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Item 4 (a) of the provisional agenda*

Country programme document

South Sudan

Summary

The country programme document (CPD) for South Sudan is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of \$27,660,000 from regular resources, subject to the availability of funds, and \$490,990,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2023 to 2025.

* [E/ICEF/2022/22](#).

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



Programme rationale

1. South Sudan is a young country with a young population. Of the estimated 11.2 million people, 57 per cent are aged under 18 years, and the country has one of the world's lowest life expectancies, at 58 years.¹ South Sudan is one of the world's poorest countries, ranked 185th out of 189 countries on the Human Development Index in 2020. The economy is highly vulnerable to macroeconomic shocks and dependent on oil and remittances. The country's gross domestic product per capita declined from \$1,780 in 2013 to an estimated \$748 at the end of 2020.²

2. Eleven years after independence and four years after the signing of the revitalized peace agreement, children in South Sudan continue to face deteriorating conditions. Conflict and violence remain endemic. Climatic shocks have become increasingly frequent and severe, with more frequent and widespread droughts and massive flooding occurring simultaneously. South Sudan ranks as the seventh at-risk country in the world on the UNICEF Children's Climate Risk Index.³ Climate change has particularly heavy implications, with an estimated 95 per cent of the population dependent on climate-sensitive livelihoods,⁴ while being at increased risk of insufficient access to water and sanitation, food insecurity, and health outbreaks induced by climate change. Growing vulnerability to climate change also has indirect yet strong implications for peace and security. The situation has been further compounded by public health challenges, including the coronavirus disease 2019 (COVID-19) pandemic.

3. The combined effects of conflict, violence and regular climate-related events have forced significant population movement within and outside the country. There are more than 2 million internally displaced people, almost a quarter of whom live in displacement sites, and 1.18 million internally displaced returnees.⁵

4. Despite the existence of a National Social Protection Policy Framework approved in 2015, the social protection initiatives in the country are almost exclusively financed by donors, which constrains sustainability. The limited data on the demographic distribution of poverty challenges effective targeting, and social protection coordination is limited, with no harmonized information management system. Government funding for education, health, nutrition, child protection, gender-based violence (GBV) and other social services is insufficient and sometimes inefficient.

5. One in 10 children is not expected to reach their fifth birthday, with rates higher among boys than girls. Neonatal death rates have remained static in the past decade, and account for more than 40 per cent of under-5 deaths.⁶ Most child deaths are due to preventable diseases, such as diarrhoea, malaria and pneumonia. The uptake of vaccination has improved after years of decline, with 82 per cent and 69 per cent of children aged under 1 year vaccinated against diphtheria, pertussis and tetanus (DPT) and measles, respectively.⁷

6. The country has one of the world's highest maternal mortality rates, at more than 1,150 per 100,000 live births,⁸ with the most common causes being infections,

¹ United Nations Population Division, World Population Prospects: 2019 revision.

² World Bank, South Sudan Overview, October 2020.

³ United Nations Children's Fund (UNICEF), *The Climate Crisis is a Child Rights Crisis: Introducing the Children's Climate Risk Index*, New York, August 2021.

⁴ Ibid.

⁵ Humanitarian Data Exchange, South Sudan subnational population statistics, available at humdata.org.

⁶ United Nations Inter-Agency Group for Child Mortality estimations, 2020.

⁷ National Routine Expanded Programme on Immunization Database, December 2021.

⁸ United Nations Maternal Mortality Estimation Inter-Agency Group, September 2019.

haemorrhage and obstructed labour.⁹ The high levels of births to adolescent girls, along with their poor health and nutritional status and the limited availability of quality sexual and reproductive health services, are key causal factors. Access to skilled birth attendants remains low despite having almost doubled from 22 per cent in 2011 to 40 per cent in 2020. Antenatal care attendance rose from 20 per cent in 2011 to 29 per cent in 2020.¹⁰ HIV continues to be a public health priority, with an estimated prevalence of 2.5 per cent among adults aged 15–49 years. Knowledge of vertical transmission of HIV is low, leading to poor demand for services. Vertical HIV transmission rose to 29 per cent in 2020 from 26 per cent in 2018, directly related to a drop in maternal treatment coverage from 58 per cent to 44 per cent in the same period.¹¹

7. Health facilities are inadequately equipped and understaffed. About half of the country's 1,981 health facilities are non-functional.¹² Nearly 60 per cent of the functioning health facilities are supported by humanitarian and development organizations, but many of them are close to displacement sites and returnee settlements and not easily accessible by established communities. Insecurity constrains access – particularly for women and girls – to health facilities. Women and girls face additional barriers due to the lack of female health workers, adolescent-sensitive health services and limited relevant supplies.¹³ The COVID-19 pandemic introduced additional pressures on the fragile health system, which has suboptimum treatment and testing capacities to respond.

8. South Sudan continues to grapple with nutrition insecurity. About one third of children under the age of 5 years are estimated to be stunted, a level which has remained almost static over the past decade.¹⁴ Wasting has been consistently high, and in 2022 is affecting approximately 1.4 million children, with 303,000 children expected to be severely wasted.¹⁵ Vitamin A, iron and iodine deficiencies and anaemia among children, adolescent girls and women are common and widespread. The main causes of childhood undernutrition include inadequate diets, frequent illnesses including from waterborne diseases, and the young age and poor health and nutrition of many mothers. Until recently, nutrition interventions by government and development actors were primarily focussed on life-saving wasting treatment; however, more preventive and multisectoral approaches have recently been initiated.

9. Inadequate water, sanitation and hygiene (WASH) facilities and practices all contribute to the poor health and nutrition conditions. About 86 per cent of the population is not using safely managed water and 63 per cent of drinking water at households is contaminated with *E. coli*. Only 2 per cent of households reported having access to a protected water source. Some 75 per cent of households practice open defecation, with only 10 per cent having an improved sanitation facility and 6 per cent having a designated place for handwashing, with water and soap available.¹⁶

10. Limited progress has been made in ensuring access to education. An estimated 59 per cent (2.8 million) children aged 3–17 years were out of school in 2020, of whom 53 per cent were girls. This reflects a significant increase from 2.2 million in 2016, partly due to the impact of school closures in response to COVID-19. Girls are

⁹ UNFPA, "Giving Life is the Leading Cause of Death for Women in South Sudan", 2012.

¹⁰ Republic of South Sudan, National Household Health Survey, 2020.

¹¹ Joint United Nations Programme on HIV and AIDS, <https://aidsinfo.unaids.org/>

¹² South Sudan Ministry of Health, Health Management Information System/District Health Information System-2, 2022.

¹³ International Organization for Migration and World Food Programme, Food Security and Nutrition Monitoring System 2021.

¹⁴ UNICEF/WHO/World Bank, Joint Child Malnutrition Estimates: Country-level stunting estimates.

¹⁵ South Sudan Humanitarian Needs Overview, 2022.

¹⁶ South Sudan Ministry of Health, National Household Health Survey, May 2021.

more likely than boys to be excluded from education, with child marriage and increased care responsibilities the most common reasons for girls not attending school.¹⁷ One in five enrolled children drop out of school (24 per cent girls, compared with 21 per cent boys).¹⁸ Early childhood education is a neglected sub-sector across the education system, with only 37 per cent of pupils having attended preschool before Class 1.¹⁹ Children with disabilities, children in rural hard-to-reach areas, those displaced by conflict, children who are overage for their grade level, child labourers, children in street situations and pastoralist children also constitute the high number of out-of-school children.²⁰

11. Although primary education is free, the indirect costs associated with keeping children in school can be prohibitive. Many parents perceive child marriage for girls and marginally gainful employment and cattle rearing for boys as more prudent life choices. Safety and security in and around education facilities, along with insufficient and inadequate school infrastructure, also constrain attendance, with almost 40 per cent of classrooms operating under a tree.²¹

12. While there are very limited data on learning outcomes, a 2016 study found that most primary schoolchildren attending early grades were not achieving foundational literacy, numeracy or life skills.²² The situation is likely to have further worsened because of school closures due to the COVID-19 pandemic, which resulted in significant learning losses. Without basic literacy skills, it is expected that learners will struggle to engage with other subjects on the curriculum and will be at higher risk of dropping out.

13. Adolescent girls and women in South Sudan face significant challenges in access to health care, nutrition and food security, education, and protection from violence and harmful practices, which is exacerbated by conflict, insecurity and other shocks. Half of all girls are married or promised in marriage before the age of 18;²³ only 25 per cent of girls receive secondary level education, and 97 per cent of reported GBV survivors are female.²⁴ Women and girls hold primary responsibilities for farming, collecting water and firewood, cooking, cleaning and childcare, with men and boys traditionally being the decision makers.²⁵ Conflict-related sexual violence and other forms of GBV against women and girls remains widespread and systematic, and ongoing conflict has created a situation of great insecurity for women and girls.²⁶

14. The national child protection system remains weak and underfunded; implementation of existing laws and policies related to child protection is very limited and data are largely unavailable. More than 2.9 million children and adolescents in South Sudan in 2022 are at risk of violence, abuse, exploitation and in need of critical child protection services, an 18 per cent increase from 2021.²⁷ In 2021, 196 grave violations were reported, including the recruitment/use of 129 children (5 girls) by

¹⁷ Oxfam, South Sudan Gender Analysis, March 2017.

¹⁸ Ministry of General Education and Instruction, Preliminary Report: Nationwide Out of School Children Catchment Mapping in South Sudan, May 2020

¹⁹ Mott MacDonald, "Assessment of Early Grade Learners in Literacy and Numeracy in South Sudan: End-line report", August 2020.

²⁰ Ibid.

²¹ Ibid.

²² Montrose, "South Sudan Early Grade Reading and Mathematics Assessment Report", September 2016.

²³ UNFPA, available at www.unfpa.org/data/SS.

²⁴ GBV Information Management System, 2020.

²⁵ Oxfam, South Sudan Gender Analysis, March 2017.

²⁶ Report of the United Nations High Commissioner for Human Rights to the Human Rights Council 49th session, February–April 2022.

²⁷ South Sudan Humanitarian Needs Overview, 2022.

armed groups.²⁸ Of the 6,237 GBV incidents reported between January and September 2021, 28 per cent of the survivors were under the age of 18.²⁹

15. The continued outbreaks of violence, food insecurity and floods continue to weaken the protective environment and impair the capacities of families to adequately care for and protect children. Large-scale displacement has seen an increasing number of children separated from their families, a situation compounded by a lack of documentation, especially birth certificates. This situation has been worsened by the limited availability of core child protection services and mental health and psychosocial support (MHPSS) for children and their families.

16. The new country programme is informed by recent evaluations, which acknowledged the integrated programming and harmonized responses; effective coordination with the Government and partners; and a strong UNICEF field presence that enabled UNICEF and partners to tackle multiple deprivations faced by children. Two key recommendations were considered in designing the new country programme: for programming to integrate conflict-sensitivity and peacebuilding approaches, and the need to remain agile to respond to unexpected crises.

Programme priorities and partnerships

17. The goal for the country programme is that all children – including children with disabilities – adolescents and women, particularly the most vulnerable, are safer and enjoy their rights, with systems strengthened to ensure that they have access to high-quality and resilient services; and that humanitarian assistance and development cooperation address the structural causes of fragility and vulnerability. The country programme is derived from the theory of change of the 2023–2025 United Nations Sustainable Development Cooperation Framework (UNSDCF) and contributes to its four outcomes, around governance, economic development, social services and social protection, and the empowerment of women and youth, as well as the framework's joint programmes on resilience, justice and nutrition. It is aligned with the Revised National Development Strategy 2021–2024 and the country's long-term development vision – South Sudan 2040 – along with the UNICEF Strategic Plan, 2022–2025 and UNICEF Gender Action Plan 2022–2025.

18. UNICEF will accelerate a shift from a predominantly service-delivery focus to more strategically balanced investments in sustainable systems and capacity-building. In line with the humanitarian-development-peace nexus, this approach will permeate UNICEF humanitarian response, where sustainable solutions contribute to national and local systems' strengthening while helping to better prepare for and respond to future emergencies.

19. Guided by the Core Commitments for Children in Humanitarian Action and the Accountability to Affected Populations Framework, UNICEF will respond to humanitarian needs by supporting national and state-level government and community capacity to respond, while also supporting the delivery of timely humanitarian assistance and meeting cluster coordination commitments. UNICEF will conduct risk analyses and build mitigation into programme activities, laying the foundation for enhanced community resilience.

20. UNICEF programming priorities have been informed by the list of issues of the United Nations Committee on the Rights of the Child in relation to the initial report of South Sudan³⁰ and the concluding observations of the Committee on the

²⁸ Country Task Force on Monitoring and Reporting.

²⁹ Child Protection Information Management System.

³⁰ The Committee will review the State Party Report at its 91st session, August–September 2022.

Elimination of All Forms of Discrimination Against Women issued in November 2021, particularly in relation to girls' secondary education and prevention of and response to GBV.

21. To achieve the identified programme outcomes, the following strategies will be implemented:

(a) Use of integrated service delivery platforms to improve programme effectiveness

(b) Building the capacity and resilience of systems at the community level

(c) Supply chain optimization through common inter-agency mechanisms, including pre-positioning of humanitarian supplies

(d) Evidence-based, gender-responsive social and behavioural change and community engagement

(e) Innovative use of technology to improve social service delivery coverage and quality.

Health

22. The outcome will contribute to collaborative efforts of key United Nations agencies in strengthening systems that improve access to high-quality and equitable maternal, neonatal, child and adolescent health. UNICEF will support access to prevention, testing and treatment of common childhood illnesses, with a major emphasis on malaria prevention and treatment. While working to strengthen the Government's capacity to plan and manage expansion of fixed health facilities, UNICEF will ensure the availability of preventive and curative services through community-based structures, including the Boma Health Initiative, integrated community case management network and community nutrition volunteers.

23. UNICEF will support expansion of access to essential maternal and newborn health services through the Boma Health Initiative and primary health-care units. Emphasis will be placed on adolescent-friendly sexual and reproductive health services, recognizing the high levels of teenage pregnancy and referral pathways for obstetric and newborn-related emergencies to address maternal death, while improving primary health-care financing. UNICEF will support confidential GBV-related services, including clinical management of rape. With the high burden of neonatal deaths, UNICEF will prioritize caregivers' knowledge and skills for early infant care at home, while working with partners to increase the number of health facilities that offer services for prevention of vertical transmission of HIV, along with early infant diagnosis and HIV treatment in primary health-care facilities.

24. UNICEF will support the National Immunization Programme to address the suboptimal vaccination coverage that leaves a substantial number of children unimmunized, including strengthening vaccine availability and cold-chain capacity, focusing on to hard-to-reach areas. The programme will strengthen the integration of routine immunization activities and introduce new childhood vaccines, while supporting COVID-19 vaccination.

Nutrition

25. The outcome will contribute to collaborative efforts of key United Nations agencies to ensure that fewer under-5 children, school-age children, pregnant women and adolescents suffer from all forms of malnutrition. UNICEF will continue to shift from nutrition programming that focuses solely on life-saving activities through national and international non-governmental organizations towards supporting the Government's capacities to implement a multi-pronged systems-building approach

involving the food, health, social protection, WASH and education sectors, aiming to prevent malnutrition while sustaining gains in large-scale treatment for severe wasting.

26. This shift towards government management of nutrition services will initially focus on mainstreaming treatment of severe wasting with medical complications into the primary health-care package of services, complemented by strengthening government capacities for nutrition supplies, coordination, management of nutrition information and services monitoring.

27. To tackle the burden of maternal and child undernutrition, UNICEF will prioritize interventions that have the potential to simultaneously reduce the risk and burden of wasting, stunting and micronutrient deficiencies, while also ensuring adequate dietary consumption and practices. This will include infant and young child feeding practices, adolescent and maternal nutrition, micronutrient fortification and supplementation, as well as strengthening government institutions' capacity to ensure that nutritious food is available, accessible and affordable for young children, adolescents and women. Social and behaviour change will be key in increasing uptake of health and nutrition services, improving dietary habits and influencing social norms around infant and young child and maternal nutrition.

Climate-resilient WASH

28. The component will contribute to the collaborative efforts of key United Nations agencies to strengthen public and private systems to deliver sustainable and climate-resilient quality water and sanitation services; to ensure that children and their families have the knowledge, skills and resources to practice safe WASH, including in humanitarian situations; and to increase the knowledge and skills of young people to be agents of change and advocates for climate change and water issues in the country.

29. In rural areas, UNICEF will focus on providing climate-resilient infrastructure to address the negative effects of flooding, including installing water supply systems with sustainable power sources, increasing the capacity of water management structures, and expanding systems to provide water to schools and health-care facilities. Rehabilitation of water infrastructure, social and behaviour change approaches for improved hygiene and sanitation practices, and community-based capacity-building will ensure more sustainable and resilient WASH services.

30. In addition to maintaining the community-led total sanitation approach towards eliminating open defecation, UNICEF will promote new models for reducing hygiene and sanitation-related illnesses. These will include approaches combining hygiene promotion and nutrition interventions for children in their first 1,000 days in rural areas with the highest levels of malnutrition and disease burden, and encouraging schools to ensure that all students access safe drinking water and clean, gender-specific toilets, and practice safe hygiene.

31. In underserved urban settings, UNICEF will advocate for pro-poor approaches to ensure equitable access and affordability for urban water services and sanitation and sewerage facilities. This includes promoting infrastructure development, strengthening the management capacities of urban utility agencies, and pursuing public-private-community partnerships to ensure operational sustainability. Climate-resilient designs and use of renewable energy will be critical components of urban WASH interventions.

Education and learning

32. The component will contribute to the collaborative efforts of key United Nations agencies in systems strengthening to ensure that more children – particularly girls and others most vulnerable – are prepared for and attend quality education and learning, including in humanitarian situations. UNICEF will advocate for greater efficiency and accountability of the government budget allocated to education and enhancing the capacity of the education sector to implement the national education plan at central and state levels.

33. With about 60 per cent of children out of school in the country, UNICEF will continue to support children's participation in education through coverage and quality of both formal and non-formal education, especially in hard-to-reach areas. UNICEF will support school management committees to engage in the delivery of education, while helping to address beliefs, values and practices that present barriers to children's enrolment in schools, especially for girls. For children who have never been enrolled, are in pastoralist and nomadic communities, or have been affected by conflict, UNICEF will support the expansion of alternative and flexible education models. In close collaboration with the United Nations Mission in South Sudan, UNICEF will continue to advocate for schools to be zones of peace and for the enhanced safety and security of pupils as they travel to and from schools.

34. Recognizing that the quality of learning is highly compromised, with more than half of teachers unqualified, UNICEF will support the Government to train early grade teachers on the new curriculum that emphasizes foundational literacy and numeracy, and conduct early grade reading and mathematics assessments. UNICEF will support the Government to develop a road map to increase the number of female teachers who can be deployed to hard-to-reach areas.

35. To address the low levels of children attending early childhood education, UNICEF will support training of early childhood education teachers regarding the new curriculum, provide teaching and learning materials, strengthen the capacity of government and community stakeholders, and engage the community.

Child protection

36. The component will contribute to collaborative efforts of key United Nations agencies to enhance the protective environment for all children, supporting their rights to grow up free from violence in a safe family environment and with access to child-oriented and gender-responsive social welfare and justice systems.

37. Priority will be given to services to prevent and address violence against children and women, including GBV child marriage, children without family care, children in contact with the law, children associated with armed forces and armed groups, mental health and psychosocial well-being, as well as expanding access to birth notification.

38. With the majority of GBV and child protection services currently provided by humanitarian actors, the programme will prioritize the investments needed to strengthen sustainable national child protection systems. This will include support for the professionalization of the social service workforce; the development of policies and regulations required for a national Civil Registration and Vital Statistics system; institutional strengthening to provide multi-sectoral services for GBV survivors; and enhancing the quality and availability of MHPSS services offered to women, children and other vulnerable populations. Recently developed standards and guidelines on case management, MHPSS and the Child Protection Information Management System will be used as building blocks for the evolving government-led child protection

system. Cross-sectoral approaches will be key to ensure that integrated packages of services in health, nutrition and education include child protection.

39. Along with maintaining its work with the United Nations Country Task Force on Monitoring and Reporting by reporting on the six grave child rights violations, UNICEF will continue to support the release and reintegration of children associated with armed forces and armed groups, along with advocacy for increased access to military sites to screen for and release all children.

Social policy

40. This component will contribute to the efforts of key United Nations agencies to contribute to a reduction in child poverty and strengthen households' resilience to shocks and stresses.

41. UNICEF will collaborate with United Nations partners to support the Government to monitor and analyse child poverty and vulnerability. Institutional capacities will be strengthened to develop or strengthen policies, strategies, programmes and monitoring towards national development targets and the Sustainable Development Goals, and for reporting on international human rights instruments.

42. To support the Government to mobilize, equitably allocate and effectively use domestic and external resources to improve children's well-being, UNICEF will undertake analyses of social sector investments for children and advocate for increased spending; strengthen public financial management capacities of relevant government ministries and departments; and promote budget transparency and accountability.

43. UNICEF will promote enhanced coordination among stakeholders for the design and implementation of social protection interventions with eventual transition to government ownership, including approaches that enable rapid expansion during emergencies. Support will be provided to the Government to design social protection mechanisms linked to health, nutrition and education objectives and services. UNICEF will seek strategic partnerships with the World Bank and others to support the Government to develop an integrated social protection management information system, ensuring the inclusion of clear data protection and privacy protocols.

Programme effectiveness

44. This component will support effective programme delivery, including managing for results, research, evaluations, social and behavioural change, and risk-informed and gender-responsive approaches across all programme components. It will emphasize cross-sectoral work, particularly in the areas of early childhood development and adolescent programming, and climate change resilience, and coordinate the use of digital approaches to achieve results at scale.

Summary budget table

<i>Programme component</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources*</i>	<i>Total</i>
Health	2 162	296 440	298 602
Nutrition	2 003	29 000	31 003
Climate-resilient water, sanitation and hygiene	2 003	69 000	71 003
Education	2 003	40 000	42 003
Child protection	2 525	16 000	18 525
Social policy	950	8 050	9 000
Programme effectiveness	16 014	32 500	48 514
Total	27 660	490 990	518 650

* *Other resources (emergency) will be mobilized, as required, through the emergency appeal process.*

Programme and risk management

45. The country programme will be coordinated as part of the UNSDCF and implemented in cooperation with the Government under the leadership of the Ministry of Finance and Planning.

46. Given the dynamic situation in the country, UNICEF will employ an agile programming approach to assure sufficient flexibility to address unanticipated changes in context and to mitigate associated risks. Potential risks to the country programme include the country's vulnerability to natural disasters, internal insecurity, difficult accessibility, and the possible inability to raise sufficient funding. UNICEF will continue to strengthen strategic partnerships for joint advocacy and resource mobilization, including with bilateral donors, international financial institutions and foundations. UNICEF will also aim to mobilize resources for joint United Nations programmes by strengthening partnerships with multi-donor trust funds and bilateral and other potential donors. UNICEF will work with United Nations partners to increase investments in systems strengthening for emergency preparedness and response, develop joint fundraising strategies and apply the harmonized approach to cash transfers. Risks of fraud, sexual exploitation and abuse will be mitigated through implementation of an annual prevention and response plan for staff and partners.

47. This CPD outlines UNICEF contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures.

Monitoring and evaluation

48. Programme monitoring and evaluation will be conducted in close consultation with the Government based on the results and resources framework and the costed evaluation plan. Outcome indicators will be monitored as much as possible through national administrative systems or surveys. Outputs will be assessed during annual

reviews with implementing partners, benefiting from joint field visits and frequent consultations. Planned evaluations, including the country programme evaluation in 2024, will generate evidence for learning and making strategic programme adjustments where needed.

49. UNICEF will work jointly with other United Nations agencies to monitor the overall progress of the UNSDCF and demonstrate the contribution of UNICEF, while also co-leading the planning and coordination for UNSDCF outcome 3 on strengthening social services delivery. UNICEF, with other United Nations agencies, will support ongoing situation analyses through national surveys and strengthening information monitoring systems, with a focus on disaggregation by gender, age, geographic location and disability.

Annex

Results and resources framework

South Sudan – UNICEF country programme of cooperation, 2023–2025

<p>United Nations Convention on the Rights of the Child: Articles 2–40</p> <p>National priorities: South Sudan Revised National Development Strategy 2021–2024</p>
<p>United Nations Sustainable Development Cooperation Framework (UNSDCF) outcomes involving UNICEF:</p> <ol style="list-style-type: none"> 1. Women and men in South Sudan, particularly youth and vulnerable groups, benefit from and participate in more transparent, accountable, and inclusive governance that protects and promotes human rights, enables the consolidation of peace, establishes the rule of law and ensures access to justice for all. 2. Women and men in South Sudan, particularly youth and vulnerable groups, benefit from and contribute to more sustainable and inclusive economic development, with increased economic diversification, improved climate change adaptation and greater resilience to economic shocks. 3. Children, women and men in South Sudan, particularly youth and vulnerable groups, enjoy improved coverage of inclusive, responsive, quality social services and social protection. 4. Women, youth plus vulnerable groups are empowered to demand and exercise their political, economic, social, environmental and cultural rights.
<p>Related UNICEF Strategic Plan, 2022–2025 Goal Areas: 1–5</p>

UNSDCF outcomes	UNICEF outcomes	Key progress indicators, baselines (B) and targets (T) *UNSDCF indicator	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (in thousands of United States dollars)		
						RR	OR	Total
3	Health More neonates, infants, children, adolescent girls and women survive and thrive, benefiting from improved access to and use of quality and equitable health	Percentage of pregnant women receiving at least four antenatal visits B: 29% T: 35%	Health Management Information System/ District Health Information System-2	Front-line health and community workers demonstrate improved capacity to provide flexible, integrated services for management of common childhood illnesses	Ministry of Health (MoH), State Ministries of Health	2 162	296 440	298 602
		Percentage of surviving infants who received	National Expanded					

UNSDCF outcomes	UNICEF outcomes	Key progress indicators, baselines (B) and targets (T) *UNSDCF indicator	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (in thousands of United States dollars)		
						RR	OR	Total
	services and practices, including in emergencies.	three doses of diphtheria, tetanus and pertussis (DTP) vaccine* B: 82% T: 90%	Programme on Immunization Data	Front-line health and community workers demonstrate improved capacity to provide quality, essential maternal and neonatal care to pregnant women and adolescent girls and their babies				
		Percentage of confirmed malaria cases that received first-line antimalarial treatment at public sector health facilities* B: 72% T: 90%	HMIS/ District Health Information System-2	Government and other partners demonstrate increased capacity to deliver routine and supplementary immunization and respond to disease outbreaks				
3	Nutrition More children, including adolescents, and women have improved nutrition, benefiting from increased access to and use of quality services and practices, including in emergencies.	Percentage of infants under 6 months of age who are exclusively breastfed B: 68% T: 75%	Food Security and Nutrition Monitoring System (FSNMS)	The Government, at national and state levels, has strengthened capacities to deliver a quality multi-system approach to reduce all forms of malnutrition	MoH, Ministry of Agriculture, Scaling Up Nutrition partners	2 003	29 000	31 003
		Percentage of children under 5 years of age with severe acute malnutrition who are admitted for treatment* B: 77% (Female (F): 84%; Male (M): 70%) T: 80% (F: 87%; M: 73%)	Nutrition Information System	More children, adolescent girls and women benefit from equitable access to integrated and quality preventive nutrition services and adopt positive				

UNSDCF outcomes	UNICEF outcomes	Key progress indicators, baselines (B) and targets (T) *UNSDCF indicator	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (in thousands of United States dollars)		
						RR	OR	Total
		Percentage of children aged 6–23 months who are fed a minimum diverse diet B: 17% T: 25%	FSNMS	nutrition practices, including in emergencies More children benefit from equitable access to quality services for the management of wasting, including in emergencies				
2, 3	Water, sanitation and hygiene (WASH) More children, women and their families, particularly the most vulnerable populations, have equitable and sustainable access to and use safe and climate-resilient water and sanitation services and practise safe hygiene behaviours, including in emergencies.	Percentage of the population using at least basic drinking water services * B: 2% T: 10%	National Household Health Survey (NHHS)	The Government, at national and state levels, has strengthened institutional capacity to improve and sustain access to safely managed WASH services More children and their families affected by humanitarian crisis have access to safe water, good sanitation and improved hygiene services More children and their families living in rural communities have more resilient WASH infrastructure and services and are better prepared to	Ministry of Water Resources and Irrigation, Ministry of General Education and Instruction (MoGEL), MoH	2 003	69 000	71 003
Percentage of the population using at least basic sanitation services* B: 10% T: 20%		NHHS						
Percentage of the population using at least basic hygiene services B: 6% T: 12%		NHHS						

UNSDCF outcomes	UNICEF outcomes	Key progress indicators, baselines (B) and targets (T) *UNSDCF indicator	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (in thousands of United States dollars)		
						RR	OR	Total
				withstand disasters and climate change impacts More children and their families in urban communities have access to improved WASH services that are climate-resilient, affordable and sustainable				
3	Education More children aged 3–18 years, particularly girls and the most vulnerable, access equitable, inclusive and quality education with improved learning outcomes, including in emergencies.	Gross enrolment ratio in pre-primary education * B: 8% T: 20%	Education Management Information System (EMIS)	The education sector is better able to deliver inclusive and quality early learning	MoGEI	2 003	40 000	42 003
Number of out-of-school children and adolescents who accessed education through UNICEF-supported programmes B: 253 351 (F: 104 471; M:148 880) T: 450 000 (F: 200 000; M: 250 000)		EMIS	More children including adolescents, and particularly girls, access basic-quality formal, non-formal or alternative learning opportunities					
Percentage of Grade 4 students who achieve 50% and above in the National Learning Assessment* B: Reading 53% (F: 50%; M: 56%) Mathematics 71% (F: 66%; M: 76%)		Literacy and Numeracy Assessment	The education system is better able to transform the delivery of quality basic education that rapidly improves learning outcomes and the development of foundational skills					

UNSDCF outcomes	UNICEF outcomes	Key progress indicators, baselines (B) and targets (T) *UNSDCF indicator	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (in thousands of United States dollars)		
						RR	OR	Total
		T: Reading 80% (F: 80%; M: 80%) Mathematics 90% (F: 90%; M: 90%)						
1, 3	Child protection Children and women are safe and protected from violence, exploitation, abuse and harmful practices.	Number of children who have experienced violence, exploitation, abuse and neglect reached by health, social work or justice/law enforcement services through UNICEF-supported programmes B: 73 238 (36 307 girls; 36 931 boys) T: 85 000 annually (42 075 girls, 42 925 boys)	Child Protection Information Management System	The national and local governments have enhanced capacities to develop and manage a sustainable shock-responsive system for the delivery of preventive and responsive child protection services. More women, children, including adolescents, and their caregivers in humanitarian situations are safer and access better-quality protection services	Ministry of Gender, Child and Social Welfare (MoGCSW), Ministry of Justice and Constitutional Affairs, United Nations Mission in South Sudan	2 525	16 000	18 525
		System in place to document, analyse and use data about grave child rights violations/other serious rights violations for prevention and response B: MRM in place T: MRM remains in place and functional	Monitoring and Reporting Mechanism (MRM)					
2, 3	Social policy More children and families benefit from better government services that	Percentage of children living in multidimensional poverty B: 70% T: 60%	Poverty report	The Government has enhanced capacity to measure and monitor child vulnerability and use the evidence to	MoGCSW, Ministry of Finance and Planning, World Bank, UNDP,	950	8 050	9 000

UNSDCF outcomes	UNICEF outcomes	Key progress indicators, baselines (B) and targets (T) *UNSDCF indicator	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (in thousands of United States dollars)		
						RR	OR	Total
	reduce monetary and multidimensional poverty and strengthen resilience.	Public spending on social protection from domestic resources as a proportion of the national budget* B: 1% T: 2%	Ministry of Finance and Planning (MoFP) Budget Book	design appropriate policies, plans and budgets National and state governments have enhanced capacity to mobilize, allocate, spend and report on resources for social services The Government has enhanced capacity to design, coordinate, implement and monitor child-sensitive and shock-responsive social protection policies and programmes	World Food Programme			
1-4	Programme effectiveness	Percentage of country programme results on track or achieved B: 90% T: 100%	InSight	Planning, monitoring and reporting Field Operations Social and Behaviour Change	MoFP	16 014	32 500	48 514
Total resources						27 660	490 990	518 650