

Annual Report 2011 for South Sudan

Executive Summary

The year 2011 was a historical year for the people of South Sudan. On 9 July, the new country was born, ushering in a new era of hope and optimism. South Sudan is still in its infancy within a complex political, humanitarian and development landscape. Militia rebel groups continue to pose a security threat along the border region; tribal conflict remains and more than 350,000 returnees are putting pressure on already limited social services.

UNICEF South Sudan has built on the gains made following the 2005 Comprehensive Peace Agreement (CPA) and has continued to build the foundation for a rapid acceleration of sustainable delivery of equitable services for women and children in the new nation.

Key achievements for 2011 included the basic package of health and nutrition services for child survival reaching nine out of 10 states in the country with a target population of more than 2.5 million children. In Education, UNICEF supported the development of the Education Sector Plan and has enabled the GPE to provide an indicative allocation to South Sudan; the Water, Sanitation and Hygiene (WASH) programme achieved 105 per cent of their target for safe water supply due, in part, to over performance with rehabilitation of existing water points. More than one million people were reached with messages and Information, Education and Communication (IEC) materials during the emergency response and polio/routine immunization campaigns using a mix of media approaches; and the wellbeing of almost 19,000 children and young people affected by armed conflict was enhanced through the provision of child protection service. The number of young people and women of child-bearing age tested for HIV has increased during the year from 31,216 in 2010 to 38,783 in 2011 (117 per cent of the biannually target), with 53 per cent female testing for HIV.

A strategic reflection exercise was held as a basis for future medium- and long-term-term planning. The team worked with the Government of South Sudan and other UN agencies in the development of the two-year South Sudan Development Plan (SSDP). The plan paved the way for the development of the United Nations Development Assistance Framework (UNDAF) and the new UNICEF Country Programme. Preparations were also made for VISION rollout with a flurry of trainings held towards the end of the year. UNICEF was quick to respond to the multiple humanitarian crises that arose throughout the year. Within the framework of the Core Commitment for Children (CCCs) in Humanitarian Action, UNICEF provided key emergency interventions to support child survival and development, education and child protection activities while strengthening cluster coordination as lead in the Nutrition, WASH, and Education Clusters, and lead in the Child Protection Sub-cluster.

Despite these achievements key challenges still remain. Unresolved issues after the CPA, including border issues with Sudan, oil proceeds and the Abyei question, continue to divert attention. Poor accessibility due to logistical and security constraints, high fuel costs, and low government and partner capacity all combine to create a difficult work environment. Realizing children's rights will need decades of sustained support from all partners, who must work together strategically to build systems from a scratch in a context of extremely under-developed infrastructure.

Country Situation

The transitional Government of Southern Sudan, which had been in existence since 2005, ended in July 2011 when South Sudan finally became an independent and fully autonomous country. This historical development was preceded by the preparation of a National Development Plan in the short period between the outcome of the National Referendum in January 2011 and Independence in July 2011. From the positive dimension, the relevance of this 2011–2013 development plan is that it represents South Sudan's response to core development and state-building challenges during the first three years of independence. It is based upon the theme of 'Realizing Freedom, Equality, Justice, Peace and Prosperity for All'. It identifies key development objectives for the new Republic of South Sudan and outlines priority programmes for achieving these objectives. The plan builds on the country's strengths and opportunities, including abundant natural resources, to address the challenges of establishing a new state, tackling

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poverty and the extremely low social indicators and the need to build sustainable peace and security for all citizens. It is the SSDP that has shaped the 2012–2013 UNDAF and the UNICEF's 2012–2013 Country Programme. However, the development of this two-year CPD, aimed to align the programme to the SSDP and subsequent long-term plans, meant that the 2009–2012 UNICEF Country Programme had to be cut short and the planned results had to be adjusted accordingly.

While 2011 witnessed intermittent insecurity incidences spread across the country, especially in Unity, Upper Nile, Warrap and Jonglei states, the latter part of the year recorded a serious deterioration in insecurity, especially in Jonglei State. While insecurity generally affected service delivery access to affected populations, with close to 500 incidents of conflict registered with the resulting displacement of more than 350,000 people. This is an extremely worrisome development in a country where citizens looked forward to a peace dividend after decades of war.

Food security in South Sudan also remained poor. Failure of rains in most parts of the country saw child malnutrition rates remaining at or just near the emergency threshold. It is estimated that in 2012 a third of the population (three million people) will face food insecurity and one million will be severely food insecure.

During the year, South Sudan continued to receive returnees from Sudan, as well as from other neighbouring countries. Approximately 362,000 people returned to South Sudan since October 2010, with the majority coming from Sudan. In a situation where basic services are already in short supply, the arrival of these returnees continued to strain demands on water, schools and health facilities.

With reference to specific areas of the Millennium Development Goals (MDGs) 1, 4, 5 and 7, South Sudan made remarkable achievements in the area of young child survival and development, with the number of measles cases decreasing drastically from nearly 2,000 in 2005 to less than 300 in 2011. Marked improvement in routine services of the Expanded Programme for Immunization (EPI) was also recorded, with DTP3 coverage rising to well more than 200,000 from only 86,000 in 2008, and 50 per cent of pregnant women receiving at least two doses of tetanus toxoid. In the WASH sector, 67.7 per cent of the population was able to access improved water sources in 2011, although the influx of returnees was threatening the gains made in this sector. Moreover, despite some of these gains, an analysis of the achievements under this MDG reflects the failure of the health system to provide a continuum of care to pregnant women and their young children due to limited services available on the ground. The shortfall for the provision of sanitation facilities in schools and health centres is attributed to challenges related to access and over-ambitious targets set in the previous Country Programme.

Regarding MDGs 2 and 3 on achieving universal primary education and promoting gender equality and empowering women, while school enrolment has increased several fold over the years since 2005, several shortfalls in the education sector are clearly evident in 2011. Almost 53 per cent of children aged 6–13 years were not attending school. Moreover, a gender parity index of 0.73 indicates a significant gender gap in enrolment, which is also compounded by high repetition and drop out, especially among girls. Education facilities are grossly inadequate with an additional 17,500 classrooms required to reduce the pupil-classroom ratio from the current 134.2 to 1:50.

With regards to MDG 6 on combating HIV/AIDS, malaria and other diseases, the Government of South Sudan and its partners made HIV prevention a priority in 2011, with key achievements in the sector including the establishment of the HIV/AIDS Directorate within the Ministry of Health to coordinate the health response to HIV, and the development of the South Sudan HIV/AIDS Strategic Framework and Policy. However, a number of issues did create shortfalls to the achievement of results in the HIV/AIDS sector. These include the large human resource capacity gap that required more training of trainers and service providers to ensure effective outreach to the states.

Lack of routine testing of sick children whose HIV status is not known until the age of 18 months was also another challenge attributed to the lack of Polymerase Chain Reaction (PCR) machines and policy guidelines on early infant diagnosis. This has resulted in children born to HIV infected mothers being 'lost' from the formal health system. The weak monitoring systems make this situation even worse and will slow progress in achieving this MDG. In addition, the Global Fund is the main funder of HIV programming in South Sudan.

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Unfortunately, there are no funds available for the 11th round of the Global Fund and this will severely curtail HIV interventions in the country.

Who are the deprived children in your country context?

According to the results of the 2008 Sudan Census, the total population of South Sudan stood at 8.8 million (48.9 per cent female and 51.1 per cent male). Despite the abundance of natural resources, the South Sudanese generally live in abject poverty, with over 51 per cent of the population described as extremely poor. Education and health indicators are among the lowest in the world, reflecting the impact of years of war and the limited provision of social services. Only 27 per cent of the adult population is literate and less than half of all primary school age children are in school (51 per cent boys and 37 per cent girls). This environment means fewer children enjoy a safer and nurturing childhood. The fact that most of the population lives in poverty also means that adults themselves are deprived of the most basic necessities, making it even more difficult for them to provide for their children and other dependents.

The persistent insecurity related to inter-tribal clashes, cattle rustling and armed rebellion is another cause for concern as women and children are either killed, abducted or displaced from their homes. Cattle rustling has a long-term tradition in South Sudan where traditional spears, bows and arrows are used. However, the recent use of small arms, including assault rifles, and the accompanying abductions and killings of children are a new phenomenon and more fatal. The use of young unemployed boys in these raids has added more urgency in investing in young people.

Data/Evidence

Knowledge and data on inequities in South Sudan come essentially from two sources: one, from routine data collection and surveys, and two, from programme performance reports. Prior to 2006, information on inequities was largely unavailable and unreliable due to lack of data. The 2006 Household Health Survey, followed by another in 2010 tremendously improved this situation. In 2009, a household poverty survey was conducted and the results, which were released in 2010, complemented the health surveys and contributed greatly to improved knowledge on inequities in South Sudan.

The Country Programme has systematically tried to link knowledge with action, especially around upstream policy work. For example, the knowledge that ill health and related reduction of inequalities are largely determined by factors outside the health sector, including low income, unemployment and social exclusion, was instrumental in the decision to adopt a child benefit cash transfers as one of the priorities of the new Country Programme. Similarly the education sector continues to show inequities related to gender disparities in enrolment and retention and in teacher deployment where teachers have preferences for urban areas where access to services are relatively better.

The South Sudan Health and Household Survey has been key in analyzing disparities by state and by sex. There will be further analysis of the data on key issues, which will require more in-depth equity analysis.

Although no systematic studies have been undertaken to get a better understanding of the impact of these inequalities, the next Country Programme will pay close attention to disparities and lay the foundation for addressing them, both in the medium and long-term term.

Monitoring Mechanism

UNICEF South Sudan has well defined mechanisms in place for tracking, assessing and evaluating achievement of results for children, especially the most vulnerable and deprived groups. Situation monitoring measures change in a condition or a set of conditions or lack of change, e.g. change in the situation / lives of children and women; social indicators such as enrolment rates, infant mortality rates, maternal mortality ratios, etc. Monitoring the situation of children and women and goals such as the MDGs were used to draw conclusions about the impact of programmes or policies. It also includes monitoring of the wider context, such as early warning monitoring (as part of the emergency preparedness), or

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monitoring of socio-economic trends and the country's wider policy, economic or institutional context. At a broader level, situation monitoring was used to feed into and support DevInfo and the Multiple Indicator Cluster Survey (MICS) among other tools. The last Country Analysis and the Situation Analysis of Children in Sudan were conducted in 2007 in preparation of the 2009–2012 UNDAF. The MICS3/Sudan Household Health Survey 1 (SHH1) was conducted in 2006, and MICS4/Sudan Household Health Survey was conducted in 2010, with the final result released in 2011. The South Sudan Info was launched in 2008 with main indicators derived from SHH1. The Household Poverty Survey, funded by the African Development Bank, was conducted in 2009. UNICEF was a member of the taskforce on MDG monitoring and provides input in the annual MDG monitoring report. The foundation laid in these processes ensured UNICEF's situation monitoring.

UNICEF used performance monitoring to measure progress in achieving results for children in relation to the Programme Component Results and Intermediate Results. Performance monitoring has formed the core accountability framework for effective work planning and review during 2011.

Field monitoring was key in generating information on the extent to which planned results were being achieved based on observations and findings by staff, counterparts, partners, and on some occasions, donors. To this end, the country office developed and adopted a monitoring format that was systematically used by all the programmes and findings were analyzed and discussed during Programme Management Team and Country Management Team meetings. End-user monitoring of supplies formed part of field monitoring to ensure UNICEF procured supplies were used for the intended purpose for which they were provided.

Some of the challenges to monitoring in South Sudan in 2011 include inaccessibility due to insecurity, poor road network and weak capacity especially at the lower levels. UNICEF plans to address some of these problems through more strategic institutional and human resource capacity development.

Support to National Planning

UNICEF partners have contributed significantly to tracking and assessing programme progress and outcomes firstly through their engagement in the preparation and approval of the work plans. This has enabled them to fully grasp the key results to be achieved for children in South Sudan. In 2011, government partners provided inputs into the Mid-Year Review of their respective programmes and provided similar inputs into the Annual Review. Key government counterparts participated in field monitoring visits to assess progress in programme implementation, identify bottlenecks and suggest solutions for improvements.

In the area of evaluation, UNICEF engaged government partners in initial discussions in evaluation preparation, development of terms of reference, entry meetings with evaluators and active participation in the evaluation activities. Government counterparts have also played a key role in providing comments on draft evaluation reports and discussing key recommendations.

Using an elaborate monitoring framework already in place, UNICEF will continue to work jointly with partners to ensure quality monitoring, assessment and evaluation of programmes. It will provide space for partners to contribute to responses to findings and recommendations of field monitoring missions and making best use of surveys, studies and evaluations for effective planning and evidence-based decision making to improve results for children and women.

Country Programme Analytical Overview

In order to effectively respond to the new dispensation in South Sudan, to ensure it remains relevant to the development concerns of the country, and indeed to achieve results for deprived children, the strategy of UNICEF's 2012–2013 Country Programme responds to key dimensions of the state-building process and focuses on interventions that are transformative and at scale. The six main strategies include (a) systems-building support to prevent and resolve conflict in society (conflict-sensitive provision of health, education

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and water services while strengthening justice and community protection systems for children); (b) disparity reduction/equity and gender equality; (c) capacity building of government, civil society and other partners at national and state levels for improved service delivery; (d) managing state revenue to meet people's expectations (cash transfer and basic service delivery); and (e) advocacy for effective policy development; (f) legitimizing the State in the eyes of the population by strengthening state institutions and systems, engaging the community and youth in critical processes, and monitoring performance.

UNICEF will maintain its strong capacity to deliver on the CCCs and its leadership in cluster coordination. It will strive to mainstream minimum standards for emergencies into government policies, plans and budgets, and strengthen partners' accountabilities. Initiatives around innovations and new technologies for development and humanitarian action will be built into relevant programmes to improve access to information, delivery of essential services and monitoring of services and the situation of children. UNICEF will promote a mainstreamed approach to HIV/AIDS, youth programming, emergency preparedness and response, gender equality and equity and disparity reduction. These efforts will be integrated into all programme components.

Effective Advocacy

Mostly met benchmarks

During the Strategic Reflection Exercise (SRE) conducted in mid-2011, a review was undertaken on the strengths and weaknesses of UNICEF in South Sudan as seen by its partners and UNICEF staff. Both partners and UNICEF staff ranked advocacy as one of the key strengths. Partners emphasized UNICEF's successful advocacy on critical and sensitive issues (DDR was often provided as an example). However, UNICEF has primarily been advocating to the government at the national level and not much at the state government levels. It was also revealed that similar advocacy need to be further strengthened with parliamentarians, faith-based organizations (FBOs), community-based organizations (CBOs) and traditional leaders.

The 2010 Audit also identified evidence-based advocacy as an area for improvement and formulated medium-level priority recommendations, aiming at: (a) establishing a strategy that clearly outlines advocacy themes and roles and responsibilities of programme sections as well as the Communication & Advocacy (C&A); (b) allocating adequate resources to the C&A work plan.

Critical analysis of advocacy efforts in 2011 reveals that UNICEF should pursue its advocacy on the basis of a clear strategy on the following:

- Immediate, short-term to medium-term needs, including humanitarian in the CCC framework as well as peace building;
- Long-term-term development for the realization of all child rights.

A strategic framework for advocacy has already been developed. Based on this, UNICEF in 2012 will develop an advocacy strategy outlining the key priorities of the office. Increased opportunities will be created for raising children's issues and voices through enhanced use and engagement with traditional and new media, a South Sudan independent website and capacity building in print journalism, media features, debates, etc. The programming work already started on youth and adolescents will be strengthened. Sector-specific advocacy priorities will be framed by the MDG, whereas advocacy on gender-responsive policy and measures to reduce inequity among children in South Sudan will be given due attention.

Some of the selected issues on which UNICEF will focus its advocacy efforts to the government at the central and state levels will be in the context of the implementation of the Child Act. UNICEF will aim at ensuring the government gradually takes over the provision of key health and education supply inputs in 2015–2020. UNICEF will also strive to make it a priority for the United Nations Country Team (UNCT) as a whole.

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Changes in Public Policy

The major policy work that UNICEF supported in 2011 was related to advocacy with the government in prioritizing the child benefit cash transfer in the SSDP. UNICEF and partner advocacy focused on the possibility of the newly formed Government of South Sudan to channel a substantial share of the country's income from oil revenues to its citizens. This would enable it to win support, install confidence in the electorate and show that government is doing something tangible to satisfy the expectations of its people. The other key message was on poverty reduction as the transfer of such cash would lift moderately poor beneficiary households above the poverty line, meaning they would be able to meet most of their basic needs. In addition, the other key message focused on the fact that the initiative will contribute to reducing South Sudan's extremely high infant and child mortality by empowering caregivers of young children to ensure that the nutrition, health care, safe water and hygiene needs of the children are met.

Another key element of the advocacy effort was on the premise that the cash benefit would be an incentive to households to register the birth of their children even if this needed an effort like travelling to distant health posts, as the programme would link the cash transfers to birth registration. Finally, it is argued that broad cash transfers to households all over the country would help stimulate economic activities and create an economic multiplier effect and impact beyond the beneficiary households.

Following this advocacy, the 2011–2013 SSDP endorsed an ambitious proposal to introduce a universal child grant programme for children born at the commencement of the initiative. Although consultations continued to the end of the year with government on possible modalities and cost implications, the whole idea that such an important policy initiative was initiated is encouraging and provides an excellent opportunity for South Sudan to offer a 'peace-dividend' and tangible support to families raising children.

Leveraging Resources

In 2011, the Country Programme placed emphasis on leveraging resources in order to address issues of inequity. For example in the WASH programme significant additional funds and partnerships were used to address the fundamental inequity in basic service access faced by Guinea Worm-affected communities in the remote counties of Eastern Equatoria and Warrap. The communities affected by Guinea Worm are among the most marginalized and impoverished communities in the entire country. A shifting of programme focus to these areas in line with the Guinea Worm eradication goal was in itself an action designed to bring about more equitable basic service access, with three additional partners mobilized to support safe water actions among affected communities. A further effort to bring about more sustainable and equitable safe water solutions for rural areas includes recent efforts to programme safe water improvement as part of a multi-agency conflict mitigation strategy. This approach requires advance research into water-related causes of social instability at a given location and a more comprehensive dialogue with user community members in order to delineate boundaries of shared land ownership, seasonal livestock watering needs and terms of existing water sharing agreements. A growing collaboration between the WASH Cluster members, SSRRC and local police commanders is promising, with the refinement of UNICEF's implementation approach in line with this equity and stability principle.

The Child Protection programme was able to leverage significant resources through humanitarian assistance response strategies much of which focused on Child Protection Cluster coordination. As one of the co-leads of the Child Protection Sub-cluster, UNICEF used the coordination of child protection in emergencies interventions to raise funding through the CHF and other bilateral donors who had been motivated by the special efforts made by UNICEF to strengthen coordination through strategic partnerships with the Ministry of Gender, Child and Social Welfare in Juba and the Ministries of Social Development in the states, international and national NGOs and CBOs. To further strengthen the partnerships, UNICEF was able to mobilize resources from HQ to support capacity building of various child protection partners on child protection in emergencies. This translated into timely and effective responses to child protection risks emanating from humanitarian situations. UNICEF was also able to mobilize human resources through the standby partners and was able to recruit dedicated child protection staff who made significant contributions to the achievement of the child protection results at no cost from UNICEF.

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Advocacy with the specialized Parliamentary Committee on Gender, Social Welfare, Sports and Youth helped to increase the budgetary allocation for the Ministry of Gender, Child and Social Welfare, which enabled the Ministry to support some of the child protection interventions that UNICEF used to cover. Lastly, strong collaboration with Save the Children in South Sudan created the opportunity to use resources in a complimentary manner between the two most important child protection agencies in the country

Capacity Development

Partially met benchmarks

Capacity development is a key priority area for UNICEF, and has been a major component in all sections.

An example of where UNICEF South Sudan has successfully worked in this area is the overall leadership UNICEF has provided for the formulation of the Education Sector Strategic Plan. UNICEF engaged the International Institute of Education Planning (IIEP) to provide technical leadership, provided funding and convened national and state level workshops to support the formulation process. UNICEF provided funds and technical assistance for the engagement of additional support for in-country coordination of the consultation process and for the capacity assessment study.

During the SFE conducted in mid-2011, capacity development was highlighted as an area of weakness, considering that the cooperation invested a lot in this area but with little evidence regarding its impact. While partners did not single this out as a weakness per se in their feedback to UNICEF, they however did on numerous occasions refer to the need for UNICEF to do more and better in relation to capacity building. In addition, the 2010 Audit recommended the development of a strategy for capacity building of the government, especially in the area of social services.

UNICEF assistance in this area will be comprehensive, based on a detailed capacity gap analysis and will avoid one-off trainings. UNICEF will continue modeling some service delivery interventions as part of capacity development and will focus on a) evidence and rights-based policy, standards, and tools especially in EPI, maternal and neonatal health and nutrition; b) health, nutrition and oversight mechanisms strengthening (e.g. supervision/mentoring); c) health system capacity development to deliver quality maternal, neonatal, and child health and nutrition continuum of care through three service delivery modes (family, outreach services and facility based.) UNICEF will also maintain support to develop and strengthen national WASH sector policies, in particular those which seek to bring greater transparency to the planning/budget process, strengthen functions for supply chain management as well as those which seek to increase the impact of improved sanitation services and those which strengthen the sector's institutional reform process.

Communication For Development

Partially met benchmarks

Internal analysis of the Communication for Development (C4D) initiatives in UNICEF South Sudan inform that the programme needs to focus on rights-holders' awareness and duty bearers' accountability, especially in relation to parental education and empowerment, violence against children and discipline, and other issues with appropriate synergy among the Mid-term Strategic Plan (MTSP), instead of vertical approaches. There is a need to expand and strengthen social mobilization of all central and decentralized systems, including traditional community structures, and enhancing partnerships particularly with FBOs and media with a more innovative equitable approach not limited to IEC materials development.

During the SRE 2011, external partners identified the need for UNICEF to develop a more comprehensive approach to C4D – behaviour development. In 2012, a significant proportion of UNICEF's work will relate to initiation of behaviour development, which will be spread over 2012–2013. This will help to establish

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communication systems and platforms for promoting key family practices with scale up opportunity building on the gradual success of routine polio and EPI communication campaigns.

Behaviour development will constitute a major area of intervention in relation to overall health, nutrition and WASH over the next two years. It will include fostering key family health care practices at household levels through C4D, with focus in poor, marginalized and returnee populations. Life skills education will provide the entry point to behaviour development for children and youth in and out of school. In addition, the development and piloting in 2012–2014 of a comprehensive C4D strategy in select states will allow larger scale interventions in 2015–2020, using a mix of innovative and traditional communication approaches.

UNICEF will strengthen community and social networks dialogue that reinforce positive traditional practices and social norms. Technology for Development (T4D) will be introduced in 2012 to further complement C4D efforts. Partnerships with key agencies and international NGOs will be strengthened and capacity further developed for large-scale behaviour and social change.

Service Delivery

Fully met benchmarks

Service delivery was a key strategy of the Country Programme, and in 2011, UNICEF continued to demonstrate its comparative advantage in delivering services for children in key areas, including immunization, improved water and sanitation facilities and basic education. Although the cost of service delivery in South Sudan remained substantially high, through more systematic work on supply planning, procurement and warehouse management, service delivery to children was much improved. As the private sector increasingly gets more vibrant in South Sudan, UNICEF will gradually move away from warehouse management to a systems approach that provides capacity to government, communities and the private sector to handle key supply input and delivery.

UNICEF will also pay more attention to the quality of services that are offered to achieve results for children, including providing technical support on quality and standards, furniture for schools being an example. UNICEF support will also further stimulate community and youth participation, through community extension system for better mobilization, ownership and monitoring, including mapping and reaching the hard to reach population to ensure a more equitable access to services.

In the area of child protection, for example, service delivery accounted for about 70 per cent of the interventions for the protection of children affected by armed conflict and emergencies. The service delivery was geared towards the most disadvantaged children and young people so they can have access to and enjoy protection services.

Strategic Partnerships

Mostly met benchmarks

In 2011, UNICEF continued to strengthen and widen its partnerships with NGOs, particularly through Project Cooperation Agreements focusing on achieving some key results for children in various sectors. The partners were also trained in the Harmonized Approach to Cash Transfers (HACT) to improve the management of cash assistance from UNICEF and ensure transparency and accountability. Strategic partnerships were also established with a number of bilateral and multilateral partners. For example, in undertaking advocacy for the child benefit cash transfer initiative, partnerships were established with UNDP, the World Bank and DfID, among others, for a strategic engagement with the government on the subject. Discussions were held with the private sector, namely the Kenya Commercial Bank, Equity Bank and the Vivacell Mobile Communication Network on the possibility of their ability and willingness to

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participate in the CBCT scheme. UNICEF also strengthened partnerships with the Parliamentary Subcommittee on Social Services through an orientation on child-friendly budgeting.

Within the Child Protection programme key strategic partnerships included: a) collaboration and coordination with UNMISS Child Protection Unit in the protection of children affected by armed conflict. The two agencies jointly support the SPLA in the implementation of the Action Plan to end the recruitment and use of children by the SPLA, as well as the joint implementation of the Monitoring and Reporting Mechanism based on the Security Council Resolutions 1612, 1882 and 1998; b) collaboration with UNHCR in protection responses for displaced, returnee and refugee children; c) UNICEF is an active member of the Rule of Law Coordination Forum for Central Equatoria and this has helped to strengthen collaboration between UNICEF and UNDP and UNICEF in the integration of Justice for Children into the broader legal and justice reform as required by the UN Common Approach to justice for children; d) UNICEF has increased its engagement with the religious institutions, particularly the Sudan Council of Churches, and is now working with the church in the prevention of child abduction as part of the peace initiative in Jonglei State; and finally e) the Child Protection programme has cultivated strong collaboration with the Specialized Committee on Gender, Children, Youth and Social Services in the national Parliament. The building of the Specialized Committee's capacity on various children's issues has increased their ability to advocate and lobby on behalf of children in the Parliament.

Mobilizing Partners

The Government of South Sudan has relied on UNICEF's leadership in advocating for the rights of children in the country and providing support where possible to NGOs and CBOs to ensure key results are achieved for children. In 2011, the partnership with government agencies was based on a two-year work plan that was jointly developed. This was the first time that UNICEF adopted the two-year work plan and the concept of Programme Component Results (PCRs) and Intermediate Results (IRs) that are well defined for the promotion of equity and gender equality. The Ministry of Finance and Economic Planning chaired the Inter-Ministerial Appraisal Committee, consisting of all government partners (Ministries and Commissions) who approved the PCRs and IRs. The involvement of these partners also included participation in the reviews and field monitoring.

Specifically in the Health and Nutrition programme, UNICEF also strengthened partnerships with sister UN agencies, including WHO, UNFPA and WFP on key issues around technical support, maternal and adolescent health and child malnutrition respectively. In the WASH sector, as a sector lead, UNICEF strengthened partnerships with several local and international NGOs in the provision of water and sanitation facilities within the community and in schools. In the education sector, UNICEF, in partnership with several actors, actively supported the establishment of the Education Management Information System and the evolving sector-wide approach. Partnerships with the Disarmament, Demobilization and Reintegration (DDR) programme, UNMISS and the Mine Action Group, among others, assisted in the promotion of key aspects of child protection in South Sudan. Similarly, a strong partnership was established with the South Sudan Bureau of Statistics in data collection and monitoring the situation of children and women in South Sudan.

The success of these partnerships notwithstanding, UNICEF and its partners need to do more to reach out to, and strengthen the capacity of CBOs to ensure children and women in the hard-to-reach areas have access with basic services. The training of collaborating NGOs in HACT, which was initiated in 2011, should be extended to cover other technical areas as well.

Knowledge Management

Partially met benchmarks

UNICEF made a substantial contribution to knowledge management in South Sudan in a number of strategic areas. The major focus was on making up to date and reliable data available for evidence-based planning and decision making through the finalization of the MICS4 report and agreeing on dissemination

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plan. Similarly, UNICEF made investments in establishing and/or strengthening the various sector management information systems, including those in the health, education and water sectors.

Internally, the office used the bi-weekly Programme Management Meetings and the monthly Country Management Team Meetings to exchange ideas and share information of key programme and operational issues and to report on progress in achieving key management results. The rollout of VISION was preceded by well-managed training programmes that prepared the staff before VISION went out live.

Within the Child Protection programme there was a focus on implementation of the recommendations of the study on child abduction conducted in 2010 through workshops with the affected counties in Jonglei State. The programme continues to provide technical support to the state government to monitor the implementation of the action plans made at the end of the workshop to prevent and response to child abductions.

Human Rights Based Approach to Cooperation

Mostly met benchmarks

During the development of the 2011–2013 SSDP, the UNCT advocated for and succeeded in getting the Government of South Sudan and its other development partners to use human rights-based tools to inform the development of the plan, which helped to bring out the equity focus. The development of the 2012–2013 UNDAF has been shaped by human rights-based approach to programming. By extension UNICEF has used human rights-based tools in the development of the new Country Programme and the focus on equity as the two are intrinsically linked. The Social Policy, Planning and Monitoring and Evaluation (SPPME) section has emphasized human rights-based approach to programming during an orientation on equity, as well as during the training on the new programme results structure. The human rights-based approach has also been emphasized in the context of on-going emergencies in South Sudan – this was spelled out during the emergency preparedness and response training for UNICEF and partners organized early in 2011.

Gender

Mostly met benchmarks

Throughout 2011, UNICEF put an emphasis on gender programming and gender-focused reporting on results for children and women. The 2012–2013 UNDAF and the subsequent Country Programme Document also emphasized gender equality and women's empowerment.

Despite limited progress in this area over the past five years there have been some key achievements. Girls' education received priority in the formulation of legislative and policy documents, notably the Education Bill and the Higher Education Bills, soon to be enacted. The Education Sector Strategic Plan, in final draft, dedicates a chapter to gender-related issues, and a gender audit for it is planned. The Girls Education Day, celebrated at national level and in all states, was the culmination of a variety of national programmes on gender issues. Teachers, education managers and parent teacher associations were trained on creating and sustaining gender sensitive school environments. Advocacy efforts focused on increasing the proportion of female teachers and head teachers were also undertaken.

Gender inequities were part of the agenda during the dissemination of the Child Act, which challenges some traditional and cultural practices that reinforce gender bias. The Act is a strategic instrument in the gender equity agenda. The gender discourse is facilitated by the availability of comprehensive and gender disaggregated education data, produced through the UNICEF-driven Education Management Information System (EMIS). UNICEF will continue to put an emphasis on gender issues in the new Country Programme.

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Environmental Sustainability

Partially met benchmark

Environmental sustainability issues are complex and deeply challenging in a country now recovering from two decades of intense civil war. There are considerable risks of exposure to unexploded remnants of war (URW) all around the country, particularly for those programmes engaged in construction activity like WASH, and Education. UNICEF generally adopts clearance advice on URW/mine issues from the UN Mine Advisory Group and is already widely involved in Mine Risk Education actions with school children and affected members of the community.

The WASH programme is also seeking to strengthen the early warning capability of the Government of South Sudan to warn against food insecurity and livelihood risks associated with extreme rainfall variations by maintaining a geographic database on population movements, rainfall, flood levels and serviceable water points at the WASH Information Management Centre. A water testing capability has only recently been established in the government with UNICEF support and this now adds an important quality control measure in the hands of the state government to manage water resources safely and equitably. WASH Cluster partner emergency response and preparedness planning actions are also mapped twice yearly as part of a cluster gap assessment exercise to gauge the state of collective readiness for humanitarian WASH response. New information sharing portals, emerging partnerships with law and order and security officials acting within the UN mission are beginning to improve the level of confidence with which WASH partners engage at the field level in mitigating social tensions and alleviating the impact of extreme weather variations and other environmental factors.

South-South and Triangular Cooperation

In 2011, UNICEF strengthened its engagement with the new Republic of South Sudan on a number of fronts in promoting South-South cooperation. UNICEF keenly followed the Ministerial Retreat of the G7 that took place in Juba in October. The vision of this international dialogue is the commitment to stop conflict, build nations and end poverty with the understanding that an increasing number of conflict-affected and fragile countries transition out of fragility and build peaceful states through more effective collaboration between national and international partners, particularly through sharing of experiences among countries that have gone through similar situations. In addition, aid that is extended to these countries should prioritize peace-building and state building through budget transparency portals, assessment of risks associated with working in fragile situations, use of country systems, capacity development, and fast-tracking procedures for financial management and procurement to improve speed and flexibility of aid for peace-building and state building. UNICEF sees this as an opportunity to improve delivery of services for children and ensure children live in a peaceful environment.

Within the auspices of the Inter-Governmental Authority on Development (IGAD), UNICEF associated itself with discussions on regional support in building the capacity of civil servants in the new Republic of South Sudan. This support is hinged on the premise that the functioning of the South Sudan state depends largely on the emergence of a relatively viable state apparatus staffed by civil servants capable of, and willing to, provide governance and facilitate service delivery, a resource which is extraordinarily scarce after decades of devastating conflict which claimed more than two million lives. Basically, there is not a single government office in South Sudan that does not face critical capacity gaps, thus building and strengthening state institutions remains a top priority. By the end of 2011, several doctors, nurses and other health personnel from neighbouring Kenya, Uganda and Ethiopia had already arrived in South Sudan under this initiative.

In order to strengthen the country's capacity for data collection, analysis and dissemination, UNICEF supported a team of key technical staff from the Ministry of Health and National Bureau of Statistics to attend MICS workshops in Amman, Jordan and Istanbul, Turkey. Both workshops focused on producing quality data, ensuring they are properly archived and dissemination done in a timely fashion. A number of countries that had conducted MICS4 in 2010 attending the workshop and shared experiences.

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Country Programme Component: Health and Nutrition

PCRs (Programme Component Results)

PCR	EQ Rank	OT Details
Children aged below five years, especially those in under-served communities accessed the Ministry of Health-defined and approved minimum/basic package of health and nutrition services by 2012.	3	FA1OT1, FA1OT4, FA1OT2, FA1OT13 (b)
Policies, systems and human resource capacity in place to ensure children and women equitably accessed minimum package of health and nutrition services in emergency and non-emergency situations by 2012, with emphasis in five focus states (Jonglei, Warrap, Northern Bahr-el Ghazal, Eastern Equatoria and Upper Nile).	3	FA1OT10, FA1OT13 (a)
Women, girls and newborns in identified high risk counties of the focus states have access to equitable and quality minimum package of pregnancy, maternal and neonatal health and nutrition services by 2012	3	FA1OT7, FA1OT8, FA1OT9

Resources Used in 2011(USD)

Resource Type	Planned for 2011 (as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	Percentage Spent (4)/(3) * 100
OR-E	23417439.00	13127903.00	9980663.00	76.03
OR-R	8993000.00	11177454.00	8465687.00	75.74
RR	859000.00	705500.00	654898.00	92.83
Total	\$33,269,439.00	\$25,010,857.00	\$19,101,248.00	

Results Achieved

The UNICEF South Sudan Health and Nutrition programme supported the finalization of the Health Sector Plan and concurrently, the SSDP.

A total of 250,822 children (or 77 per cent) were vaccinated with DPT 3 with a dropout rate of 24 per cent as of end November 2011. The cold chain system across all 10 states has been strengthened through procurement, distribution, installation of nearly 140 solar fridges as well as periodic repair and maintenance of the existing systems. In addition, 50 cold chain assistants were trained on cold chain maintenance and vaccine management standards, and nearly 160 health workers were trained to improve their skills in immunization service delivery.

South Sudan recorded more than 28 months of being polio free (the last case was reported in June 2009). In 2011, four rounds of polio national immunization days (NIDs) were carried out in February, March, November and December with coverage of >90 per cent achieved in all rounds validated by finger marking surveys.

Some 262,797 pregnant women received TT2+ (nearly 73 per cent) through routine immunization services. In addition, a total of 480,975 women of child bearing age received the second dose of TT through TT campaigns integrated with the Accelerated Child Survival Initiative (ACSI) in 14 counties in Upper Nile, Lakes, Western Equatorial, Central Equatorial and Jonglei states.

ACSI campaigns were carried out in seven counties in three states where a total of 97,731 long-term-lasting

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insecticide-treated nets (LLINs) (64.7 per cent) distributed; 65,413 (71 per cent) children received Vitamin A; 53,325 (55 per cent) children were dewormed; and 45,577 (63.5 per cent) were screened for malnutrition.

The basic package of health services reached nearly 31,449 households with key messages on child survival. Nearly 95 health workers were trained on the delivery of the basic package of health services to enhance their skills for implementation of ACSI.

Nearly 13 public healthcare centres/units (PHCC/Us) in the Equatoria region and upper Nile (one hospital) have been rehabilitated. Health facilities in under-served counties were supported to improve management of common childhood illnesses through provision of essential PHCC and PHCU drug kits, and a total of about 60,000 children under five have so far benefited from this support.

A total of 879,533 children 6–59 months have been supplemented with Vitamin A, and 45,107 pregnant and lactating women with iron folate or multiple micronutrients.

An integrated package of interventions for maternal and neonatal care, has been effected in 62 health facilities with a total number of 105,357 pregnant women accessing antenatal care, among them 31,998 pregnant women accessed four or more antenatal visits, and 50,116 pregnant women accessed at least one antenatal care visit.

A total of 12,688 deliveries took place in health facilities, with 11,312 deliveries among them being attended to by a skilled birth attendant.

Twenty-five motorcycle ambulances have been deployed in the states to assist transport of pregnant women with obstetric emergencies and other emergency cases in the vicinity of the respective health facilities. An additional nine motorcycles ambulances have arrived in country and will be distributed to the states.

A total of 949 pregnant women with obstetric complications accessed delivery by caesarean section and 75 accessed assisted deliveries by vacuum extraction.

Most Critical Factors and Constraints

The following are the most important factors or constraints affecting performance;

a) Continued focus on emergencies/returnees (especially Warrap, Unity, UNS and Jonglei as related to Abyei, Southern Kordofan, Blue Nile) affected regular implementation in those states. The focus of the few health workers and implementing partners was diverted to emergencies rather than to developing systems that are regular and sustainable. With the increased number of returnees and IDPs and the health implications associated, the resources needed were naturally higher than what was available and this strained the quality of services in many settings.

b) The rise in food and fuel costs around the lean season at a time when illness was on the increase put more children at risk of malnutrition.

c) Continued government and sectoral capacity deficiencies especially in HR and managerial constraints. The health sector continued to suffer from inadequate numbers and skilled health workers at all levels. Contrary to expectation, South Sudanese in the diaspora did not flow and return back home in numbers that were expected, partly because of the infrastructural constraints and also inadequate remuneration levels.

d) High cost of logistical support and of doing business in South Sudan is prohibitive to many local and international partners from engaging in a wide range of interventions, especially ones that involve many states.

Even with all the above constraints, UNICEF has collaborated closely with all stakeholders to ensure:

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(a) Focus continued to be provided to health system strengthening in terms of human capacity building at different levels, planning and strategic support to Ministries, and in terms of provision of humanitarian support where needed.

(b) Worked closely with all donors and development partners to discuss alternative ways to addressing the different constraint within the context of the South Sudan environment.

Key Strategic Partnerships and Interagency Collaboration

The UNICEF South Sudan Health and Nutrition programme works in partnership with the Ministry of Health, the main coordinating and policy-making body. The State Ministries of Health are also responsible for oversight of all sectoral activities at the state and county levels, in collaboration with implementing partners, most of whom are NGOs and CBO. Some services are supported directly by UN agencies and key donor groups such as ECHO and USAID. In addition, within the UN system, partnerships exist with WHO, UNDP UNAIDs and UNFPA. These agencies are involved in different aspects of immunization, health services, nutrition and maternal health. All these partners are coordinated through monthly or quarterly Health and Nutrition Coordination meetings at both the Central Ministry of Health or at State Ministries of Health. Main implementing partners include a total of 34 NGOs and CBOs who are involved in health and nutrition implementation. UNICEF has PCAs with 15 of these organizations.

Humanitarian Situations

In many cases, UNICEF provides the necessary supplies needed by other implementing agencies to deliver humanitarian services. This is typical in immunization activities (i.e. vaccines etc.), in primary healthcare (PHC kits etc.) and in nutrition (therapeutic supplies). The programme was allocated US\$13.1 million outside of the Country Programme ceiling and by year-end a total of 76 per cent or US\$9.9 million was spent.

The key results achieved through humanitarian action were the following:

- In the first 11 months of 2011, more than 1,000 measles suspected cases were reported of which 115 were confirmed cases. A total of 90 per cent of these cases were from five states with a high influx of returnees (Warrap, Northern Bahr El Ghazal, Upper Nile and Unity states). The outbreak response included mop-up campaigns, which were conducted in almost 15 counties reaching 180,656 children 6–59 months.
- To ensure that all children are protected against measles due to low coverage in routine immunization over the year, a measles follow-up campaign targeting all children aged 6–59 months was carried in Warrap, Northern Bahr El Ghazal, Upper Nile, Western Bahr El Ghazal and Unity states. Some 639,626 children were vaccinated (74 per cent of the target population). Some counties could not be reached in Upper Nile, Warrap and Unity during the follow-up campaign as a result of insecurity and rains. Plans are underway to conduct the follow-up campaign in the remaining five states during the first quarter of 2012.
- 210 Ministry of Health staff and new NGO partners, who have been trained and provided six months of mentoring by experienced emergency nutrition consultants in organization and management of stabilization centres and outpatient treatment programmes, worked to integrate the services into the PHC system. This, coupled with strengthened partnership within the Nutrition Cluster, adoption of a systematic approach in prioritizing and implementing emergency nutrition responses, a shift in focus to community level for management of severe acute malnutrition, and improved pipeline management, has contributed to expanding access to treatment for 54,562 (69.95 per cent) children with severe acute malnutrition (SAM) at 54 stabilization centres and 272 out-patient treatment (OTP) centres. Partners are now conducting community-based nutrition screening and SMART surveys, setting up out-patient treatment programs for uncomplicated cases of acute malnutrition, and referring complicated cases to PHC's for rehabilitation. A total of 25 SMART pre-harvest nutrition surveys were completed and 22 surveys validated and shared with all stakeholders. Some 14 post-harvest SMART nutrition surveys were also conducted and preliminary results are under validation.

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- The northern states of Unity, Upper Nile, Warrap and Northern Bahr el Ghazal who receive returnees from Khartoum and persons displaced by the crisis in Abyei and South Kordofan and conflicts in Jonglei have been the main areas of focus of emergency nutrition interventions.
- A total of 516 community nutrition promoters were trained in states with emergency levels of acute malnutrition. 23,806 caregivers have been provided messages on exclusive breastfeeding and appropriate complementary feeding, 879,533 (74 per cent) children aged 6–59 months have been supplemented with Vitamin A, and 45,107 pregnant and lactating women with iron/folate or multiple micronutrients

Summary of Monitoring, Studies and Evaluations

In addition, 25 pre-harvest SMART nutrition surveys were completed in eight states (CES, EES, Jonglei, Upper Nile, Warrap, NBEG, WBEG and Lakes). Survey reports were validated and out of 25 surveys conducted, 20 reports were accepted after the validation process and the reports disseminated widely with all stakeholders and different actors. Based on the recommendations of the survey, results were used for planning for intervention –expansion of the Community-based Management of Malnutrition (CMAM) programme and establishment of TSFP and BSFP.

Based on the findings UNICEF recruited three emergency nutrition consultants and placed them in Jonglei, EES and Unity states to build capacity of the State Ministry of Health, CBOs and FBOs in implementation of the nutrition programme and in surveys and assessments. The results were used to justify requirements for the Consolidated Appeal Process (CAP), calculating the caseload for SAM for 2012 and for forecasting the quantity of therapeutic supplies required for 2012. Training in optimal infant and young child feeding (IYCF), followed by the formation of mother-to-mother support groups, was also based on the survey results. Fourteen post-harvest SMART nutrition surveys were completed in December, based on the recommendation of the pre-harvest surveys.

In 2011, the emergency obstetric needs assessment tools/modules were reviewed and adapted with support from AMDD-Columbia University. Funding was confirmed from CIDA and UNICEF, who together with UNFPA will carry out a maternal mortality study and an emergency obstetric needs assessment in 2012. An EPI coverage survey and cold chain assessment also began in November 2011 and are continuing into 2012.

Through these studies and monitoring activities, UNICEF could assess the impact of its collaborative interventional support and focus its attention to areas of greater needs. Nutrition assessments are key in ensuring that the needed supplies are focused to the population that really has a high number of severely malnourished children, and in that regard these surveys contribute significantly to child survival. The studies are crucial in programmatic future work and both the government and the development partners are looking forward to their results.

Future Work Plan

The Health and Nutrition programme future work plan will aim to ensure that infants, children, adolescents and pregnant women access life-saving, high impact health, nutrition and HIV and AIDS services. In line with the Country Programme Document for 2012 to 2013, the key areas of future focus will be to: (a) strengthen immunization systems and 'reach every county' with an expanded package of services at the community level; (b) enhance management of acute malnutrition and strengthen practices for IYCF to prevent under-nutrition; (c) expand Prevention of Mother-to-Child Transmission (PMTCT) and treatment of paediatric HIV and AIDS in high-prevalence areas; (d) strengthen family care practices through intense C4D; (e) establish signal functions for emergency obstetric and neonatal care, laying the foundation for strengthening health facility systems and improving community responsiveness.

In that regard, the programme will aim to:

- Within the context of the HSP, support MCH component policies and guidelines commensurate with the

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strengthening of child survival and development: guidelines and procedures, support to warehousing, human resource development through support to in-service training.

- Improvement of HMIS and supervisory skills development and documentation.
- Finalization and operationalization of sub-policies: South Sudan EPI policy, nutrition health policy;
- In selected HFs, support IMCI with its community component.
- ACSI: this will remain pertinent as a lifesaving integrated service intervention, including the delivery of the health and nutrition package with the main focus on key high impact services including malaria, ARI, immunization, health and sanitation/hygiene promotion, nutrition.
- Basic rehabilitation work whenever appropriate and with the availability of funding.
- Strengthen management of acute Malnutrition
 - IM-SAM guidelines finalized. Official dissemination awaits printing of Job Aids, which are being printed and laminated and will be followed by training of service providers at both facility and community levels.
 - MAM guidelines are not yet developed, and discussions are ongoing with WFP to obtain a consultant. Consultants have already been shortlisted and are awaiting interviews, which will commence soon.
- Improve micronutrient supplementation services.
 - Legislation for food fortification for iodine and other essential micronutrients will be developed, and monitoring system will be established to ensure micronutrient supplementation and utilization of iodized salt.
- Develop IYCF strategy and roll out in the whole of South Sudan.
- Establishment and support of mother-to-mother support groups in communities.
- Develop a Code for Marketing Breastmilk Substitutes for South Sudan.
- Carry out a qualitative study on IYCF.

Country Programme Component: Water and Environmental Sanitation

PCRs (Programme Component Results)

PCR	EQ Rank	OT Details
By the end of 2012, WASH sector strategic investment plans will provide a basis for the operationalization of established national water, sanitation and hygiene policies, with the WASH sector evidence base strengthened and more effective management coordination between the Government of South Sudan, state and county-level actors established at all levels along-term the humanitarian action, recovery and development continuum.	2	FA1OT12, FA1OT10, FA1OT13 (c)
By the end of 2012, an additional 2.4 per cent of vulnerable communities and emergency affected population have access to safe means of excreta disposal and 10 per cent of the population have adopted improved personal hygiene and household water safety practices.	2	FA1OT12, FA2OT7
By the end of 2012, an additional 5 per cent of most vulnerable rural populations have access to equitable and sustainable safe water supply in the 10 states in South Sudan	2	FA1OT12, FA2OT7

Resources Used in 2011(USD)

Resource Type	Planned for 2011 (as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	Percentage Spent (4)/(3) * 100
OR-E	14232693.00	12524945.00	9684245.00	77.32
OR-R	7470000.00	5274740.00	2629965.00	49.86
RR	414000.00	368652.00	360808.00	97.87
Total	\$22,116,693.00	\$18,168,337.00	\$12,675,018.00	

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Results Achieved

UNICEF has supported the WASH Sector Strategic Framework, which sets out the government's organizational priorities, guidelines for prioritization of WASH service delivery and technology choices. This will culminate in a costing exercise that should generate the WASH Sector Investment plans by mid-2012. In support of this exercise, the WASH Information Management System (WIMS) was formally launched and state parties were trained in data management systems and associated workflows. WIMS is now operational (see <http://www.mwri-goss.org/>), processing data, producing maps and reports that are accessible on-line to sector partners.

The WASH programme achieved 105 per cent of the target for safe water supply, due in part to over-performance with rehabilitation of existing water points.

Safe water supplies and treatment facilities were restored or newly established in schools, health units, Guinea Worm-endemic areas and among vulnerable communities for an additional 312,000 people, representing (107 per cent) out of the 300,000 people targeted in the work plan to be provided with access to safe drinking water supply services across the 10 states of South Sudan. This was achieved through construction and installation of 205 new water points (68 per cent of target) and rehabilitation of 429 non-functional existing water points (107 per cent of target).

Training for village-based water committee members (60 per cent of whom were women) has boosted capacity for the long-term term management and maintenance of water points and a coherent strategy to improve the sustainability of hand pump parts procurement, distribution and local maintenance management has evolved through local cluster collaboration.

Forty new water points were constructed in both endemic Guinea Worm villages, contributing towards a sharp decline by 37 per cent in Guinea Worm cases reported in 2011 compared to 2010 for the corresponding reporting period.

The Guinea Worm eradication effort is providing opportunities for programme convergence using the Guinea Worm prevention network of community health workers to promote good hygiene practices and household water treatment and differentiate plans for providing water and sanitation services in schools and health facilities. Improved WASH facilities have been installed in 25 schools this year and in three health facilities, benefitting a total of 12,500 school children and their families.

Working closely with the Ministry of Water Resources and Irrigation, state authorities and NGO partners, the programme initiated a movement towards accelerated demand driven approaches in sanitation and hygiene improvement (Community Led Total Sanitation (CLTS) and School Led Total Sanitation (SLTS))

An estimated 5,367 people have been reached through community-based approaches triggered in 107 communities and involving the training of 317 community mobilizers. A total of 28,200 people (56 per cent of the annual target) were provided with access to improved sanitary facilities, through the construction of 2,820 household toilets in returnee/IDP settlement and host areas (40 per cent of target). Schools were provided with access to a safe means of excreta disposal, benefitting 13,200 school children.

An estimated 114,000 schoolchildren were engaged in this year's Global Handwashing Day, and an estimated 1.5 million people are regularly reached with critical hygiene behaviour change messages.

Most Critical Factors and Constraints

While important steps have been made against 2011 work plan targets, there is still considerable work to be done to enhance government institutional and human resource capacity for planning and coordination, technical and managerial functions at all levels (national, state and county).

The referendum and independence period diverted government personnel from implementation of WASH activities and contractor oversight roles, resulting in well drilling contract delays.

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Logistical preparations for the impending mass returnee movements from the north of Sudan consumed a significant proportion of resources normally devoted to groundwater well contracting, which resulted in lower outputs than planned for Guinea Worm-affected communities this year.

Extremely high and rising cost of transportation and handling of WASH humanitarian supplies, driven by fuel price escalation and deteriorating security in some areas, was major constraint to programme implementation.

Progress in certain areas has been slow due to seasonal factors and poor road infrastructure, which limited access to increasingly remote communities and created more challenging hydrogeological conditions in these same areas.

UNICEF's concurrent commitment to pre-positioning operations associated with the management of WASH core pipeline humanitarian supplies at 16 locations around the country also slowed the finalization of borehole drilling deployments prior to the rainy season.

Progress has also slowed with declining drilling success rates in the remaining Guinea Worm-endemic locations due to difficult geological formations and damaged road infrastructure, which also limited access in key areas.

Key Strategic Partnerships and Interagency Collaboration

The WASH programme works in partnership with the Ministry of Water Resources and Irrigation, the Ministry of Housing Physical Planning and Environment and Ministry of Health as the national sector partners, alongside with State Ministries of Physical Infrastructure and Public Utilities. Other critical partnerships include MEDAIR (as cluster co-lead agency) and the state WASH Cluster coordination partnerships, which are evolving among 32 active WASH Cluster NGO partners. The Carter Center remains a close partner in guiding safe water priorities for Guinea Worm-affected areas. SNV, PSI and Plan International are key partners in advancing CLTS approaches and household water treatment. We are also attempting to build partnerships with Oxford University in the UK to explore remote communication device piloting linked with efforts to improve hand pump maintenance responses.

Humanitarian Situations

Emergency WASH interventions reached more than 100,000 internally displaced and returnee populations during the year, with significant attention being devoted to the rollout and capacitation of the WASH Cluster system. Extensive training has been undertaken with core WASH Cluster partners and state-level focal points and this must continue in light of high staff turnover in the country at all levels. Humanitarian work plan commitments for 2011 have been closely aligned with the CCCs. Significant procurement service obligations for the cluster have also been assumed by the WASH section in managing core WASH pipeline delivery and pre-positioning of assets. This has had a significant positive impact on the timeliness of WASH responses throughout key affected areas during the year.

Contingency planning for 2011 required considerable pre-positioning of WASH supplies and strengthening of key humanitarian support functions at zonal level in anticipation of the mass returnee population movements that have characterized the year. Pre-positioning arrangements made with 16 separate WASH partners located close to the anticipated humanitarian hotspots have significantly reduced the delivery lead times of critical humanitarian WASH core pipeline supplies. Some losses have been incurred, however, due to looting of containerized supplies in insecure locations. The pre-positioning of WASH core pipeline supplies should be limited to zonal and state levels unless thorough risk assessments at more remote locations conclude otherwise. Assuming the Core Pipeline Manager role for the WASH Cluster (as well as nutrition and education in emergencies pipelines) has only been possible due to the significant and effective logistics surge support that the office received early in the year. Without such support in place, assuming the management of all risks associated with core pipeline procurement and logistics operations should be heavily considered.

The WASH programme was allocated US\$12.5 million dollars outside of the Country Programme ceiling of

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which 77 per cent or US\$9.6 million was spent by year-end.

Humanitarian donors (OFDA and ECHO) have demonstrated genuine interest to support actions that link humanitarian work with the recovery/development efforts, especially where this leads to a bolstering of institutional capacity and community resilience.

The immediate outlook for funding across the sector is bleak however, with the global economic crisis biting deeply into the purses of donors. This contributes to pooled humanitarian funds and bi-lateral donor attention focusing increasingly on big infrastructure and big government institutional capacity-building priorities. Forty per cent of WASH Cluster NGO partners attending the last Cluster Forum in November have declared that they have no funding commitments beyond mid-2012 and the government is becoming increasingly eager to enforce improved NGO accountability for the results of their actions and to declare their assets. OCHA have estimated that the international and national/community NGOs operating in South Sudan currently enable/provide up to 80 per cent of all basic services. Donor attention must therefore be brought to bear on short to medium-term funding for NGOs to help sustain critical service delivery and to support a transition that fosters effective local service governance and community ownership.

Summary of Monitoring, Studies and Evaluations

A final evaluation of the EC/UNICEF-funded WASH project was conducted and the recommendations are being implemented, mainly to address improvements in community maintenance management practices, contract supervision and scaling up CLTS. A Knowledge, Attitudes and Practices (KAP) study conducted by SNV concluded that in a school environment, the KAP gaps that have been identified could be addressed by developing appropriate school-based sanitation and hygiene behavior change communication programmes. Support to enable girls to stay in school during menstruation requires urgent specific attention. Studies on community water point maintenance management practice (conducted by UNICEF and cluster partners) is leading to the development of a new concept for long-term-term supply chain funding and local maintenance management practice forged on public/private partnership terms.

Future Work Plan

In 2012 the WASH programme aims to achieve sustained access to community-managed improved WASH services, which contributes to a reduction of morbidity, breaks the transmission of Guinea Worm disease and strengthens peace building.

Key actions include

- i. Catalyze increased allocation of funding through investment plans aligned to a WASH Strategic Framework and SSDP;
- ii. Strengthen WIMS, ensuring smoother bi-directional data exchange between state-level information hubs and the central WIMS unit;
- iii. Establish sustainable supply chain systems to support long-term term water point rehabilitation;
- iv. Accelerate access to sanitary latrines and promote hygienic behaviour practices;
- v. Develop recognition systems to stimulate local sanitation innovations and mobilize individuals and communities to address their own sanitation problems;
- vi. Improve WASH services for vulnerable communities schools and health centres.

In addition, a secondee will be embedded in the Ministry of Water Resources and Irrigation in early 2012 to boost technical capacity of the information management team. The capacity-building efforts over the next programme period will focus more at state and county level in seeking to generate more sustainable supply chains and WASH service information management practices.

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Country Programme Component: Basic Education

PCRs (Programme Component Results)

PCR	EQ Rank	OT Details
1. Education systems, policies and institutions developed to facilitate increased enrollment, learning and completion of primary and secondary education for boys, girls and youth.	1	FA2OT9, FA2OT1, FA2OT4, FA2OT5, FA2OT6, FA2OT8
2. Access and quality of basic and secondary education improved; equitable enrolment and retention of children and youth, male and female increased.	2	FA2OT4, FA2OT5, FA2OT7

Resources Used in 2011(USD)

Resource Type	Planned for 2011 (as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	Percentage Spent (4)/(3) * 100
OR-E	13400000.00	3735605.00	3503861.00	93.80
OR-R	7470000.00	13481472.00	7198422.00	53.39
RR	414000.00	413997.00	413997.00	100.00
Total	\$21,284,000.00	\$17,631,074.00	\$11,116,280.00	

Results Achieved

The major focus for the Education programme was, in line with the first programme component, to ensure progress on developing education systems, policies and institutions to facilitate increased enrollment, learning and completion of primary and secondary education for boys, girls and youth. Significant progress was made on the three planned IRs, i.e. the legislative and policy environment; EMIS and efforts to sustain the learning processes in humanitarian environments. The second programme component focused on improving the quality and relevance of education with three IRs; i.e. enhancing capacity of education managers, teachers and parent associations; establishing child-friendly learning environments and developing a life skills programme.

Through the technical leadership of an institutional consultancy, and in collaboration with all education stakeholders, UNICEF produced a draft national plan through an inclusive and participatory approach that involved children and youth, who articulated their expectations. The Education Donor Group members provided short-term support for studies and other analytical work. The sector plan has been designed to provide education opportunities for all children and youth, and adult literacy for parents. It urges the Government of South Sudan to raise its budget levels in line with the thresholds of the Global Partnership for Education (GPE).

The plan addresses the universal goals and objectives of education. Efforts to improve quality have included the concept of inculcating in children problem solving skills and to connect South Sudan children to the Internet. Capacity development was a major priority, alongside with efforts to position the country to access global resources within the Education for All framework.

At micro-level UNICEF initiated an ongoing project to construct 30 primary schools and four secondary schools, and has ongoing renovation work at 32 schools and 280 temporary learning spaces. The schools will provide child-friendly learning environments for deprived children and will be used by adults for their literacy programmes. The schools were located in remote and deprived areas.

Temporary learning spaces have been used to address education needs of returnees and children in areas where there are no schools. The schools and learning spaces are also designed as centres of convergence for

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other sectors such as health, WASH and child protection. UNICEF recently handed over the South Sudan Institute of Education to the government, a facility that will provide much needed residential accommodation and tutorial facilities for in-service programmes that constitute a significant contribution to capacity development.

As co-chair of the Education Donor Group, UNICEF supports government efforts to coordinate development partner programmes to develop capacity, including infrastructure development and running training programmes. At advocacy level, UNICEF has focused on girls, pre-school children and those with special learning needs.

EMIS continues to be one of the flagship programmes, pivotal to national education planning and management. The census was conducted according to plan and preliminary results published. Progress was made of the piloting of the school register, and the GIS mapping. Little progress was made on capacity development as government did not appoint national staff as agreed.

Most Critical Factors and Constraints

Insecurity in several parts of the country destabilized education programming particularly at school level, leading to closure of schools on several occasions. In some cases schools were occupied by the military. UNICEF engaged with national and state level leadership to minimize disruption of schooling due to occupation by the army or other causes of disruption.

Thousands of families with school age children returned home creating an extra burden on already stretched resources. UNICEF response, in collaboration with cluster partners, was to provide temporary learning facilities, teaching and learning materials and ensuring child-friendly learning arrangements.

At macro-level, the budget allocation to education, around 6 per cent of national budget, will slow down reform processes until it is increased to levels nearer global benchmarks. There has been no notable change in the number of primary schools (13 per cent) offering the full primary school cycle (grade 1–8) and the proportion of untrained teachers (55.1 per cent), or the proportion of female teachers (12.9 per cent). This situation will continue to affect access, retention and completion until it is addressed. UNICEF continues to lobby for additional resources from national and global sources.

Several key policy issues remain unclear, and this affects the day-to-day running of the schools, and the functioning of the education system. These include the absence of a school calendar, lack of clarity on the curriculum and examinations, the language of instruction, among others. Schools open and close at different times and some do not complete the syllabus. Having schools sit for examinations of different examination boards has been problematic. The use of English as the language of instruction has created problems for teachers and pupils, particularly returnees and those who have always used Arabic in the South. UNICEF has provided leadership for the finalization of the legislative and policy instruments.

The low completion rate (below 10 per cent for both sexes) is a result of the small number of primary schools offering the full primary cycle, from standard one to eight (13 per cent). Plans to accelerate teacher education have been incorporated in the sector plan.

Efforts to accelerate girl's education have been affected by the low proportion of female teachers (12.9 per cent), the large number of schools without separate sanitary facilities for boys and girls (52 per cent); and gender-based violence in schools, which has not been censured or punished. UNICEF has revived the UNGEI to address these issues, but more significantly has included more enduring programmes in the Education Sector Strategic Plan (ESSP) to address these issues.

A major lesson from efforts thus far made to address these issues is that fragmented projects by government working with different partners have not been effective. The widely discussed experiences of the Multi-Donor Trust Fund initiative have also led to similar conclusions, and so have individual donors when assessing their own projects. The formulation of a national education plan was in part a response to these situations.

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Key Strategic Partnerships and Interagency Collaboration

UNICEF is co-chair of the Education Donor Group, which brings together the major donors in education – DFID, European Union, Japan International Corporation Agency; United States Agency for International Development. The partners meet once each month to coordinate efforts to support government; to ensure harmonization of education development; to review programmes and to share information and build collaborative efforts as opportunities arise. This forum was instrumental in the development of ESSP, and has clear plans in place to support government to join the GPE and to take advantage of regional groupings for education cross-fertilization and support. The group is also effective at knowledge generation, which is freely shared, and for joint initiatives such as the global conference on language of instruction, foreseen for 2012, and the global conference for education in emergencies held in 2010.

UNICEF has been the convener of the Education Reconstruction and Development Forum for the last five years. The forum brings together, two or three times each year, all the State Ministers of Education and their senior officials; NGOs; FBOs working in education and other significant education stakeholders. The forum debates policies, debates pertinent issues and recommends changes to government. A key theme has been the low education budget. UNICEF, as convener, has successfully changed the constitution of the forum. A forum for the 10 State Ministers of Education and the National Minister of Education has been created, and it will consider issues arising from the national forum, also reconstituted to emphasize thematic working groups. UNICEF has continued to fund these meetings and provide technical support. The forums have in the course of the year been supportive of the plan formulation process. A major challenge has been to make the thematic working groups effective, and focused, an issue that the ESSP is likely to address.

Partnerships with other UN agencies include the sector plan formulation and peace education with the International Institute for Education (UNESCO); school construction projects with UNOPS; contributions to the preparation of the SSDP in collaboration with UNDP; youth programmes with ILO.

UNICEF co-chairs the Education Cluster with Save the Children, bringing together many NGOs to produce a coordinated response to education in emergencies. Interagency collaboration remains strong with the following partners: UNESCO; FAO; UNDP; UNHCR, WFP, OCHA and IOM. Strong partnerships exist with the following NGOs: ADRA, AMURT, CARITAS, Christian Aid, DoR, ECS, FAWA, IBIS, INTERSOS, Mercy Corps, NHDF, NCA, NRC, Oxfam, and Save the Children in Southern Sudan, SNV, Stromme Foundation, WINROCK-Bridge, World Vision, Christian Aid, LHDF, HAER, JRS, PENSIL, Windle-Trust, and CRS.

All partnerships are significant in that they have allowed UNICEF to extend its reach, and to be more effective in the programmes it implements.

Humanitarian Situations

Much progress was made in 2011 relating to emergency preparedness and response. A total of US\$3.7 million was allocated outside of the Country Programme ceiling and raised against the Humanitarian Action for Children (HAC) target of US\$13.4 million for use in humanitarian emergency interventions. By year-end, 94 per cent or US\$3.5 million was spent.

The national Education Cluster, in close collaboration with the government, provided leadership and accountability at national and state level, planning and providing critical and timely guidance. The establishment and consolidation of systems, structures, leadership, coordination and communication systems were all pivotal to a commendable response. The Education Cluster was fully rolled out at national and state levels, and remained alert and responsive throughout the year. The national lead and co-lead arrangement was formalized in February between UNICEF and Save the Children through an MoU, and the cluster coordinator and deputy took early in the year. The leadership at state level was also set up in all 10 states, with terms of references agreed between the State Ministries of Education, UNICEF Education Officers and NGO Focal Points. The cluster is fully functional in eight of the 10 states. UNICEF leadership remains pivotal to the process.

Functioning state-level clusters responded to various emergencies throughout the year. Hot-spot areas included Jonglei, Warrap, Unity and Upper Nile, with significant incidents also occurring in Western

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Equatoria, Western Bahr el Ghazal and Lakes. Forty Rapid Education Needs Assessments, led by UNICEF and cluster partners, were conducted and experimented on the newly developed Cluster Assessment Tool.

Through coordinated action 280 temporary learning spaces were established across all 10 states, reaching more than 30,000 children (approximately 20,000 boys and 10,000 girls) affected by acute emergencies in different parts of South Sudan. In addition, 1,900 teachers and Parent-Teacher Association (PTA) members (1,160 men and 740 women) have been trained on psychosocial support and emergency life skills while 2,500 returnee teachers from the North (2000 men and 500 women) were trained in English language, the official language of instruction. Finally, thousands of children and teachers were provided with emergency education supplies including 132 schools-in-a-box kits, 180 recreation kits, 12,500 textbooks, 700 blackboards.

Work has also been done with other sectors to advocate for the role education plays in contributing to WASH, child protection and health objectives. Guidance Notes were developed relating to WASH in emergency-affected schools and shelters. An Emergency Teacher Code of Conduct and key messages on psychosocial support was also developed for roll out in 2012. The Education Cluster advocated with OCHA, the Ministry of Education and other key actors to address the occupation of schools by armed forces in 2011. During the year 16 schools were occupied for periods ranging from a few days to a month, severely disrupting the learning process for more than 10,000 children. A Guidance Note for OCHA and education actors on the question of school occupations was developed through collaboration with the cluster, OCHA and UNICEF colleagues from child protection and life skills.

Summary of Monitoring, Studies and Evaluations

UNICEF has trained close to 4,000 teachers through the intensive English language programme, in partnership with an NGO, Windle Trust. The training targeted Arabic pattern teachers, who had to undergo such training following the declaration by government that English would be the language of instruction. The evaluation of this Intensive English Language Programme for Teachers has been completed and shared among stakeholders at a one-day meeting. The study makes recommendations that have far reaching implications beyond the UNICEF project, and proposals that will inform the language debate in country.

The recommendations focus on four areas – project design and planning; implementation; monitoring and evaluation and capacity development. Recommendations at design level pointed to the need to reframe or re-conceptualize the English language intervention within an education policy framework to ensure that practice is driven by national policy adhering to guidelines and standards; the need to extend the scope of the intervention to encompass the English language needs of all school teachers and teacher educators with low levels of English language proficiency; and to adopt a strategic, long-term approach to English language provision rather than short-term, 'piece-meal' solutions.

The study recommends the procurement of the necessary English language training expertise to assist with the design of a theoretical framework for international English language and to support the development of a language proficiency approach that underpins the programme.

The study recommends an improvement in communication and coordination amongst the partners, which could be facilitated through a conference to exchange information and share best practices. The study further recommends the adoption of a rigorous trainee selection policy and practice and the development of a Monitoring and Evaluation (M&E) plan as part of overall project design, using a baseline survey, needs analysis and language proficiency framework as key reference points. It is noted that more regular evaluations would be useful, particularly if the findings are utilized.

The study recommends an increase in the level of investment on tutors and for the introduction of school-based mentors. The cadres could ideally be sourced from the ranks of serving teachers or teacher educators. Linkages could be developed with other teacher development initiatives and with teacher education institutions.

A final recommendation is that at the broader educational and societal levels, South Sudan should consider holding a national debate on language in education, in order to better inform the processes to finalize the

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Education Policy and Bill.

A draft of the study on out-of-school children has been submitted, but it is still very much a work in progress. A major preliminary finding is that 64 per cent of children aged 6–11 are not in school. This has been useful for planning, particularly for planning alternative education projects.

Future Work Plan

The major thrust for 2012 is to finalize the final draft of the ESSP that was shared with development partners and government at national and state level for final comments, and will be concluded in early 2012. Implementation, financing and partnership arrangements will be put in place to ensure a harmonized approach to implementation, to strengthen efforts to secure global funding for the plan and to assist the ongoing lobby for additional education resources from the government. The legislative and policy documents will be concluded, notably the enactment of the two Education Bills and the Education Policy to address key issues that affect the education sector management, notably the language of instruction; a uniform school calendar; curriculum and examinations. These policies are designed to facilitate the harmonization of the education system, currently still heavily influenced by the curricula and programmes of neighbouring countries. Language of instruction issues particularly affect children from the North, who have used Arabic as the language of instruction, and the many teachers who arrived from the North, and those who have never been trained in English.

The EMIS results for 2011 will be published, and EMIS 2012 implemented and concluded timely. There are several planned innovations for EMIS, including decentralization of data capture, data dissemination and data utilization training, which will be particularly useful for the states. GIS data collection will be completed in the remaining schools and a detailed Microsoft Office training will be included. The pilot for school registers will be extended to two more states. Training in planning and budgeting will be based on dedicated software, facilitating an equity focus. The EMIS website construction will be completed and launched. The quality and relevance of education will be pursued through the child-friendly approach. Major activities will include school construction and rehabilitation; cross-sector partnership with health, child protection and WASH; accompanied by a capacity development strategy. The planned study on learning achievement will recommend remedial measures.

Country Programme Component: Child Protection

PCRs (Programme Component Results)

PCR	EQ Rank	OT Details
1. By 2012 policies and legislative frameworks related to the protection of children are further strengthened in line with the CRC and other international human rights standards.		1 FA4OT1, FA4OT4, FA4OT9
2. By 2012, boys, girls and young people affected by armed conflict, violence, abuse, exploitation and those without parental care have access to and enjoy quality and equitable child protection services.		3 FA4OT7, FA4OT8, FA4OT10, FA5OT7
By 2012, the Ministry of Gender, Child and Social Welfare and the Ministries of Social Development at state level and communities have stronger child protection systems and functional child protection coordination mechanisms.		1 FA4OT1, FA4OT7

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Resources Used in 2011(USD)

Resource Type	Planned for 2011 (as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	Percentage Spent (4)/(3) * 100
OR-E	13400000.00	3642229.00	3126735.00	85.85
OR-R	2968800.00	3733058.00	2418036.00	64.77
RR	412000.00	1217248.00	480210.00	39.45
Total	\$16,780,800.00	\$8,592,535.00	\$6,024,981.00	

Results Achieved

Under the first PCR, UNICEF made a significant contribution to the development of three key policies, legislation and strategies including: 1) the DDR policy, which has a strong component on child DDR; 2) the development of the Ministry of Justice Strategic Plan, which highlights justice for children; 3) the Nationality Act, which now contains progressive provisions to protect the nationality of children and women.

Protection of children in contact with the law improved through the capacity development of 199 (162 men and 37 women) police, prisons, lawyers, judges, prosecutors and social workers on child-sensitive justice procedures and sensitization to increase knowledge on the Child Act to 52,000 chiefs, religious leaders and community leaders and members. These two initiatives resulted in diversion of 202 (182 boys and 20 girls) out of the reported 250 children from the formal justice system.

Under PCR 1, the programme initiated support to the government in the development of the civil registration system with emphasis on birth registration and the development of the communication strategy for the prevention of child marriage and to improve the wellbeing of girls.

The second PCR contributed to the achievement of UNDAF outcomes 3 and 4. The wellbeing of 18,926 children and young people affected by armed conflict was enhanced through the provision of child protection services ranging from reintegration support to psychosocial support services through child-friendly spaces, family tracing and reunification for separated, unaccompanied and abducted children, gender-based violence response services and foster care arrangements.

Under the same PCR, 124 (out of the planned 200 for 2011–12) staff from UN, NGO and CBO partners were trained on monitoring and reporting on grave child rights violations based on Security Council Resolutions 1612, 1882 and 1998. The trained staff contributed to the reporting and/or verification of 200 recorded incidents, which affected some 1,968 boys, girls and young people who also benefitted from child protection services. Some 1,500 SPLA officers were trained as trainers on child protection; these officers were supported to sensitize more than 7,500 SPLA soldiers on child protection and prevention of recruitment. This initiative has helped to reduce recruitment of children by the SPLA. The programme also provided leadership in responding to children abducted by the Lords Resistance Army (LRA) while 149,943 (out of the planned 175,000) community members living in areas contaminated by landmines received mine risk education to help reduce injuries related to mines.

Under the third PCR 1,504 social workers, caregivers, and community mobilizers received training on child protection in emergencies, which enabled them to improve the protection of the affected children through the provision of emergency child protection services to 10,232 (out of the 10,000 planned target) displaced or returnee children and young people. Eighty per cent of the children were supported through 16 child-friendly spaces established in the returnee settlements. To further increase the protection of the children, 72 community support networks were trained and supported to monitor, report on and respond to the situation of the children.

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Most Critical Factors and Constraints

The most critical factors or constraints that affected the implementation of the Child Protection work plan in 2011 included:

- a) Inadequate human resource and technical capacity of the ministries with child protection mandates to provide leadership in the formulation of child protection-related policies at the national level. At state level, the human resource and technical capacity to implement the policies persists. UNICEF plans to support the development of the national through provision of short-term high-level technical assistance to formulate policies and standards for child protection. Long-term support will be provided to the mid-level managers in the ministries by embedding staff who will assist in the implementation of the policies and standards through on the job training, coaching and mentoring. At the state level, UNICEF will support the mapping and assessment of existing children protection structures and systems and develop strategies for addressing the gaps identified. At the community level, UNICEF will help in the development of systems capacity development initiatives for service providers so that they can acquire knowledge, skills and competencies that will improve child welfare services delivery for affected children and young people.
- b) Lack of child protection implementation partners in the states that border with Sudan and in remote counties – areas where there are critical child protection risks. To address this UNICEF has invested heavily in developing the capacity of government social workers and CBOs to implement child protection projects in those far off locations. Since the capacity development is starting from a very low base, the support will continue for the next two years.
- c) Slow progress made in the implementation of four of the IRs was due to the long-term consultation process between UNICEF and the line ministry. Consensus was reached very late in the year to support the development of the implementation strategy for the Child Act and the strategic plan; the milestones for 2011 were therefore not achieved. However, with the launching of the child protection systems development in South Sudan, it is envisaged that it will be easier to reach consensus with the government as they will provide leadership to the child protection systems development.

Key Strategic Partnerships and Interagency Collaboration

Key strategic partnerships and interagency collaboration include:

The Child Protection programme collaborates with several ministries in strengthening the protective environment for children. The strategic partnership with the Ministry of Gender, Child and Social Welfare has enabled UNICEF to participate and contribute to the development of the SSDP. This allowed UNICEF to particularly influence the development of social welfare services and DDR plans, in order to have strong programmes for the protection of children.

At the national level UNICEF works with Ministry of Gender, Child and Social Welfare and Save the Children in South Sudan in the providing leadership to the Child Protection Sub-cluster, which falls under the Protection Cluster led by the UNHCR. UNICEF used the collaboration to develop SOPs for all partners working with children affected by conflict and emergencies and also helped developing and implementing training of child protection partners to improve delivery of child protection services. UNICEF collaborates with the Ministry of Justice in supporting the Justice for Children and Women Section within the Ministry to monitor the situation of children who come into contact with the law and to provide legal assistance whenever possible.

UNICEF has collaborated very closely with the South Sudan Relief and Rehabilitation Commission (SSDDRC) in development of the policy, strategy and the national DDR programme, which will start in April 2012. The collaboration between the Commission and UNICEF continued in the release and reintegration of children associated with armed forces or groups and the prevention of recruitment of children. The collaboration with the South Sudan Defendant Army (SSDA) has focused on developing national capacity for mine risk education for the prevention of mine-related incidents and injuries.

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UNICEF joined the UN inter-agency (UN Women, UNFPA, UNDP and UNHCR) collaboration on the establishment and operationalization of the Special Protection Units at selected police stations to enhance the protection of women and children affected by gender-based violence and children who come into contact with the law. During the year UNICEF increased its participation in the Rule of Law Forum, which is led by UNDP and this has enabled UNDP to include UNICEF in planning and training of various law enforcement agents and the judiciary.

UNICEF has strategic collaboration with UNMISS Child Protection Unit on strengthening the protective environment of children affected by armed conflict including the implementation of the Security Council Resolutions 1612, 1882 and 1998; and with UNMACC in the provision of mine risk education.

At the state level, the Child Protection programme collaborated with the Ministries of Social Development to provide leadership to the Child Protection Working Group (CPWG), which coordinate child protection interventions at the community level. UNICEF field offices collaborated with the following implementing partners: international NGOs (such as Save the Children in South Sudan, World Vision Non-Violent Peace Force, MAG, SIMAS and VSF Suisse). Local NGO partners included NCDA, CHORM, ACD, TOCH, ADO, IPCS, CDOT, CMMB, and CCC.

Major donors included: CIDA, SIDA, Governments of Japan, Norway, Spain, Korea, Denmark, Australia and the Italian and German National Committee. The programme also benefitted from funding from ECHO and Common Humanitarian Fund.

Humanitarian Situations

The response to humanitarian situations was mainly through the child protection coordination mechanism, which assisted more than 10,000 children caught up in various humanitarian situations. A total of US\$3.6 million was allocated to be used for humanitarian interventions, which was raised against the HAC US\$7.3 million target. At year-end, the Child Protection programme had used 86 per cent or approximately US\$3.1 million of the total allocation.

The Child Protection Sub-cluster has improved greatly with a dedicated sub-cluster coordinator who has also helped five CPWGs to improve the coordination of child protection response to humanitarian situations. An analysis of the Child Protection Sub-cluster and the 10 CPWG meetings (one in each state) indicates that 90 per cent of the planned coordination meetings agreed at the beginning of the year were held and ad hoc meetings were called when it was deemed necessary. Attendance and participation at the coordination meetings were analyzed at around 85 per cent. The regular coordination meetings and regular participation by members helped to synchronize responses to children caught up in emergencies.

The Child Protection Sub-cluster also led the process of developing the standard operating procedures (SoP) for family tracing and reunification services and supported the roll out of the SoP in the states. All members of the child protection coordination system are now using the SoP to guide interventions for family tracing and reunification. Following the training of gender-based violence providers and members of the CPWG on prevention and response of gender-based violence against children, the members of the CPWG were able to contribute to the finalization and roll out of the gender-based violence standard operating procedure in three of the states.

The Child Protection Sub-cluster has also coordinated closely with the Child Protection Sub-cluster in Sudan and managed to get the two family tracing and reunification databases to speak to each other through the use of similar family tracing and reunification forms. This has made it possible for the two sub-clusters to exchange information on separated and unaccompanied South Sudanese children who are in the Sudan and need to be brought back to South Sudan. The combined efforts of the two sub-clusters supported by UNICEF enabled the signature of a landmark MoU between the National Council for Child Welfare in Khartoum and the Ministry of Gender, Child and Social Welfare in Juba. The MoU has enabled initiation of cross border family tracing and reunification services between Sudan and South Sudan.

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Summary of Monitoring, Studies and Evaluations

The Child Protection programme did not conduct new studies or assessments in 2011 but instead focused on the implementation of the outcomes and recommendations of the study on child abduction and the KAP study on child marriage conducted in 2010. Workshop was organized in Jonglei to validate the study and to discuss the recommendations of the child abduction study. Thereafter actions plans were prepared by the nine counties that are the most affected by child abductions. The Ministry of Local Government and the Ministry of Social Development in Jonglei State are monitoring the implementation of the action plans to prevent and response to child abductions in Jonglei. The report of the study has been widely disseminated at national and state level and it is one of the key documents being used by different stakeholders involved in the Jonglei peace initiative.

The outcomes of the KAP study on child marriages conducted in 2010 in in Jonglei, Upper Nile and Central Equatoria now being used by an international social change agency to develop a communication strategy, which will be used by UNICEF to inform community mobilization for the prevention of child marriages at the community level and for legal and policy reform at the national and sub-national level.

Future Work Plan

The Child Protection programme in 2012–2013 will contribute to two of the UNDAF outcomes: i) key service delivery systems are in place, laying the groundwork for increased demand, (ii) violence is reduced and community security improves. This will be done through the programmes contribution to state building and strengthening the protective environment for children and adolescents affected by conflict and emergencies.

In the new Country Programme cycle, the Child Protection programme will have one PCR that aims at ensuring that children and adolescents, particularly those affected by conflict and emergencies, have access to quality child welfare services in a strengthened protective environment. There will be seven IRs, which will contribute to the achievement of the PCR. Four of the IRs will focus on: development of the development of the strategy for the implementation of Child Act and the development of the policy on children without parental care; the formulation the policy on civil registration; the development of the child protection system and the national strategy for justice for children and the promotion of restorative justice are envisaged to contribute to state building efforts of the country office. The focus is on establishing or strengthening systems and structures for sustainable protection of children and adolescents.

The three remaining IRs focus on reducing the impact of conflict and emergencies and enhancing the wellbeing of children and adolescents who are affected. This is the contribution to the country office's efforts to reduce the effect of the humanitarian crisis on South Sudanese. These three IRs aim at: ensuring that children and adolescents affected by landmines and those released from armed forces or groups have access to improved and equitable community-based reintegration and social welfare services; children and adolescents affected by HIV/AIDS, abduction and child marriage have access to and benefit from equitable child welfare services; and that child protection coordination mechanisms and structures have the capacity and ability to respond to protection needs of 20,000 children and adolescents during emergencies

The Children Protection programme will use a combination of strategies to achieve the IRs and these will include: systems building to strengthen justice systems; national, sub-national and community based protection systems for children and adolescents; capacity building of government, civil society and other partners at national, and state and community levels for improved child welfare service delivery; advocacy for effective legal framework and policy development and for child rights; provision of child welfare services; expansion of strategic child protection partnerships and social transformation and behaviour change to protection children and adolescents from harmful traditional practices.

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Country Programme Component: HIV/AIDS

PCRs (Programme Component Results)

PCR	EQ Rank	OT Details
Capacity for South Sudan AIDS Commission and Ministry of Health at national and state level is strengthened to effectively manage HIV programmes including timely HIV response during emergencies.	1	FA3OT6
Women, children and young people in South Sudan accessed gender sensitive and equity focused HIV prevention, treatment, care and support services by 2012.	2	FA3OT1, FA3OT2, FA3OT4, FA3OT5, FA3OT6, FA3OT7, FA3OT8, FA3OT9

Resources Used in 2011(USD)

Resource Type	Planned for 2011 (as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	Percentage Spent (4)/(3) * 100
OR-E	1500000.00	644315.00	644108.00	99.97
OR-R	1350000.00	982769.00	958335.00	97.51
RR	450000.00	224043.00	200638.00	89.55
Total	\$3,300,000.00	\$1,851,127.00	\$1,803,081.00	

Results Achieved

Planning and coordination capacities of the South Sudan Aids Commission (SSAC) and Ministry of Health have been strengthened in line with PCR1; through consultation in the development of the 2011–2012 work plan. The established coordination mechanism has continued to be functional through the year and as a result a total of 48 successful coordination meeting have taken place.

Achievements against PCR 2 are the following: access to correct information on HIV prevention has improved among young people with an additional 361,348 (199,008 male and 162,335 female) as compared 2010 where only 205,445 young people both in and out of school were reached. This was achieved through a wide range of activities, including public training of peer educators, teachers training, education campaigns, voluntary counseling and testing (VCT) promotion, CBO-led peer education programs and radio programs aimed at reducing stigma and promoting discussion on HIV/AIDS, gender inequality, harmful traditions and cultural taboos.

A projected 22,173 people were engaged in this year's celebrations across the 10 states in the commemoration of the World AIDS Day.

The number of young people and women of child bearing tested for HIV has increased during the year from 31,216 in 2010 to 38,783 in 2011 (117 per cent of the biannually target) with 53 per cent female testing for HIV. This was made possible through scaling up of testing services across the 10 states with the Ministry of Health taking the lead in the establishment of new testing sites including mobile and outreach services to the existing stand-alone testing sites coverage for reaching different people. The training of 108 counselors and the provision of on-job mentorship also improved the quality of HIV counseling and testing (HCT) services, as well as the intense awareness raising through 201 peer educators, created the demand for HIV testing and counseling.

This year a total 48,908 pregnant women have tested for HIV and out of those tested 617 were positive for HIV in 42 antenatal care sites across the 10 states. Remarkable progress in PMTCT with 96 per cent (596) women living with HIV receiving antiretroviral (ARV) prophylaxis to prevent HIV transmission to their infants,

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up from 86 per cent in 2010.

Likewise uptake of ARV prophylaxis for exposed infant has increased from 24 per cent in 2010 to 58 per cent by the end of October 2011. Paediatric antiretroviral therapy (ART) and cotrimoxazole prophylaxis, coverage rates remain very low at 14 per cent of paediatric ART. This is related to the late testing to HIV exposure for infants at 18 months instead of six weeks due to the lack of a polymerase chain reaction (PCR) machine. There is slight increase in the percentage of exposed infants receiving cotrimoxazole, from 31 per cent in 2010 to 42 per cent. With the establishment of three mother-to-mother support groups in three states, the coverage rate is expected to improve as they will be tracking HIV+ mothers including their infants, to ensure adherence to treatment.

A total of 750 children affected by HIV/AIDS and 120 infected children have been supported with basic and psychosocial services through CBOs.

Most Critical Factors and Constraints

Although progress has been made against the 2011–2012 work plan targets, the supply chain management continued to be a major concern, including issues related to poor forecasting, and an uncoordinated central supply system has resulted in continuous stock-outs of test kits, which interrupted testing services across the country.

The referendum process, which mobilized government employees away from services provision, impeded and delayed programme implementation.

Prioritizing scale-up towards universal access in expanding HIV/AIDS services to a broader population in both the urban and rural areas particularly in states with comparatively high prevalence and rural spots.

The lack of surveillance and research to provide better estimate the true prevalence of the epidemic in the country challenges planning and development of better implementation targets.

Despite the improvement in case finding, access to treatment and follow-up of cases are lagging behind because of limited ART sites and inadequate knowledge of the importance of adherence and compliance to treatment. These critical issues need to be addressed.

Targets for in school youth have not been realized this year due to the delay in the revision of the life skills curriculum, which affected the timely training of teachers. Innovative strategies need to be developed to address the challenges posed by cultural beliefs and taboos that lead to risky behaviors.

The antenatal care coverage in the country is far lower than national targets, and in most settings antenatal care and PMTCT are not strongly linked. Thus HIV counseling and testing in pregnant women are very low. The integration of counseling and testing and PMTCT in antenatal clinics is of paramount importance for increased uptake of services.

Existing care and support services remain a challenge in the face of a growing demand for the services, especially in the provision of basic and psychosocial services to HIV-infected and affected children. This is because there is a lack of a policy and national plan of action that could guide the implementation in terms of what package is to be offered to the affected and infected children

Key Strategic Partnerships and Interagency Collaboration

UNICEF works in partnership with SSAC, the main coordinating and policy-making body. In addition, partnerships exist with the Ministry of Health HIV Directorate at the Government of South Sudan and state level, the Ministry of Education, UNDP, UNAIDS and UNFPA. Main implementing partners include the American Refugee Committee, ZOA Refugee, Mediar, Action Africa Help, Tearfund, Diakonie, Diocese of Rumbek, Catholic Diocese of Wau, and Community based Organizations.

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Humanitarian Situations

The HIV/AIDS programme was allocated US\$644,315 for their humanitarian interventions and by year-end 100 per cent was spent.

In collaboration with UNAIDS, the government and NGOs, UNICEF supported the capacity building of state HIV/AIDS Directors and NGOs on the HIV response in humanitarian settings and the formation of an inter-agency standing committee. A total of **34** HIV Directors, NGOs and UN staff were trained. This training provided the government and the implementing partners with the capacity to respond to **8,069** returnees and IDPs with HIV prevention services including HIV education, testing and counseling and provision of ARV for HIV-positive pregnant women in Lakes, Warrap, Unity and Upper Nile states.

Summary of Monitoring, Studies and Evaluations

The HIV and Children programme did not conduct any formal studies or evaluations in 2011, however regular field monitoring of activities was undertaken including mentorship, supervision and on-site verification of data related to this area. During monitoring weak areas such as the implementation of combined therapy for PMTCT were identified. As a response, mentorship and on-the-job training was conducted in all the 41 PMTCT sites supported by UNICEF. In addition follow up of mother and baby care was weak so mother support groups were established for tracking of mothers who would defaulted from treatment, and also to ensure that for those women who delivered at home, that they bring their exposed infants for early enrollment in therapy.

Future Work Plan

The HIV and Children Programme component in 2012 will be mainstreamed into the Education, Health and Child Protection programmes. The future work plan in this area includes such actions as conducting bottleneck analysis of PMTCT; development of a PMTCT scale-up plan; development of a life skills strategy and implementation plan, and provision of basic and social services for services affected and infected by HIV including conducting rapid assessment analysis and action plan for orphans and vulnerable children, which will then lead to the development of a national plan of action.

Country Programme Component: Communication and Advocacy

PCRs (Programme Component Results)

PCR	EQ Rank	OT Details
By 2012, prioritized vulnerable population (young people, care-givers, women, nomadic groups and IDPs and host communities) access and use relevant information, and have increased positive attitudes for adopting safer and healthier practices	1	FA5OT6
Strong representation, sustained and evidence-based advocacy, and targeted communication on children's and women's rights issues improved, particularly for vulnerable groups.	2	FA5OT6, Support 6

Resources Used in 2011(USD)

Resource Type	Planned for 2011 (as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	Percentage Spent (4)/(3) * 100
OR-E	306000.00	408767.00	393274.00	96.21
OR-R	419000.00	141796.00	9868.00	6.96
RR	361200.00	432817.00	432527.00	99.93
Total	\$1,086,200.00	\$983,380.00	\$835,669.00	

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Results Achieved

The key results achieved in 2011 can be summarized as follows:

Strong representation, sustained and evidence-based advocacy and targeted communication on children's and women's rights issues were improved, particularly for vulnerable groups through the following results:

- Capacity-building efforts for journalists continue to be strengthened with more than 50 journalists being training on ethical reporting on children and basic journalism skills. This has opened up opportunities to establish 'Media Network for Children' for promoting child rights through the media.
- The much-awaited Independence of South Sudan opened up opportunities to emphasize the importance of children and youth issues. Strategic coordination with regional and global media networks enhanced the priorities of South Sudanese children reaching at least a million people globally
- Key commemorative days such as the Day of the African Child gave children an opportunity to engage in dialogue with their own Parliamentarians – probably a first of its kind in the new Republic. The round table discussion between "Children and Parliamentarians" which provided street children and disadvantaged youth a rare chance to ask issues concerning them.
- Children and youth consultations conducted in select states provided a platform for voicing their opinion on issues related to education, health, protection and nation building. The vulnerable/disadvantaged children (such as juveniles from Juba Prisons, Juba Orphanage) were also included in the consultations to give all sections of society an opportunity. These findings contributed significantly to the development of UNICEF South Sudan's new Country Programme.

Prioritized vulnerable population access and use relevant information, and have increased positive attitudes for adopting safer and healthier practices through the following results:

- Using a mix of media approaches, more than eight million people in all 10 states of South Sudan were reached with messages and IEC material during the Polio and Routine immunization campaigns.
- For Emergency Communication, the programme contributed to the implementation of a "Safe Ways" campaign which includes the promotion of life-saving messages through traditional and new media and generating community dialogue on key behaviors (WASH, Education, Child Protection, Health and Nutrition). This intervention continues to reach approximately 1 million people in South Sudan.
- Communication capacity of 10 states strengthened through deployment of 10 state level National C4D officers providing strategic support to the State Ministries of Health and partner agencies.

Most Critical Factors and Constraints

One of the major lessons learned for UNICEF in 2011 is the need for enhanced cooperation to further focus on rights-holders' awareness and duty bearers' accountability, focusing on key messages and key IEC materials with appropriate synergy among MTSPs, instead of vertical approaches.

- Limited capacity of media and frontline workers in journalism and behaviour change communication which includes private sector communication and advertising agencies. A series of trainings in 2011 was conducted to address the capacity gaps.
- The literacy level particularly in a majority of the states is a challenge in implementing media and C4D interventions.
- UNICEF needs to expand the mobilization of all central and decentralized systems (state, county, payam, community), making more use of traditional community structures (kings, chiefs, TBAs, social workers, teachers, home health promoters, social mobilizers); and enhancing its partnership with CBOs, FBOs and media with a more robust inclusive approach (instead of conventional media approaches where programmers resort to developing just IEC materials instead of developing a needs based communication plan). The new Country Programme 2012–2013 focuses on establishing and strengthening social mobilization platforms and partnerships to improve programme interventions.
- There is a significant need to further stimulate community and youth participation, through community extension system for better mobilization, ownership and monitoring, including mapping and reaching out to the hard to reach population (equity); this has been initiated through the process of strengthening existing

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youth clubs starting with six counties.

- A comprehensive Emergency Communication Strategy for Preparedness, Response and Recovery is not available and will be developed in 2012.

Key Strategic Partnerships and Interagency Collaboration

The programme partnered with the Ministry of Information and Broadcasting to build the capacity of the media to report on children's issues using ethical guidelines, and with the Ministry of Health to organize a national C4D learning event that included key communication partners from all states. Similarly at the state level, the programme partnered with the line ministries and radio stations to promote behaviour messages across the 10 states reaching to an estimated population of more than 250,000 people.

UNICEF is an active member of the United Nations Communication Group (UNCG) where it collaborated effectively with all UN agencies particularly for media activities during the run up to the country's independence and emergency response.

Strategic partners in 2011 included the UN agencies especially UNHCR, IOM, OCHA etc. in the field of emergencies where coordination was ensured to effectively reach the displaced communities.

The programme partnered with a number of NGOs and CBOs in 10 states to promote polio immunization supplementary immunization activities and routine immunization, thereby reaching more than eight million people during 2011. Some of the important partners included international NGOs such as the Right to Play International and others such as Sudan Catholic Radio Network, Bakhita Radio and Heaven's Lights the World, which resulted in reaching women and children in vulnerable situations in six states with care messages on safe practices.

Humanitarian Situations

Emergency communications was allocated US\$408,767 outside of the Country Programme ceiling and was able to utilize 96 per cent of that allocation (US\$393,274) in order to carry out activities. In close collaboration with the Government of South Sudan, the programme contributed to the assessment of vulnerability of returnees from North Sudan through a special intervention in collaboration with the clusters. It also created safe spaces for children that were equipped with play material and supervised through a youth group of community mobilizers from amongst the returnees and provided the children an opportunity to play and get adjusted in the new environment.

Community mobilizers were provided an orientation using specially designed material focusing on health and hygiene messages and provided IEC material to be used in the communities. UNICEF guided the mobilizers on interpersonal communication, with the help of training manuals and support materials. The mobilizers carried out these sessions during community meetings and focused on key care messages related to areas like malaria, immunization and exclusive breastfeeding etc.

An innovative 'When it rains' series of communication interventions was conceptualized and used amongst the returnees to prepare them to brace the ensuing season, which would affect their environment. These materials were developed in consultation with clusters and pre-tested to ensure efficiency and effectiveness.

The programme prepared prototypes of standard IEC material on essential messages, which could be replicated in quick time to reach out to communities based on felt needs. Some material has been printed and pre-positioned in the field offices at state levels for ease of dissemination when needed.

Partnerships with the civil society were initiated to promote smooth reintegration of the returnees with the host communities, especially amongst the youth, allowing the programme to reach the unreached, using innovative techniques and tools such as play way methods. The programme aired pre-prepared radio spots on key household care messages through a network of FM radio stations. Weekly programmes on the largest radio network of Radio Miraya continued to provide need-based information on critical areas focusing on the returnees.

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Summary of Monitoring, Studies and Evaluations

The programme did not undertake any significant study this year. However, it used the findings of the Sudan media and telecoms landscape study (Infosaid) for media planning. Additionally, the results from the PCE, organized by WHO after every polio NID, were analyzed for effective planning using the social and communication data generated.

Future Work Plan

UNICEF South Sudan, the newest country office, has been exploring the possibility of using innovative ways to promote our humanitarian and development interventions. South Sudan faces massive challenges and is still one of the riskiest places in the world for a child to be born. Mass media is limited with radio as the lead medium of communication. There is only one state-run TV, which has coverage only in the capital, Juba. Mobile phone messaging or SMS, an old phenomenon in other countries, is relatively new in South Sudan. UNICEF and the Ministry of Health partnered with a local mobile operator, Vivacell, to send our text messages (on health) during two rounds of NIDs and emergency operations – well appreciated by the population.

In the new Country Programme 2012–2013, South Sudan office will be venturing to initiatives around innovations and new technologies for development and humanitarian action such as mobile-based applications: IVR (Interactive Voice Response) and mobile 'video on foot' technology to improve access to information, delivery of essential services and monitoring of services to the remote population. Lessons learnt from other country offices will be considered for adaptation to the country context.

In relation to overall C4D intervention, a comprehensive C4D strategy will be developed and implemented on key behaviours (malaria prevention, infant and young child feeding, hand washing with soap, diarrhoeal prevention and maternal health) including a large-scale formative research. This will contribute to the SSDP, using a mix of innovative and traditional communication approaches leading to social and behaviour change.

Capacity building is another important area of focus for both external relations and C4D. Efforts will be made to develop and train a network of social mobilizers at the community level for promoting C4D behaviours in at least four states. Local media professionals and journalists from all states will be trained in basic journalism skills and ethical reporting on children. Efforts will also be made to institutionalize the Ethical Guidelines and Child Rights in at least one academic or media organization.

Strategic communication will play an instrumental role to strengthen fundraising initiatives through documentation and visibility materials.

The key issues concerning South Sudanese children will be highlighted further with a country specific website, new media and strategic partnerships.

Country Programme Component: Social Policy, Planning, Monitoring and Evaluation

PCRs (Programme Component Results)

PCR	EQ Rank	OT Details
By 2012, the Government of South Sudan and state-level partners and institutions have strengthened capacity for decentralized child focused and evidence-based gender-sensitive planning, implementation and monitoring and reporting on social development programmes and the MDGs.	1	FA5OT5, FA5OT9
Improved policies, systems and enhanced capacity for child sensitive social protection and national and sub-national budgetary processes are equity based and pro-poor, child	1	FA5OT7, FA5OT6, FA5OT8, FA5OT9

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sensitive and aligned with key results of the Government of South Sudan priority pillars and Budget Sector Plans.		
Increased efficiency, effectiveness and impact of UNICEF-assisted programming and programmes through the use of up to date and reliable data and application of lessons learned from monitoring, reviews, studies, assessments and evaluations	1	FA5OT1, FA5OT2, FA5OT5

Resources Used in 2011(USD)

Resource Type	Planned for 2011 (as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	Percentage Spent (4)/ 3) * 100
OR-E	3210000.00	1422471.00	961739.00	67.61
OR-R	419000.00	574742.00	117146.00	20.38
RR	1042663.00	711761.00	711761.00	100.00
Total	\$4,671,663.00	\$2,708,974.00	\$1,790,646.00	

Results Achieved

In relation to PCR1, the environment for partner engagement in policy work improved with South Sudan gaining independence in July 2011. UN agencies, development partners and other stakeholders made significant contributions to the preparation of the SSDP (2011–2013), which set concrete parameters for the country's development agenda in the key areas of Governance; Economic Development; Social and Human Development; and Conflict Prevention and Security. These are the priorities upon which the major policy frameworks will evolve in the next two to three years and will lay the foundation for the 2014–2018 long-term development plans.

One of the key issues that dominated the policy discussion was the inclusion of the child benefit cash transfer scheme in the SSDP, following sustained and high-level advocacy by UNICEF and its partners, including UNDP and the World Bank. The Government of South Sudan also made a major alignment to its aid policy, setting out clear parameters for aid principles, coordination and reporting. UNICEF played a major role in the processes, ensuring issues of equity, child poverty and social protection get priority attention and centre stage in the discussions. These being new developments in South Sudan, technical assistance in policy advocacy, implementation and monitoring are critical in sustaining the policy agenda.

With reference to PCR2, as part of its engagement with the South Sudan states and development partners in the preparation of the SSDP, the government prepared guidelines, which showed the plan as a medium-term strategy for achieving security, development, economic growth and poverty reduction. However, because of the tight timeline, the process did not involve a wider consultation, especially with state-level stakeholders, as was envisaged. To ensure the SSDP was child focused and gender sensitive, UNICEF played a key role in the accountability sector under the Governance Pillar; education, health and humanitarian affairs sector under the Social and Human Development Pillar; and in the rule of law sector under the Conflict Prevention Pillar. UNICEF's input in these sectors included advocacy and technical assistance. The lessons that were learned from these processes have informed the development of the new Country Programme 2012–2013.

Under PCR3, the South Sudan Household Health Survey 2 report was finalized. As part of the wider dissemination plan, eight target groups were identified, with specific messages for each group. Five key staff members from the Ministry of Health and the National Bureau of Statistics were trained in Istanbul on MICS dissemination strategies. Further analyses of selected MICS indicators were also planned, specifically the Birth Registration and Immunization Coverage Surveys. UNICEF was involved in 37 emergency response operations in 2011, providing assistance to more than 300,000 people through non-food items (NFIs), WASH, health, nutrition, child protection and education interventions. UNICEF effectively participated in inter-agency contingency planning exercises as part of its own emergency preparedness. While UNICEF

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supported major evaluations such as the EU WASH programme and surveys on nutrition and hand-washing, documentation and follow-up on lessons learned is still weak.

Most Critical Factors and Constraints

One of the most critical factors affecting performance of the SPPME sector in South Sudan is the large capacity gap, especially in the domain of development planning. This affects the overall quality and timeliness of planning, and the ability of the central government to provide support to the lower levels of governance. This capacity gap also limits the ability of government to monitor the implementation of plans and the accountability that goes with it.

The scale of emergencies in South Sudan sometimes reached overwhelming proportion and this, combined with the high number of returnees into the country, had a negative impact as they tend to divert attention and resources from development planning.

The establishment of systems and infrastructure in South Sudan would greatly benefit from the private sector but this is an area that is still quite weak. Moreover, insecurity in some parts of the country limit access to areas that would benefit from stakeholders that would support lower level planning and monitoring of interventions.

Internally in UNICEF, the staffing required for upstream policy work was inadequate, with only one international staff member handling the tasks of social policy and planning. The new Country Programme will attempt to address this gap.

Key Strategic Partnerships and Interagency Collaboration

Key strategic partnerships and interagency collaboration include Ministry of Finance and Economic Planning and partners in the development of SSDP, Ministry of Gender, Child and Social Welfare, NBS, UNDP and the World Bank in CBCT; SSRRC and Ministry of Humanitarian Affairs and Disaster Management for humanitarian assistance. SPPME lacked external funding except for the funds for emergency preparedness and response that are reported under the respective programme sectors.

Humanitarian Situations

UNICEF was involved in 37 emergency response operations in 2011, providing assistance to more than 300,000 people through NFIs, WASH, health, nutrition, child protection and education interventions, as reported in the respective sectoral programmes. A total of US\$1,422,471 was allocated to this programme component for humanitarian intervention and by year-end a total of US\$961,739 or 68 per cent was utilized.

UNICEF has managed high expectations and challenges as cluster lead agency for WASH, nutrition, education and child protection, requiring intense contingency planning and pre-positioning especially prior to the referendum. This has been critical in ensuring effective emergency response to the displacement of more than 100,000 people from Abyei and the return of 350,000. As a contribution to the NFI Cluster lead by IOM, about 10,731 families (64,386 individuals) affected by emergencies received NFIs (a set of basic daily necessity items including plastic sheeting, buckets, blankets, soaps, mosquito nets, cooking items and utensils), while 13,662 NFI kits have been pre-positioned in key hubs. UNICEF is currently participating in the inter-agency contingency planning exercise and is reviewing its internal contingency plan for the period January–June 2012, which will address humanitarian needs of an estimated two million people under the worst case scenario; preparation is on-going for pre-positioning of emergency supplies. So as to be able to implement the above-mentioned activities, UNICEF received emergency funds through the CAP, the Common Humanitarian Fund (CHF) and Central Emergency Response Fund (CERF) mechanisms.

An Emergency Coordination Management Team (ECMT) committee was established in late 2010 and included in the official office bi-annual management plan for 2011/2012. Under the leadership of the Representative, the purpose of this body is to provide direction and guidance for timely, effective and coordinated implementation of UNICEF's emergency prevention, preparedness, and response and recovery activities in South Sudan, within the framework of the new CCCs. During the course of 2011, nine meetings were held to effectively address EPR issues for the contingency plans in view of large-scale emergencies related to the

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referendum (early 2011) and independence (July) scenarios. During the reporting period, the EW EA intranet system has been updated twice in his various components: threat analysis, key actions (through the upload of the section's response plans), and preparedness.

Summary of Monitoring, Studies and Evaluations

The SPPME was responsible for coordinating, tracking and reporting on the implementation of the IMEP. In addition, it had specific responsibility for some key and strategic IMEP activities, including the SRE that the country office conducted in May 2011. The exercise reviewed achievements and shortfalls regarding major development outcomes related to children, assessed UNICEF's contribution to these achievements and crafted a vision for UNICEF in the medium and long-term engagement with government and stakeholders in South Sudan. As part of its corporate responsibility, the programme organized and coordinated the conduct of the mid-year and annual programme reviews.

The programme also supported the training of 30 government staff from line ministries and the NBS in DevInfo users and administration. Data from the Household Health Surveys and from Sector Management Information Systems, including EMIS, have been uploaded into the South Sudan Info database.

The report of the 2010 SHHS2 was finalized.

Progress in the implementation of sector specific IMEP activities is reported separately under the respective programme reports.

Future Work Plan

As part of the key results to be achieved in the new Country Programme, the programme will aim to generate quantitative and qualitative evidence and deepen the knowledge of the situation of children in both development and humanitarian contexts. It will conduct strategic studies and research, including budget analysis, and facilitate international knowledge networking for an evolving policy environment, and strengthen South Sudan Info as a major repository and source of key data for the country. The programme will also develop a social protection framework and set up a child benefit cash transfer programme. In support of its humanitarian function, the programme aims to develop an effective accountability and coordination framework among national humanitarian institutions. It will also advocate the creation of an independent child commission for the implementation of the Child Act.

Country Programme Component: Cross-sectoral costs

PCRs (Programme Component Results)

PCR	EQ Rank	OT Details
Policies, systems and human resource capacity in place to ensure children and women equitably accessed minimum package of health and nutrition services in emergency and non-emergency situations by 2012, with emphasis in five focus states (of Jonglei, Warrap, Northern Bahr-el Ghazal, Eastern Equatoria and Upper Nile).	0	FA1OT1, FA1OT2, FA1OT5, FA1OT6, FA1OT7, FA1OT8, FA1OT9, FA1OT10
Policies, systems and human resource capacity in place to ensure children and women equitably accessed minimum package of health and nutrition services in emergency and non-emergency situations by 2012, with emphasis in five focus states (of Jonglei, Warrap, Northern Bahr-el Ghazal, Eastern Equatoria and Upper Nile).	2	FA1OT1, FA1OT4, FA1OT5, FA1OT6, FA1OT7, FA1OT8, FA1OT9, FA1OT10
Policies, systems and human resource capacity in place to ensure children and women equitably accessed minimum package of health and nutrition services in emergency and non-emergency situations by 2012, with emphasis in five focus	2	FA1OT4

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states (of Jonglei, Warrap, Northern Bahr –el Ghazal, Eastern Equatoria and Upper Nile).		
Policies, systems and human resource capacity in place to ensure children and women equitably accessed minimum package of health and nutrition services in emergency and non-emergency situations by 2012, with emphasis in five focus states (of Jonglei, Warrap, Northern Bahr –el Ghazal, Eastern Equatoria and Upper Nile).	2	FA1OT4, FA1OT5, FA1OT6, FA1OT7, FA1OT8, FA1OT9, FA1OT10

Resources Used in 2011(USD)

Resource Type	Planned for 2011 (as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	Percentage Spent (4)/(3) * 100
OR-E	8225000.00	5513417.00	5316660.00	96.43
OR-R	7300000.00	5087591.00	4648653.00	91.37
RR	1140266.00	3251907.00	2947174.00	90.63
Total	\$16,665,266.00	\$13,852,915.00	\$12,912,487.00	

Results Achieved

Contributed to effective achievement of programme component results

Most Critical Factors and Constraints

Stated in operations and management section.

Key Strategic Partnerships and Interagency Collaboration

Stated in operations and management section.

Humanitarian Situations

Supported the effective rollout of the humanitarian clusters and achievements of targets.

Summary of Monitoring, Studies and Evaluations

End-user monitoring and NFI monitoring reports available.

Future Work Plan

The implementation of the new CPMP will be the key priority.

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Effective Governance Structure

The office identified eight management priorities to manage the overall Country Programme and address gaps identified in governance during the 2010 audit. These priorities include cost savings, supply management, fundraising, organizational change, staff development and welfare, work processes, capacity building for partners, harmonization and coordination. Management and performance indicators have been set to manage these priorities. A mid-year review exercise confirmed that the objectives are on track to be achieved.

Until 9 July 2011, South Sudan had an Area Management Team (AMT) meeting and a quarterly Country Management Team (CMT) meeting combined with North Sudan. Now South Sudan has its own CMT supported by monthly Programme Management Team (PMT) and weekly Operations Management Team (OMT) meetings. Zonal offices have monthly Zonal Management Team (ZMT) meetings that feed into the CMT through representation of zonal chiefs at the CMT. During emergencies, a weekly meeting is held by the Representatives to ensure constant support to the zonal offices.

The CMT is a forum for review of programme priorities and management indicators. On a quarterly basis, the office reviewed its Tables of Authority, (TOA) and on a monthly basis its Document Authorization Table (DAT). The TOA and DAT reviewed in 2010 strengthened the internal controls within the office to ensure compliance with Financial Circular 34 and other organizational financial rules and regulations.

The office underwent an internal audit in October 2010 and received an overall partially satisfactory rating, except for four outstanding recommendations all audit recommendations were closed by August 2011. The office received a high priority rating for governance mainly. Audit recommendations have been incorporated into governance issues, a new CPMP has been prepared in a participatory manner to guide the CMT in its governance role. The rolling Biennial Management Plan has set indicators for managing and monitoring performance and audit recommendations have been incorporated into the office work processes, which were reviewed and adopted in August 2011.

The UNICEF cooperation with GIZ has ensured that UNICEF's fleet of vehicles is well maintained. An analysis done in 2011 noted that US\$1.45 million is required to replace obsolete vehicles. Sixty-three vehicles are required for optimal operations and only 34 of the existing vehicles are IPSAS compliant.

The office has taken steps to improve its office premises environment however most of the porta-cabins used for office accommodation have surpassed their life expectancy. The office is in discussions with DFAM for possible office relocation. This is further complicated by the proposed move of the capital of South Sudan from Juba to Ramciel and the high cost of construction.

The ICT Governance committee comprising of staff members from different sections and zonal offices was established to guide the office in terms of implementation of ICT policies and procurement of ICT equipment. An ICT business continuity plan has also been developed.

An Emergency Coordination Management Team (ECMT) committee was established in late 2010 and guides interventions. During the course of 2011, 9 meetings were held.

Strategic Risk Management

Some of the high risks identified in the audit include long-term programme strategy that needs to be better articulated in a CPMP, funding, staffing structure and warehouse management. These issues have been addressed and incorporated into the work of the office.

South Sudan is a high-risk country in terms of UNICEF's programme and operations activities as it is a fledgling country lacking infrastructure and service providers. The office is aware of this and has always

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ensured that all activities of the Country Programme are risk informed and risk mitigation activities are in place, including doing business with reputable companies and reputable implementing partners.

In August 2010, the office participated in the Enterprise Risk Management (ERM) and developed a risk library. The office will conduct an ERM exercise in 2012 to accommodate newly recruited staff, as well as undertake a refresher exercise and incorporate new challenges affecting the country post-independence. A new risk library will be developed in 2012.

The rolling Annual Management Plan identified key indicators to be consistently reviewed by the CMT as part of risk mitigation measures.

The office took steps to roll out HACT to implementing partners. Two consulting firms were engaged to micro-assess implementing partners and a HACT consultant coordinator was recruited to assist the office in training both staff and implementing partners and to coordinate a common UN system HACT initiative. To date, 105 IPs have been assessed and funds are being disbursed using the HACT modality. Almost all staff and staff of assessed implementing partners have been trained in the HACT modality. This initiative is expected to continue in 2012, and through the UN system, HACT is expected to be rolled out to government partners.

As South Sudan has been through a referendum and independence, the office has developed extensive business continuity and disaster recovery plan for all its offices. The plan addresses all possible crisis scenarios for South Sudan and has been posted in the UNICEF intranet. The Business Continuity Plan was tested before independence with support from MENAR and ESAR.

Evaluation

In 2011, linked to its two-year work planning process, the country office developed an Integrated Monitoring and Evaluation Plan (IMEP) consisting of two major events, processes using M&E data; eight surveys and studies; three evaluations; three support to country-led M&E systems; two partners' major data collection activities; two M&E capacity development and one M&E-related publication, making a total of 21 IMEP activities. By the end of 2011, seven activities had been completed, nine were on going and five were either yet to start or were delayed.

With reference to the completed activities, one was the SPE conducted by the country office to review achievements and shortfalls regarding major development outcomes related to children. It also assessed UNICEF South Sudan's contribution to these achievements and a medium and long-term vision for children in South Sudan by 2010. The outcome of the SRE was used as a key input into the development of the 2012–2013 Country Programme. The 2011 mid-year and annual programme reviews highlighted some of the IMEP activities completed. The Health and Nutrition programme completed all the nutrition assessments and surveys planned for 2011 and the results were widely disseminated and informed the development of the new County Programme. Also completed was the final evaluation of the EU-assisted WASH programme in South Sudan and the three transitional areas. The overall goal of this project was to improve the quality of life of 853,000 people in approximately 1,380 rural communities in South Sudan and the three transitional areas of Abyei, Blue Nile and South Kordofan states. The project, financed under the ACP-EU Water Facility support, was budgeted at EUR 16 million, and financed almost equally between EC and UNICEF.

The purpose of the WASH evaluation was to examine issues of relevance, effectiveness, efficiency, impact and sustainability. It also examined issues of sector coordination and management, monitoring and how best to achieve and sustain results for children in these areas in the context of the social-economic and political realities of the sub-region. The evaluation methodology included a desk analysis, visit to authorities and communities, discussions with project partners and other stakeholders.

The key recommendations of the evaluation included the need for integration of seasonal challenges in all aspects of planning; the need for follow up training on a regular basis; need for reinforcing information

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collection systems such as WIMS and ensuring all implementing partners and contractors conform to the basic data collection needs. Gender concerns across the project implementation were also highlighted. The management response to this evaluation is being developed.

Due to the transition to a new Country Programme in 2012, the uncompleted IMEP activities have been assessed and realigned with the key results of the new Country Programme.

In order to enhance its M&E capacity, the country office provided support for an M&E officer to attend an International Programme for Development Evaluation training at Carleton University, in Ottawa, Canada.

Effective Use of Information and Communication Technology

In order to reduce the data communication time in emergency hubs, iDirect VSATs were ordered to replace BGAN equipment currently being used. This will provide more economical and faster data communications in emergency hubs, which will assist staff members assigned to these hubs achieve their goals. ICT unit was able to facilitate VISION training by extending the office network to the training venue through a wireless bridge. This enabled the trainees to have practical hands on experience in VISION.

Through Emergency Telecommunication cluster (ETC) meetings, ICT unit was able to explore the possibilities of Delivering as One. It was agreed in the meeting that where possible, agencies will share VSAT connections. An example of this would be that UNICEF could share the VSAT connection with UNHCR in Kwajok emergency hub. UNHCR already has a VSAT connection in Kwajok so UNICEF would not have to procure and deploy additional VSAT equipment. An MOU is being discussed with UNHCR regarding the modalities for sharing. In Yambio, UNICEF is providing VoIP and Internet services to other agencies.

With the help of the Supply Unit, ICT is in the process of selecting vendors for Long-term Agreements (LTA) to provide services such as printer maintenance and network cabling.

The ICT unit through software such as Citrix and Widows Terminal has been able to facilitate remote access of ProMS and Lotus notes to users in Zonal offices and hubs. Users are also able to check their e-mail from anywhere in the world where Internet is accessible through Cisco VPN solution.

The ICT unit was able to dispose old computers, printers and other ICT accessories through public auctions. Data in the computers was wiped clean before the auction. The ICT unit through the ICT Governance committee has been able to upgrade the existing hardware to meet the global UNICEF standard.

In addition, the ICT unit assisted the Logistics unit to upgrade and maintain the UniTrack software. An ICT staff was dispatched to zonal offices and emergency hubs to upgrade the installed software. The ICT Unit was also able to assist the implementation of SAP-HR in the office, and upgrade and maintain UNICEF applications as per the directive issued by ITSSD in New York.

Fundraising and Donor Relations

By the end of December 2011, the South Sudan country office submitted 96 per cent or 50 out of the 52 donor reports on time.

Against the total annual budget for recovery and development (RR and ORR) of US\$41,419,429 million, the office managed to raise US\$29,554,589 million (71 per cent) (excluding RR allocation US\$4,976,129). A total of US\$32,209,382 million was raised in 2011 for humanitarian assistance against the total revised year-end HAC requirement of US\$72.7 million (41 per cent of the total requirement).

UNICEF South Sudan mobilized the largest level of funding from government donors followed by country-

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based pooled funding mechanism and UNICEF's internal RR. The top donors include CHF, Japan, Netherlands, CERF and ECHO.

Efforts were made to utilize resources as per donor agreements in a timely manner, and minimal 'no cost extensions' were sought and in most cases were blanket extensions granted by a pooled fund (i.e. CHF). The country office monitors the use of funds in the Programme Coordination Unit under the leadership of Deputy Representative and reviews are done regularly in sectoral programme meetings and management meetings. Most of the funding in 2011 was utilized within the original implementation period.

The South Sudan country office raised humanitarian funding from MDTF, such as CHF and CERF. For the first time, UNICEF South Sudan mobilized humanitarian funding from the Belgium government. In addition, existing relationships with key humanitarian donors such as ECHO were maintained.

A country office resource mobilization strategy was developed in the end of 2011 to support the new Country Programme by creating a framework for effective fundraising, and related actions, including the development of partnerships for additional funding and to leverage existing resources to benefit children

The office engaged in a collaborative partnership with UNICEF National Committees by hosting field visits from the Korean National Committee and the UK National committee with Goodwill Ambassadors Mia Farrow and Martin Bell. Lastly the office hosted a visit from the private company Glaxo-Smith and Kline who supported a maternal health project.

Management of Financial and Other Assets

The last audit of the Country Programme was in November 2010 and a 'partially satisfactory' rating was received. The office developed an audit action plan and as of August 2011, all audit observations and recommendations, specific to this area have been closed. The key audit recommendations noted were incorporated into the effective management of the Country Programme implementation and operations. The necessary internal and financial controls are in place to mitigate any risks to the financial rules and regulations. All bank reconciliations are prepared in a timely fashion. The banking system in South Sudan continues to pose risks, however, recently Kenya Commercial Bank (KCB) has opened branches in key states and UNICEF has opened accounts with KCB in Malakal and Wau. Implementing partners will also be encouraged to open accounts with KCB, as this will limit the exposure of UNICEF resources transferred to implementing partners for programme implementation.

As South Sudan has become a full-fledged country office, the organization has allocated US\$4.3 million in support budget, representing about a 75 per cent increase in support budget allocation from the previous Country Programme. While this increase will lessen the burden on cross-sectoral costs, the challenges of funding the expected US\$14 million cross-sectoral staffing and operational costs will remain.

In addition to the planned RR allocation of US\$5,093,129 during the year, South Sudan received an additional RR set aside of US\$1.2 million for emergencies and US\$1 million for child protection towards the end of the year. The office utilized 85 per cent of the US\$7,325,925.

Out of the US\$36,326,800 OR budget allocation, the office raised US\$27,354,589, and received an additional US\$3.5 million towards the end of the year hence the rather low utilization rate of 65 per cent.

The humanitarian assistance budget stood at US\$72.7 million and the office was able to raise US\$32,209,382 (including the recovery costs) or about 41 per cent of the total requirement.

Direct cash transfer (DCT) has been carefully managed by the country office whereby the team actively follows up on outstanding DCTs on a regular basis. Review of outstanding DCTs is an important agenda for discussion in the fortnightly PMT meeting and monthly CMT meeting. The outstanding DCTs are projected for >6 months category when they are actually four months old, so that they can be actively followed up and liquidated before they enter the > 6 months category. The Programme Coordination Unit plays an active role in following up with section chiefs and zonal offices and providing them with updates on a

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regular basis.

The office achieved the outstanding DCT over nine months at 4 per cent, which is a good practice.

Supply Management

The total supply component for 2011 was US\$17.9 million. The supply component represents approximately 29.7 per cent of the overall Country Programme. Offshore procurement represents approx. 60 per cent. Eighty per cent of supplies were delivered as per the targeted arrival date (TAD). The consolidated supply plan was completed in March 2011 with the involvement of programme, supply and logistics staff and used as a tool for ensuring timely ordering, delivery and monitoring of supplies. This greatly improved supply performance. A Local Market Survey was completed in March 2011 and resulted in the identification of an additional 20 suppliers with whom LTAs were signed. The LTAs allows for efficient, effective and timely procurement and delivery of goods and services resulting in cost savings.

Supply management was a key priority for in the 2011/2012 Rolling Biennial Management Plan and key management indicators were developed to monitor supply and logistics performance and to ensure systems are developed for a successful migration to VISION. A physical inventory count and reconciliation of supplies in all UNICEF warehouses was completed by 28 January 2011. A comprehensive review of warehousing and logistics functions was undertaken with support from the Supply Division. The need for additional logistics staff was identified as necessary to manage warehouses at zonal offices and to build capacity of staff. UNITRACK was the main tool for tracking and monitoring supplies and production of accurate reports. The total value of supplies in all warehouses on 1 January 2011 was US\$ 15 million and through efficient monitoring of the supply chain, by November 2011, supplies in all warehouses was valued at US\$ 6.8 million. US\$ 18 million of supplies were dispatched to final consignees during the year.

UNICEF collaborates with various partners for efficient supply management and the partnerships include standby partners for logistic staff, movement of goods in collaboration with IOM, shared storage space with WFP and an MOU with UNHCR and contract with suppliers. During the fuel shortage crisis in the country, a strong partnership was formed with Trojan Company, a supplier of various goods to ensure fuel was made available even at the most remotest locations when needed. Lastly, UNICEF developed LTAs are used by other UN agencies.

Human Resources

The UNICEF's programme in South Sudan includes both humanitarian and development interventions and all staff are engaged in both these areas.

Despite the programmatic challenges, coupled with harsh living conditions and a lack of facilities/services, staff have performed well. This is due mainly to a participatory management approach, frequent dialogue, clearly articulated objectives and support mechanisms to staff coupled with open communication with supervisors and colleagues.

Briefing sessions were conducted for all international staff in order to introduce them to changes in policies affecting them such as hazard pay, R&R, SOLA and AHA.

During the reporting period the office converted 31 TFT/TA functions with their incumbents to fixed-term posts established in the last quarter of 2010, through placement exercises or desk reviews. Had the office not done so, UNICEF would have had to separate from this trained work force because of UN contractual reforms, requiring UNICEF to discontinue the use of TFT beyond December 2010. Converting the incumbents to fixed-term has also conveyed a clear message that "UNICEF cares about its staff".

National staff in South Sudan who did not have the opportunity to access higher education were pleased to

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know that the organization has relaxed the requirements of an advanced university degree for posts classified at NO-C-NO-D level as long as the candidate can present a first university degree with a relevant combination of academic qualifications and experience. The management of UNICEF South Sudan has been at the forefront of advocating for this flexibility/waiver over the last few years.

A lack of medical facilities, particularly in remote areas, has been a challenge for staff. In order to address the issue, UNICEF together with other UN agencies have signed an MoU with UNMISS to allow UN staff, particularly national staff, to access medical facilities established by UNMISS for its peace keepers.

At the request of the UN HR Network, Van Breda is now able to sign direct billing agreements with a number of hospitals and clinics in Juba.

During the reporting period, 38 per cent of the group learning activities planned in the beginning of the year were implemented. Similarly 11 staff members benefited from individual learning activities out of the 35 requests received. This was in addition to the roll out of VISION trainings conducted for the whole of South Sudan during Nov–December 2011 involving a total of 173 staff members.

Despite challenges to recruit, the office was able to fill 79 positions (FT and TA) during the reporting period (20 IPs and 59 nationals (NPOs and GS)).

UNICEF staff overwhelmingly participated in an e-course that provided basic facts about HIV and AIDS, UN-system policies and local services available for staff. Likewise, Post Exposure Prophylaxis (PEP) starter kits were distributed to all zonal offices. Preventive tool kits such as male and female condoms were made available to staff in all UNICEF offices during 2011

Efficiency Gains and Cost Savings

The cost of doing business in South Sudan is high due to a lack of service providers and a limited local market. Savings are therefore hard to realize. However, considerable savings and efficiency gains have been made by using the IOP modality in ProMS rather than using local banks for making bank transfers to service providers with bank accounts outside of the country. For external travel the office obtains quotations from four service providers and for all local procurement three quotations are sourced. This has introduced competitiveness into the process and has helped reduce costs.

Timely supply planning contributed to cost savings as Invitation-to-Bid (ITBs) were floated at local and regional levels for quality, competitive price and short delivery date, especially for furniture and printing services. For example, the office achieved a 50 per cent cost saving due to committing to printing in bulk materials that are routinely used over a two-year period. With bulk printing the Supply Section was successful in negotiating and obtaining the best competitive price.

While the contract with GIZ for provision of vehicle maintenance may seem high, it has introduced efficiency gains in vehicle maintenance and this has ultimately resulted in cost savings.

Changes in AMP and CPMP

The South Sudan country office developed a two-year rolling Biennial Management Plan (BMP) for 2012 and 2013. This preparation process took into consideration audit observations that a more participatory approach should be put in place, and, therefore, the BMP was prepared with key participation of key programme and operations staff. The rolling plan identified eight key priorities for much focus – Supply Management, Cost Savings, Organizational Change, Fundraising, Staff Development and Welfare, Work Processes, Capacity Building of Partners and Harmonization and Coordination. Regular progress of the office priorities are reviewed regularly during the CMT meetings and were part of the agenda for the programme review.

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The office has also prepared a short-term Country Programme Document (CPD) and a Country Programme Management Plan (CPMP) for 2012/2013. This is the first time South Sudan is preparing a Country Programme as a separate country office. Some staffing changes have been proposed in the CPMP to support the Country Programme.

The 2012–2013 Country Programme has been based on the outcome of the SFE, which reviewed the progress that had been made and looks forward to how UNICEF plans to achieve key targets by 2020. The SRE involved colleagues from HQ, and both regional office, MENARO and ESARO, the Government of South Sudan, members of civil society and children. The CPD will be tabled at the February 2012 Executive Board meeting for discussion and approval.

A 2012 –2013 Country Programme Action Plan (CPAP) is under preparation and the outcome of the PBR review of the CPMP will reinforce the 2011 AMP office priorities.

The key management results that will be achieved in the next CPMP are in the following nine key areas:

- a. **Representation and advancement of the core mandate:**
Effective office leadership and direction are provided for the mandate and mission of UNICEF in South Sudan.
- b. **Programme Strategy Development, Planning, Management and Oversight:**
Enhanced quality, focus, and effectiveness of the South Sudan Programme of Cooperation.
- c. **Procurement and Supply Management:**
Effective functioning systems for supply chain management are in place.
- d. **Emergency Management:**
Timely humanitarian response is provided in accordance with updated UNICEF CCCs.
- e. **External Relations, Partnerships, and Media and Public Relations:**
Partnerships with the UN, media, civil society organizations and private sector strengthened.
- f. **Resource Mobilization and Fundraising:**
Country Programme fully OR funded in accordance to approved CPD.
- g. **Financial and Administrative Management:**
Financial management procedures and systems optimize use of resources.
- h. **Human Resources Management and development:**
Improved staff management and development.
- i. **Staff Security and business continuity:**
Overall staff security awareness enhanced, assets secured, and business continuity ensured.

Summary Notes and Acronyms

List of Acronyms

ACSI: Accelerated Child Survival Initiative
 ART: Antiretroviral therapy
 ARV: Antiretroviral
 CAP: Consolidated Appeal Process
 CBO: Community-based Organization
 CCC: Core Commitments for Children in Humanitarian Action
 C4D: Communications for Development
 CEFR: Central Emergency Response Fund
 CHF: Common Humanitarian Fund
 CLTS: Community Led Total Sanitation
 CMAM: Community Management of Acute Malnutrition
 CMT: Country Management Team
 CPA: Common Peace Agreement
 CPWG: Child Protection Working Group
 CRC: Convention on the Rights of the Child
 DAT: Document Authorization Table

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DDR: Disarmament, Demobilization and Reintegration
 ESSP: Education Sector Strategic Plan
 ECMT: Emergency Coordination Management Team
 EMIS: Education Management Information System
 EPI: Expanded Programme for Immunization
 EPR: Emergency Preparedness Response
 ERM: Enterprise Risk Management
 FBO: Faith-based Organization
 GEM: Girls Education Movement
 GPE: Global Partnership for Education
 HACT: Harmonized Approach to Cash Transfers
 IEC: Information, Education and Communication
 IDP: Internally-displaced Person
 IOP: Inter-Office Payment
 IR: Intermediate Result
 ITB: Invitation to Bid
 IYCF: Infant and Young Child Feeding
 KCB: Kenya Commercial Bank
 MICS: Multiple Indicator Cluster Survey
 MoU: Memorandum of Understanding
 MYR: Mid-year review
 NID: National Immunization Days
 OMT: Operations Management Team
 OTP: Out-Patient Treatment
 PCR: Programme Component Result
 PHCU: Primary Health Care Unit (Facility)
 PMTCT: Prevention of Mother-to-Child Transmission
 PMT: Programme Management Team
 SAM: Severe Acute Malnutrition
 SLTS: School Let Total Sanitation
 SHHS: Sudan Household Health Survey
 SoP: Standard Operating Procedure
 SPLA: Sudan People's Liberation Army
 SPPME: Social Policy, Planning and Monitoring and Evaluation
 SRE: Strategic Reflection Exercise
 SSDP: South Sudan Development Plan
 SSRRC: South Sudan Relief and Rehabilitation Commission
 TBS: Traditional Birth Attendant
 T4D: Technology for Development
 TAD: Target Arrival Date
 TOA: Table of Authority
 UNCT: United Nations Country Team
 UNDAF: United Nations Development Assistance Framework
 UNGEI: United Nations Girls' Education Initiative
 UNMISS: The UN Mission in South Sudan
 URW: Unexploded Remnant of War
 VCT: Voluntary Counseling and Testing
 WIMS: Water Information Management System

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Evaluations

	Title	Sequence Number	Type of Report
1	Final evaluation of the EU assisted WASH programme in South Sudan and the Three Transitional Areas	1.3.2	Evaluation
2	Nutrition Assessments and Surveys	1.2.4	Survey