

Update on the context and situation of children

While peace now seems possible, conflict and violence against children remain of grave concern. In 2019, South Sudan faced continued fighting and increased insecurity in several areas in the country. Between July and October 2019, severe flooding affected more than 900,000 people and submerged entire communities, with basic services and markets destroyed or made inaccessible.

Nearly 4 million people out of a population of 11.7 million, remain displaced: 1.47 million internally and more than 2.2 million as refugees. Almost 7.5 million people, including 4.1 million children, are in need of some type of humanitarian assistance or protection. Over 430,000 internally displaced persons (IDPs) are sheltering in camps or camp-like settings, with about 214,000 in Protection of Civilians (PoC) sites in Bentiu, Bor, Juba, Malakal and Wau.

Women and girls are disproportionately affected by the crisis due to mobility restrictions, limited decision-making power, lack of access to, and control over resources and poor access to information about their rights.

Key macroeconomic indicators signaled a degree of stabilization following signature of the Revitalized Agreement on the Resolution of the Conflict in the Republic of South Sudan (R-ARCSS). However, the economy continues to be volatile. Unemployment remains high and the effects of drought and climate change are compounded by rising total public debt and high inflation. The oil sector continues to suffer the consequences of conflict.

Delays in the peace process have negatively impacted the funding environment. Shortfalls in funding for Child Protection and Water, Sanitation and Hygiene (WASH) come at a crucial time, in light of the increase in critical child protection issues and large-scale displacement.

Government funding to social sectors has declined. The proportion of the combined budget allocations for health, education and social and humanitarian affairs fell to 9 per cent of the national budget in the 2019/2020 fiscal year, down from 12 per cent in 2018/2019.

SDG target 2(2) ending all forms of malnutrition: In 2019, the food security and nutrition monitoring system (FSNMS) revealed reduced prevalence of global acute malnutrition among children (23 percent in 2010, 13 per cent in 2018) and of child stunting (31 per cent in 2010, 17 per cent in 2018). Children under the age of five and women who are pregnant or breastfeeding remain the most vulnerable, and some 860,000 children under the age of five are acutely malnourished, including 259,700 severely malnourished.

SDG Goal 6 water and sanitation for all: Only half the population has access to a basic water service (an improved source within 30 minutes), while a further 28 per cent have access to limited services. An estimated 35 per cent of water sources are non-functional increasing the risk of water-borne diseases. Only 10 per cent of the population has access to improved sanitation; while 61 per cent practice open defecation.

Women and girls face increased risk of gender-based violence (GBV) when collecting water and using communal latrines; access to menstrual hygiene products and dignified washing locations are needed. WASH needs are high at PoC sites, given congested conditions, as well as for IDPs in non-camp settings and already-stretched host communities.

SDG 3 ensure healthy lives and well-being for all: South Sudan has a progressively worsening child mortality rate (increasing from 96 to 99 under five child deaths per 1,000 live births between 2017 and 2018). The maternal mortality ratio (MMR) also increased from 789 to 1,150 maternal deaths per 100,000 live births between 2014 and 2017 and is more than double that for sub-Saharan Africa (542 per 100,000). Destruction of health facilities and disruption of services has made it impossible to provide continuous basic primary healthcare and carry out routine immunization and vaccination campaigns. During 2019 there were widespread reports of measles; and malaria remains the main cause of morbidity and mortality for children.

Ebola virus disease (EVD) continues to pose a serious threat given the proximity of South Sudan to neighbouring Democratic Republic of Congo which is grappling with the world's second largest EVD epidemic on record.

SDG target 4(1) ensure free, equitable and quality education: Reports published in 2018 found that every third school had been damaged, destroyed, occupied or closed since 2013. Over 2.2 million children across South Sudan are now out of school and teachers have fled violence and economic stress. South Sudan has also failed to make progress toward SDG target 4(2), on access to quality early childhood development, care and pre-primary education; significant data gaps prevent effective monitoring of this target.

SDG target 16(2) ending abuse, exploitation, trafficking and all forms of violence against children: The UN verified 102 incidents of recruitment or use by armed groups and armed forces affecting 453 children (365 boys; 88 girls). A total of 125 children (69 boys; 45 girls; 11 sex unknown) were verified as having been killed and maimed. GBV was already rife prior to the conflict, and is now nearing epidemic proportions. Studies indicate that some 65 per cent of women and girls have experienced physical and/or sexual violence in their lifetime. Spikes in abductions and sexual violence against children were noted after the signing of R-ARCSS and in 2019, the UN verified that 72 children (1 boy), were subjected to sexual violence.

Since 2013, more than 20,800 children have been registered as unaccompanied, separated or missing, with more than 8,000 of them in need of family tracing and reunification (FTR) services. Since December 2013, more than 3,300 children associated with armed forces and armed groups (CAAFAG) have been released, with more than 2,100 still in need of reintegration services. Over 900 CAAFAG need to be verified and released.

To leave no child behind it is essential for all children to be reached with services. UNICEF and partners have expanded their access post R-ARCSS, with several main roads and rivers opened for humanitarian movement. However, since the start of 2019, UNICEF and partners have faced at least 60 access incidents. Bureaucratic impediments and operational interference continue to hamper humanitarian activities.

Major contributions and drivers of results

UNICEF's activities in 2019 supported the South Sudan National Development Strategy (2018–2021) and contributed to the 2019–2021 United Nations Cooperation Framework (UNCF), generally within outcome 3: strengthening social services for the most vulnerable.

UNICEF and partners reached 667,515 vulnerable individuals (including 400,691 children) with critical child protection services in 2019. Key achievements include the release of 303 CAAFAG including 79 girls; psychosocial support services assisted 244,261 children (44 per cent girls); 131,329 individuals (49,072 boys; 43,194 girls; 17,379 men; 21,684 women) were registered for FTR services since the conflict began, with 938 children newly registered in 2019 and 367 children reunified with families or community-based alternative care. A significant innovation was the roll-out and training of case workers on case management standard operating procedures (SOPs) and production of a case management handbook and launch of the Child Protection Information Management System plus (CPIMS+).

UNICEF and implementing partners reached a total of 90,415 individuals (24,238 girls, 19,694 boys, 29,964 women, 16,519 men) with GBV prevention (including awareness raising and social norms transformation), and response services including individualized case management, psychosocial support, skills building courses, access to women and girls friendly services, risk mitigation information and referrals for other specialized services. A total of 7,362 females (2,055 girls and 5,307 women) continued to receive GBV specialized services provided in women and girls friendly spaces (WGFS) as well as timely referrals to other specialized and non-specialized services. A total of 35,820 individuals (8,244 girls, 7,009 boys, 13,374 women, 7,193 men) were reached with GBV risk mitigation, and messages on prevention and positive social norms transformation.

Headway has been made in mobilizing political will in support of child protection including support to Government for the submission of South Sudan's initial report to the Committee on the Rights of the Child; the launch of South Sudan's Civil Registry Act 2018.

UNICEF Education in Emergencies (EiE) and Global Partnership for Education (GPE) programmes expanded education service delivery including across the humanitarian and development nexus. A total of 618,174 children and young people (260,822 girls) in humanitarian situations have access to protective quality education services in pre-primary, primary, Accelerated Learning Programme (ALP), and secondary school services (84.7 per cent of the 2019 target). More integrated and consistent teacher trainings, and higher quality teaching and learning materials contributed to improved competency in early grade reading.

A Joint Education Sector Review (JESR), teacher capacity development, and distribution of South Sudan school textbooks supported improved quality education provision. Data gathering protocols are being developed for the Education Management Information System (EMIS), an Annual Education Census (AEC) and on out-of-school children (OOSC).

UNICEF continues to respond to unprecedented measles outbreaks and ensured vaccination for 919,160 children aged six months to 15 years (194 per cent of the target) in 31 (of 80) counties; responding to 54 per cent of the outbreaks within

72 hours. Thirty-eight per cent (234,969) of targeted pregnant women received two doses of tetanus vaccine (Td2) through routine immunization, in addition to 707,859 women of reproductive age vaccinated during supplementary immunization activities. Forty-four per cent (266,699) of children aged under one received pentavalent-3 vaccination. The 2019 Effective Vaccine Management assessment showed an increase in the composite country score to 65 per cent (target 60 per cent).

Despite a challenging implementing environment, 40 per cent of the 63 UNICEF-supported basic emergency obstetric and newborn care (BEmONC) health facilities were operational on a 24/7 basis (target 24 per cent); and 14 per cent of 378 health facilities offering prevention of mother-to-child transmission of HIV (PMTCT) were supported to provide PMTCT services and lifelong antiretroviral treatment (ART) for pregnant and breastfeeding women (target 20 per cent). A total of 1,056 (42 per cent female) frontline and community health workers (1,500 planned) had their skills enhanced to provide quality care through training in maternal and/or newborn care.

Given high malaria morbidity in South Sudan, 4,038 health workers (35 per cent more than planned) were trained in rapid diagnostic testing in children. In 2019, 779,623 children under-fives (110 per cent of the target) were provided with lifesaving treatment through curative consultations, mainly for malaria (35 per cent), acute respiratory infections (20 per cent) and diarrheal diseases (16 per cent).

An integrated package for preventing malnutrition among young children saw 1,684,197 caregivers of children aged 0–23 months reached with counselling on appropriate infant and young child feeding (IYCF) that helped maintain high levels (69 per cent) of exclusive breastfeeding. Seventy-eight of 80 counties conducted polio national immunization days (NIDs) integrating Vitamin A supplementation. This contributed to a 20 per cent increase in the number of children supplemented with Vitamin A to 2,766,172 (50 per cent girls) compared to 2018. Similarly, the number of children receiving deworming tablets increased by 21 per cent to 2,286,267 (52 per cent girls) in 2019. Coverage of treatment of children with severe acute malnutrition (SAM) significantly improved from 77 per cent in 2018 to 91 per cent in 2019, reaching 237,123 children (123,722 girls) in 2019. These results were possible due to the number of health facility and community service delivery points almost doubling (591 in 2018; 1,145 in 2019) and a significant increase in the number of trained frontline healthcare providers (2,831 in 2018; 4,189 in 2019).

Prepositioning of nutrition supplies in the dry season provided continuity of life-saving treatment for children with SAM and was critical against a background of increased admissions in 2019. The improved coverage of nutrition resulted in successful treatment of 237,123 children (52 per cent girls) which represents 15 per cent of the 2018 achievements.

Thirty-two integrated rapid response missions (IRRM) reached 318,868 people, including 63,750 children under five, in hard-to-reach areas. All missions used biometric registration. During IRRMs UNICEF integrated identification/treatment of acute malnutrition for under-fives, Vitamin A supplementation, administration of deworming tablets, malaria testing and treatment and provided Maternal, Infant and Young Child Nutrition (MIYCN) counselling for men and fathers, to support maternal and child health.

In 2018 and 2019, UNICEF led a national nutrition assessment – the first for two consecutive years since 2010. This reduced nutrition data gaps on stunting, acute malnutrition, IYCF and Vitamin A coverage. UNICEF supported data quality improvements of the nutrition component of the FSNMS which enabled monitoring trends in nutrition indicators at national and state level. UNICEF contributed to development of a Multisectoral Nutrition Strategic Plan 2022–2030 and implementation Roadmap which was endorsed by the Ministry of Health (MoH).

Challenges in the water sector remain critical due to poor maintenance of the limited facilities, fragmented and weak government institutions, and a lack of adequate funding. Safe water was provided through rehabilitation of major town water supply systems, construction of new water facilities through machine drilling, rehabilitation of malfunctioning boreholes, and establishing surface water treatment (SWAT) systems such as in PoC and IDP camp settings. UNICEF also explored affordable technologies for provision of safe water such as manual drilling particularly in Northern Bahr el Ghazal and Warrap State. UNICEF provided safe water to 496,574 people, a 4 per cent increase in coverage, and provided 202,208 people (91,399 girls and women) with sanitation facilities and services, a 1.4 per cent increase. With UNICEF support, the Ministry of Water Resources and Irrigation (MWRI) continued Community Approaches to Total Sanitation (CATS) Roadmap implementation for scaling up open defecation free (ODF) communities through Community-Led Total Sanitation (CLTS). Over 100 villages used CLTS, of which 64 (45 per cent of the target) achieved ODF, meeting the 2019 target.

UNICEF continued providing leadership to four clusters and Areas of Responsibility: education, nutrition, WASH and child protection, as well as managing core pipeline supplies, coordination and information management for better preparedness and response, and prepositioning and distribution of supplies to partners.

In response to South Sudan's susceptibility to EVD, UNICEF is supporting the Government with Ebola preparedness and operational readiness activities. UNICEF with MoH and the World Health Organization (WHO) supported the training of 43 national rapid response team (RRT) members selected from MoH and partners. Sixty tents were prepositioned to establish temporary and semi-permanent isolation facilities, holding units and screening at points of entry. UNICEF supported the printing and distribution of EVD SOPs and community posters, and EVD vaccination of 2,997 (99.9 per cent) targeted health workers. Through partners, UNICEF completed the prepositioning and distribution of infection prevention and control WASH supplies in 70 of 110 health facilities across EVD high risk locations. Water supply and sanitation facilities were repaired or rehabilitated in 12 additional health care facilities and approximately 1 million people reached through hygiene promotion and EVD messaging.

The Child Protection, Education, Nutrition and WASH sections are increasingly working together on programme integration, with the mainstreaming of gender-sensitive approaches, to maximize the impact of interventions. Examples include:

- Strengthening coordination between the Ministry of General Education and Instruction (MoGEI) and National Mine Action Authority to ensure that MRE is being implemented through life skills subjects in schools; and the integration of child protection services into learning spaces.
- Integrated WASH and nutrition interventions tailored specifically to reduce stunting in young children in high-prevalence states.
- Integration of GBV risk mitigation into, Health, WASH and nutrition cluster activities including trainings, programme documents and safety audits.

All programmes support communities with social and behaviour change, which enables programme interventions to be more effective and impactful, especially for the most marginalized. UNICEF in collaboration with civil society organizations (CSOs) and UN agencies is initiating a new paradigm shift of prevention first, through a multisectoral approach. This includes scaling up and integrating WASH services, improving food security interventions, and strengthening community engagement and health service delivery.

UNICEF and partners enhanced the capacity of the Integrated Community Mobilizers' Network (ICMN) comprising 2,800 community mobilizers from vulnerable populations, contributing to the sustained engagement of children and adults in 393,738 households. Through the Faith and Positive Change for Children Initiative, UNICEF is partnering with faith-based institutions and religious leaders to mobilize communities and parents and create awareness on respecting and realizing the rights of children, including on ending child marriage.

In WASH, capacity was built at national level for better integration between the humanitarian response and community resilience. UNICEF is engaged in the Partnership for Resilience and Recovery (PfRR), which coordinates and integrates complementary humanitarian and development assistance activities and allows donors, UN entities, and non-governmental organizations (NGOs) to adjust as communities increase resilience over time.

UNICEF successfully field tested its accountability to affected populations (AAP) training module and participated in a global UNICEF AAP benchmarking exercise that will help standardize core humanitarian principles into programme operations, starting with the EVD preparedness response. During 2019, preparedness and response capabilities have been enhanced at both national and local level and programming promoted to integrate development and emergency assistance.

UNICEF South Sudan is committed to culture change in the office that promotes openness, transparency and respect. Various activities have been conducted to this end in 2019 including staff meetings where issues affecting the office were openly discussed and an action plan agreed upon; an officewide pulse survey with action points jointly developed by the Staff Association and senior management; a performance management workshop which emphasized honest, ongoing performance management feedback; and office Global Staff Survey (GSS) action planning to address areas of concern to staff. Progress to accelerate protection from sexual exploitation and abuse by our own staff (PSEA) and sexual harassment in the workplace is built around four pillars, supported by a dedicated staff member: building an organizational culture of Zero Tolerance through a cross-sectional approach; strengthening safe and trusted reporting mechanisms among staff, community and implementing partners; ensuring a survivor-centred response; and strengthening partnerships through collaboration with the national Inter-Agency Standing Committee (IASC) AAP/PSEA Task Team, Government, and training of implementing partners.

UNICEF supported the Ministry of Finance and Planning (MoFP) to achieve key milestones, including National and Education Budget Briefs for the financial year 2018/19, and two Citizens' Budgets for the financial year 2019/20. Over 300 practitioners representing 32 states participated in three regional State Budget Preparation Workshops, through a training of trainers (ToT) approach. This was a critical part of a collective effort of awareness raising on child and social budgeting.

Following the conflict in 2016, the implementation of the National Social Protection Policy Framework (NSPPF) stalled and became dormant. UNICEF helped revitalize and strengthen coordination mechanisms and the first-ever national social

protection mapping exercise using the Inter-agency Core Diagnostic Instruments (CODI) resulted in recommendations to improve the social protection system. In 2019, UNICEF launched a Cash Strategy 2019–2021 and a water voucher project was launched in late 2019, with the World Food Programme (WFP) to support the National Urban Water Corporation targeting 24,000 vulnerable families. Efforts will continue to ensure close linkages between the National Social Protection Working Group and the Inter-Agency Cash Working Group.

UNICEF has 131 CSO partners in South Sudan. Almost half (44 per cent) are national NGOs receiving 28 per cent of UNICEF funding, to support local ownership of programmes and results. As part of its Localization Strategy which commits to working more with national and subnational CSOs and with governments at subnational level, UNICEF is partnering with the NGO Forum on a targeted capacity building programme for national NGOs. UNICEF adopted the United Nations Partner Portal (UNPP), an online platform designed to simplify and harmonize UN processes for working with CSOs, and academic institutions. It is a joint initiative of UNICEF, the United Nations High Commissioner for Refugees (UNHCR) and WFP.

In 2019, UNICEF South Sudan mobilized US\$ 268 million for support to programmes running from 2019 onwards. Following advocacy efforts and extensive engagement, new partners launched agreements with UNICEF South Sudan in 2019, with a focus on systems strengthening and resilience programming. These included the African Development Bank which approved \$17.7 million financing for improved basic education – the first social sector project in South Sudan since the Bank's engagement in the country in 2012; \$22 million from the Kingdom of the Netherlands to reach 2.2 million children and vulnerable people with essential WASH services; and \$73.4 million from the World Bank for a Provision of Essential Health Services Project to make treatment and preventable care available to vulnerable communities. Additionally, partnerships to support emergency response were launched including \$13 million from the European Union for a joint programme with WFP to improve access to quality education and to address issues relating to hunger for 75,000 children from the most vulnerable communities.

Joint partnerships with other UN Agencies, such as with Food and Agriculture Organization of the United Nations (FAO), the UNHCR, WFP and WHO, on various aspects of nutrition programming has strengthened implementation and resulted in significant achievements in saving lives of children under-five years. This included a Call to Action "Breaking the Cycle of Malnutrition in South Sudan" which outlines the paradigm shift that is needed to bring an integrated approach to prevent and care for malnutrition in South Sudan.

Fulfilment of priority results in the Annual Management Plan for 2019 are as follows:

Priority Result 1 – Integrated Early Childhood Development (ECD). Longer-term results are shown in the exclusive breastfeeding rate for children aged less than six months, which improved from 45 per cent in 2010 to 69 per cent in 2019; and the reduction in stunting rates among children under five years which reduced from 31 per cent in 2010 to 17.7 per cent in 2019. UNICEF continues to support early childhood education through providing 594 ECD kits consisting of learning and play materials. In collaboration with MoGEI, partners, and the World Bank, UNICEF completed and validated an ECD diagnostic study report that started in late 2018.

Priority Result 2 – Adolescent and Youth Engagement. With a key focus on promoting child rights, the ICMN engaged with youth groups, mothers and religious groups at the household and community level. Through 1,838 youth club meetings, 1,838 school activities, 2,485 community meetings, 2,485 engagements with faith-based actors and 3,098 women's forums, UNICEF ensured two-way communication on child survival, birth notification, education and hygiene promotion, and increased the participation of women and youth in creating demand for lifesaving services in their respective communities.

Priority Result 3 – CAFAAG. UNICEF in collaboration with UNMISS and the National Disarmament, Demobilization and Reintegration Commission (NDDRC), successfully released 303 children (79 girls) associated with armed forces and armed groups in Aweil, Mir Mir and Wau and enrolled them in FTR activities. UNICEF continued providing reintegration support to children who were formerly released or who escaped from armed forces and armed groups. Over 28,000 children have been released from armed forces and armed groups in South Sudan since 1998. UNICEF and partners developed a Practical Guide to Fulfil the Reintegration Needs and Rights of Girls Formerly Associated with Armed Forces and Armed Groups in South Sudan which has improved the quality of support provided to girls including survivors of conflict related sexual violence. A formal partnership with the Roméo Dallaire Child Soldiers Initiative is providing fruitful to driving the CAFAAG agenda and despite a challenging media landscape, UNICEF achieved high visibility for the International Day Against the Use of Child Soldiers in February 2019.

Priority Result 4 – Innovative Business Processes. A project aimed to improve efficiency and support staff by automating key services such as transportation, accommodation, visa processing, UNICEF Emergency Operations Centre (OPSCEN) contact list and UN Laissez-Passer renewals. Installation of a new solar power plant will reduce fuel consumption in the office by 80 per cent, with benefits spread over the next 10 years.

Priority Result 5 – Country Programme Management Plan (CPMP) implementation. UNICEF implemented its 2019–2021 CPMP based on a quarterly affordability analysis and review of prioritized staffing needs. To address the critical skills gaps identified in an assessment conducted in 2018, the Country Office implemented its 2019 Learning Plan, which included training of 247 staff including from 13 field offices on career management and development.

Lessons Learned and Innovations

A major constraint impacting the delivery of health services, including child health services, was the sudden introduction by MoH of standardized incentives in February 2019, resulting in strikes, low morale and demotivation of health workers. Efforts are ongoing to establish a joint health coordination platform comprised of representatives from the MoH, Health Pooled Fund phase 3 (HPF3), UNICEF and World Bank, which will provide an optimal forum for follow-up discussions with the new transitional Government and partners.

A major achievement is the joint development with HPF3 of a standardized package of essential health services to be provided at Boma, Primary Health Care and Hospital levels, consultatively distilled from MoH's ambitious Basic Package of Health and Nutrition Services. This milestone has enabled the delivery of 'one health programme' nationwide by implementing partners, supported by HPF3 and UNICEF. This approach has also enabled the nationwide roll out of the Boma Healthcare Initiative as an extension of primary health care delivery rather than as a standalone vertical initiative.

UNICEF conducted both national and state level bottleneck analysis (BNA) of health service delivery, which proved key for evidence-based planning and programming, for gap identification and prioritization for resource allocation. Innovative training approaches will be used to improve quality of maternal and newborn care in UNICEF supported health facilities.

BNA of low routine immunization coverage validated the main contributors to include limited geographical access, shortage of skilled health force, and challenges of last mile delivery of vaccines and injection devices. Combined catalytic support from Gavi and the World Bank will robustly address these bottlenecks with national and international CSO partners and local authorities. Whilst UNICEF ensured safe vaccine storage through provision of fuel for generators worth US\$1.6 million in 2019, solarization of these stores in 2020 will be both cost and climate efficient. In 2020, investment in capacity building for immunization-related health workers will help in reducing high vaccine wastage rates while improving immunization service delivery.

BNA of key nutrition interventions has helped state level actors tailor approaches to address their bottlenecks. Since the initiation of BNA, substantial improvements to service delivery and state level cooperation of nutrition actors were also observed. The evidence-based planning enhanced development of partnership agreements with 40 CSOs for scale up of nutrition services.

Quarterly assessment and star rating of nutrition facilities was a significant innovation in 2019 that motivated nutrition facilities towards continuous quality improvement. A scorecard assessed performance of NGO partners according to cure, death and defaulter rates and prioritized those requiring support. Nutrition facilities were provided with tools, equipment, trained personnel and other aspects of programme quality for better and consistent nutrition service delivery.

Overall progress in humanitarian action was limited by under-funding of critical protective services which resulted in only 55 per cent of targeted children being reached with GBV services. A lack of long-term funding commitments hindered the sustainability and continuity of programmes. For this reason, little progress was made in supporting children's access to justice systems in 2019. However fundraising activities have been conducted to secure future funds for the child protection programme.

Sustaining funding for the operation of PoC sites including water trucking and sanitation services is very difficult, with UNICEF now effectively playing the role of provider of last resort, which places a severe financial burden on UNICEF's programming. The needs in the WASH sector are massive, with many households not receiving any form of humanitarian assistance. Both urban and rural areas are not able to receive WASH supplies services; such as buying treated water and soap. As such, many communities are forced to revert to using unsafe water sources.

As operational costs continue to rise in South Sudan, UNICEF is revisiting its approach to IRRMs by reducing its dependency on air assets and leveraging access by waterway and road to preposition IRRM supplies. In addition, a partnership with WFP on biometric registration is strengthening data collection, management, follow-up, displacement tracking and harmonized reporting.

Almost 50 per cent of South Sudan's population are aged 0–17 years. Supporting adolescent development is a global UNICEF priority and a priority of the Annual Management Plan for 2019. However, UNICEF South Sudan needs to do more to support this cohort of young people with life skills, education, employability, sexual and reproductive health and rights,

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and protection from violence and harmful practices such as child marriage, by further refining the programme strategy to engage with youth. For example, a Knowledge, Attitude and Practices (KAP) Study on child marriage will be finalized in early 2020, with the findings used to develop a multisectoral ending child marriage programme.

Digitalization of birth notifications has been piloted under the birth registration for maternal, newborn, child health (BR4MNCH) project. During 2019, 73,079 children (49 per cent girls) were reached with birth notification services, with 685,531 children (49 per cent girls) having received birth notification services since 2014. A key lesson is the importance of integrating birth notifications into community-based healthcare and enhancing inter-operability with health systems.

The Community Feedback Mechanism was rolled out, whereby UNICEF community engagement officers in Field Offices conduct monthly household data collection and community engagement. Community feedback on the quality of services will be used for improving programme design. The initiative is partly supported by the UNICEF Data Catalytic Fund through which UNICEF staff will be trained in data collection, quality assurance and analysis.

A state level public financial management (PFM) self-assessment provided an understanding of the current PFM context. Thus far UNICEF has contributed to reviving the MoFP State Budget Workshops for all states to launch budget preparation processes. In addition, trainings were rolled out to identify weaknesses and resource windows in PFM systems, as well as budget execution rates and variance between allocations and expenditure.

As yet, key systems used by cash actors are not able to communicate with each other – for instance, to help prevent duplication or verify eligibility criteria by securely sharing information about beneficiaries. UNICEF, together with partners, will support the Ministry of Gender, Child and Social Welfare (MoGCSW) to organize a Management Information Systems Coordination Workshop inviting key stakeholders with humanitarian databases/biometrics in 2020. A medium-/long-term roadmap will then be developed on the interoperability of parallel databases to support the sustainability and Government ownership of a national social protection information system.

To coincide with the mid-term of the Country Programme in 2020, several key evaluations will be reviewed to reflect the linkages across the various evaluation findings and recommendations, to ensure an integrated approach in identifying key priorities.