medical, psychological and legal assistance to GBV survivors. While women and girls

suffering from gender-based violence and who could not go out to seek help, also received round-the-clock psychosocial counseling, referrals, and legal guidance for GBV survivors through the national toll-free helpline #623.

Amidst reports of rising teen pregnancies, our youth networks stepped up and stepped out to reach fellow young people through youth-friendly corners and community-based activities, including condom distribution, and HIV testing.

UNFPA also coordinated and led the partnership support to South Sudan to conduct a Population Estimation Survey (PES). The main objective of the 2021 PES is to provide the most current estimates of population at the State and County levels, for the Republic of South Sudan to be used for evidence-based decision making.

Albeit, the continued impact of COVID-19 on every aspect of our lives including the country's healthcare delivery system, we continued to make bold strides in ensuring rights and choices for all, such as:

- 1.5 million people were reached with information on sexual and reproductive health and gender-based violence
- 1.8 million United States Dollars' worth of reproductive health commodities and contraceptives procured and distributed through the National Medicines Distribution Mechanism; and
- Around 800,000 people were reached with information on GBV prevention and response through community awareness across the country.

The situation is improving. COVID-19 continues and will be around for a while even as we continue to adapt to the "new normals".

Importantly, UNFPA supported the Government of South Sudan to conduct an impact analysis of its interventions and developed Investment Cases for the Three Transforma-

tive Results: ending preventable maternal deaths, ending unmet need for family planning, and ending gender-based violence and harmful practices, including child marriage and female genital mutilation.

Within these Investment Cases are situational-based analyses which include scaling up the coverage of high impact maternal health interventions to ensure that women have access to the basic package of health services for the prevention and treatment of complications during pregnancy and childbirth to reduce the preventable maternal mortality ratio from 789 per 100,000 live births in 2020 to 530 per 100,000 live births over the next ten years; increase modern contraceptive uptake from 30 to 50 per cent, with a view of ending the unmet need for family planning and averting about 700,000 unintended pregnancies in addition to ending gender-based violence and preventing every single child marriage within the next decade at an estimated cost of about \$605 million.

With your continued partnership and support, together we can do more, and together we will continue to deliver for the women, girls, and young people of South Sudan.



A stylized, handwritten signature in black ink, likely belonging to Dr. Ademola Olajide.

**Dr. Ademola Olajide**  
Representative







# COUNTRY PROFILE.

Three years after signing the “Revitalized Peace Agreement, South Sudan continues to face enormous economic and humanitarian challenges.

The country is characterized by political fragmentation, intercommunal violence, civil conflict, frequent disease outbreaks, a weakening economy and perennial flooding and droughts leading to interlocked shocks which have resulted in frequent and forced displacements; destroyed livelihoods; disrupted and fragmented social services delivery coupled with the COVID-19 pandemic.

With a projected population of 13.7 million people (51.1 per cent males; 48.9 per cent female), South Sudan has one of the youngest populations in the world as 73.6 per cent (10.1 million) is under age 30 while 48 per cent (6.6 million) is below age 15.

Extreme levels of gender-based violence and psychosocial distress are pervasive among women and girls. Child marriage is prevalent both as a traditional practice and a way for families to cope with poverty.

It is estimated that 5.8 million people are acutely food insecure with 483,000 and 1.4 million women and children respectively being malnourished.

By December 2021, there were 8.3 million people in need of humanitarian assistance, about 1.7 million people remained internally displaced, and another 2.3 million have become refugees in the region. There was also a total confirmed COVID-19 cases of 15,242 with 137 associated deaths.



## 13.7 MILLION POPULATION



48.9% WOMEN



51.1% MEN



73.6% AGED 30 & BELOW



## LIFE EXPECTANCY: 57 YEARS

FEMALE: 59

MALE: 56



## 81%

OF PEOPLE LIVE IN RURAL AREAS.



## 8.3 MILLION

PEOPLE IN NEED OF HUMANITARIAN ASSISTANCE.







## UNFPA IN SOUTH SUDAN.

In 2021, the implementation of the UNFPA 3rd Country Programme (2019-2021) was further extended by a year.

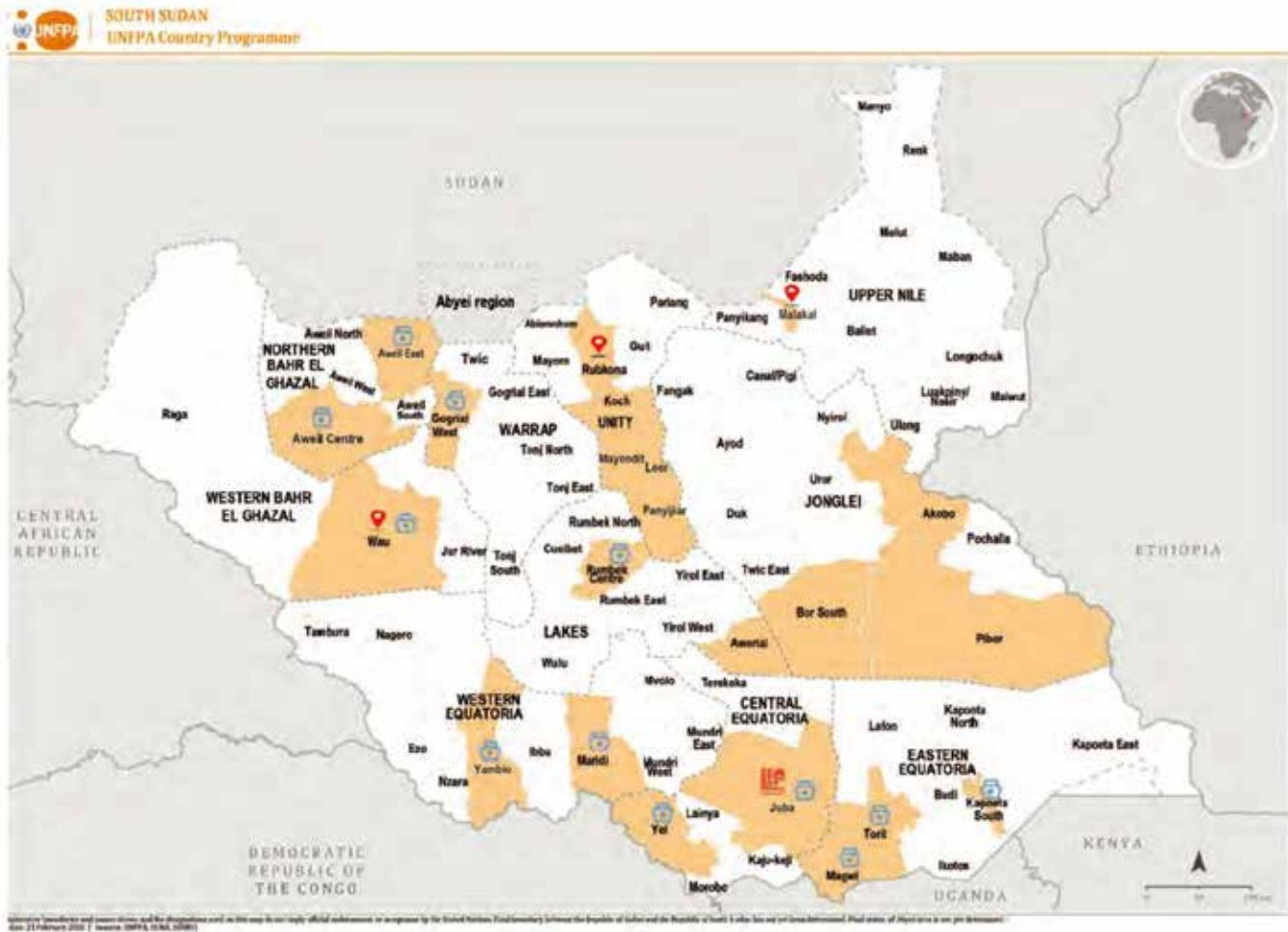
The programme remains focused on the following key result areas:

- Increased access to information and services for maternal health, family planning, gender-based violence and HIV prevention for crisis-affected populations, particularly women and adolescent girls.
- Strengthened national systems for the provision of integrated sexual and reproductive health (SRH) information and services.
- Improved participation of adolescents and youth in planning, implementation and evaluation of peacebuilding, development and humanitarian policies and programmes
- Increased multi-sector capacity to prevent and respond to gender-based violence and harmful practices, including child marriage.
- Improved national systems for the generation and dissemination of population data and demographic intelligence. At the sub-national level, the programme is focused on galvanising state leadership to support and create a conducive environment for the advancement of sexual and reproductive health and rights, including programming for gender equality and gender-based violence interventions.

UNFPA's programme is aligned with the United Nations Cooperation Framework for South Sudan (2019-2021) and the South Sudan National Development Strategy (2018/19-2020/21).



## ■ ■ WHERE WE WORK



- |         |                        |   |                         |
|---------|------------------------|---|-------------------------|
| ————    | International boundary |  | UNFPA Country Office    |
| -----   | State boundary         |  | UNFPA Field Hubs        |
| - - - - | County boundary        |  | Midwifery Project       |
| - - - - | Undetermined boundary  |  | UNFPA SS Programme Area |
| ~~~~~   | Abyei region           |   |                         |

**UNFPA South Sudan Programme:**

- Improving access to integrated SRH, HIV, and GBV Services
- Strengthening systems and accountability mechanisms for SRHR
- Promotion of youth participation and comprehensive sexuality education
- Promoting gender equality and eliminating harmful practices including GBV and child marriage



# ENDING PREVENTABLE MATERNAL DEATHS.

The country's protracted humanitarian crisis continues to impact the health sector. Only 40 per cent of health facilities are functional, and most lack equipment and supplies. Like the previous year, the country still faced significant human resource challenges and capacity gaps, particularly in maternal health care. Domestic financing for health during the fiscal year was at only 2 per cent, and the health sector remains entirely financed through development partners. The lack of up-to-date and disaggregated data at health facilities, both at state and national levels, still undermines the efforts to provide evidence-based programmes and services.



**1,150/100,000**  
MATERNAL MORTALITY RATION



**3 OUT OF 10**  
GIRLS 15-19 ARE ALREADY MOTHERS



**19%**  
SKILLED BIRTH ATTENDANCE



**46%**  
ANTENATAL COVERAGE  
(1ST VISIT)



**60,000**  
OBSTETRIC FISTULA  
CASES BACKLOG



**6.3/10,000**  
POPULATION TO CORE  
HEALTH WORKERS RATIO



**3.2/1,000**  
MATERNITY BEDS TO  
PREGNANT WOMEN RATIO



**2%**  
NATIONAL BUDGET FOR  
HEALTH









## ■ ■ IMPACT OF COVID-19.



Two years into the pandemic, the situation remained dire for South Sudan, a country that had been experiencing a severe shortage of health workers before COVID-19. Though there was a gradual return of health workers to the facilities, many nurses and midwives continued to experience mental health issues. They were often overwhelmed by the working conditions and stigma and discrimination from the community, who feared that they might be carriers of the virus.

## ■ ■ KEY INTERVENTIONS.



Continual deployment of 36 UN Volunteer midwives to support healthcare delivery at 17 health facilities across the country until the end of year when the project concluded.

Capacity building of service providers and managers for the provision of sexual reproductive health and gender-based violence SRH/GBV services, including in the context of Minimum Initial Service Package:

- 401 trained on general MISP and specific training on basic emergency obstetric and newborn care (BEmONC), Post Abortion Care, Family Planning, and Clinical Management of Rape services.
- 652 Health Facility Personnel trained on Youth Friendly SRH Services.
- 218 health workers trained to provide MNCH, FP and ASRH service package including commodities supply (condoms and contraceptives) to adolescents and young people.
- 38 supply chain management (SCM) focal points trained on Supply Chain Management/Last Mile Assurance (SCM/LMA) to improve RH commodity security in the country.
- 107 service providers have been trained on gender-based violence in emergencies, GBViE (minimum standards, PSS, Case management
- 30 Data Gathering Organisations (DGOs) trained in gender-based violence information management system (GBVIMS) including safe and ethical use of GBV information and reporting.
- 182 nursing and midwifery students supported to pursue pre-service nursing and midwifery education.
- Supported 14 health facilities to provide comprehensive emergency obstetric and newborn care



## **17-year-old mother finds joy at giving birth in the hands of skilled attendants**

*“As a young girl, I have heard that women giving birth at home face many challenges. In case of any complications, there is often no help for them. But at the hospital, one can be sure that there will be midwives, nurses, and even doctors to help with complications,” says 17-year-old Monica Keji.*

*Monica is a first-time mother and a resident of Gurei, a suburb community about 15 km west of Juba.*

*According to Monica, her father had to care for her as the boyfriend who impregnated her was nowhere around.*

*She says: “When I felt the signs of labour pain, I quickly alerted my father. He hurriedly brought me to Juba Teaching Hospital so that my baby and I can receive the best care and support.”*

*“I am grateful to the staff of Juba Teaching Hospital, especially the midwives who assisted me in my delivery. I am so happy for my son,” Monica adds.*

*In South Sudan, about 4 in 5 deliveries are conducted at home and by unskilled attendants.*

*The United Nations Population Fund (UNFPA) supports the Government and people of South Sudan to ensure that every childbirth is safe. With the support of the governments of Canada and Sweden and other partners, UNFPA is assisting South Sudan to strengthen its maternal and newborn health-care delivery system with a continuous professional development programme implemented by the Ministry of Health. The programme includes the training and deployment of midwives*

*and nurses across the country and ensuring that referral health facilities can provide comprehensive emergency obstetric and newborn care by training mid-level clinicians to provide emergency obstetrics and surgical care and medical doctors in essential obstetrics and surgery. More than 1000 nurses and midwives have since been trained both locally and internationally.*

*UNFPA also supports the strengthening of the country’s Health Science Institutes including midwifery and nursing curricula, and the EmONC Protocol for the College of Physicians.*

*Additionally, UNFPA procures life-saving Reproductive Health commodities such as Oxytocin, Magnesium Sulphate, Misoprostol and Calcium Gluconate to ensure every childbirth is safe. In 2021, UNFPA procured US\$1.8 million worth of maternal health medicines for South Sudan.*





## **WORKING IN THE NEW NORMAL: WHAT WE DID DIFFERENTLY**

In a direct response to the ongoing COVID-19 pandemic and its movement restrictions, more channels, including national and community-based radio were utilised as a part of enhanced community mobilisation to improve SRH and GBV services uptake.

There were community engagement activities using a public address system (vehicles equipped with sound system), megaphones, community dialogues, and Men-to-Men engagement to reach out to the communities.

Communities were also reached with sexual and reproductive health and family planning messages through the radio.





## KEY RESULTS

- **161,030** adolescents and young people provided with integrated sexual and reproductive health services, including for HIV
- **312** obstetric fistula survivors successfully repaired
- **19,308** Female Sex Workers reached with HIV prevention information and services
- **1.5 million** people reached with information on sexual and reproductive health
- **53,830** Reproductive Health and Dignity Kits including Inter-Agency Reproductive Health Kits for Crisis Situations procured and distributed
- **132** (35 nurses and 97 Midwives) completed their diploma courses with the support of UNFPA and have joined the health workforce in various parts of the country while 34 tutors graduated in health personnel education and will be deployed to health training institutes across the country to boost health sciences education.
- **15** more clinical officers supported by UNFPA completed their degree programme on emergency obstetrics and surgery (Task shifting) programme and 38 medical doctors completed training in essential obstetrics and surgery
- **USD1.8m** worth of reproductive health commodities and contraceptives procured for distribution through the national medicines distribution system.
- **210** health workers (185 females and 25 males) gained new knowledge and skills in leadership, SRH, respectful maternity care through the continuous professional development programme implemented by the MOH
- **421** nurses and midwives were registered through the Nursing and Midwifery Council to practice.









## Reinforcing the frontline warriors to protect women's health

"There is still so much to be done to achieve zero maternal deaths. Antenatal care and hospital deliveries should remain accessible for pregnant women during the pandemic," said Kenyi Friday Lodu, a midwife at the Juba Teaching Hospital, as he expressed concern that COVID-19 could compromise the already poor maternal health in South Sudan.

Mr. Lodu is one of the nine new midwives recruited and deployed by UNFPA in 2020 to augment the number of frontline health workers to ensure continuity of midwifery services during the pandemic. "Mothers need antenatal care throughout their pregnancy, and all deliveries should be at the health facility with the assistance of skilled birth attendants," Mr. Lodu emphasized.

On average, about 90 mothers give birth at the Juba Teaching Hospital every week. Mr. Lodu is aware of the risks that he faces on a daily basis but he hopes that the standard precautions they are taking for health workers and their patients will keep them safe from the virus. While his safety is important for him, keeping births safe is also a priority.

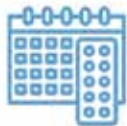
"I really want to make my humble contribution to save the lives of mothers in South Sudan, especially in this time when COVID-19 is also a threat to them," Mr. Lodu said, his smile obvious even as he spoke with a face mask. The recruitment of the new midwives brought to 36 the number of midwives deployed to 17 health facilities across the country under the Strengthening Midwifery Services Project supported by Canada and Sweden.

# ENDING UNMET NEED FOR FAMILY PLANNING.



**4.4**

TOTAL FERTILITY RATE  
(AVERAGE NO. OF CHILDREN PER WOMAN)



**6%**

CONTRACEPTIVE PREVALENCE  
RATE (ALL METHODS)



**3.2%**

CONTRACEPTIVE PREVALENCE  
RATE (MODERN METHODS)



**29%**

UNMET NEED FOR  
CONTRACEPTION

tives at service delivery points to reduce stock-outs.

With UNFPA's support, the Ministry of Health completed the Costed Implementation Plan for Family Planning to scale up the provision and utilisation of family planning services. The South Sudan FP2030 Commitments and Action Plan were finalised and launched.

The use of family planning champions for advocacy, and the holding of family planning dialogue meetings with stakeholders (opinion leaders, youths, police, religious leaders and other security organs) has proven catalytic in increasing the demand for family planning (FP) services. Community leaders are becoming receptive to women and young people accessing FP information and services.



## IMPACT OF COVID-19.

UNFPA procured \$1.8 million worth of reproductive health commodities and contraceptives for distribution through the National Medicines distribution mechanism. Like in the previous years, UNFPA continues to be the sole provider of RH commodities in South Sudan for the public sector and not for profit NGO sectors.

The multi-agency mechanism with the Health Pooled Fund and UNICEF facilitated the delivery of contraceptives procured by UNFPA to all ten states, ensuring a stable supply of contracep-

As the population gradually began returning to seek healthcare information and services after the easing of lockdown measures, women continued to stay away from health facilities for fear of being subjected to COVID-19 prevention guidelines, including social distancing.





# ■ ■ KEY INTERVENTIONS.



- Procured and distributed 10.4 million condoms.
- Customized e-LMIS software remained in use for inventory management at the Central Medical Stores and quarterly stock monitoring at health facilities.
- Trained 158 health workers on the Safe Motherhood Module of the Boma Health Initiative Curriculum to support family planning sensitisation and community-based distribution of contraceptives.
- Supported the Ministry of Health to develop the 2021 procurement plan for reproductive health commodities, including updating the forecast/quantification of contraceptives and reviewing and updating the annual supply plan.
- Worked in partnership with other organizations including the South Sudan Nurses and Midwives Association to raise awareness on family planning and advocate for quality FP services.
- Conducted outreach and disseminated information and IEC materials on family planning and safe motherhood.





## **WORKING IN THE NEW NORMAL: WHAT WE DID DIFFERENTLY**

Midwives and health workers continued to deliver contraceptives to women's homes to ensure uninterrupted supply. Capacity-building training sessions for healthcare providers were held virtually where there was internet access while in areas where internet access was a challenge, the use of social distancing and masks were ensured for in-person training.

Health workers engaged local media to disseminate information on family planning in the context of COVID-19.







## KEY RESULTS

- Secured **293,000 couples years of protection** through the free contraceptive supply during the one year.
- Percentage of targeted service delivery points that have no stock-out of at least three contraceptive methods in the last three months increased from **67%** in 2020 to **78%** in 2021.
- **103 service providers** including midwives with increased knowledge and skills to provide quality family planning services.
- **10,800 people**, including young people, vulnerable populations, were reached with information on family planning.

## ***I was attacked for choosing family planning Says 23-year-old Abeny***

*Cultural and religious factors negatively influence family planning discussions and decisions in South Sudan. Many people believe that women and girls who opt for contraception indulge in sexual promiscuity.*

*However, time is fast changing. Abeny, a 23-year old mother of two children, says she has had enough of having unintended pregnancies and children.*

*She recounted: “One day, I took the bold decision. I just walked to Wau Teaching Hospital and requested family planning information and services without even informing my partner.”*

*“I decided to embrace family planning because South Sudanese women go through many challenges to raise their children. We bear the biggest burden of childbearing and rearing. I also think it will help to space my children,” she says.*

*According to Abeny, the decision to get on family planning did not come that easily. “Frankly speaking, I have heard about family planning but never took it seriously until I gave birth to my second child. I mustered the courage, especially after hearing about some of its benefits during a radio discussion,” Abeny adds.*

*Abeny is on the three-month injectable (Depo-Provera). She says she has to constantly endure insults from the community and family members because of her decision. But she does not care.*

*It has been proven that women’s ability to use contraceptives*

*and determine whether and when to have children enhances their education and employment chances. This, in turn, improves their income, family stability, mental health, and happiness, as well as the well-being of their children.*

*In South Sudan, it is estimated that 96 per cent of women aged 15-49 years currently married or in a union are unable to use or access any family planning method. And only 1 per cent of a total of 4 per cent of women practicing family planning have used modern family planning methods.*

*The United Nations Population Fund (UNFPA) works to support family planning by ensuring a steady, reliable supply of quality contraceptives, strengthening national health systems, advocating for policies supportive of family planning, and gathering data to support this work.*





# ENDING GENDER-BASED VIOLENCE & HARMFUL PRACTICES.

South Sudan's socio-cultural norms engender women and girls to accept gender-based violence in the public and private sphere throughout their lives. Deeply entrenched harmful cultural practices undermine gender equality and deny women and girls the opportunity for equal and fulfilling lives. The most prevalent harmful practices in South Sudan include child and forced marriage, marital rape, bride price that commodifies women and girls, a precursor for many other harmful practices such as the abduction of women and girls. The weak rule of law and inadequacies in the legal system increase the perpetrators' impunity as the cases are primarily resolved through compensation. The laws and policies to address gender-based violence and harmful practices, including early child, and forced marriage, remain poorly funded and implemented.



**40%**  
OF GIRLS ARE MARRIED BEFORE AGE 18  
**15.9%**  
ARE MARRIED BEFORE AGE 15

## REPORTED GBV CASES:



**37%**  
PHYSICAL ASSAULT



**25%**  
EMOTIONAL ABUSE



**21%**  
SEXUAL ABUSE

## IMPACT OF COVID-19.



Long before COVID-19, pervasive gender inequality made women have lesser decision-making power than men. The advent of COVID-19 has further exacerbated this inequality. Women's overall health and sexual and reproductive health needs in South Sudan remain largely unmet as mobility restrictions also prevent-

ed them from seeking health services. During Covid-19, due to the mobility restrictions and the economic challenges, women and girls' vulnerability to GBV increased multifold as mobility restrictions forced the survivors to stay in closer proximity to the perpetrators.

## ***The father of my ten children has left me with an injured eye***

*"I spent sleepless nights for much of the 20 years that I have been married. I endured all sorts of physical and psychological abuses. My husband often beat me. He would threaten to kill me with his gun. He called me a witch. But I remained with him because I wanted to protect my marriage and children, but it did not work," says 40-year old Freya [Not her real name].*

*Freya, a mother of 10 children, lived with her abusive husband for more than two decades. She was left with an injured eye due to physical abuse. But in July 2019, she decided she had had enough.*

*She said: "On this day, I went to see my sister-in-law, who had lost her husband. Upon my return, my husband got angry. He verbally abused me the whole night. He even threatened to kill me. I did not sleep that night for fear that he would carry out his threat.*

*Freya would leave her husband's house and return to her parent's home the next day.*

*"He said if I continued to stay at his home, he would kill me. I had to weigh up life and death options, so I decided enough was enough. That was how I left with my youngest daughter," she narrated.*

*She found a glimmer of hope when she decided to seek assistance at the Family Protection Centre operated at Yambio State Hospital by AMREF, one of the 13 FPCs supported by UNFPA across the ten states of South Sudan.*

*"I must admit that all the bad thoughts I had in me are beginning to disappear. Because before coming here, I*

*contemplated many things, but my fellow women at the centre have helped me calm down. I am very grateful for all the legal support the centre offers me. I am now waiting for the dissolution of my marriage. Though my husband kept on skipping court summons, he consented to my divorce. We are working on getting the divorce letter to him in Maridi for his signature. Afterwards, we will get it to the Court and the Church since our union was in a church," she said.*

*Freya's case is just one of the pervasive intimate partner violence (IPV) cases reported daily in South Sudan.*

*Supporting the creation of women and girls' safe spaces is one of UNFPA's critical strategies for protecting and empowering women and girls affected by crises. These centres allow women and girls to socialise and re-build their social networks; receive social support; acquire contextually relevant skills; access safe and non-stigmatizing multi-sectorial GBV response services; and receive information on issues relating to women's rights, health, and services and legal referral.*



# KEY INTERVENTIONS.



- Regular GBV case management training conducted for implementing partners' frontline staff on providing quality case management assistance to the survivors.
- 368 service providers (legal officers, case managers, and frontline GBV responders) trained on GBV response and Prevention.
- 523 duty bearers (paramount chiefs, police, Payam and Boma Administrators, women groups representatives, youth and religious leaders) trained on legislative provisions around GBV and child marriage.
- Supported the establishment of a GBV One Stop Centre in Bentiu, making it 13 operational One Stop Centres across all the 10 States.
- An assessment of the levels of functionality of the mechanisms of the OSCs was conducted. A validation meeting was held with partners to agree on the strategies to address the gaps identified; i.e. the capacity of the frontline staff, the disparity in the performance of service providers, staffing gaps, issues related to the distance between the OSCs and Bomas. These will be addressed in 2022. A guideline will be developed to standardize the functionality of the mechanisms at the national and state level.
- Supported the coordination mechanisms led by the Ministry of Gender, Child and Social Welfare to oversee the implementation of a Strategic National Action Plan for Ending Child Marriage. The inter-ministerial coordination includes the Ministry of Health, police, traditional leaders, and civil society organizations, including men's groups working on gender equality.
- Under UNFPA's coordination functions, the GBV sub-cluster supported the delivery of GBV response by conducting service mapping, updating, and sharing of GBV Standard Operating Procedures and GBV referral pathways for 28 locations.
- A creative art medium to generate dialogues on the prevention of GBV under the theme, 'Noor Le Humon' (Spotlighting them), inaugurated by the Vice President for Gender and Youth for rollout in three select states in 2022.
- In partnership with FAO, WFP, and IRC, UNFPA organized a dialogue to engage men in ending gender-based violence and promoting positive masculinity engaging 112 participants (103 males and 9 females). This was linked with the ongoing work #Men4Women that is being supported by output 4, a movement to bring men and boys into the discussion on gender equality and positive masculinity.
- Continued engagements with parliamentarians, civil society organisations, Ministry of Gender, Child and Social Welfare, and sister UN agencies, including UNDP and UN Women, to enact the GBV Law.
- Supported two Parliamentarians' orientation workshops by the MoGCSW and South Sudan Parliamentary Network on Population and Development (SSNPD), which were attended by 130 and 60 parliamentarians, respectively.





## **WORKING IN THE NEW NORMAL: WHAT WE DID DIFFERENTLY**

The continuous availability of the 24-hour nationwide helpline to provide advice and support to GBV survivors even as the pandemic slowed down.

GBV sessions at Women and Girls-Friendly Space (WGFS) were still limited to a manageable number of participants to allow for social distancing.

Handwashing facilities remained in place outside the FPC and WGFS, and mask-wearing was required for visitors availing of services.

Virtual meetings and events continued to be held with partners.

Community awareness outreach activities were conducted using roving vehicles with megaphones, speakers, and radio programs.





# **KEY RESULTS**

- Total of **3,330** (98 per cent females and 2 per cent males) GBV survivors were provided with urgent and essential medical, psycho-social and legal services at the 13 One-Stop Centres (OSCs).
- About **457,333** people were reached with GBV prevention messages through community awareness-raising across the country.
- During the 16 days of Activism, more than **300,000** people were reached through mobile vans for awareness-raising and the Arts exhibition and Talking Circles under the theme, 'Noor Le Humon' (Spotlighting them). The Vice President for Gender and Youth inaugurated this action, which would now be taken across to three-select states in 2022; using creative art mediums to generate dialogues on the prevention of GBV.
- As a result of a review conducted with the paramount chiefs and State and Administrative Areas government representatives, along with civil society partners, all the 10 states and administrative areas have prepared localized action plans for ending child marriage across the country.
- The positive masculinity and Men Engage to end gender-based violence reached out to more than **5,000** girls and boys directly across 10 schools and Juba University, and at least **20,000** people through social media. This was done through a creative arts competition in partnership with the University of Juba and Shabab Le Shabab (Youth for Youth) collective.
- Through the Men4Women initiative, about **110** men and **200** girls and boys were also engaged in dialogues through the South Sudanese film made by the team.
- A total of **158** survivors were accommodated at the newly established Shelter/ safe house in Bentiu.
- The OSCs reached **3330** (97 per cent females and 3 per cent males) GBV survivors with urgent and essential medical, psycho-social and legal services. The highest number of cases were those of physical violence, followed by sexual violence/rape. Total 533, i.e. 16% of these cases were supported with legal assistance.
- The national toll-free hotline **#623** continued its operation provid-

ing legal, medical, temporary accommodation, and referral services to 74 survivors (34 women, 7 men).

- **759** (481 women, 278 girls) were provided with GBViE response services in the Women and girls Friendly Services in Ayod County.
- **5,000** girls and boys from 10 schools and Juba University, and at least 20,000 people reached (through social media) with GBV prevention messages.
- Public resolutions were made by **14** communities across four states to end GBV and child marriage.
- A compendium of positive judgements on GBV cases was compiled in collaboration with Advocates Without Borders, the Ministry of Justice, and the Military Court, analysing **458** verdicts. This compendium is the first within South Sudan's collection of Law Books.
- **457,000** people were reached with information on GBV prevention and response through community awareness across the country and Arts exhibition and Talking Circles under the theme, 'Noor Le Humon' (Spotlighting them).





## **Breaking the barriers: Peer-to-peer approach influences young people's access to SRH information and services**

On a scorching Monday afternoon, Dr. Anthony Mawa buries his head in a pile of HIV testing kits inside a mobile clinic at Juba's Basketball court. He is serving a crowd of young people attending a volleyball game who has decided on knowing their HIV status.

According to the 31-year-old medical doctor assigned at the Al-Sabah Children's Hospital in Juba, there has been a remarkable improvement in getting young people to know their HIV status. He credited this improvement to the use of young people as peer educators to provide youth-friendly sexual reproductive health information and services.

Twenty-three-year-old Lakot Winnie agrees with Dr. Mawa. Lakot is a peer educator with AMREF South Sudan. She says she is proud to have the opportunity to provide sexuality education for her peers.

"I am happy that I am part of a group of young people empowered with the knowledge to support fellow young girls and boys make an informed decision regarding the choices about their bodies, especially on issues about safe sex and HIV prevention. Though there are a lot of myths about sexuality education and its effect on young people, an increasing number of young people are now getting the courage to acquire the information and services that will help avoid unplanned pregnancies," Lakot said.

Lakot wants parents to openly discuss sexuality education with their children, especially menstruation with teenage girls.

It is estimated that adolescents and young people make up 72 per cent of South Sudan's population. But they are too often excluded by decision-makers. The country's protracted crisis hinders young

people from harnessing their potential and meaningfully contributing to nation-building.

UNFPA is deepening youth engagement and participation in decision-making structures and processes by strengthening the coordination mechanism for youth partners, youth-led organizations, networks, and coalitions at the national and state levels for improved programming and policy work of youth issues.

UNFPA is also leveraging on the use of peer educators in collaboration with partners to increase adolescents and young people's access to information, knowledge, and services on sexual and reproductive health and rights.



# ■ ■ YOUTH & HIV.



**73.6%**  
OF POPULATION ARE UNDER AGE 30  
**34%**  
AGED 10 - 24



**30%**  
OF NEW HIV INFECTIONS ARE  
AMONG 15-24



**64%**  
OF NEW HIV INFECTIONS ARE  
AMONG WOMEN AND GIRLS



ONLY **72%**  
OF GIRLS 15-24 HAVE PROPER  
KNOWLEDGE OF HIV



**2.2 MILLION**  
CHILDREN ARE OUT OF SCHOOL



**90%**  
OF YOUTH ARE WITHOUT FORMAL  
EMPLOYMENT

Adolescent and youth programming is fundamental in South Sudan, given that more than 70 per cent of the country's population is under 30.

Resourceful and productive adolescents and youth are needed to contribute to the growth and development of the country's economy. It is essential to understand and address the challenges and issues adolescents and young people face and prioritize the allocation of resources and efforts to support their development.

In 2021 UNFPA deepened youth engagement and participation in decision-making structures and processes by strengthening the coordination mechanism for youth partners, youth-led organizations, networks, and coalitions

at the national and state levels for improved programming and policy work on youth issues.

Additionally, UNFPA's effort toward supporting the creation of an enabling environment for the implementation and monitoring of comprehensive sexuality education for in-and-out-of-school young people continued unabated.





## ■ ■ IMPACT OF COVID-19.



Like any other sector of South Sudanese society, the preventive measures to contain the spread of COVID-19 impacted young people. Disruption of schools, routine health services, and community-based services directly and indirectly affected vulnerable young people, including those in IDP camps, young refugees, and the homeless living in precarious conditions. However, there was limited training of health care workers on adolescent and youth-friendly services, teachers on comprehensive sexuality education (CSE) in schools, and community outreach activities.

Nonetheless, UNFPA strengthened the integrated community outreach activities to bring the services and information closer to the young people by training teachers to conduct house and group discussions on comprehensive sexuality education (CSE) with young people at home in the communities.

The use of young people to serve as community-based distributors of RH commodities has effectively helped to increase young people's access to contraceptives including condoms.

## KEY INTERVENTIONS.



- Capacity of 21 institutions, including Government line ministries and commissions at national and state levels for enhanced effective engagement with young people in policy dialogue, decision-making discussions, and processes.
- 275 youth leaders trained on the concept of youth participation using the National participation guide and orientation on national youth-related laws and policies.
- Supported the integration of comprehensive sexuality education into secondary school programmes and for out-of-school youth in displacement camps/settings, while linking them to youth-friendly services with the training of 20 Master trainers.
- 276 adolescent girls from 5 secondary schools trained in hand-making of menstrual pads.
- Supported the establishment of Menstrual Health Management(MHM) Labs in five selected states across the country. The MHM lab provides an entry point to create awareness and demystify menstruation.
- Supported advocacy and lobbied for tax exemption on menstrual products.
- Supported institutional capacity building of Shabab Le Shabab Health alliance and AfriYAN by training member organizations on policies and procedures; developing critical policies and strategies on human resources, finance, procurement, and monitoring & evaluation, etc.
- Supported the Ministry of Youth and Sports to constitute a high-level policy committee to advocate for the approval and passing of the Youth Development Policy and other related Bills (Youth Bill, Youth Enterprise Bill) at the National Assembly.
- Supported seven health facilities to provide Adolescent Youth Friendly Services.
- 10,406,223 male and female condoms were procured through joint/pooled procurement.
- Roll-out of Condom promotion and distribution to subnational levels in all states through health facilities, community outreaches, condom dispensers at nontraditional outlets, SRH Champions, and civil society organisations (CSOs).











## **WORKING IN THE NEW NORMAL: WHAT WE DID DIFFERENTLY**

Youth peer educators were supported in the continued conduct of house-to-house visits and small group discussions in communities to reach young people with messages on youth and adolescent sexual reproductive health and life skills education.

Conducted hybrid consultations with young people and stakeholders. Youth coordination meetings were conducted with minimal in-person participation while observing basic COVID-19 preventive measures.

Set up tents and implemented social distancing during community outreach on HIV prevention services and condom promotion and distribution.



## KEY RESULTS

- **8,039** stakeholders (National and state government officials, adolescents and youth, CSO and NGOs) were reached with advocacy and awareness messages on Youth participation in decision-making processes and structures.
- **20,745** stakeholders (**12,412 males, 8,324 females**) including chiefs, women leaders, youth leaders, religious leaders, police officers, prison officers, community leaders, young people, journalists reached with advocacy and awareness messages on comprehensive sexuality education and Early and Unintended Pregnancy (EUP) through training, community dialogue and campaigns.
- **230** facilitators equipped with knowledge and skills to implement CSE for out-of-school young people.
- **45** Youth-led and focused organizations mapped with 13 qualified and registered under Shabab Le Shabab Health alliance.
- **161,030** adolescents and young people provided with integrated SRH/HIV services
- **505,618** reached with SRH/HIV information.
- **25,891** adolescents and youth across 50 secondary schools and three universities provided with Comprehensive Sexuality Education, and SRH/HIV information.
- **50** secondary schools integrated sexuality education into school Programs and provided CSE information to learners.
- **CSE** guidelines for out-of-school adolescents and youth adapted.



# DATA FOR DEVELOPMENT & HUMANITARIAN RESPONSE.

The availability of up-to-date and quality disaggregated data remains a challenge in South Sudan. The challenges are exacerbated by the limited use of information and communications technologies, limited skilled monitoring and evaluation personnel and fragmented information systems.

During the year, UNFPA worked closely with the National Bureau of Statistics towards improving national systems for the generation and dissemination of population data and demographic intelligence, including in humanitarian settings in South Sudan. This includes the development of a Synthesis paper to guide

Population Issues and the integration of Demographic Dividend (DD) into the National Development Strategy and Sector Plans, which it has presented to the Ministry of Finance and Planning for further dissemination to line ministries and agencies and the conduct of a Population Estimation Survey (PES). The main objective of the 2021 PES is to provide the most current estimates of population at the State and County levels, for the Republic of South Sudan to be used for evidence-based decision making.





# ■ ■ KEY INTERVENTIONS.



- Provided technical and financial support to South Sudan to conduct a national Population Estimation Survey; covering 1536 randomly selected sites across the ten states, and three administrative areas of the country.
- Supported the National Bureau of Statistics to conduct a statistical needs assessment in all the 10 states and the three administrative areas of South Sudan. The capacity statistical need assessment provided a clear picture of the states' or sectors' statistical capacity in terms of strengths, weaknesses, opportunities, and resources. Key findings suggested that almost all line ministries and commissions do not have functional statistical units, and there existed weak statistical systems at the states' statistics offices.
- Supported NBS to update the National Population and Census Master Plan in preparation for the Population and Housing Census in 2023/24.
- Provided technical and financial support to the National Bureau of Statistics to implement mechanisms for monitoring and updating SDG indicators per UN SDG reporting guidelines. This led NBS and partners to form a National SDG monitoring and reporting framework and action plan.
- Trained 250 members of the Revitalized Transitional National Legislative Assembly on Population and Development.
- Supported the South Sudan Parliamentary Network on Population and Development to develop a strategic plan for the Network, and Action Plan for advancing the ICPD PoA and the ICPD@25 National Commitments.
- 30 new and existing Data Gathering Organizations (DGOs) trained on GBVIMS essential tools and safe and ethical data sharing.
- Supported South Sudan to roll out the Primero/GBVIMS+, the 'next generation' GBVIMS, which provides online case management and incident monitoring solutions.
- Strengthened the capacity of the National Bureau of Statistics in the use of High-resolution satellite imagery to locate the 1536 sample sites during the Population Estimate Survey (PES 2021).
- Strengthened the capacity of the National Bureau of Statistics and other national data generation agencies in the use of Internet-based MAPMe and GPS(OSMAAnd) software to locate challenging sample sites during fieldwork.

# ADVOCACY & STRATEGIC PARTNERSHIPS.

UNFPA continues to support the Government of South Sudan; working in collaboration with a broad-based of partners from the UN, and the civil society to implement its Country Programme.

In 2021, UNFPA supported the Government of South Sudan to develop costed investment cases for to achieve the three Transformative Results: ending preventable maternal deaths, ending unmet need for family planning, and ending gender-based violence and harmful practices, including child marriage and female genital mutilation. The process presented South Sudan with an opportunity to assess the scale and scope of investments needed to prioritise proven, high-impact, and cost-effective interventions required to accelerate progress towards achieving the transformative results committed to by UNFPA and partners. The country's investment cases are expected to inform partnership efforts and mobilisation of additional domestic and external financing required to achieve the Transformative Results.

UNFPA also continued to lead GBV Sub-cluster and RH Working Group in addition to chairing the United Nations Joint Programme on Prevention of and Addressing Gender-based Violence. UNFPA provided secretariat support to the Gender in Health Sector Technical Working Group; co-chaired with UN

Women on the Results Group IV on Gender and Youth of the United Nations Cooperation Framework, and co-chaired with UNESCO on the Inter-Agency Network on Youth and Development Initiative.

Some of UNFPA South Sudan's main partners include the Ministry of Health, National Bureau of Statistics, International Medical Corps UK-South Sudan, African Medical and Research Foundation, Adventist Development and Relief Agency, International Rescue Committee, Reproductive Health Association of South Sudan, Interchurch Medical Assistance, Canadian Association of Midwives, Impact Health Organisation, Smile Again Africa Development Organisation, Ministry of Gender Child and Social Welfare, Ministry of Culture, Ministry of Youth and Sports, Ministry of Education and General Instruction, Ministry of Finance and Planning, South Sudan Nurses and Midwives Association, ADAFIN, Hope Restoration, Health Link South Sudan, South Sudan Network for People Living with HIV and National Empowerment for Positive Women United.



UNFPA continued to enjoy strong collaboration with donors and development partners in terms of programme financing and technical contribution to programme development, implementation, and monitoring. They include Canada, Sweden, Norway, Japan, Switzerland, European Union (ECHO), South Sudan Humanitarian Fund (SSHF), and CERF. Others are the World Bank, African Development Bank, DFID, and USAID.







# STATUS OF NATIONAL COMMITMENTS

AREA	Commitment Summary
<b>1. Over-arching National Commitment</b>	1.1 Fully implement the Revitalized Agreement on the Resolution of the Conflict in line with the principles of democracy, justice, rule of law and meaningful development.
<b>2. Achieving zero preventable maternal deaths by 2030</b>	2.1 Train and deploy 3,906 more midwives to fill the gap in health human resources by 2021
	2.2 Establish an effective mechanism for Maternal and Perinatal Death Surveillance and Response by 2021
<b>3. Achieving zero unmet need for family planning by 2030</b>	3.1 Achieve of 10% contraceptive prevalence rate for modern methods (mCPR) by 2021
	3.2 All county, state and national hospital, primary health care centres and private health facilities provide comprehensive reproductive health information and services by 2021
	3.3 Provision of age-appropriate life skills and sexuality education in all primary and secondary schools by 2021
<b>4. Achieving zero gender-based violence and harmful practices, including child marriage</b>	4.1 All states have declared and put in place mechanisms to end child marriage by 2021
	4.2 Amplify women's and girls' voices about gender-based violence in all communities by 2021
	4.3 Free sanitary pads are provided to all eligible girls in primary and secondary schools by 2021, and make them more affordable to girls by 2025
	4.4 The Women Development Fund is established, by 2021/22 FY, to provide reproductive health services to women and girls in all communities
<b>5. Mobilize the required financing to achieve the ICPD Programme of Action and sustain the gains already made</b>	5.1 Increasing budget allocation for the health sector from the current 1.1% to at least 5% by 2021/22 FY, with corresponding increase in budget allocation for Sexual and Reproductive Health and Family Planning by 2021/22 FY
	5.2 Ensuring local councils allocate at least 5% of local budget for health in the 2021/22 FY
	5.3 Establishing the Maternal Mortality Reduction Fund, in 2021/22 FY, managed by the Ministry of Health
	5.4 Putting in place mechanisms for efficient and transparent budget execution for health by 2021/22 FY

# ONAL COMMITMENTS

	Status
in the Republic of South Sudan, silence guns and bring sustainable peace as a foundation of any	Progressing
ce to ensure that every childbirth is attended to by a skilled health personnel by 2030	Progressing
ance and Response (MPDSR) at all the National, State and County hospitals by 2021	
by 2020; and 30-40% by 2030	Lagging
ary health care units are providing family planning services and adolescent and youth-friendly sexual	Progressing
and secondary schools, as part of the curriculum by 2025	Progressing
by 2020	Progressing
unication avenues	Progressing
schools and tax exemption is granted to sanitary pads manufactured and/or imported into the country to	Progressing
resources and skills to accelerate women's empowerment.	Lagging
at least 5% of the national budget in 2020/21 FY, and 15% by 2030 in line with the Abuja Declaration, health.	Lagging
2020/2021 FY budget.	Lagging
d under the President's Office, implemented by MOH and other sectors	Lagging
to ensure commensurate services are provided to the beneficiaries	Progressing





# STATUS OF NATION

AREA	Commitment Summary
<b>6. Draw on demographic diversity to drive economic growth and achieve sustainable development</b>	<p>6.1 Putting in place, by end of 2020, functional youth-led mechanisms for means are the majority of population in South Sudan</p> <p>6.2 Establishing, in the 2021/2022 FY, a Youth Enterprise Fund to build youth employment and entrepreneurship</p> <p>6.3 Establishing incubation spaces and platforms for youth innovation and skills</p> <p>6.4 Ensuring that the new National Development Strategy (2021/22 – 2023/24) i</p> <p>6.5 Putting in place, by 2021, mechanisms for availing up-to-date data to inform</p> <p>6.6 Establishing a functional mechanism, in the President's Office, for periodic re</p> <p>6.7 Achieving universal primary and secondary education by 2030</p>
<b>7. Uphold the right to sexual and reproductive health care of people affected by humanitarian crisis.</b>	<p>7.1 Unimpeded access to humanitarian actors for provision of basic social service</p> <p>7.2 By end of 2025, all health infrastructures in areas affected by humanitarian c</p>
<b>8. Put in place a progressive legal and policy framework for addressing the barriers to provision of SRHR and GBV prevention and response</b>	<p>8.1 Enacting, by mid-2020, the Nursing and midwifery regulation laws that will en</p> <p>8.2 Enacting/reviewing, particularly, the GBV law by mid-2020 and Family Law a</p> <p>8.3 Fully operationalizing the specialized court to try GBV cases by 2021</p> <p>8.4 Passing the South Sudan Youth Development Policy, and ratifying the Africa</p> <p>8.5 Finalizing (by end of 2019) and implementing Sexual Reproductive Health p</p> <p>Procedures) that promote increased accessibility of SRH services including to pe</p>



# ONAL COMMITMENTS

	Status
ingful engagement and participation of youth on issues pertaining to their lives considering that they	Progressing
entrepreneurship and skills in line with Pillar 1 of the AU Roadmap on Demographic Dividend: Youth	Progressing
testing/building in the cities of Juba, Malakal and Wau by end of 2021.	Lagging
s anchored, among other things, on harnessing the Demographic Dividend	Progressing
decision making including conducting the National Population and Housing Census.	Progressing
review of implementation of the regional ICPD related frameworks particularly the commitments in the p on Demographic Dividend as part of SDG implementation and monitoring.	Progressing
	Lagging
ces including Sexual Reproductive Health and GBV prevention and response to affected populations	Progressing
crisis are rehabilitated and made available for provision of health services.	Lagging
nsure improved quality of maternal health care	Progressing
and the Children Act by 2022	Progressing
	Lagging
a Youth Charter, by mid-2020.	Progressing
policies (Reproductive Health Policy and Strategic Plan, Task Shifting Policy and Standard Operating people with disabilities and males.	Progressing

# DUTY OF CARE.



The Country Office continued to exercise vigilance in the wake of the COVID-19 pandemic; prioritising the safety and well-being of all UNFPA personnel both in Juba and in the field while it implemented the Country Programme.

**Business continuity:** Following the announcement of the second wave of the Omicron COVID-19 variant, UNFPA strengthened the already activated Business Continued Plan-BCP, staff footprint in the office was reduced with only requiring critical I staff to work in the office while others telecommuted from their homes.

**Personal protection and safety:** Personal protective equipment and infection prevention supplies such as hand sanitizers, thermometer, and face masks, were distributed to all staff.

**Virtual staff meetings and information sharing:** The Officer-in-Charge presided over virtual meetings that kept everyone abreast of decisions at the UNCT and UNFPA management (CO, RO, and HQ levels), as well as policies and directives by the national government relevant to the pandemic.

**Connectivity:** The Country Office ensured the availability of reliable internet broadband service to allow for staff who were telecommuting to maintain a regular online presence.

**Mental and psychosocial well-being:** Staff were encouraged to contact UNDSS stress counsellors for support when they felt the need. A number of sessions with UNDSS stress counsellors were held to discuss coping mechanisms for working under difficult circumstances.

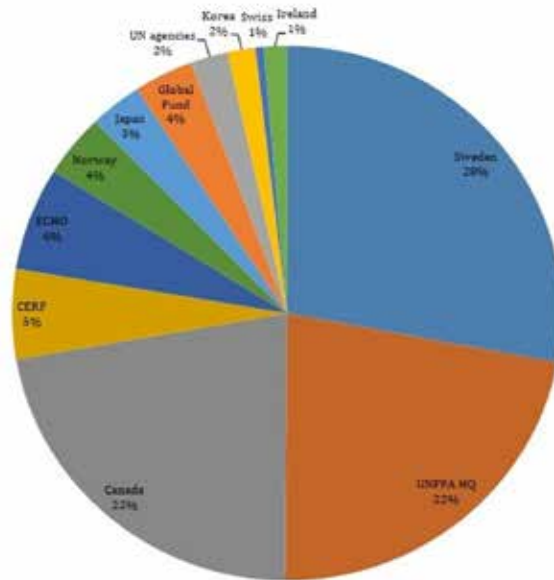
**Staff in quarantine and recovery:** The CO ensured that any requirement for medical evacuation is readily available for staff who got sick with COVID-19. Support was also provided to those in mandatory quarantine after travel or before travel, ensuring they get the correct information and can access care whenever needed.












Child and Social Welfare, Ministry of Culture, Ministry of Youth and Sports, Ministry of Education and General Instruction, Ministry of Finance and Planning, South Sudan Nurses and Midwives Association, ADAFIN, Hope Restoration, Health Link South Sudan, South Sudan Network for People Living with HIV and National Empowerment for Positive Women United.





# RESOURCES MOBILIZED.



 <b>Sweden</b> <b>Sverige</b>	5,684,032.53	 <b>THE GLOBAL FUND</b>	713,830.26
 <b>UNFPA</b>	4,512,327.54		631,265.33
<b>Canada</b>	4,502,233.79	From the People of Japan	
	1,268,760.47		447,483.87
Funded by European Union Civil Protection and Humanitarian Aid		<b>UNITED NATIONS</b>	447,483.87
 <b>United Nations CERF</b>	1,105,137.58		
	774,609.18	 <b>Irish Aid</b> Rialtas na hÉireann Government of Ireland	276,028.29
			97,436.41
		Schweizerische Eidgenossenschaft Confédération suisse Confederazione Svizzera Confederaziun svizra  Swiss Agency for Development and Cooperation SDC	

