



Inclusive and Transformative Sexual and Reproductive Health and Rights (transform)



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1. PROJECT OVERVIEW

This project is aimed at improving sexual reproductive health and enjoyment of SRH rights by women, girls, including vulnerable populations, persons with disabilities, and in displaced communities. In a targeted approach, individuals, and communities, especially those with single or multiple vulnerabilities, will be reached through existing coordination mechanisms at grassroots levels, such as women groups, youth groups, community chiefs, religious institutions, and local community gatherings. These groups and other contextually relevant influencers act as critical touchpoints in conveying sexual and reproductive health and information, given their standing within the communities.

This project investment is expected to reach over 1 million people in the three states covered by the project with sexual and reproductive health and rights information and services. It is expected that three thousand (3,000) women and girls will benefit directly from the project to exercise their sexual and reproductive health and rights. 900 men and boys will be supported to promote and advocate for women and girls to access rights based SRH services and to promote gender equality. Moreover, 600 community leaders and influencers, comprising both men (40%) and women (60%), will be reached with messages to enable them to address discriminatory gender and social norms. This investment will also support an enabling environment through decision-making structures at the community level for women and girls including those in displaced settlements and persons with disabilities to access services.

This new TRANSFORM project is distinct from the existing Canada-funded initiative on human resources for sexual and reproductive health (SRH) and gender-based violence in South Sudan (HR4SRH). While the latter focuses on bolstering the public healthcare system to deliver SRH services, TRANSFORM takes a community-centric approach. Specifically, TRANSFORM aims to empower women and girls to assert their bodily autonomy and demand access to SRH services.



2. PROJECT PERIOD

The project is expected to be implemented over a three-year period from 2024 to 2027

3. PROJECT EXPECTED RESULTS (OUTCOMES)

The project is expected to deliver the following intermediate and immediate outcomes (results):

Ultimate Outcome

Improved sexual reproductive health and enjoyment of SRH rights by women and girls including vulnerable populations, persons with disabilities and displaced communities in South Sudan

Intermediate Outcomes

Increased agency of women, girls, and young people to use rights-based sexual reproductive health information and services
Strengthened community-led actions to create enabling environment for equitable access to sexual reproductive health information and services for women and girls

Immediate Outcomes

Improved access of women and girls to sexual reproductive health and rights and information and services.

Increased capacity among women, girls, and young people particularly young women with disabilities and those in displacement settings to demand for quality SRH services
Strengthened capacities of communities to support women, girls, men, and boys, especially the young women with disabilities and those in displacement settings to use SRH services.

Increased capacities of communities, national, and state-level actors to address discriminatory social and gender norms affecting utilization of SRH information and services

4. PROJECT ACTIVITIES

(a) Pillar 1: Improved Access of women and girls to SRH services

The major thrust of this component is to improve access of women and girls to promote sexual and reproductive health rights in South Sudan. The following activities will be implemented:

- Implement 9 women and youth-led technology innovations for women and girls' increased access to reproductive health information and services
- Provide gender responsive, equitable SRH services through 6 static and 12 mobile clinics to ensure access of women and girls to SRH information & services.
- Establish 3 community-managed women friendly maternity waiting homes for improved access to emergency maternity care.
- Establish Community Based Complaints Mechanisms (CBCM) for the prevention of sexual exploitation and abuse and reporting of allegations at each of the three (3) targeted locations

(b) Pillar 2: Increased Capacity to Demand SRH Services

The major thrust of this component is to increase the capacity of women, girls, and young people particularly young women with disabilities and those in displacement settings to demand for quality SRH services. The following activities will be implemented:

- Train 30 women and girls including those with disabilities and in displacement settings as intergenerational reproductive health and well-being mentors to promote SRHR
- Facilitate 45 male and female youth champions to promote SRHR and comprehensive sexuality education social norms change dialogues through creative mediums i.e., sports, art, and folk (for in and out of school youth).
- Inform women and girls, especially the women and girls with disability and in displaced communities on their sexual reproductive health and rights.

(c) Pillar 3: Strengthened Community Support to Utilize SRH Services

The major thrust of this component is to strengthen the capacities of communities to increase the uptake of SRH services and referrals by the women, girls, men, and boys, especially the young women with disabilities and those in displacement settings. The following activities will be implemented:

- Implement 3 Boma-level behavior change campaigns annually including in cattle camps and IDP settings to promote positive SRH practices among women and men
- Facilitate 6 Community-led Action Groups to integrate SRHR in the community initiatives (Cattle Camp Action Group, OSC inked CAG, Pastoralists Action Group).
- Establish 6 gender-responsive, transformative men and women-led social protection schemes as a safety net for safe motherhood.

(d) Pillar 4: Increased Capacities to Address Discriminatory Gender and Social Norms

The major thrust of this component is to increase the capacities of communities, national, and state actors and institutions to address discriminatory social and gender norms affecting utilization of SRH services. The following activities will be implemented:

- Implement 18 transformative activities using art, folk and sports to address discriminatory social norms and promote gender equality with community-based networks including men and boys
- Train 45 women leaders including women representing vulnerable and displaced populations to promote and advocate for transformative SRH practices.
- Facilitate community leaders and traditional Chiefs Council to advocate for legal and policy frameworks concerning the SRHR of the displaced communities, persons with disabilities and in displacement settings
- Train 45 state level government actors on their roles and responsibilities on the application of international and national commitments on SRHR

5. PROJECT FUNDING

The TRANSFORM project is funded by the Governments of Canada for 15 million Canadian Dollars.

6. PROJECT MANAGEMENT AND IMPLEMENTATION

The Project management arrangements will be similar to other Canada-funded projects with UNFPA. As such the Project Steering Committee (PSC) will be joint and will provide oversight and direction to this project as well as other Canada-funded projects. This Project Steering Committee will be chaired by the Ministry of Health and Co-chaired by the Ministry of Gender, Child and Social Welfare with core members from UNFPA and Global Affairs Canada. There is a Project Management Team that is responsible for overseeing the implementation of project activities. This Team will comprise key technical staff from the Ministry of Health, Ministry of Gender, Child and Social Welfare, UNFPA and representatives of the implementing partners of the project.

7. MONITORING AND EVALUATION

Results-based monitoring and evaluation (M&E) including knowledge management will be critical elements for this project focusing on systematically generating data/information for measuring progress towards the achievement of the project results as well as documenting lessons learnt for improved project implementation. There will be a monitoring and evaluation plan focused on the performance measurement framework of the project.

8. COMMUNICATION

Information, communication, visibility, and inclusivity are critical components of women-led, inclusive, and transformative community SRH initiatives in South Sudan. By ensuring access to information, promoting open communication, increasing visibility, and fostering inclusivity, these initiatives can empower women, promote healthy behaviours, and contribute to positive social change. The project communication plan will detail the communication strategies to be used including the communicating with rights holders, duty bearers, and other national stakeholders.

9. CROSS-CUTTING ISSUES

(a) Gender Equality and Disability Inclusion

The project has designed a framework that strongly integrates gender equality (GE) considerations, including key diversity markers, into its logic model and performance measurement framework. Of the 14 specific activities that the project will implement, 10 have been articulated in a way to make clear that they will lead to GE outcomes that address women and girls in specific diversity and/or address root causes and discriminatory social or gender norms. The project also recognizes that the barriers to receiving adequate SRH services are particularly high for women and girls who have disabilities and/or are in displacement settings. It recognizes the need for age appropriate SRH services. It will implement a range of activities that consider diversity factors as well as intersectionality between these factors. As indicated above, most activities have integrated diversity and intersectionality considerations based on disability, displacement settings, other location considerations and age into their implementation, as well as the tracking of associated indicators.

(b) Human rights

The project will use a rights-based approach and will support progress toward all four components of the right to health service delivery model: 1) availability; 2) accessibility; 3) acceptability; and 4) quality. The project will make a particular effort to mainstream disability inclusion, and support training on inclusion and human rights for service providers including frontline health workers, health facility managers, and staff in the Ministries of Health, and Gender, Child and Social Welfare, both at national and State levels. The project will also focus on working with women's' rights organizations, organizations representing women and girls with disabilities, who are survivors of sexual and gender-based violence, and who are living in displacement settings or other vulnerable settings (e.g. remote areas or "cattle camps").

(c) Environmental sustainability

UNFPA is committed to mainstreaming social and environmental sustainability in programming, preventing pollution, reducing the environmental footprint of its programs and operations, and pursuing climate neutrality, as part of the United Nations Strategy for Sustainability Management (2020-30). Accordingly, UNFPA will continue to implement a) its environmental efficiency strategy to reduce its environmental footprint; and b) its social and environmental standards to ensure that there is no inadvertent harm to people and the environment caused by its programming. The project will implement a number of positive environmental activities including technical assistance for integrating environmental sustainability initiatives over the course of its implementation.

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