Executive Summary

Heightened insecurity in many parts of the country was the key challenge facing UNICEF South Sudan in 2016. The already fragile implementation of the 2015 Peace Agreement was further weakened by fighting between army factions in Juba in July as well as ongoing and new armed conflict around the country. Meanwhile, the economic situation has further deteriorated, with extremely high inflation and difficulties accessing hard currency. An estimated 7.2 million people in South Sudan are currently affected by conflict, inter-communal violence, economic decline and disease outbreaks, including more than 1.7 million displaced persons and more than 1 million refugees since December 2013.

UNICEF’s operating environment throughout South Sudan remained highly complex in 2016. In addition to ongoing access challenges caused by conflict and lack of road infrastructure, a heavy bureaucracy slowed the delivery of humanitarian assistance, and several armed attacks specifically targeted humanitarian convoys and personnel.

Refocusing on life-saving needs was critical in 2016, particularly following the July events. Increased chronic levels of acute malnutrition in Northern Bahr el Ghazal led UNICEF South Sudan to develop a scale-up plan to address the ongoing health and nutrition crisis. UNICEF further scaled up its emergency intervention plan for Greater Equatoria in response to rising insecurity and displacement and took the lead in setting up life-saving services in displacement sites following fighting in Wau. After the July crisis in Juba, UNICEF provided a multi-sector response, in many cases through direct assistance, as most partners’ international humanitarian staff had been evacuated. UNICEF also directly delivered selected life-saving basic health, nutrition, water, sanitation and hygiene (WASH) and protection services through 19 integrated Rapid Response Mechanism (RRM) missions in 2016, in partnership with the World Food Programme (WFP), reaching more than 225,000 beneficiaries by 31 December.

Meanwhile, in addition to humanitarian emergencies, UNICEF continued to implement its regular programming in a way that closely considered risks on the ground. With the Ministry of Finance and Economic Planning, UNICEF secured government approval for the 2016–2018 UNICEF-Government Country Programme through an Inter-Ministerial Advisory Committee that allowed UNICEF to continue to support key ministries and social sector institutions to strengthen systems for basic service delivery.

UNICEF continued to support routine and supplementary immunization services, playing a key role in the provision of vaccines and spearheading social mobilization activities through partnerships with the Ministry of Health (MoH), the World Health Organization (WHO) and non-governmental organization (NGO) implementing partners. An upsurge in malaria cases saw 1,997,642 individuals, including 715,990 children under 5, treated for malaria countrywide. Of these, 547,494 (27 per cent) were treated with direct UNICEF support at both community and facility levels. In addition, UNICEF supported the MoH to finalize guidelines for integrated maternal newborn and child health and develop the Boma Health Initiative policy, establishing a strategy to rollout all basic healthcare services at the community level.
In 2016, UNICEF provided 939,702 people with access to safe drinking water and 281,951 people with access to sanitation facilities and services (partly through Community-Led Total Sanitation (CLTS)), including in some of the most remote and conflict-affected areas of the country. In addition, 916,882 people received hygiene education.

A total of 208,502 children with severe acute malnutrition (SAM) were admitted to government-endorsed integrated nutrition service centres within healthcare facilities, of whom 86 per cent were discharged as cured. Meanwhile, 987,108 mothers/caregivers acquired knowledge and skills on appropriate infant and young child feeding (IYCF) practices in targeted communities.

To strengthen early childhood development (ECD), UNICEF increased access to education programmes for children based on the national curriculum it helped to develop in 2015, in collaboration with United Nations and NGO partners. To protect adolescents, UNICEF continued to support the back-to-school initiative it launched in 2015 and provided education-in-emergencies support to children and youth who left school because of conflict and displacement.

Essential critical child protection services remained constrained by funding shortfalls and limited access to insecure areas. However, the building of birth registration systems is steadily progressing despite interruptions due to political instability; and interventions were adjusted to ensure birth notification activities were functioning after the July crisis. Furthermore, a weak legal system and frequent changes in governance structures slowed progress on justice for children and support for relevant institutions. In general, due to the conflicts, geographic coverage fell in 2016, sustained access to quality services for children and women was restricted and investment in national capacity development declined, constraining progress towards planned goals.

### Humanitarian Assistance

An estimated 7.2 million people in South Sudan were affected by conflict, inter-communal violence, economic decline and disease outbreak. This included more than 1.7 million displaced people and more than 1 million refugees since December 2013, of whom nearly 900,000 are estimated to be children and 650,000 are refugees in neighbouring countries. The situation has been further aggravated by progressive economic deterioration. Throughout 2016, UNICEF continued to respond to humanitarian needs and provided life-saving services such as immunization, therapeutic feeding, water and sanitation and family tracing and reunification in the Greater Upper Nile region and scaled up and responded to emergencies elsewhere.

In response to increased malnutrition rates in Northern Bahr el Ghazal, UNICEF developed a scale-up plan to effectively address the ongoing health and nutrition crisis. This includes integrating health, nutrition and WASH interventions at the community level to address the underlying causes of malnutrition, malaria and diarrhoea. UNICEF is also implementing a scale-up strategy in response to rising insecurity and displacement in Greater Equatoria. Both are being implemented in collaboration with WFP. Following fighting between the Sudan People’s Liberation Army (SPLA) and youth groups associated with the Sudan People’s Liberation Movement-in-Opposition (SPLM-IO), more than 65,000 people were displaced and sought shelter in the United Nations Mission in South Sudan (UNMISS) Protection of Civilians (PoC) site, as well as in churches in Wau. UNICEF immediately took the lead in setting up life-saving services for internally displaced persons (IDPs) within the PoC site and displacement sites as well as those cut off from services outside of Wau town.

Armed fighting between South Sudanese army factions that started on 8 July in Juba resulted in heavy casualties and mass displacement. More than 200 people, including
civilians, were killed during the fighting, which also caused new displacement of more than 50,000 people (mainly children and women) from their homes to United Nations compounds, schools and places of worship in Juba. UNICEF South Sudan immediately implemented a multi-sector response, in many cases through direct assistance, given that most international humanitarian staff were evacuated and agencies were operating with reduced capacity. UNICEF itself was also operating with reduced staff capacity due to the limited number of staff on the ground following the decision to operate under the approved programme criticality framework to deliver life-saving services to displaced populations.

As the humanitarian crisis in South Sudan continued to deepen and spread to all regions, the operating environment remained highly complex. Bureaucratic procedures slowed the delivery of humanitarian assistance, including an upsurge in denial of humanitarian access and attacks through the targeting of humanitarian convoys and United Nations and NGO compounds and workers. Transported supplies were looted, and transports were hampered by insecurity. The current operating environment is further complicated by the increase in the number of armed groups that must be negotiated with.

The United Nations system-wide Level 3 designation for South Sudan, which is used for the most severe, large-scale humanitarian crises in the world, was deactivated in May 2016. However, UNICEF extended South Sudan’s Level 3 emergency designation through the end of December 2016, and a further extension was granted to June 2017, recognizing the dire humanitarian situation for children in the country. The 2015–2016 dry season was used to pre-position US$13.7 million worth of supplies ahead of the long rainy season (April through September), reducing costs and allowing more timely distribution. Implementation of the 2016–2017 dry season plan was initiated.

UNICEF South Sudan continued to lead the nutrition, WASH and education clusters, as well as the Child Protection Sub-Cluster. UNICEF and its implementing partners admitted 208,502 children with SAM aged 6–59 months for treatment; vaccinated 609,855 children aged 6 months to 15 years in conflict-affected areas against measles; provided 742,221 people with access to 7.5–15 litres of safe water per person per day; reached 693,067 children and adolescents with critical child protection services; and provided 313,832 children and adolescents aged 3–18 years with access to education in emergencies.

In partnership with WFP, UNICEF South Sudan continued to deliver life-saving assistance to populations in hard-to-reach locations through the RRM. From January through December, UNICEF and WFP conducted 19 integrated RRM missions, meeting the health, nutrition, WASH, child protection and education needs of more than 225,000 people. WFP and UNICEF conducted an additional seven joint missions focusing on nutrition alone. By the end of the year, implementation of the dry season contingency plan was well underway, with supplies pre-positioned in UNICEF and partner warehouses across the country, to ensure that enough supplies would be available to support programme implementation throughout the wet season. In December 2016, updated contingency plans were in place for all states and field offices.

**Emerging Areas of Importance**

**Accelerate integrated early childhood development (ECD).** To strengthen ECD, UNICEF South Sudan has been providing education programmes to children based on the national curriculum it helped to develop in 2015, in collaboration with NGOs and other United Nations agencies (WFP and the United Nations Educational, Scientific and Cultural Organization (UNESCO)). These have been complemented by food distributions, the promotion of girls’ enrolment and retention, and the training of parents on IYCF and health service-seeking behaviours. As part of the Global Partnership for Education (GPE) programme, UNICEF has developed ECD guidance and trained facilitators and teachers. Under the Back-To-Learning
initiative with the Ministry of General Education and Instruction, UNICEF support has brought an additional 65,000 children aged 3–6 years into the ECD centres that opened during the year. UNICEF further supported the Government to ensure the transition of children from ECD programmes to the primary and secondary education systems.

**The second decade.** With more than half the country’s children out of school and in a context of pervasive conflict and violence, adolescents are especially at risk. Out-of-school girls are vulnerable to sexual violence, abuse and early or forced marriage, while adolescent boys are at risk of being forcedly recruited into armed groups.

In 2016, to protect adolescents, UNICEF South Sudan continued to support the back-to-school initiative it launched in 2015 and provided education-in-emergencies support to children and youth who had left school due to conflict and displacement. It built or rehabilitated gender-sensitive latrines for girls and boys in 59 schools and ensured safe water supplies for 86 schools, thereby helping to promote girls’ retention and attendance. It also completed the curricula for non-formal alternative education programmes and technical and vocational education and training. UNICEF also supported the Government’s Accelerated Learning Programme (ALP), which enables children believed to be above the age for attendance at regular primary schools to complete the primary school curriculum in a shorter period of time. In 2016, UNICEF printed textbooks specifically designed for the ALP and helped more than 8,500 adolescents and youth complete the ALP. UNICEF continued to support the release of vulnerable children and adolescents from armed forces and armed groups.

Using data collected through the Monitoring and Reporting Mechanism, with United Nations support, the National Disarmament, Demobilization and Reintegration Commission secured the release of 120 boys from the Cobra Faction and 25 boys from the SPLM-IO in Pibor. These children were reunified with their families and are receiving reintegration packages and services, along with other children identified as vulnerable in the local host communities. In Unity state, 34 boys were also released by government security forces. They have all been reunited with their families and caregivers.

### Summary notes and acronyms

| ALP | Accelerated Learning Programme |
| CLTS | Community-Led Total Sanitation |
| CMAM | Community-based Management of Acute Malnutrition |
| CMT | Country Management Team |
| CPD | Country Programme Document |
| CPMP | Country Programme Management Plan |
| DCT | direct cash transfer |
| DFAM | UNICEF Division of Financial and Administrative Management |
| ECD | early childhood development |
| FAO | Food and Agriculture Organization |
| FTR | family tracing and reunification |
| GPE | Global Partnership for Education |
| ICF | Interim Cooperation Framework |
| ICT | information and communication technology |
| IDP | internally displaced person |
| IMNCI | integrated management of newborn and childhood illness |
| IPC | Integrated Food Security Phase Classification |
| IYCF | infant and young child feeding |
| MIYCN | Maternal, Infant and Young Child Nutrition |
| MoGCSW | Ministry of Gender, Child and Social Welfare |
| NGO | non-governmental organization |
In 2016, UNICEF South Sudan continued to support capacity development for community structures, partners and systems to effectively deliver services for children. UNICEF trained 1,176 healthcare providers—including 956 community-based distributors and supervisors and 220 clinical officers, nurses and community health workers—on integrated community case management of malaria and integrated management of newborn and childhood illness (IMNCI). Twenty-two counties are now implementing integrated community case management. Five manual drillers associations were trained and contracted to manually drill boreholes to provide safe water more cheaply than conventional drilling. Many MoH and NGO nutrition and healthcare professionals received training on various nutrition programmes, resulting in better treatment, improved recovery from SAM and better knowledge and skills on infant and young child nutrition.

Thirty national NGO child protection-in-emergencies and gender-based violence partners were supported on project design and development through training, on-site coaching and mentoring. Intensified technical support to the national family tracing and reunification (FTR) lead agency led to significant improvements in results. UNICEF South Sudan also trained 166 volunteers to expand the network of agencies contributing to the Monitoring and Reporting Mechanism, leading to greater diversity of sources and strengthened verification.

UNICEF South Sudan trained 9,117 (35 per cent female) teachers, parent-teacher association members and other education personnel to provide psychosocial support and other life skills to children, benefiting more than 311,000 children attending schools and learning spaces. Under the Education Management Information System, UNICEF supported the Ministry of Education, Science and Technology with questionnaire development, data collection and reporting for the 2016 Annual Education Census.

UNICEF South Sudan also strengthened social mobilizers’ capacity and increased community awareness of polio vaccinations, ensuring that the country maintained its polio-
free status. Street theatre was extensively used to control and prevent cholera outbreaks, helping halve the case fatality rate from 2015.

**Evidence Generation, Policy Dialogue and Advocacy**

UNICEF South Sudan supported the development of evidence-based policymaking and programme design. It finalized and disseminated the ‘Situation Assessment of Children and Women in South Sudan 2015’ and prepared a methodology to fill the knowledge gaps resulting from the lack of data on key indicators of children’s deprivations and well-being. The initial steps of a participatory qualitative child poverty analysis were conducted and, although the planned fieldwork could not be conducted due to the humanitarian response, the methodology will remain a foundation for future updating of the situation analysis for children and women.

With OECD, UNICEF South Sudan organized a multi-agency resilience systems analysis for the Greater Bahr el-Ghazal region, which helped to create a shared understanding of risks and their management and incorporate resilience into the operationalization of the United Nations’ Interim Cooperation Framework and agencies’ programmes for the region.

UNICEF South Sudan continued to support the National Bureau of Statistics and the MoH to implement the Expanded Maternal Mortality Survey. The preparation of a national statistical sampling frame was completed in December, and the frame should be ready in early 2017.

UNICEF South Sudan analysed the 2016–2017 national budget’s orientation on social investments and provided key social ministries with initial training on public finance for children. This support will be extended in 2017 with intensive applied training to help the Government prepare a socially-oriented budget for 2017–2018 and cost attaining the key SDGs for children. UNICEF South Sudan also supported the implementation of an open budget index survey to provide a baseline on the quality of national budgeting to assess progress over time.

UNICEF South Sudan was part of the United Nations-wide discussion on developing the SDG agenda for the country and is working with the United Nations Development Programme (UNDP) to support the mainstreaming of the SDGs in government planning.

**Partnerships**

With the Ministry of Finance and Economic Planning, UNICEF South Sudan secured the Government’s approval of the UNICEF South Sudan-Government Country Programme 2016–2018 through the Inter-Ministerial Advisory Committee. The Committee allowed UNICEF to work with key social sector institutions and establish strong partnerships with the ministries of health, education, water resources, justice, interior, and gender, child and social welfare, among others. Partnerships with these state actors, as well as NGOs and community structures, including faith-based organizations and civil society groups, enabled UNICEF to provide critical services to children and women in hard-to-reach and conflict-affected areas across the country.

UNICEF also assisted the United Nations Country Team to adapt its strategies to the evolving political, social and economic environment, with a focus on social investment. Programmatically, UNICEF actively shaped the implementation of the United Nations Interim Cooperation Framework (ICF) in coordination with other agencies. UNICEF also played an active role in the Programme Management Team meetings; led a United Nations-wide reflection on improving the provision of basic social services to vulnerable groups; and contributed to resilience programming, strengthening peace and governance and improving the situation of women and youth. Along with UNDP and the Food and Agriculture
Organization (FAO), UNICEF designed a framework and pilot approaches to promote United Nations-wide synergies that would foster peace through joint programmes for stabilization and recovery under the ICF.

UNICEF continued to support and in some cases played a lead role in implementing key global programmes at the national level, including the GPE, the EPI, the GAVI Alliance, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and the Scaling Up Nutrition initiative with WFP. Partnerships helped to build an enabling environment in the country to leverage results.

UNICEF deepened its partnerships with civil society. In 2016, 118 programme agreements were implemented with national and international NGOs.

**External Communication and Public Advocacy**

The main objective of UNICEF South Sudan’s communications strategy is to advocate for and protect the rights of children in South Sudan. In this way, and through voice, reach and engagement, UNICEF South Sudan’s strategy is closely aligned with the organization’s global communications strategy.

Renewed fighting in July refocused UNICEF South Sudan to respond to the escalating humanitarian situation, hence its communications efforts equally emphasized highlighting humanitarian responses. In 2016, UNICEF South Sudan facilitated at least 30 media visits to South Sudan, as well as a visit by the UNICEF Deputy Executive Director (Partnerships) and the United Kingdom Goodwill Ambassador. Primarily due to intense media relations and working closely with National Committees, UNICEF’s share of coverage of events in South Sudan was strong both in terms of its programmatic response and its role as an advocate for child rights.

A significant proportion of visibility and voice was generated by facilitating media visits to the field and using consultants who also work as freelance journalists to pitch content to their clients. This enabled UNICEF South Sudan to highlight humanitarian issues affecting children and their rights.

Communications tools such as press releases and media interviews were also used to promote the rights of the child, particularly in regards to the issues of children associated with armed forces and armed groups and gender-based violence. Challenges related to humanitarian access were also featured. UNICEF South Sudan worked closely with partners, particularly WFP and FAO, to highlight food insecurity and child malnutrition. UNICEF South Sudan also engaged the domestic media to promote the humanitarian nature of UNICEF’s work in South Sudan.

**South-South Cooperation and Triangular Cooperation**

As an example of cooperation between UNICEF WASH offices in sub-Saharan Africa, UNICEF South Sudan sent five staff members from five manual drilling associations in Warrap and Northern Bahr el Ghazal states and one staff member from the Ministry of Water Resources and Irrigation for training on manual drilling techniques, preparation of bid documents and financial management systems for small-scale manual drilling associations, for which Chad has better experience and a similar operating environment to South Sudan for community-based small-scale enterprises. After completion of the training, the enterprises were hired for manual drilling contracts with UNICEF support, and during the year they manually drilled a total of 20 boreholes fitted with hand pumps, benefiting more than 5,000 people. This intervention also helped to reduce the cost of a borehole fitted with a hand pump by more than 60 per cent compared with conventional drilling contracts. UNICEF
South Sudan intends to expand on this technology to develop water resources as appropriate.

**Identification and Promotion of Innovation**

Birth Registration for Maternal and Newborn Child Health is a project supported by Global Affairs Canada that UNICEF is implementing in four countries in Africa, including South Sudan. It seeks to bring together birth registration and building community health systems at the grassroots level. One of the challenges in South Sudan is to reach pregnant women in far-flung communities, working in partnership with traditional birth attendants who are mostly illiterate. The ‘mother cards’ are an innovative solution that overcomes this challenge. Each mother card consists of two equal parts divided by a perforated marking. Both halves are machine-readable and display a unique identification number. One of the two identical parts is given to the pregnant woman and the other is kept at the health facility that she attends, and at which she is expected to give birth.

At the community level, traditional birth attendants are supposed to give one portion of the card of the appropriate colour when they first meet any pregnant mother, and to retain the second part. As most traditional birth attendants are illiterate, colour codes are used to denote stages of pregnancy. The mother card is used to keep track of the progress of the pregnancy and the mother’s access to antenatal care. The digital record will also help the mother acquire a birth notification for her child. The approach is currently being piloted in three health facilities with 250 pregnant women enrolled in the programme.

**Support to Integration and Cross-Sectoral Linkages**

A cross-sectoral Communication for Development Strategy was adopted to increase demand for quality services and to change behaviour, practices and collective social norms to save lives, protect children and women from violence, exploitation and discrimination, and support the development of girls and boys.

In 2016, UNICEF improved collaboration between sectors, agencies and clusters to maximize synergies despite insufficient resources, conflicts and access constraints. Plans to scale up responses in Northern Bar El Ghazal and Greater Equatoria were redesigned and implemented as integrated strategies.

UNICEF South Sudan worked with national and state radio stations to research the role of radio in caregiver awareness and behaviour change. The study found that 92 per cent of respondents received life-saving information from radio, 69 per cent followed the suggested guidelines and the rest shared them with others. In addition, 84 per cent of people within the coverage area listen to radio more than three hours a day. These results guided programme planning and dissemination of life-saving essential family care information on health, WASH, nutrition, child protection and education, reaching more than 60 per cent of the population.

UNICEF also studied communities’ knowledge, attitudes and practice concerning birth registration in Northern Bahr el Ghazal and Juba to help develop the National Birth Registration Strategy. UNICEF further prepared state and county social maps for three conflict-affected states, helping better reach high-risk populations (including mobile populations) and better inform planning and monitoring.

**Service Delivery**

UNICEF South Sudan employed a number of strategies, including the establishment of partnership agreements with local and international NGOs; providing direct services through the RRM; and investing in government and partner training and capacity development to ensure basic service delivery.
In 2016, 118 programme cooperation agreements were implemented with national and international NGOs. As a result 313,832 children (42 per cent girls) enrolled in school, 145 children were released from armed groups and 124,023 people benefited from gender-based violence prevention and response interventions. Meanwhile, 939,702 people accessed safe water, 281,951 accessed improved sanitation and 916,881 were reached with hygiene messages. Efforts to contain cholera outbreaks reduced the case fatality rate to 1.4 per cent. Through national-level social mobilization, UNICEF, with ministries, the nutrition and health clusters, United Nations agencies and NGOs, vaccinated more than 3million children under 5 through Polio National Immunization Days (NIDs), coupling vaccination with vitamin A supplementation and deworming treatment. A total of 19 integrated RRM missions reached more than 225,000 beneficiaries. Thirty-two radio stations were supported to reach more than3million people with life-saving messages.

To track progress and improve the quality of service delivery, UNICEF invested in strengthening implementing partners’ monitoring capacity. Information was generated through regular implementing partner reporting and analysis of routinely collected data and surveys. Needs assessments, field missions, situation reports and sector-specific monitoring frameworks were used to generate information for emergency responses.

UNICEF’s field presence significantly contributed to strengthening basic service delivery. UNICEF is the cluster lead for the nutrition, WASH and education clusters and co-lead of the Child Protection Sub-Cluster. At the community level, UNICEF supported the establishment of local committees such as boma health committees, WASH committees and school management committees in supported projects under its strategy to increase community participation and sustainability.

**Human Rights-Based Approach to Cooperation**

South Sudan ratified the Convention on the Rights of the Child in January 2015 and the Convention on the Elimination of All Forms of Discrimination Against Women in September 2014. This should have been the basis for further system-building, government capacity development and a human rights-based approach. Although the country has seen conflict for the past three years, government authorities have made good progress with UNICEF support to ensure that children have access to their rights through the development of policies to guide the implementation of the Convention on the Rights of the Child, including the Social Protection Policy launched in 2016. Despite some initiatives to address sexual violence, including a high-level dialogue on sexual violence hosted by the Ministry of Gender, Child and Social Welfare (MoGCSW) in September 2016, political instability and ongoing insecurity throughout the country has prevented the Government from making real investment in the implementation of the Convention on the Elimination of All Forms of Discrimination Against Women.

UNICEF South Sudan invested significant effort in building the capacity of duty bearers, including national- and state-level government officials, to respect, protect and fulfil the rights of children. Its programming continued to prioritize the needs of the most marginalized children, including those in humanitarian contexts.

In 2016, 145 children were released from armed forces and groups and enrolled in the community-based reintegration programme. The reintegration programme is grounded in a human rights-based approach to addressing grave child rights violations, including the recruitment and use of children, in line with the Convention on the Rights of the Child, as well as the African Charter on the Rights and Welfare of the Child and international humanitarian law. The programme places specific emphasis on ensuring that appropriate duty bearers—including parents, community leaders and military personnel—are aware of
their obligations to prevent and respond to child recruitment.

The involvement of communities in the planning, delivery and monitoring of reintegration programmes is in line with rights-based programming and, in the case of South Sudan, helps to bridge the gap between the emergency response and development programming. The selection of community beneficiaries is based on targeting criteria that are designed to identify the most vulnerable children in the community.

**Gender Equality**

In 2016, UNICEF South Sudan stepped up its initiatives around gender mainstreaming by creating a gender specialist post and identifying gender programming priority areas. Gender inequity, stemming from gender-adverse social norms, remains a key challenge in South Sudan. While a National Gender Policy was adopted in 2013, conflict stalled its implementation, and women and girls continued to face violations of their fundamental rights, with acceptance of gender-based violence remaining extremely high.

To address such inequities, UNICEF dedicated four staff members and US$1.4 million to the Gender Action Plan priority area of gender-based violence in emergencies. The gender-based violence programme reached 124,023 beneficiaries (64,492 women, 23,565 men, 22,324 girls and 13,642 boys) through prevention and response interventions. The Communities Care programme, which addresses social norms that contribute to gender inequity, supported 12 groups (25 participants each) to complete the 16-week community discussion curriculum. The programme led to a 15 per cent reduction in the number of participants who believed sexual violence should be tolerated, and a 13 per cent reduction in the number of participants who believed women and girls should avoid reporting sexual violence to protect their families’ dignity. Participants also reported a general reduction in intimate partner violence and the acceptability of men using violence against their wives within their communities.

UNICEF South Sudan is currently leading the implementation of the Inter-Agency Standing Committee Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action with the health, camp coordination and camp management clusters at the national level and in all sectors at the sub-national level in Upper Nile state. Conducting safety audits with the WASH and education sections enabled UNICEF South Sudan to identify and address potential safety problems and threats that increase women’s and girls’ exposure to violence. Safety audits contributed to gender-based violence prevention but also encouraged accountability and mainstreaming of gender-related issues across other sectors to better respond to and consider the needs of women and girls. UNICEF has improved understanding of barriers to retention of female learners and teachers and developed solutions for these challenges, including supporting gender-separated latrines with facilities in which to clean and dispose of sanitary items to enhance girls’ attendance at learning spaces.

**Environmental Sustainability**

In 2016, UNICEF South Sudan adopted several measures to reduce its carbon footprint. Small generators are now operated at night to reduce fuel consumption and corresponding carbon emissions by 30 per cent. Security and office lighting was replaced using low energy LED lights, and a contract was issued to power the new office block by solar energy. UNICEF South Sudan also invested in an in-house sewage treatment system for the new office block in which wastewater will be disinfected before release into drainage. The office has also embarked on a tree-planting initiative around the compound, and paperless communication is being encouraged.
UNICEF South Sudan continued to integrate environmental sustainability into its programmes by adopting appropriate measures and developing community resilience. To reduce groundwater pollution, the WASH section adopted the standard practice of lining emergency latrine pits to reduce contaminants leaching into soil and water. Beneficial microorganisms were also introduced to biologically degrade sewage, especially in overcrowded facilities such as the Juba, Bentiu and Malakal PoC camps, thus rendering them environmentally safe and ensuring the public health of more than 150,000 internally displaced persons. More than 30 per cent of newly constructed water points are now fitted with solar pumping units to reduce emissions from generators while ensuring sustainability and access to safe water supplies for 30,000 people in Mingkaman, Torit and Yambio. For the proposed urban WASH programme in Juba, an environmental impact assessment has been conducted and suitable environmental mitigation measures planned during and after construction of the treatment plant and distribution network.

More than 10,000 members of mother support groups nationwide were encouraged to maintain kitchen gardens to supplement their households, reduce erosion caused by runoff water and increase resilience in their communities.

### Effective Leadership

UNICEF South Sudan successfully closed all audit observations and began reviewing internal standard operating procedures to address key risks and audit findings in line with the Simplified Standard Operating Procedures for Level 3 emergencies. The Country Management Team (CMT) met periodically to address emerging risks and operational complexities. Monitoring of key management performance indicators is a standing agenda item for the CMT, programme and operations meetings. A Risk Control Self-Assessment exercise shall take place with Regional Office and Headquarters support in January 2017. A monitoring mechanism was established to document, track and address all requests from field locations in a timely fashion.

Two programme budget reviews (PBRs) took place that focused on tailoring programmes to be appropriate in the complex operational context. Following the July crisis, the October PBR emphasized the need to reduce the footprint in Juba by decentralizing capacity and accountability to field offices to ensure a flexible structure and operational modality so staff can move in response to crises and continue operating even if security deteriorates.

With the ongoing Level 3 emergency, emergency preparedness remains a core element of office operations. The Business Continuity Plan was reviewed with Regional Office/Headquarters feedback, and preparations were made for Juba and field locations. Very small aperture terminal (VSAT) communications and Internet connectivity were strengthened for UNICEF and three guest houses to ensure connectivity at all times. Information and communication technology (ICT) infrastructure was regularly assessed to ensure uninterrupted service.

UNICEF improved its Lologo warehouse by installing temperature-controlled devices. An 80,000-litre underground fuel tank was installed at a safe location in the office compound with independent dispensing mechanisms for vehicles and generators. The compound’s office space is expected to be ready by the end of the year. Despite the deteriorating security environment, UNICEF South Sudan continued securing staff and consultants to be located either at UNICEF guest houses or the guest houses of other United Nations agencies.
**Financial Resources Management**

UNICEF South Sudan relied on reports and data from the Insight reporting platform for grant management and monitoring. During Management Team meetings, comprehensive presentations were made on key performance indicators, including grants and funding analysis reports, highlighting issues and facilitating proactive management to ensure full utilization of funds. In October, a Budget Team was formed and chaired by the Deputy Representative to improve budgeting and budgetary control. The country throughput in 2016 was US$174,359,604, with expenditure rates of 95 per cent, 96 per cent and 100 per cent for other resources regular, other resources emergency and regular resources, respectively.

UNICEF South Sudan rolled out the Global Shared Services Centre in October. Training events were held on sound financial management, internal controls and payment processes for UNICEF staff, followed by development of standard operating procedures, payment checklists and clearly defined workflow processes. Twenty-six audit observations raised in the 2015 audit were closed in June.

UNICEF South Sudan has significantly mitigated the risks facing staff members travelling with cash to field offices for programme implementation. Cash is now delivered to field offices and remote locations with limited banking infrastructure through a money dealer.

Direct cash transfer (DCT) implementation remains a challenge. In 2016, UNICEF South Sudan worked closely with the UNICEF Division of Financial and Administrative Management (DFAM) and secured DCT write-offs and adjustments of seven cases worth US$202,043. As part of quality assurances, 221 programmatic visits, 106 spot checks and 28 audits were carried out with implementing partners. One hundred spot checks and 30 audits were carried out on implementing partners. A DCT Task Force met every week to review outstanding DCTs, and reminder letters were frequently sent to implementing partners and government counterparts for timely liquidation.

A virtual integrated system of information (VISION) hub was established to process common transactions by pooling a group of staff who have sound aptitude and knowledge of VISION in October 2016.

**Fundraising and Donor Relations**

UNICEF South Sudan continued to establish close relationships with bilateral and multilateral donors present in country such as the United States Agency for International Development (USAID), the United Kingdom Department for International Development, the governments of Canada, Denmark, Germany, Japan and Norway and the Swiss Agency for Development and Cooperation. UNICEF South Sudan also liaised with UNICEF National Committees and regularly provided them with human interest materials. National Committees that provided funding included the United Kingdom Committee for UNICEF, the United States Fund for UNICEF, the German National Committee and the Danish National Committee. UNICEF South Sudan also ensured it would receive emergency funding through multilateral sources such as the Central Emergency Response Fund and the Common Humanitarian Fund.

To be able to approach donors more strategically, ensure a continuous flow of funding and strategically advocate for flexible funding, UNICEF South Sudan changed its structure at its PBR to separate resource mobilization from contribution management. A resource mobilization manager was hired to engage in strategic donor relations inside and outside South Sudan. A reports officer will be hired for quality assurance of donor reports and proposals. UNICEF South Sudan also employed standard operating procedures that clearly outline workflow and timelines for drafting and quality assurance of donor reports. Funding
gaps for 2017 were identified so donors can be approached more strategically to specifically close these gaps. An Advocacy, Partnership and Leveraging Committee chaired by the Representative was established in 2016 to leverage resource mobilization. The Committee has fund-raising meetings twice a month with all section chiefs, so that fund-raising and advocacy opportunities and funding gaps are addressed regularly.

The total Country Programme throughput (utilization) in 2016 was US$133.9 million, of which US$12.2 came from regular resources, US$34.7 million came from the development fund (other resources regular) and US$87.0 million came from the humanitarian appeal (other resources emergency).

**Evaluation and Research**

Heightened insecurity in many parts of the country remained the key challenge to conducting assessments and monitoring programmes. In this context, of 12 studies and evaluations planned for 2016 and registered in PRIME/the integrated monitoring and evaluation plan, only five were completed.

The management response to the 2015 Youth-LEAD Initiative evaluation was completed in early 2016. The lessons learned from the evaluation fed into development of the new Country Programme, particularly in the education sector.

UNICEF South Sudan participated in the multi-country real-time evaluation of UNICEF’s gender-based violence-in-emergencies programming led by UNICEF Headquarters in New York in March. The report was finalized in November, and the findings highlighted the strengths and challenges of gender-based violence-in-emergencies interventions and responses in South Sudan. Some of the recommendations addressed and supported ongoing work, while others reinforced the need for new actions planned for 2017.

Due to the deteriorating security situation in South Sudan and inadequate funding, the Expanded Maternal Mortality Survey could not be completed as planned. However, with technical support from UNICEF, the MoH and the National Bureau of Statistics finalized the sampling frame. Data collection was postponed until funding is secured and the security situation allows for fieldwork.

UNICEF South Sudan chaired the Nutrition Information Working Group and provided technical guidance on assessments and validation of Standardized Monitoring and Assessment of Relief and Transitions (SMART) surveys, the Food Security and Nutrition Monitoring System, urban assessments and Integrated Food Security Phase Classification (IPC) analysis for acute malnutrition. A total of 44 SMART surveys/assessments were conducted out of the 60 planned for 2016. The application of IPC for acute malnutrition allowed analysis and identification of key contributing factors to acute malnutrition.

**Efficiency Gains and Cost Savings**

UNICEF South Sudan continued to implement initiatives and policies to reduce costs while ensuring smooth programme delivery. A review of satellite phones triggered a reduction in the number of phones in its possession and helped save US$64,000 (US$34,000 in communication costs and US$30,000 in Internet subscriptions). UNICEF South Sudan re-conditioned 20 prefabricated units and air conditioners, thereby saving more than US$100,000.

Working with other United Nations organizations resulted in several efficiencies. UNICEF South Sudan continued to use nine long-term agreements managed by other United Nations agencies through the United Nations Common Services Working Group on Procurement.
Forum (including for micro-assessments, spot checks, printing and freight/transport). Through a Memorandum of Understanding with UNMISS, UNICEF procured fuel for operations in field office locations, saving approximately US$120,000 compared with market prices. Through negotiations with UNMISS, UNICEF staff participated in Safe and Secure Approaches to Field Environment training events at no cost. A total of 27 training events and refresher sessions were conducted for about 54 staff for an estimated savings of US$18,000.

Transferring UNICEF South Sudan’s and staff accounts to another bank overcame a number of challenges arising from the non-availability of United States dollars to delays and bureaucracy in sending remittances. Because of the fees negotiated, bank charges decreased by approximately US$5,000.

Field offices gained more autonomy to procure locally available supplies and consumables instead of processing all their requests through Juba. This removed administrative bureaucracy and bottlenecks, saved considerable time and resulted in estimated annual savings of US$20,000.

With the advent of a VISION hub for UNICEF South Sudan in 2017, a number of work processes will be centralized and carried out by fewer staff. This will release additional man-hours to be redirected to strategic programme interventions.

Supply Management

Supply throughput as of 31 December was US$70.3 million against a consolidated supply plan of US$80.5 million. The 2016 procurement value, including construction projects, was as noted in the table below.

<table>
<thead>
<tr>
<th>UNICEF South Sudan 2016</th>
<th>Value of all supply input (goods and services) (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programme supplies</td>
<td>29,432,590.60</td>
</tr>
<tr>
<td>Operational supplies</td>
<td>5,660,232.00</td>
</tr>
<tr>
<td>Services</td>
<td>21,396,440.60</td>
</tr>
<tr>
<td>Construction (where applicable)</td>
<td>9,759,801.60</td>
</tr>
<tr>
<td><strong>Sub-total (overall value of procurement for goods, services and construction works)</strong></td>
<td><strong>6,249,064</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>UNICEF South Sudan 2016</th>
<th>Value of supplies channelled via procurement services (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Channelled via regular procurement services</td>
<td>1,749,761.89</td>
</tr>
<tr>
<td>Channelled via GAVI Alliance</td>
<td>2,302,574.70</td>
</tr>
<tr>
<td><strong>Sub-total (value for procurement services)</strong></td>
<td><strong>4,052,336.59</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>UNICEF South Sudan 2016</th>
<th>Value of locally managed procurement (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programme supplies</td>
<td>11,406,582.35</td>
</tr>
<tr>
<td>Operational supplies</td>
<td>5,142,839.49</td>
</tr>
<tr>
<td>Services</td>
<td>31,062,242.74</td>
</tr>
</tbody>
</table>
Sub-total (value for locally managed procurement) | 47,611,664.58

During 2016, supplies worth US$28 million were dispatched to implementing partners. A total of 194 off-shore containers loaded with multisectoral supplies from various suppliers were received in country. Sixty-nine truckloads of mosquito nets and ready-to-use therapeutic food were delivered to South Sudan. Other support came from USAID, including an in-kind donation of 58,745 cartons of Plumpy'nut peanut paste valued at more than US$3 million. A total of 162 rotations were made using UNICEF chartered flights to deliver programme and operations supplies to various locations, including for immunization campaigns.

UNICEF South Sudan worked closely with the education and health ministries to pre-position and distribute supplies to the regions. In addition, road transportation was temporarily halted due to insecurity. For more than four weeks, trucks could not pass from the Uganda border post (Nimule) to Juba. As a result, shipments bound for Juba had to be stored in the Kuehne and Nagel transit warehouses in Mombasa and Nairobi. The UPS Foundation donated cargo space valued at US$290,000 to lift 96 metric tons of emergency supplies to South Sudan in response to the July fighting.

Security for Staff and Premises

In 2016, the SPLA, SPLM-IO and armed militias were involved in violent clashes around the country, including in Juba. These clashes, and the heightened crime rate, raised the risk level for UNICEF South Sudan staff. Measures implemented to enhance safety and security included the construction of a bunker and boat pier at the Bor field office, while the Yambio, Rumbek and Wau offices saw perimeter walls constructed, safe rooms established, electronic alarm systems installed, security lighting and access control improved; vehicle screening sheds, boom gates, baggage and pedestrian scanners installed; and an abandoned bunker in Yambio refurbished.

Access control systems for UNICEF South Sudan in Juba were improved through the construction of a new reception room, baggage and pedestrian scanners and a vehicle screening shed. The electronic alarm system was enhanced to cover the twin compound. The perimeter wall was reinforced and heightened and augmented by razor wire. Additional security lighting was installed, and the closed-circuit television was upgraded.

To ensure the safety of staff, assets and programmes, a Professional Level 3 staff security specialist and a General Services Level 6 programme assistant were recruited. At all UNICEF-managed apartments, armed local policemen were deployed and safe rooms were created. Personal protective equipment was provided to 50 per cent of staff, with the others to follow. Seventy per cent of individual hand-held analogue radios were replaced with digital radios. Training was provided on women’s security awareness, firefighting, wardens, driver refreshers, trauma bag and first aid for drivers.

Due to frequent territory control changes, government reorganization and clashes, additional efforts had to be taken to re-establish a liaison for access and safety assurances for the delivery of programmes and supplies in government- and opposition-controlled areas. Finally, a joint security assessment for field missions was conducted with the United Nations Department of Safety and Security (UNDSS).

Human Resources

UNICEF South Sudan submitted two PBRs in June and October. The latter followed the July crisis and sought to reduce the footprint of the Juba office, thereby making the staffing
structure more responsive to the needs of the Country Programme and more adaptable to the changing security environment. UNICEF South Sudan made use of a number of mechanisms to address staffing gaps, including surge response, stretch assignments from other UNICEF offices, standby partners, temporary appointments and consultancies.

During the July crisis, UNICEF South Sudan reduced the international staff presence in country based on programme criticality. Some staff were evacuated to their home countries, and some worked from Nairobi supporting country office during the period.

The year 2016 saw the launch of Achieve, the new performance management system, for all staff. Staff took an active interest in the new system, resulting in 95 per cent completion in the planning phase. Ten human resources clinics and management support were conducted to support the transition. Staff and supervisors were also encouraged to engage in continuous performance discussion throughout the year to enhance performance and facilitate a culture of feedback.

Management continued to monitor the implementation of the 2014 Global Staff Survey. The action plan items were fully implemented and institutionalized in office management. Funding constraints and the July emergency inhibited the implementation of the Learning and Development Plan.

UNICEF South Sudan benefited from a dedicated staff counsellor until June and thereafter the support of the Regional Staff Counsellor. Furthermore, eight peer support volunteers were trained and available. UNICEF South Sudan showed its commitment to United Nations Cares and held 10 sessions on the UNICEF Policy on HIV/AIDS in the Workplace. In addition, the United Nations Policy on HIV/AIDS became part of the orientation package and part of the combined orientation session for all new staff members.

**Effective Use of Information and Communication Technology**

UNICEF South Sudan continued to enhance the efficiency and effectiveness of ICT systems and infrastructure to meet the demands of both regular programmes and emergency responses. UNICEF South Sudan is finalizing a team site to improve collaboration between programme sections, UNICEF South Sudan and field offices and to follow up on emergency action points. Tracking matrices are being used to better support field offices during emergencies.

Office Internet connectivity was enhanced in 2016 by increasing the bandwidth and changing the local Internet service provider to MTN, which provided more reliability despite challenging connectivity during the July crisis. To improve field office connectivity and access to cloud-based applications, emergency local area network kits were set up in Bentiu, Aweil and Yambio. Bandwidth was also increased in all field offices with VSAT or iDirect connectivity for future implementation of the emergency local area network kits.

ICT infrastructure and systems were maintained in accordance with recommended policies and procedures. The three business continuity plan sites in Juba were enhanced by additional infrastructure from KU band VSATs as backup connectivity, in addition to Thuraya IP and high frequency/very high frequency radios. In the 10 field offices, Thuraya IP Plus was set up, and the guesthouse was linked to the office network in a secure manner. Weekly connectivity tests were carried out in all offices to ensure functionality and availability. All country and field office staff used office laptops connected to universal/guest Wi-Fi for offices with emergency local area network kits and shared resources, reducing the ICT infrastructure footprint.

ICT continued to support innovation initiatives, providing technical support for
implementation and testing of the Open Source Digital Birth Registration Database at the MoH. The final release will include SMS tools for data collection. U-Report is under discussion with the Government. Innovation initiatives will be implemented through RapidPro, a UNICEF-supported open source platform.

Programme Components from the Results Assessment Module

ANALYSIS BY OUTCOME AND OUTPUT RESULTS

OUTCOME 1 Improved and equitable use of maternal, newborn and child health, and of HIV/AIDS services by infants, children, adolescents and pregnant women, especially the poor and marginalized groups in South Sudan by 2018.

Analytical statement of progress:
The health system in South Sudan has been affected by a critical shortage of human and financial resources. The unpredictable context continued to affect the humanitarian situation and spur continued displacement of large numbers of people, both within and out of the country. As the needs continue to increase, access challenges, along with funding uncertainty, remain significant constraints to the health response. Likewise, as the crisis continues to escalate, transportation of much-needed life-saving supplies to affected communities has been hindered by charges posed without legal grounds and the time required for flight safety clearance. More than 200 health facilities have been damaged, more than 30 per cent of health workers have fled for safety and medical supplies have been insufficient to respond to the rising number of casualties. Gender-based violence has continued to be a significant concern, and an upsurge in gunshot wounds and mass casualties due to continued fighting is anticipated.

Despite the challenging context in South Sudan in 2016, UNICEF continued to support delivery of both routine and supplementary immunization services. As part of cold chain strengthening at both national and sub-national levels, a total of 44 solar refrigerators were installed and 70 cold chain storage facilities at national, state, and county levels were maintained and/or strengthened. A series of immunization activities was also conducted, including NIDs, sub-national immunization days, maternal and neonatal tetanus elimination, meningitis Africa vaccination and the switch from trivalent oral polio vaccine to bivalent oral polio vaccine. During two NIDs (April and November) and sub-national immunization days (February), 3,183,468 children were vaccinated against polio under the Global Polio Elimination Initiative. UNICEF played a key role in the provision of vaccines and spearheading social mobilization activities through partnerships with ministries of health, WHO and other implementing partners throughout the country.

However, routine immunization coverage remains very low in South Sudan, with pentavalent 3 coverage at 34 per cent. Major barriers and bottlenecks include vandalizing of cold chain equipment, inadequately skilled human resources to manage cold chain systems and logistical challenges, including road infrastructure, to pre-positioning supplies and equipment.

During the second and third quarters, South Sudan experienced an upsurge in malaria cases, from more than 100,000 cases per month to a peak of more than 222,000 cases. Approximately 40 per cent of cases were among children under 5 years. During the malaria season, 44 counties in seven previously stable states reported increased numbers of malaria cases. By the end of October, 1,997,642 individuals, including 715,990 children under 5, had been treated for malaria countrywide, a 4 per cent increase in cases compared with 2015. This increase is probably due to population displacement, which has increased vulnerability due to the poor quality of shelters, difficult environmental conditions, limited access to
treatment and underreporting of cases. Of all cases treated, 547,494 (27 per cent) were treated with direct UNICEF support at both community and facility levels. UNICEF South Sudan scaled up integrated malaria prevention and control activities, including indoor residual spraying and larviciding activities, as well as the distribution of mosquito nets and prompt treatment of cases among the most vulnerable communities.

UNICEF South Sudan also supported HIV and AIDS services: 32,021 pregnant women were counselled and tested for HIV (20 per cent of targeted pregnant women). A total of 487 pregnant women tested positive and 371 were enrolled in antiretroviral treatment. Awareness of HIV and AIDS is still low and stigma remains very high. These factors affect the uptake of prevention of mother-to-child transmission (PMTCT) services and compliance with the treatment protocol. The conflict and subsequent displacement have rendered maternal and newborn health and PMTCT services, including awareness of HIV and stigma, inaccessible to significant proportions of the population. As of December 2016, UNICEF South Sudan had supported 36 mother-to-mother support groups with more than 1,000 members. In UNICEF-supported sites, acceptance of HIV testing among pregnant women after health education increased from 58 per cent in 2015 to 82 per cent in 2016.

Meanwhile, UNICEF South Sudan continued to support emergency preparedness and response for vaccine-preventable diseases, including measles and polio, and other endemic diseases with outbreak potential such as cholera. At least 15 measles outbreak response immunizations were supported in 2016 through vaccine logistics and social mobilization. Robust preparedness measures were put in place for cholera in 11 high-risk counties across five states: more than 1,700 cases directly benefited from UNICEF support through case management at the oral rehydration point level. This was all made possible through implementing partners or direct implementation, and, where necessary, employing the RRM modality for service delivery.

Finally, while implementation was constrained due to competing programmatic priorities, UNICEF South Sudan was still able to support some upstream MoH work to create a more enabling policy and institutional environment. With UNICEF support, the national MoH finalized its IMNCI guidelines, including newborn care and associated job aids. Support was also provided to develop the Boma Health Initiative policy, establishing a strategy to rollout all basic healthcare services at the community level.

**OUTPUT 1** Strengthen the systems to deliver integrated maternal and newborn health/EMTCT/EID and birth registration services in emergency and non-emergency settings

**Analytical statement of progress:**
Children under 1 year and pregnant women received routine immunization services, and children under 15 years received supplementary vaccinations. UNICEF South Sudan supported immunization services by strengthening immunization supply chain management, including procurement and distribution of vaccines and devices, cold chain system development and communication and social mobilization activities.

Implementing routine immunization remains daunting. In October, national inactivated polio vaccine coverage was estimated at 23 per cent and measles coverage at 39 per cent, and pentavalent fell to 34 per cent from 52 per cent in 2015. This was due to the spread of conflict to the three stable Equatorian states, which increased geographic inaccessibility and the vandalizing of cold-chain equipment, especially solar panels.

UNICEF is continuing to strengthen South Sudan’s cold chain by providing technical expertise for cold chain equipment installation and repair. During 2016, 70 cold chain storage facilities at national, state and county levels were maintained/strengthened.
During two NIDs (April and November) and sub-national immunization days (February), 3,351,954 children were vaccinated against polio as per the Global Polio Elimination Initiative.

In 2016, there were 15 measles outbreaks, 1,909 suspected measles cases and 19 deaths reported in Abyei, Gogrial West, Yirol East, Aweil Centre, Aweil West, Mayom, Twic Centre, Malakal PoC site, Bentiu PoC site and Rubkona County. UNICEF South Sudan and partners organized localized coordinated measles outbreak response campaigns. Together with the RRM and vaccination at PoC gates and camps for internally displaced persons, 609,855 children aged 6 months to 15 years were vaccinated against measles.

Through MoH and implementing partners, UNICEF South Sudan supported maternal and neonatal tetanus elimination. A total of 814,577 women of childbearing age were immunized against tetanus.

Meningitis Africa vaccination campaigns were also conducted, with 4,023,659 people aged 1–29 years vaccinated in 2016, amounting to 92 per cent of the national target of 4,372,696.

Major challenges in 2016 included: inadequate human resources to strengthen cold chain systems; logistics and limited road infrastructure hindering the pre-positioning of immunization supplies and equipment; sub-optimal Government ownership and inadequate resource allocation to the health sector; multiple and widespread conflicts across the country; inadequate funding for a measles follow-up campaign; and looting and vandalizing of equipment (which has been recorded in Western Bahrel Ghazal, Eastern Equatoria, Western Equatoria, Upper Nile, Unity and Jonglei states).

Despite the challenges, UNICEF South Sudan continued to re-establish and rehabilitate the cold chain, including by replacing looted and vandalized solar panels and refrigerators and lobbying for funds to fill the resource gap. UNICEF South Sudan installed 44 solar fridges in Central Equatoria, Eastern Equatoria, Lakes, Warrap, Northern Bahrel Ghazal, Upper Nile, Unity and Jonglei states.

Through implementing partners, UNICEF South Sudan supported 1,086 social mobilizers working within local communities to distribute information, education and communication materials on routine immunization and supplementary immunization activities.

While UNICEF South Sudan plays a major role in immunization activities as core pipeline manager for supplies, field activities are implemented in partnership with Health Cluster partners, WHO and national and international NGOs.

**OUTPUT 2** Improved capacity to provide integrated case management services for common childhood illnesses in emergency and non-emergency settings by 2018.

**Analytical statement of progress:**
Between May and October, South Sudan saw an upsurge in malaria cases, experiencing from 100,000 cases per month to a peak of more than 222,000 cases in July. Approximately 40 per cent of cases affected children under 5 years. The malaria test positivity rate was above 90 per cent in several areas. Forty-four counties in the seven previously-stable states reported increased numbers of malaria cases than in 2015. By the end of October, 1,997,642 individuals, including 715,990 children under 5, had been treated for malaria countrywide, a 4 per cent increase compared with 2015. The increase is probably due to displacement, which increased vulnerability due to inadequate shelter and environmental conditions. Of all cases treated, 547,494 (27 per cent) were treated with direct UNICEF
support at both community and facility levels. UNICEF scaled up malaria prevention activities, including indoor residual spraying and larviciding activities associated with mosquito net distribution. Through the ‘Mentor Initiative’ (a health partner), UNICEF successfully sprayed 11,763 accessible shelters, protecting 92,647 people from malaria and nuisance insects (flees, lice, mites and so on) in Malakal and Bentiu PoC sites. The indoor residual spraying intervention exceeded the target coverage rates in both camps. These interventions led to fewer numbers of malaria cases in both Bentiu and Malakal PoC sites than in 2015.

In 2016, UNICEF support for acute respiratory infection treatment increased sharply compared to the 83,911 cases treated in 2015. A total of 806,273 individuals were treated countrywide, including 334,103 cases (41 per cent) with UNICEF support at both community (through integrated community case management) and facility levels. This is due to increased access to primary healthcare services thanks to UNICEF support in 12 counties: 26 payams deliver integrated community case management with sufficient antibiotics.

UNICEF supported the treatment of 168,569 cases of acute watery diarrhoea in 2016 out of 277,707 cases nationwide (61 per cent), slightly lower than the number treated in 2015. This decrease in the number of treated acute watery diarrhoea cases is connected to improved health education on diarrhoea prevention and ongoing awareness-raising and social mobilization activities. However, data collection continues to require improvement.

UNICEF had procured and provided more than 2,147,600 doses of antimalarial drugs; 869,900 malaria rapid diagnostic tests; 85 inter-agency emergency health kits; 100 primary healthcare centre kits and 200 primary healthcare unit kits in Malakal, Mingkaman, Bentiu, Bor, Pochalla, Akobo and Torit. Some 400,000 long-lasting insecticide-treated nets were procured and 235,374 have been already distributed to beneficiaries (pregnant women and children under 5) during routine immunization. Challenges remain in distributing the nets to populations in hard-to-reach areas. This is often done through RRM missions. There is also a need to ensure the correct and continuous use of mosquito nets.

To enhance health professionals’ knowledge and skills, UNICEF supported the in-service training of 1,176 healthcare providers, including 956 community-based distributors and community-based distributor supervisors and 220 clinical officers, nurses and community health workers, on malaria case management, integrated community case management and IMNCI in Mingkaman, Malakal, Bentiu, Koch, Aweil, Bor, Torit and elsewhere.

OUTPUT 3 Strengthen the systems to deliver integrated maternal and newborn health/EMTCT/EID and birth registration services in emergency and non-emergency settings

Analytical statement of progress:
In-service mentoring and coaching was conducted for 82 health facility-based MoH staff on integrated basic emergency obstetric and newborn care, antenatal care, post-natal care and PMTCT Option B+. Essential maternal and newborn health supplies, including midwifery kits, various test kits, HIV test kits and clean delivery kits, as well as medical equipment such as delivery beds, admission beds, sphygmomanometers, drip stands and surgical kits, were provided to support basic emergency obstetric and newborn care services in 20 health facilities in Yambio, Pibor, Bentiu, Koch, Malakal, Mingkaman, Akobo, Juba PoC, Aweil North, Maban and Kapoeta East. With this support, 155,233 pregnant women were reached with at least one antenatal care visit (114 per cent of the target) with 22 per cent completing the recommended four or more antenatal care visits. A total of 17,184 women (41 per cent of those targeted) delivered with skilled birth attendants, compared with the national average of 12 per cent. However, cultural constraints still significantly hinder the uptake of recommended antenatal care services and facility-based deliveries by skilled birth
attendants. Community-based deliveries are still very common throughout the country, usually without the assistance of skilled health personnel. Reducing this will require additional behaviour change interventions, which UNICEF is supporting through community engagement.

UNICEF South Sudan also supported HIV and AIDS services: 32,021 pregnant women were counselled and tested for HIV (20 per cent of the target population). A total of 487 pregnant women tested HIV positive and 371 were enrolled for antiretroviral treatment. Awareness of HIV and AIDS is still low and stigma remains high. These factors affect the uptake of PMTCT services and compliance with treatment protocols. The conflict and subsequent displacement renders significant proportions of the population inaccessible for maternal and newborn health/PMTCT services, including awareness-raising activities on HIV and on stigma. UNICEF will continue to work through the Boma Health Initiative and community support groups to address this challenge, though this may require long-term behavioural change. By December 2016, UNICEF South Sudan had supported the implementation and functionality of 36 mother-to-mother support groups with more than 1,000 members. Acceptance of HIV testing among pregnant women after health education increased from 58 per cent in 2015 to 82 per cent in 2016 in UNICEF-supported sites.

In collaboration with WHO and other technical partners, UNICEF South Sudan supported the adaptation of the new integrated HIV and AIDS guidelines including paediatric antiretroviral treatment into 30 ICAP- and WHO-supported health facilities. Between January and December, 186 children were enrolled in antiretroviral therapy. However, treatment of infants living with HIV is still limited due to lack of early infant diagnosis services in the country and insufficient tracking of women living with HIV and their exposed infants.

UNICEF South Sudan continued to support the MoH to institutionalize the birth notification and registration processes. A total of 142 health workers were trained in Aweil Centre, East, North, West and South counties in Northern Bahr el Ghazal state, Morobo and Juba counties in Central Equatoria state and in the Malakal PoC site and delivered birth notifications to 60,997 children under 5.

OUTPUT 4 Disease outbreaks and emerging humanitarian needs addressed as per the UNICEF Core Commitments for Children in Humanitarian Action.

Analytical statement of progress:
UNICEF continued to be a major player ensuring that robust preparedness measures were in place for endemic disease outbreaks and upsurges in measles, polio, malaria and cholera. Adequate supplies were procured and pre-positioned, and staff were deployed in areas with emerging humanitarian needs through displacement and disease outbreaks. Whenever necessary, the RRM modality was employed to reach beneficiaries who were cut off from services. As part of an integrated UNICEF response, sector-specific activities were also carried out in Wau (June), Juba (July), Northern Bahr el Ghazal (September) and Yei (October).

As a core pipeline manager for immunization, UNICEF supported 15 measles outbreak response immunizations through vaccine logistics and social mobilization. Supplemental immunization activities were also conducted at PoC entrances and within host communities in areas that were cut off from services. In total, 609,855 children (52 per cent of the year’s target) were vaccinated against measles and 1,393,103 were vaccinated against polio in conflict-affected areas during vaccination campaigns.

Through partners and direct implementation with the Health Cluster and WHO, UNICEF ensured that robust preparedness activities took place in 11 high-risk counties across five
states previously identified as being at high risk of cholera. Critical supplies (diarrhoeal disease kits, oral rehydration solution, tents and beds) were procured and pre-positioned at the county level, supplies were distributed to 45 possible oral rehydration point sites, a total of 222 front-line health workers were trained in cholera case management at both referral and referring facilities and 149 community health workers and home health promoters were trained on early case detection and referral. The response was relatively straightforward in Juba despite the initial security challenges, primarily because of the preparedness measures in place. The significant decrease in the case fatality rate from 2.6 per cent in 2015 to 1.78 per cent in 2016 was also attributable to these preparations and the more intensive integrated community-level interventions that emphasised heightened community surveillance for early case detection, prompt treatment and swift referral. UNICEF substantially contributed to the cholera response across the health, WASH and Communication for Development sectors: it focussed on integrated community-level interventions following its mandate and filling gaps at the referral facility level where needed, to ensure the whole continuum of care. Overall, more than 1,700 cholera and acute watery diarrhoea patients benefited directly from UNICEF support.

To reach isolated populations, a total of 14 RRM missions were conducted in 2016 to address the health needs of women and children in long-standing and recently conflict-affected areas that were cut off from health services. Overall, 54,588 children aged 6 months to 15 years were vaccinated against measles and 58,676 were vaccinated against polio.

A major challenge encountered was accessing affected communities for outbreak investigation and response. This led to more protracted outbreaks of cholera and measles. UNICEF has been responsive to these challenges and has tailored support according to the needs on the ground. In areas of active conflict, UNICEF partnered with national NGOs with a presence on the ground to continue delivering support.

**OUTPUT 5** An enabling policy and institutional environment is enhanced for effective scaling up and implementation of maternal, newborn and child healthcare services and humanitarian response

**Analytical statement of progress:**

UNICEF South Sudan continued to support the MoH to develop, revise, produce and disseminate key health policies, guidelines and tools for monitoring and evaluation and ensured that the documents conformed to the recommended standards. In 2016, the integrated management of childhood illnesses was updated to include the newborn aspect (IMNCI), and a national training of trainers was conducted with 39 participants in Juba. The planned development of a costed IMNCI scale-up plan could not be completed during the second half of the year due to overriding emergency response priorities. As planned for 2016, integrated community case management/IMNCI was scaled up from the previous three payams in Mingkaman to 26 payams in 12 counties (Yambio, Bor, Bor South, Aweil North, Malakal, Wau Shilluk, Nasir, Pariang, Abiemnom, Koch, Guit and Mayom).

A community health policy, the Boma Health Initiative, was developed to streamline community health activities at the grassroots level. Although its launch was delayed due to the crisis in Juba, UNICEF South Sudan will support the printing of initial copies for advocacy. In addition, together with WHO and the Red Cross, UNICEF is part of a joint secretariat supporting the MoH to develop a training package for community health workers and home health promoters as per the service delivery package in the policy. The draft has been completed and is awaiting validation and launch. Operational guidelines for community support groups developed in 2014 were printed with UNICEF support. UNICEF South Sudan also supported the printing of 200 copies of the antenatal care/PMTCT register and 200 copies of the maternity register to support data collection across the country; this has been
transported to field locations and is currently in use. The National HIV Policy is yet to be approved by the Council of Ministers, and the HIV Technical Working Group has revised the Elimination of Mother-to-Child Transmission Scale-Up Plan in consultation with the MoH. Costing of the plan is expected with the new Global Fund to Fight AIDS, Tuberculosis and Malaria grant.

The MoH is set to revise the draft Essential Newborn Care Technical Guide before its approval, though a forum to undertake the revision has not yet been convened. There has been no progress on passing the Civil Registration Bill, as the Parliament has not discussed it since the conflict broke out in 2013.

In collaboration with partners, UNICEF South Sudan is supporting the MoH to conduct the Expanded Maternal Mortality Survey, deploying a technical expert and coordinating the whole survey. As of December, questionnaire development was completed and the sampling frame update was near completion. The remaining phases are listing households, data collection, analysis and dissemination. However, the funding gap, insecurity in many parts of the country and limited communication equipment in rural areas are major barriers to implementing the survey.

OUTCOME 2 Improved and equitable provision of evidence-based nutrition interventions for children and for women of child-bearing age, including pregnant and lactating women by 2018.

Analytical statement of progress:
In 2016, UNICEF South Sudan continued to provide support at all levels for the well-being and survival of children under 5 and improved nutrition care practices for pregnant and lactating mothers. UNICEF facilitated the SAM management with an integrated IYCF component, micronutrient supplementation and provision of critical nutrition. It also provided technical assistance and support for finalizing the nutrition guidelines, contributed to the Food Security and Nutrition Monitoring System and conducted a SMART survey, urban assessments and IPC analysis of acute malnutrition.

In 2016, UNICEF supported the development of South Sudan’s first-ever Maternal, Infant and Young Child Nutrition (MIYCN) Strategy, guidelines and training package, which was validated in November. In addition, the updated National Community-based Management of Acute Malnutrition (CMAM) Guidelines were finalized, validated and presented at a high-level meeting at the MoH. All state nutrition focal points, along with senior healthcare representatives from all states and the national level, participated in field-level dissemination of the national CMAM and MIYCN guidelines. The updated National CMAM Guidelines are now in force in Northern Bahr El Ghazal.

The UNICEF nutrition and supply sections closely monitored the situation to ensure there were no stock-outs of nutrition supplies in the country. So far, children with SAM have received continuous treatment because of nutrition supplies pre-positioned in state warehouses. Regular monitoring was conducted in conflict-affected states, including Unity, Jonglei and Upper Nile. Overall, states with warehousing facilities did not experience stock-outs, so the quality of services was maintained.

Significant improvements were noted in 2016 compared with 2015. Previously, nutrition data for South Sudan remained inaccessible, but near real-time data are now available for CMAM and IYCF programmes. UNICEF’s unique partnership with WFP continued to scale up nutrition interventions and ensured continuity of care for children under 5. This partnership enabled communities in hard-to-reach locations to access life-saving nutrition services.
The CMAM programme achieved an 86 per cent recovery rate for children enrolled in the SAM treatment programme, well above the Sphere standard of 75 per cent. Children who suffered from SAM also had greater access to treatment in most states throughout the year (with the exception of challenges faced during the July conflict, which caused prolonged delays in the transportation of nutrition supplies from Uganda to South Sudan). An alarming increase in the SAM caseload also overstretched available ready-to-use therapeutic food supplies, leading to the use of the buffer stock. However, UNICEF and partners did not experience a pipeline break.

Importantly, the MoH agreed to a policy to integrate nutrition services into healthcare facilities throughout the country.

The impact of prevention services also significantly increased in 2016. Effective capacity-building efforts for IYCF in 2015 formed the basis for greater knowledge and skills on IYCF among MoH and NGO personnel nationwide. This was due to UNICEF’s technical backstopping and increased funding to support nutrition programmes in 2016. These contributions enhanced and maintained an improved quality of nutrition services for children with SAM. Pregnant and lactating mothers in targeted communities also gained knowledge and skills on key childcare practices.

UNICEF also built the capacity of MoH nutrition personnel at the central level. For instance, the MoH now has the capacity to chair the IYCF Technical Working Group, which was previously chaired by UNICEF. MoH master trainers on IYCF are currently organizing IYCF capacity-building efforts. More NGOs are now equipped for IYCF programming, strengthening prevention efforts. Even at the community level, the community IYCF package promotion helped to improve skills concerning appropriate child care practices. Some 3,000 mother support groups were engaged to provide nutrition prevention messaging and counselling in targeted communities. In addition, healthcare workers acquired IYCF knowledge as a result of the roll-out of IYCF training to most states. The celebration of World Breastfeeding Week in August contributed to increased knowledge of malnutrition prevention across the country. UNICEF’s on-the-job coaching and mentoring of field personnel from the MoH and NGOs also increased and improved IYCF knowledge throughout the country.

IYCF training of trainers was also rolled out in seven out of the 10 states. However, security challenges hindered the IYCF training of trainers roll-out in the three remaining states of Western Equatoria, Jonglei and Upper Nile.

UNICEF built strong partnerships with NGOs, and more than 47 NGOs continued their partnership on the nutrition programme. In addition to partnership agreements with NGOs, UNICEF maintained its partnership with WFP, providing opportunities to reach more remote communities with essential life-saving services. This partnership included the RRM, which gave children with SAM in remote communities a chance of survival. The RRM missions also helped communities cut off from services due to the civil war receive essential services for child survival.

**OUTPUT 1** Health facilities and communities are able to provide quality integrated management of SAM as per the national guidelines.

**Analytical statement of progress:**
An estimated 362,077 children had SAM at the time of the Nutrition Cluster’s mid-year review. UNICEF South Sudan intended to treat 70 per cent of them (253,605 individuals). CMAM programme interventions included early detection of childhood malnutrition and referral and early treatment of children with SAM. This was implemented through 47 NGO partnerships, which provided treatment services in IDP camps, as well as for refugees and
host communities. Overall, UNICEF supported the treatment of 208,502 children aged 6–59 months with SAM nationwide (102,166 boys and 106,336 girls) with a recovery rate of 86.3 per cent, a death rate of 0.5 per cent and a defaulter rate of 7.8 per cent, well within Sphere standards. Approximately 82 per cent of the annual target was achieved. Strengthened partnerships, timely supply planning and distribution, timely pre-positioning of essential nutrition supplies (as evidenced by low supply stock-outs of 0.7 per cent), enabled children in need of life-saving services to be reached.

Nevertheless, recent monitoring reports and coverage surveys reveal substantial bottlenecks for many families to accessing SAM treatment, including estimated coverage of less than half (the Sphere standard) across most counties in Northern Bahr el Ghazal and Jonglei states. Barriers to coverage included lack of access in some locations, distance to nutrition service points, lack of knowledge of facilities and services, and poor interface between OTPs and target supplementary feeding programmes. The Cluster and UNICEF are now mapping facilities at the state level to address gaps, harmonize OTP, target supplementary feeding programmes and ensure the continuum of care in the WFP/UNICEF third-year scale-up. A total of 562 OTPs and 51 stabilization centres provided treatment to children with SAM, including those with complications. The number of OTPs fluctuated in 2016 due to security concerns in Unity and Greater Equatoria and a change of partners in Northern Bahr el Ghazal. UNICEF and partners tried to fill the gaps through mobile outreach (the ‘Beyond Bentiu’ Strategy, the RRM and new partnerships). However, children may still have missed treatment in these areas due to access constraints.

Supplies, such as ready-to-use therapeutic food and amoxicillin syrups, are crucial to treating SAM. Therefore, nutrition supplies were warehoused in various partner and UNICEF warehouses throughout the country. Intra-household sharing of therapeutic nutrition rations and sale of ready-to-use therapeutic food supplies were still major challenges. Migration of households because of conflict led to high default rates among beneficiaries, and increased insecurity across South Sudan affected the operations of nutrition mobile teams. Poor road infrastructure also affected the supervision of nutrition activities and delayed the pre-positioning of supplies in certain counties.

Capacity development continued in 2016 for NGO partners and MoH personnel on integrated management of SAM. UNICEF collaborated with WFP to recruit a CMAM consultant to support the development of the first-ever national CMAM guidelines, tools and training package for South Sudan (validated in November). Roll-out of the new CMAM Guidelines to states and counties and capacity strengthening of state MoH nutrition units across the country remain key priorities of the nutrition programme into 2017.

**OUTPUT 2** Enhanced support for children, caregivers and communities for improved nutrition and provision of appropriate care and IYCF in emergencies in targeted locations.

**Analytical statement of progress:**
UNICEF South Sudan supported the Government to finalize its 10-year MIYCN Strategy, guidelines and a training package. Ambitious roll-out of the MIYCN Strategy and guidelines remains critical for demand creation, promotion of appropriate behaviour and social change to improve MIYCN knowledge and practices in South Sudan. To strengthen IYCF implementation, UNICEF, in collaboration with the MoH and Nutrition Cluster partners, organized three rounds of IYCF master trainers' trainings in Juba, where 99 participants from 23 NGOs, UNICEF field offices, WFP field offices and United Nations High Commissioner for Refugees (UNHCR) field officers were trained on the IYCF package and rolling it out to the states. Seven out of 10 states (Central Equatoria, Western Bahr el Ghazal, Northern Bahr el Ghazal, Warrap, Eastern Equatoria, Unity and Lakes) successfully rolled out IYCF training of trainers, significantly contributing to the transfer of knowledge and skills to IYCF service
providers at both community and facility levels. A total of 2,990 staff members, primarily from NGOs and state MoHs, have been trained by the master trainers.

In 2016, UNICEF South Sudan signed programme cooperation agreements with 47 NGOs. All the agreements have integrated maternal and IYCF components. Remarkably, a total of 347,305 mothers with children under 2 years were reached with key MIYCN messages during individual counselling sessions, and an additional 987,108 people (including more than 6,000 men) were reached through group counselling. UNICEF supported World Breastfeeding Week activities in August across the states and in the PoC sites.

Micronutrient supplementation and deworming, which are key components of the MIYCN Strategy, have been implemented through NIDs twice per year at six-month intervals. However, coverage was limited during the first round in April due to logistical challenges connected to poor road infrastructure and the onset of the rainy season in some parts of the country. Insecurity also affected coverage in some counties in Jonglei, Upper, Unity, Central Equatoria, Western Equatoria and Eastern Equatoria. Vitamin A supplementation and deworming interventions were also administered during RRM missions, as RRM-targeted communities were generally not reached during NIDs. The second round of NID campaigns took place from mid-November and reached 2,370,989 children aged 6–59 months with vitamin A supplementation and 1,841,228 children aged 12–59 months with deworming. A total of 17,871 women received multiple micronutrient tablets in Lakes, Eastern Equatoria and Upper Nile during antenatal clinic sessions.

Insecurity in most parts of the country continued to limit monitoring and supportive supervision. Sustainability of mother support groups was cited as a challenge, as most mothers demanded incentives to continue with the groups. Apart from the training, inadequate funding limited MIYCN activities, as most of the funds received were prioritized for life-saving activities, including procurement of therapeutic supplies, despite the fact that IYCF interventions are key for the prevention of childhood malnutrition.

OUTPUT 3 Systems and capacity strengthened to effectively scale up equitable, evidence-based nutrition interventions and provide robust data.

Analytical statement of progress:
UNICEF provided technical support for collecting quality nutrition data. The UNICEF-led Nutrition Information Working Group remained functional through 2016, though it was interrupted in July and August due to the conflict. The technical team met regularly to coordinate, review and validate survey proposals and reports.

By December, 52 out of 60 planned SMART surveys were conducted and validated by the Nutrition Information Working Group. Seventy-one per cent showed global acute malnutrition rates above the 15 per cent WHO emergency threshold. About 90 per cent of the counties with high global acute malnutrition rates were from the high burden states of Northern Bahr el Ghazal and Warrap or the Greater Upper Nile region. The highest prevalence was reported in Renk County (34.8 per cent) and lowest was reported in Rumbek North (9.4 per cent).

Two Food Security and Nutrition Monitoring System rounds provided timely and critical state-level nutrition information for April and August IPC analyses. The IPC analysis also facilitated geographical targeting of priority food insecure and high malnutrition burden areas, advocacy and resource mobilization. UNICEF provided technical leadership and actively participated in the newly-introduced ‘IPC for acute malnutrition’ and the entire IPC analysis. IPC for acute malnutrition classifies areas using different methods and indicators of acute malnutrition, allows analysis and identification of key contributing factors to acute
malnutrition, facilitates projections and communicates actionable information for decision-making.

UNICEF and certain partners agreed to investigate the causal factors of malnutrition in states regarded as high burden despite relative stability (Warrap and Northern Bahr el Ghazal). Proper identification and understanding of malnutrition and food insecurity risk factors in these areas will facilitate more holistic analysis of food insecurity and undernutrition, informed decision-making and appropriate response. Data collection is currently underway.

The Nutrition Information Working Group-designed Nutrition Information System for emergency nutrition was operationalized and fully adopted by all partners, enabling them to evaluate and improve nutrition programme data completeness, accuracy, timeliness and storage with a current reporting rate of 95 per cent. In 2016, 130 staff members from 46 partners received Nutrition Information System training by either UNICEF, the Nutrition Cluster or implementing partners.

Heightened insecurity in much of the country, particularly in Greater Equatoria, hindered assessments and programme monitoring, as well as on-the-job training and capacity building in some areas. The Government’s delayed release of the IPC product also delayed the use of IPC products for designing responses in priority areas, advocacy and fund-raising.

UNICEF monitored partners’ nutrition programme interventions in each state every month, mostly with state MoH and WFP, accompanied by on-the-job coaching and mentoring. UNICEF also supported partner coordination at central and state levels. Partner-specific programme reviews and an annual national nutrition review and planning meeting with partners took place. This was led by the MoH for the first time (though funded by UNICEF). At the meetings, state-level achievements were shared, and issues relating to programming and nutrition supplies, particularly ready-to-use therapeutic food, were discussed.

OUTPUT 4  Effective nutrition preparedness and response for emergency-affected population delivered in line with CCCs

Analytical statement of progress:

UNICEF and WFP in South Sudan established the RRM in March 2014 as part of the nutrition scale-up plan to deal with conflict-related humanitarian needs in locations with reduced access and limited partner presence. UNICEF and WFP continued to provide life-saving services through RRM missions among populations affected by conflict in South Sudan in 2016. The RRM package included the provision of food rations, preventive and curative nutrition and health interventions, re-establishment of access to safe drinking water and hygiene, critical child protection services and opportunities for children to regain access to education.

In 2016, UNICEF South Sudan and WFP jointly conducted a total of 26 RRM missions and screened more than 61,000 children aged 6–59 months and more than 15,000 pregnant and lactating women for acute malnutrition. Of the children screened, 985 had SAM and 3,863 had moderate acute malnutrition, indicating an average proxy global acute malnutrition rate of 7.9 per cent. The children identified with SAM and moderate acute malnutrition were either treated or referred to the nearest OTP or target supplementary feeding programme sites for treatment. Similarly, a total of 769 acutely malnourished pregnant and lactating women (with mid-upper arm circumference of less than 21 centimetres) were identified and referred for treatment. In addition, more than 20,000 pregnant and lactating women and caregivers were reached with key IYCF messages. Among the total number of children given vitamin A supplementation and deworming treatment in 2016, more than 22,000 aged 6–59
months and 18,000 aged 12–59 months were reached through RRM missions, respectively.

The United Nations and NGOs in South Sudan also undertook emergency airlift operations to deliver survival kits containing life-saving supplies to internally displaced persons in hard-to-reach areas of the country. The kits included mosquito nets, short-maturity vegetable seeds, fishing supplies, water carrying containers, water purification tablets, oral rehydration salts, emergency food rations (BP5) for children and kitchen sets with cups, spoons, pots and plates. In 2016, UNICEF contributed emergency food rations (BP5) to 4,000 households with children aged 6–59 months. In addition, more than 4,600 children aged 6–59 months also received emergency food rations in Yei, Central Equatoria state, through an RRM response.

OUTCOME 3 Target population in conflict-affected, underserved, and epidemic-prone communities in South Sudan have improved access to equitable and sustainable WASH services by 2018.

Analytical statement of progress:
UNICEF South Sudan is continuing to support communities in conflict-affected, underserved and epidemic-prone communities to improve their access to equitable and sustainable WASH services. However, gains achieved in recent years were significantly affected by the fighting that broke out on 8 July in Juba and spread to other parts of the country, resulting in further destruction of WASH facilities in Juba, Wau, Torit, Yei, Yambio and their surrounding areas. The fighting also forced communities to seek shelter in United Nations PoC sites and IDPs settlement areas or to flee to neighbouring countries as refugees. An estimated 1.87 million people have been internally displaced in South Sudan, with more than 212,000 internally displaced persons seeking refuge in PoC sites and IDP camps. The conflict was further complicated by the onset of cholera in Central Equatoria, Jonglei and Unity as well as the worsening economic situation in the country.

Despite the numerous challenges caused by these events, UNICEF South Sudan managed to scale up WASH responses to address the needs of displaced persons and vulnerable host communities. The UNICEF South Sudan WASH programme provided access to safe water and sanitation and promoted hygiene in communities, including in some of the most remote and conflict-affected areas of the country. Thus, 939,702 people were provided with safe drinking water; 281,951 people gained access to sanitation facilities and services (including through CLTS) and 916,882 received hygiene education.

To effectively serve the needs of the sector, UNICEF South Sudan used a variety of approaches and interventions to deliver WASH services. Provision of safe water was made possible by the drilling and rehabilitation of boreholes and the establishment of surface water treatment systems, where possible, such as in PoC sites and IDP camp settings. However, in certain areas, such as the Juba United Nations House PoC site, safe water is primarily delivered through water trucking. UNICEF South Sudan also explored affordable technologies for providing safe water, such as manual drilling, particularly in Northern Bahr el Ghazal and in Warrap. The success of manual drilling in these areas encouraged UNICEF to invest in the capacity of resident local drillers through national and regional training. This in turn led to the creation of pump mechanic associations, which are now being contracted by UNICEF to scale up manual drilling in locations that other partners cannot reach.

The provision of safe water is a cornerstone of UNICEF South Sudan’s initiative to support guinea worm eradication efforts. In 2016, 14 new boreholes were drilled and/or rehabilitated in areas of South Sudan where guinea worm is endemic. This has directly contributed to a steady decrease in guinea worm cases in South Sudan from 113 in 2013 to only five cases
in 2016. UNICEF is still committed to supporting the people of South Sudan to eradicate guinea worm disease through the sustained provision of safe water in affected communities.

UNICEF South Sudan is continuing to focus its efforts on accelerated demand-driven approaches to sanitation and improved hygiene practices through CLTS. At the national level, the Sanitation and Hygiene Technical Working Group has been mandated to develop strategies, guidelines and tools to provide leadership to WASH partners engaged in CLTS initiatives and to identify sustainable options for sanitation. However, the fighting that broke out in July 2016 affected CLTS activities significantly in several areas in Greater Equatoria: some communities fled their villages, thus negating sanitation gains. In Northern Bahr el Ghazal, where CLTS activities also gained momentum, the setback was more a result of economic hardship, which led to communities not perceiving the construction of latrines as a priority for households.

Progress on policy engagement was negligible due to the ongoing political strife in the country and the need to prioritize humanitarian and emergency interventions. Economic hardship also affected the capacity of government partners to deliver on WASH programmes due to the lack of budgetary allocations. While significant progress was achieved prior to the outbreak of fighting in December 2013—with the development of policy documents such as the WASH Strategic Framework, rural and urban WASH action and investment plans and the Water Bill—the Cabinet of ministers has not subsequently ratified these as policy documents, and some of them are already in need of revision.

The challenges in the WASH sector in 2016 were similar to those of 2015: insecurity, constrained access to areas in need and the high cost of service delivery due to hyperinflation. Humanitarian capacity was significantly affected by the evacuation by implementing partners of staff from critical areas following the July 2016 political crisis and the violence that followed. Recovery and development projects were generally affected by the decision of most donors to redirect development funding to support emergency interventions. Despite this, needs continued to be massive. People in both urban and rural areas were not able to afford to buy WASH supplies such as treated water and soap. Some of them were not reachable by humanitarian assistance and as such, were forced to revert to using unsafe water sources.

**OUTPUT 1** Improved availability of affordable, sustainable safe water supply facilities in vulnerable areas, schools and health facilities by 2018.

**Analytical statement of progress:**
Despite the current security situation and the deteriorating economic crisis, some progress was achieved in 2016. In total, sustainable safe water provision reached 104,000 people in relatively stable areas in 2016, in addition to those reached by emergency interventions. Activities that contributed to this achievement included the drilling of 32 new boreholes, 20 manual drillings and the rehabilitation of more than 80 water points, including three major water supply distribution systems in Bentiu state hospital, Rubkona town and Malakal town. To ensure the sustainable operation and management of safe water supply infrastructure, 80 WASH committees were formed across Greater Equatoria, Greater Bahr el Ghazal, Unity and Jonglei. Concerted efforts were made to scale up provision of sustainable safe water supply infrastructure and services in underserved communities, including emergency interventions in the PoC sites and outreach areas. UNICEF South Sudan continued to work with the guinea worm secretariat to eradicate guinea worm disease in South Sudan. It worked closely with the MoH and the Ministry of Water Resources and Irrigation to provide safe water in villages with endemic guinea worm.

UNICEF South Sudan supported the construction and/or rehabilitation of gender-sensitive
latrines for girls and boys in 59 schools and ensured safe water supplies for 86 schools. UNICEF also provided 29,578 people with improved access to safe drinking water in 15 primary healthcare centres and 31 OTP centres in Northern Bahr el Ghazal state.

A total of 408 members of 80 water committees were trained on operating, maintaining and providing spare parts for the repair and maintenance of boreholes in a timely manner. Strengthening the capacity of five registered pump mechanics associations in Northern Bahr el Ghazal helped to ensure effective operations and maintenance and an effective supply chain at the community level. UNICEF South Sudan supported training for government partners at national and state levels on alternative technologies for low-cost manual drilling, in partnership with UNICEF Chad. In 2016, a total of 20 boreholes were drilled using manual drilling technology.

**OUTPUT 2** Increased availability of sustainable sanitation facilities and improved hygiene practices at household and institutional levels with emphasis on behaviour change and open defecation free communities by 2018.

**Analytical statement of progress:**
In the first half of 2016, UNICEF increased its support to community approaches for sanitation, particularly CLTS, by strengthening community structures and ‘triggering’ more than 60 villages to build sanitation facilities in their households. As a result, 695 households in five villages in Morobo County and 1,747 households in 18 villages in Yambio and Ezo counties gained open defecation free status, providing access to improved sanitation to 14,652 people. In addition, 11,585 people gained access to improved sanitation in villages in Central and Western Equatoria states, where CLTS was triggered but open defecation free is yet to be declared. Prior to the July crisis, there was a steady interest in CLTS activities, as observed by the rate of spontaneous triggering of initiatives to become open defecation free following the inception of the CLTS programme. However, many gains were reversed following the spread of conflict across the previously relatively stable Greater Equatoria and Greater Bahr-el-Ghazal regions, where CLTS activities had gained momentum. A significant proportion of the population in these regions has been displaced and was thus not in position to support CLTS activities. CLTS activities in some areas in Central Equatoria, such as Morobo County, came to a halt as communities abandoned their villages to seek refuge elsewhere. In this context, the current security situation in the country has had a negative impact on the sustainability of hygiene behaviours for sanitation.

UNICEF is supporting the Sanitation and Hygiene Technical Working Group, which provides technical and policy guidelines to the sub-sector within the country. The Working Group has been participated by the Ministry of Water Resources and Irrigation, Ministry of Lands, Housing, Sanitation and Urban Development, the MoH, the South Sudan Urban Water Corporation, the Ministry of Education, the Ministry of Environment, the Local Government Board, the South Sudan Bureau of Standards under the Ministry of Commerce, Industry and Investment, four national NGOs, six international NGOs, USAID and the United Kingdom Department for International Development. The Technical Working Group reviewed the CLTS Strategy Framework that will be adopted for roll-out in South Sudan. As a way forward, the programme will focus on finalizing the draft CLTS strategy; establishing of a monitoring and evaluation system at the national level for real-time monitoring of the open defecation free road map in relatively stable states; and standardizing tools and verification protocols.

**OUTPUT 3** Improved policy and knowledge management at national and state levels including local civil society groups by 2018

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Analytical statement of progress:
Progress towards this output has been constrained since the December 2013 crisis and was further slowed by the July 2016 crisis. As a result of these crises, UNICEF South Sudan, the Government and partners are required to prioritize emergency responses to the detriment of recovery and development programmes. Most donors are also redirecting development funding that would have supported policy and capacity strengthening to emergency programmes. In addition, national budgetary allocations for the Ministry of Water Resources and Irrigation and state-level ministries were diverted to support other Government priorities, leaving scarce funds to support policy development and knowledge management. As a result, ratification of the Water Bill and the rural and urban WASH action and investment plans has not been prioritized. Regardless, UNICEF South Sudan is continuing to support the Government at a systemic level to honour its commitments as a signatory to global partnerships, initiatives and collaborations such as Sanitation and Water for All, the United Nations Global Analysis and Assessment of Sanitation and Drinking-Water initiative, and AfricaSan.

While there is a need to strengthen national-level monitoring and evaluation to ensure that credible evidence of achievements is available, the main bottleneck is the financial and human resources constraints to the National WASH Information Management System. To date, only four states (Northern Bahr el Ghazal, Lakes, Central Equatoria and Eastern Equatoria) have established state WASH information management systems. However, even these state systems are working sub-optimally and are severely constrained by a lack of resources.

OUTPUT 4 Effective WASH preparedness and response for emergency-affected population delivered in line with CCCs.

Analytical statement of progress:
In 2016, UNICEF South Sudan humanitarian action, through both direct implementation and implementing partners, reached 742,221 people with safe water and 252,764 people with safe sanitation, improving services for emergency-affected populations in various locations. The modalities for providing safe water to the various PoC sites and IDP settings included water trucking, drilling of new boreholes and the establishment of surface water treatment systems. For instance, in the Juba United Nations House PoC site, 900,000 litres of safe water were trucked daily for 38,874 internally displaced persons. In Bentiu, PoC site, a centralized motorized water distribution system provided safe water to 108,392 people, while the newly-constructed Rubkona surface water treatment system—with a 3.5 kilometre pipeline network that has been operational since early July—provided safe drinking water to an additional 20,000 people. Solid waste management and sewerage desludging were part of the direct implementation of sanitation services that was supported by UNICEF South Sudan in the Juba, Bentiu and Bor PoC sites, as well as in Malakal town.

Cholera epidemic preparedness and response was a collaborative response of the broader WASH and health sectors, including line ministries, clusters and NGOs. WASH epidemic preparedness and response interventions focused on pre-positioning supplies such as chlorine, soap, water storage containers, sprayers and so on within referral facilities (i.e. cholera treatment centres and units and oral rehydration points) in targeted high-risk areas of Central Equatoria, Jonglei, Lakes and Unity. To address the whole continuum of care at referral facility levels (cholera treatment centres and units and oral rehydration points), UNICEF South Sudan supported the installation and/or rehabilitation of WASH facilities and management of solid waste disposal. At the community level, special campaigns were launched to distribute WASH items such as soap to 79,448 households and water purifiers (Aquatabs/PUR) to 278,251 vulnerable households in high-risk areas. Communities with more than 100 cholera patients were also disinfected. Social mobilizers and hygiene
promoters visited 192,286 households in affected areas, reaching 1,359,425 people. An additional 1,426,400 people were reached with key cholera messages through a combination of school WASH interventions, roadshows, radio messages, community meetings, market rallies, water point interventions (jerry can cleaning) and public announcements.

As the WASH Cluster lead agency and core pipeline manager, UNICEF South Sudan procured, transported, pre-positioned and distributed supplies to 42 partners as part of the cholera response, as well as through integrated service provision with the nutrition, health and education sectors. This reached more than 1.5 million people. UNICEF South Sudan reinforced the coordination of the WASH Cluster mechanism significantly, contributing to the achievement of results for children in the humanitarian response. A dedicated cluster coordinator and information management officer are on board to support coordination activities.

Through 12 RRM missions deployed during the first half of 2016 in Unity and Jonglei states, UNICEF South Sudan provided 93,481 people with access to safe water, 124,287 people benefited from distribution of WASH items and 64,422 people were reached with hygiene promotion messages.

**OUTCOME 4** Children and adolescents aged 3-18, particularly girls and other vulnerable groups, have increased and more equitable access to quality basic education with learning outcomes in South Sudan by 2018.

**Analytical statement of progress:**

The ongoing crisis has aggravated an already difficult education situation in South Sudan, with low rates of enrolment, limited girls’ participation in schooling and poor school infrastructure. More than half of the country’s children (51 per cent) are out of school, the highest proportion in the world. Nearly one in every three schools in affected areas has been destroyed, damaged, occupied or closed. To date, 38 schools are reportedly still being used for military purposes. Though all children who have been displaced are vulnerable, adolescent girls are particularly at risk of gender-based violence, harassment, abuse and early and forced marriage due to disruptions of education and poverty, as parents marry them off as an economic coping mechanism. Adolescent boys and young men remain vulnerable to participation in dangerous activities and recruitment into armed groups. Provision of safe and protective learning spaces, support for trained and committed teachers and supply of basic education materials are essential to meeting the immediate needs of children and adolescents.

In response to this situation, UNICEF South Sudan’s Back-to-Learning initiative, launched in February 2015, has proven that well-coordinated efforts with the Government and partners in service delivery (social mobilization, teacher training and delivery of school supplies) and capacity building can revitalize communities and bring children back to the education system and learning. In 2016, Back-to-Learning2 reached an additional 313,832 children (119,256 girls and 194,576 boys) with education services. In addition, in 2016, 9,269 teachers, parent-teacher association members and other education personnel (2,039 women and 7,230 men) were trained to effectively deliver education in 263 temporary learning spaces classrooms across seven states. UNICEF provided schools with critical education supplies that benefited more than 300,000 children. In addition, 131,000 textbooks and teacher guidebooks were printed and distributed to benefit more than 390,000 children. The decision to customize children’s and teachers’ school-in-a-box kits to the South Sudan context and procure them locally was a move towards ensuring the sustainability of this approach to building national capacity to procure education supplies in a cost-effective manner, while ensuring the items are better customized based on local consultations, demand and preferences.
UNICEF South Sudan delivered its education programme not only through the Government but also in partnership with 42 NGOs (18 international and 24 national). UNICEF South Sudan continued to work in collaboration with other United Nations agencies for refugee education (UNHCR), school feeding (WFP) and life skills (UNESCO), as well as with development initiatives such as the Global Partnership for Education and Girls’ Education South Sudan. UNICEF South Sudan works closely with WFP to identify schools to support under the WFP Food for Education programme and provides complementary parental education on IYCF, as well as health-seeking behaviours, to strengthen ECD. UNICEF South Sudan and WFP included more schools supported by UNICEF under WFP’s Food for Education programme for a more significant impact in 2016 and 2017.

UNICEF South Sudan acts as the managing entity for GPE in South Sudan. Through community- and school-based education service delivery under GPE, UNICEF South Sudan supports the modelling of good practices in school construction, school WASH and capacity strengthening of teachers to deliver quality education. Construction of five schools (40 classrooms) was completed in Eastern Equatoria in 2015, while 10 schools (40 classrooms) were completed in 2016 in Warrap, Western Equatoria, Lakes and Northern Bahr el Ghazal. WASH facilities were also provided for these schools. In addition, 10 schools (80 classrooms) are under construction in these same four states. During 2016, UNICEF South Sudan provided the GPE Secretariat with technical, financial and logistical support within the Ministry of General Education and Instruction to conduct the 2016 Annual Education Census, construct schools, implement literacy and numeracy assessments and develop the national curriculum. Through GPE, UNICEF South Sudan developed ECD guidance to ensure that facilitators and teachers could implement the new curriculum successfully. In addition, a training course was developed for ECD facilitators and teachers. During 2016, the Primary School Leadership, Inspection and Supervision Training Programme under GPE produced guidelines and policies that reached more than 5,571 teachers, educators, inspectors and supervisors (4,516 male and 1,055 female). Due to uncompleted work on the Education Sector Plan, the operationalization of the Education Sector Monitoring and Evaluation Strategy was limited. However, work commenced on the 2017 Out-of-School Children Study and Action Research.

The main educational challenges have been the lack of qualified teachers, poverty and non-payment of teacher salaries and low salary levels, which lead to lower quality of education even when access is provided. Volunteer teachers work in extremely difficult circumstances. The economic downturn has hugely affected the provision of quality education services, as volunteer teachers demanded an increase in the incentives paid or demanded to be paid in United States dollars. Volunteer teachers went on strike in certain locations (e.g. Bentiu), while in others, the state ministries of education and Education Cluster partners dissuaded them from following suit. This resulted in the incentive being raised from US$47.57 per teacher to US$80.86, beginning in October. This affected partnership agreements and budgeting needed to be adjusted.

**OUTPUT 1** Quality technical support provided to deliver education programme (staff related cost)

**Analytical statement of progress:**
As a follow-up to the launch of the new national formal education curriculum for ECD, primary and secondary school levels in 2015, a pilot exercise was carried out for the new curriculum in selected schools in Central Equatoria. Non-formal alternative education programmes and technical and vocational education and training curricula were also completed. In addition, UNICEF supported the drafting of the inclusive education policy and curriculum, which includes specific support in some areas such as promoting and facilitating
the inclusion of children at risk of exclusion in formal and non-formal education into learning spaces and developing the capacity of teachers and head teachers, specialists and essential service providers to deliver quality services to learners who require additional support, including learners with disabilities. This should help to bring more children with disabilities back into formal and non-formal schooling.

UNICEF continued to support the national Ministry with the development of education policies in 2016 through the completion of the Education Sector Assessment in January and a draft completed of the Education Sector Plan 2017–2021 in November. This will be independently reviewed by the UNICEF Regional Office and will guide policymakers in policy and programme prioritization for 2017–2021.

In 2016, through the GPE, UNICEF supported the Government to complete early grade literacy and numeracy assessments in five languages. To support their implementation, literacy and numeracy strategies and kits were developed. Through GPE, UNICEF South Sudan supported the Government to develop guidelines for ECD facilitators and teachers to implement the new curriculum successfully. In addition, ECD facilitator/teacher training courses were developed. The National Primary School Leadership Standards, Policy and Strategy were also finalized under the GPE.

Guidelines were prepared and more than 5,571 teachers, educators, inspectors and supervisors (4,516 male and 1,055 female) were reached with training. Preparations were made for the launch of the Out-of-School Children Study and action research, and the Education Sector Monitoring and Evaluation Strategy will be finalized based on the Education Sector Plan.

UNICEF South Sudan supported the Ministry of Education, Science and Technology to undertake the 2016 Annual Educational Census in Greater Equatoria and Greater Bahr el Ghazal regions, with a sample survey conducted in Greater Upper Nile. By collecting and providing systematic and quality information to education stakeholders, the Education Management Information System assists the Government to identify educational needs and priorities, design appropriate interventions and allocate limited resources in the face of competing priorities. The 2016 Education Management Information System data will be available in January 2017 and will be used to inform basic education service delivery. The Education Management Information System also assists the Ministry and other relevant agencies to monitor progress against key targets under Education for All, the GPE and the SDGs.

**OUTPUT 2** Increased support to the Government and partners to improve the transition from ECD to primary and primary to secondary education by 2018.

**Analytical statement of progress:**
Building on the gains of the 2015 Back-to-Learning campaign, the Ministry of General Education and Instruction and its partners continued the campaign in 2016 as Back-to-Learning2, with the objectives of retaining 265,000 children who enrolled during 2015 and bringing an additional 325,000 out-of-school-children to safe and secure learning centres. During the year, a total of 313,832 children aged 3–18 (119,256 girls and 194,576 boys) were brought back to ECD centres and schools and provided with education services in partnership with 42 NGOs. Those enrolled included more than 76,000 children who were out of school for reasons other than conflict and more than 65,000 children aged 3–6 years who were brought into the ECD centres opened during the year. In total, this was approximately 96 per cent of the target for 2016. To achieve this, UNICEF South Sudan organized a coordinated response with the Government and partners that resulted in the establishment of 263 temporary learning spaces classrooms and the deployment and training of more than
4,000 volunteer teachers to provide education and child protection services to children. However, there are still challenges in inaccessible counties of Greater Upper Nile and the newly conflict-affected parts of Central and Western Equatoria where schools are functioning irregularly due to insecurity.

As the core pipeline manager, UNICEF South Sudan continued to procure essential education supplies for children and teachers. The supplies were distributed with the help of more than 40 cluster partners, including those supported by South Sudan Humanitarian Fund grants. The materials distributed included 590 children's kits and 560 teachers' school-in-a-box kits, 180 ECD kits, 600 blackboards, 160 recreation kits, 26,400 exercise books and 9,500 dignity kits, which benefited more than 300,000 children and their teachers attending primary schools and ALP facilities across the country. The localization of procurement of two critical items—children's and teachers' kits—significantly reduced the procurement lead time from four to five months to one month. During this period, UNICEF South Sudan also printed and distributed 131,000 sets of textbooks for children in Grades 1–8 and the ALP, along with teachers' guides for all subjects. This was a critical support to more than 390,000 children attending schools in challenging areas such as PoCs and IDP camps. The major challenges as core pipeline manager have been logistical. Due to insecurity and the lack of road transportation, UNICEF South Sudan depended on charter flights to move essential supplies in a timely manner. This greatly increased the costs.

During the cholera outbreak in Juba and Bor, UNICEF South Sudan trained 373 teachers on child-friendly cholera prevention and awareness messaging, reaching more than 150,000 children in schools. Students were encouraged to share the messages with their families. Handwashing stations and soap were provided to schools and temporary learning spaces.

**OUTPUT 3** Quality technical support provided to deliver education programme (staff-related cost)

**Analytical statement of progress:**
Untrained and unqualified teachers are common across all school types and levels, with only one in three teachers trained. UNICEF South Sudan has continued to conduct training for teachers, volunteer teachers and parent-teacher association and school management committee (SMC) members, in addition to Government staff in all states through implementing partners. A total of 9,269 teachers, education personnel and community members (2,039 women and 7,230 men) were trained against a target of 10,000 to effectively support the Back-to-Learning 2 initiative. They were trained to support learning, basic classroom pedagogy, emergency education, life-skills education, peacebuilding and conflict-sensitive education to enable them to provide psychosocial support and deliver life-saving messages to students. Parent-teacher association members play an important role in the participatory management of schools, especially temporary learning spaces that were opened by UNICEF South Sudan and partners and require local support to function effectively. In this regard, the staff were trained not just on delivering teaching to students but also on managing schools, including budgeting, enrolment, taking school attendance, checking the security of premises, managing staff and resources and ensuring enough supplies and training opportunities are available for staff. Altogether, this training had a positive impact on classroom interaction and management by the voluntary teachers and brought about a spirit of participatory management of schools, involving community members, parent-teacher associations and school administrations. The parent-teacher association/school management committee training under the education-in-emergencies programme and GPE on effective school governance has helped the school staff deliver better quality education, which can be seen through increased enrolment rates and the retention of students in participating schools through effective management of resources, training for staff, financial accountability and coordinated work planning with education.
During the 2015/16 school year, 10 model schools were constructed in Eastern Equatoria under the GPE. These full-cycle (eight-year) primary schools provide learners with opportunities to complete primary education in one location and therefore decrease the likelihood of children dropping out of school. The 10 schools have a total enrolment of more than 8,000 learners (46 per cent girls) and 110 teachers (38 per cent female). Training is underway for parent-teacher associations and school management committees as well as headteachers and teachers to enhance school-community participation for increased enrolment, a safe and protective school environment and skills for effective management and pedagogy. The schools are fully operational. Construction of five schools (40 classrooms) was completed in Eastern Equatoria in 2015, while 10 schools (40 classrooms) were completed in 2016, including four in Warrap, three in Western Equatoria, two in Lakes and one in Northern Bahr el Ghazal. WASH facilities were also provided for these schools. In addition, 10 schools (80 classrooms) are under construction (four in Northern Bahr el Ghazal; three in Lakes; two in Western Equatoria; and one in Warrap).

OUTCOME 5 South Sudanese children and adolescents at risk of or exposed to violence, exploitation and abuse have their risk reduced, mitigated and where possible, their safety, dignity and health restored by 2018.

Analytical statement of progress: This year has been marked by renewed fighting, spreading into additional areas that were previously less affected. Psychosocial distress is believed to affect an estimated 876,000 children, and 14,628 children have been registered as unaccompanied, separated or missing by the end of the year since December 2013. Grave child rights violations continue, and the Monitoring and Reporting Mechanism has documented the recruitment or use by armed forces and groups of approximately 17,000 children since January 2014. A total of 1,021 incidents of grave violations affecting 23,361 children were documented in 2016, compared with 1,086 incidents affecting 33,509 children in 2015. These included 230 children (134 boys, 51 girls, 45 gender unknown) killed and 100 children (68 boys, 28 girls, 4 gender unknown) maimed; 1,442 children (1,358 boys, 3 girls, 81 gender unknown) recruited into the armed forces and armed groups; 205 girls sexually assaulted; 316 children (128 boys, 105 girls, 83 gender unknown) abducted; and 67 schools attacked or used for military purposes, affecting 21,068 children (10,373 boys, 10,614 girls, 81 gender unknown). The plurality of incidents documented this year (45 per cent) occurred in the Greater Upper Nile region, while incidents in the Greater Equatoria region accounted for 31 per cent.

The United Nations documented the killing and maiming of children, sexual violence against girls and women in search of basic needs outside of United Nations PoC sites, attacks on humanitarian actors, restrictions on access to populations in need and looting of humanitarian supplies from United Nations warehouses during and after the July fighting in Juba. Using data collected through the Monitoring and Reporting Mechanism, the National Disarmament, Demobilization and Reintegration Commission, with United Nations support, secured the release of 120 boys from the Cobra Faction and 25 boys from the SPLM-IO in Pibor. These children were reunified with their families and received reintegration packages and services, along with other children identified as vulnerable in the local host communities. Additional efforts to support government child protection initiatives included delivering birth notification services to 60,997 children under 5 (33,074 girls and 27,923 boys) in selected healthcare facilities. Justice for children programming and upstream policy work, however, have been limited to technical support and advocacy related to appropriate management of child detainees and support for release from detention.

In 2016, the UNICEF South Sudan child protection section emphasized improving the quality
of service delivery. All child protection in emergencies partners were supported to include and adhere to minimum project design standards such as staff-to-child ratios. UNICEF South Sudan also developed guidelines for planning and implementing women and girl-friendly spaces tailored to the South Sudanese context. Direct implementation included organizing family reunification flights and short-term deployments of child protection specialists through the RRM to register unaccompanied and separated children and promote awareness to support children’s safety and well-being in hard-to-reach, deeply affected locations.

UNICEF South Sudan supported 30 of its child protection-in-emergencies and gender-based violence partners (70 per cent nationally-based) through project design assistance, training, on-site coaching and mentoring, and remote technical support. Child protection specialists provided daily oversight to promote safe and ethical case management, proper documentation and structured schedules. One capacity-building success involved a short-term FTR consultancy to provide two months of on-site, hands-on mentoring to a national NGO. During that period, the number of FTR follow-ups rose from 43 in mid-May to 367 by mid-July, and the number of reunifications doubled. With guidance from UNICEF South Sudan, the national team also piloted FTR quality and accountability cards that integrated core psychosocial support principles to ensure that children’s and families’ privacy, dignity and well-being are promoted. The pilot had positive results, and this national team has continued the work since the consultant left, which indicates its sustainability.

The National Psychosocial Support Task Force led by UNICEF South Sudan increased the use of locally-appropriate activities and materials to promote more culturally-relevant, sustainable psychosocial support interventions that are initiated and led by community-based actors.

UNICEF South Sudan currently supports gender-based violence programming in six states and leads the Upper Nile State Gender-based Violence Working Group. In 2016, UNICEF supported training for 299 service providers on survivor-centred responses to gender-based violence, including 178 medical professionals who received training on clinical management of rape. UNICEF played a leading role in implementing the revised ‘IASC Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action’. In addition to training 111 individuals from WASH, camp coordination and camp management, education and health sectors, the gender-based violence team also supported other sectors to adapt global guidance into tools that are practical and relevant to the South Sudan context, such as camp safety audit tools, a minimum standard checklist for latrine safety and a simplified checklist for monitoring clinical management of rape drugs.

In recognition of the ways that entrenched gender inequality and discrimination contribute to gender-based violence, UNICEF created the ‘Communities Care: Transforming Lives and Preventing Violence Programme’, which has been piloted in South Sudan since 2013. In 2016, Voice for Change, the Communities Care implementing partner, supported 12 groups (each with 25 participants) to complete the 16-week community discussion curriculum. Key highlights included a 15 per cent reduction in the number of participants who believed sexual violence should be tolerated as a part of life and a 13 per cent reduction in the number of participants who believe women and girls should avoid reporting sexual violence to protect their families’ dignity.

**OUTPUT 1** The MoGCSW, the MoH and selected state ministries have the laws and regulatory frameworks and service delivery systems in place to adequately improve children’s access to justice and birth registration services.

**Analytical statement of progress:**
Ongoing conflict and instability have taken a heavy toll on human and financial resources and degraded the rule of law and governance. Every effort is being taken to implement this output as UNICEF South Sudan continues to monitor and adapt to the evolving situation on the ground to meet its commitments to the women and children of South Sudan.

UNICEF South Sudan supported the provision of birth notification services to 60,997 children under 5 (33,074 girls and 27,923 boys), predominately in six out of seven target counties and the Bentiu PoC site. Activities in Morobo County, Central Equatoria, were suspended because insecurity made it inaccessible and no data were available. In a context where most children under 5 do not have legal identification documents and are thus invisible to the Government, providing access to birth registration will give children an identity, facilitate their access to basic services and reduce their vulnerability to abuse, neglect and exploitation.

Institutional technical support to the Government continued with the installation and configuring of the National Digital Database server infrastructure at the MoH in Juba. The database migrated from a temporary server to the newly-installed National Digital Database servers. Birth notification data software—the Birth Notification Terminal—was upgraded to include routine birth registration at healthcare facilities in Northern Bahr El Ghazal, where a feature to capture data on pregnant mothers was added. Through this feature, potential births are captured before the event for the health facility to track timely registration. A connected feature has also been added to the BNT to transmit data from the health facility to the National Digital Database.

Progress has been made in 2016 towards developing evidence for Communication for Development. An institutional consultancy conducted a knowledge, attitudes and practice survey under the supervision of the MoH and UNICEF South Sudan in three of the counties where the Birth Registration for Maternal and Newborn Child Health initiative is being implemented. Following the July crisis, the study suffered delays, particularly in Juba. However, data collection is currently ongoing. Comprehensive research findings will be submitted to UNICEF South Sudan by January 2017.

In Lakes, Aweil, Bor and Wau, the Justice for Children intervention focused on capacity development of justice for children actors and advocacy to promote the diversion of children from the formal justice system. This approach led to the release of 150 children from government detention facilities and holding facilities for children in the Bentiu PoC site. Despite a bleak rule of law situation, efforts are being made in collaboration with UNDP rule of law forums and child protection working groups, as well as with the full participation of government justice entities, to address child justice issues.

Frequent changes in governance structures and key senior personnel at the Ministry of Interior impeded the success of advocacy aimed at passing pending legislation with essential modifications. UNICEF South Sudan briefed the new Director General of Nationality, Passports and Immigration, and he in turn took the matter up with the Speaker of the Parliament and relevant specialized committees in Parliament.

**OUTPUT 2** Children at risk of, or exposed to violence, exploitation and abuse are increasingly able to access and benefit from higher quality core child protection and gender-based violence in emergency and non-emergency settings by 2018

**Analytical statement of progress:**
Through UNICEF-supported gender-based violence interventions, 124,023 people (approximately 52 per cent women, 19 per cent men, 18 per cent girls and 11 per cent boys) accessed awareness-raising sessions, women- and girl-friendly space activities, socio-economic programming, case management and clinical management of rape services,
where appropriate. UNICEF also continued to lead the Gender-based Violence Sub-Cluster in Upper Nile State.

In 2015, 1,750 boys and 5 girls associated with the Cobra Faction were released as part of a peace agreement between the SPLA and the armed group; however, Monitoring and Reporting Mechanism data indicated that not all the children identified were released. In October 2016, through advocacy with civilian and military authorities, UNICEF South Sudan secured the release of 120 boys associated with the Cobra Faction and 25 associated with the SPLM-IO in Pibor. Moreover, UNICEF advocacy with the SPLA and other government forces also secured the release of 32 children in Unity state. The released children are currently receiving UNICEF support to reintegrate into civilian life.

In 2016, 311,462 children (180,648 boys and 130,814 girls) received psychosocial support to restore and enhance well-being and mitigate the risks of severe forms of psychosocial distress. Sixty per cent of all psychosocial care was delivered using community-based strategies, including through teachers, schools and other community structures and groups (such as community- and faith-based leaders, elders, social workers, women’s leaders, youth leaders and community-based child protection networks). In addition, 105,382 parents, foster caregivers, teachers and community members (57 per cent women) received psychosocial care and/or benefited from parental support programming, including training on psychological first aid and other psychosocial support fundamentals, identifying children struggling to cope positively, safe referrals and positive childcare.

Throughout 2016, UNICEF supported 22 FTR partners (86 per cent national) technically and financially to reach more than 11,499 separated, unaccompanied and reported missing children registered as of mid-December 2016, since December 2013 (approximately 53 per cent boys and 47 per cent girls). The total number of children registered in these categories was 14,374. By early December, 4,538 children were successfully reunited with their families, and 9,046 cases remained active and open, requiring ongoing interim care and family tracing services. The number of successful reunifications supported fell to 1,161 in 2016 from 2,734 in 2015, largely due to reduced geographical coverage, disruption of the FTR network and greater eligibility restrictions for flight reunifications, all resulting from funding shortfalls. The FTR Working Group will have completed its transition from RapidFTR, an open-source online platform, to the Child Protection Information Management System to improve case management quality in December 2016.

By 7 November, UNICEF and five national partners had delivered mine risk education to 280,229 people (102,701 girls, 120,458 boys, 27,546 women and 29,524 men) in Upper Nile and Central Equatoria in working schools, temporary learning spaces, child-friendly spaces and other community locations affected by landmines or explosive remnants of war. Mine risk education uses a standardized curriculum finalized by the Ministry of Education, UNICEF, the United Nations Mine Action Service and other mine risk education partners.

**OUTCOME 6** Improved policy environment and system for disadvantaged and excluded children in South Sudan by 2018.

**Analytical statement of progress:**
As part of a multi-year effort to enhance the Government’s capacity to deliver child-centred social protection services, UNICEF South Sudan supported the MoGCSW to implement some of its social protection assignments under the 2015 National Social Protection Framework. It provided the MoGCSW with technical and financial assistance to draft the child grant programme. It then supported the Ministry to conduct consultations across the country to customize the programme to varying needs and operating environments. This included, for instance, adaptation to complement the Women Skills Development
Programme launched by the Ministry and the World Bank in Eastern Equatoria as a pilot element of a National Social Safety Net. UNICEF South Sudan also ensured that the Child Grant Programme was designed in a way that it could be used to deliver cash transfers during the expected return of internally displaced populations. Although the programme could not be implemented in 2016 due to financial and security constraints, it is ready to be proposed for funding when the environment improves.

In collaboration with the World Bank, UNICEF South Sudan also supported the MoGCSW’s participation at the 2016 session of the Africa-wide Community of Practice on Cash Transfers from 16–20 May in Arusha, Tanzania. This enabled the Government to benefit from a range of country experiences on social protection, including with understanding of how to develop a unified social registry, institutional and human capacities, national roll-out and selection of beneficiaries, and redress of grievances. The conference also helped civil servants understand the role of cash transfer programmes for supporting the development of social protection systems, including aspects of the ‘evolution processes’ that link these programmes to other social sectors, particularly during and in response to emergencies.

Finally, UNICEF South Sudan provided key social ministries with initial training on public finance for children. This support will be extended in 2017 with intensive applied training to help the Government prepare a socially-oriented budget for 2017–2018 and to cost the attainment of key SDGs for children.

UNICEF South Sudan also took steps in 2016 to support the development of evidence-based policymaking and programme design. It finalized and disseminated the ‘Situation Assessment of Children and Women in South Sudan 2015’, and from it prepared a methodology to fill the knowledge gaps resulting from the lack of data on key indicators of children’s deprivations and well-being. The initial steps of a participatory qualitative child poverty analysis were conducted, and although the planned fieldwork in Greater Equatoria and Greater Bahr el Ghazal could not be conducted because of humanitarian emergencies in these regions, the methodology prepared will remain a foundation for future updating of UNICEF’s situation analysis for children and women. With OECD, UNICEF South Sudan organized a multi-agency Resilience Systems Analysis for the Greater Bahr el Ghazal region, which helped to create a shared understanding of risks and their management and to incorporate resilience into operationalizing the United Nations ICF and agencies’ programmes for the region. Although deteriorating security delayed the implementation of resilience programming, the United Nations adapted by developing a multi-agency approach to stabilization and recovery, building upon the same concepts. UNICEF South Sudan then developed two joint United Nations project proposals with UNDP, FAO and UNHCR, for implementation in 2017 in Jonglei state and Northern Bahr el Ghazal, building on UNICEF’s current scale-up and integration of its humanitarian response in both regions.

UNICEF South Sudan also continued to provide funding and technical support to the National Bureau of Statistics and the MoH to implement the Expanded Maternal Mortality Survey. Although instability delayed the start of the survey (now postponed to 2017, funding permitting), fieldwork for the preparation of a national statistical sampling frame was completed in December and the frame should be ready in early 2017. UNICEF South Sudan could not produce detailed budget briefs because of the absence of data and lack of a thorough national budgeting process. However, it analysed the orientation of the 2016–2017 national budget concerning finance for children. UNICEF South Sudan also supported the ongoing implementation of an Open Budget Index Survey that will provide a baseline on the quality of national budgeting to assess progress over time. Finally, UNICEF started supporting the social ministries to conduct a series of workshops on planning for more child-oriented social budgeting. UNICEF has also been fully part of the United Nations-wide discussion on developing an SDG agenda relevant to South Sudan and is working with UNDP to support the mainstreaming of the SDGs in the Government’s planning.
UNICEF will help South Sudan to design a National Development Plan aligned with the key SDGs for children.

The UNICEF South Sudan social policy section worked closely with the child protection section to finalize, produce and launch a policy document on children without appropriate parental care and provide members of Parliament and selected civil servants in social ministries with training on public finance for children, social protection, justice for children and the importance of the SDGs in the context of South Sudan.

OUTPUT 1 Enhanced government capacity to deliver child-centred social protection services by 2018.

Analytical statement of progress:
As part of a multi-year effort to enhance the Government’s capacity to deliver child-centred social protection services, UNICEF South Sudan supported the MoGCSW to implement some of its social protection assignations under the 2015 National Social Protection Framework. It provided the MoGCSW with technical and financial assistance to draft the child grant programme. It then supported the Ministry to conduct consultations across the country to customize the programme to varying needs and operating environments. This included, for instance, adaptation to complement the Women Skills Development Programme launched by the Ministry and the World Bank in Eastern Equatoria as part of a National Social Safety Net. UNICEF South Sudan also ensured that the child grant programme was designed in a way that could be used to deliver cash transfers during the expected return of internally displaced populations. Although the programme could not be implemented in 2016 due to financial and security constraints, it is ready to be proposed for funding when the environment improves.

In collaboration with the World Bank, UNICEF South Sudan also supported the MoGCSW’s participation at the 2016 session of the Africa-wide Community of Practice on Cash Transfers held May 16–20 in Arusha, Tanzania. This enabled the Government to benefit from a range of country experiences on social protection, including understanding how to develop a unified social registry, institutional and human capacities, national roll-out and selection of beneficiaries, and redress of grievances. The conference also helped civil servants understand the role of cash transfer programmes in supporting the development of social protection systems, including aspects of the ‘evolution processes’ that link these programmes to other social sectors, particularly during and in response to emergencies.

UNICEF’s Social Policy Section worked closely with the Child Protection Section to finalize, produce and launch a policy document on children without appropriate parental care and to provide members of Parliament and selected civil servants in social ministries with training on public finance for children, social protection, justice for children and the importance of the SDGs in the context of South Sudan. It provided key social ministries with initial training on public finance for children, support for which will continue in 2017 with intensive applied training to help the Government prepare a socially-oriented budget for 2017–2018 and to cost the attainment of key SDGs for children.

OUTPUT 2 Strengthened UNICEF and partners’ capacity to produce equity-focused data, evidence-based evaluations, and analytical studies by 2018.

Analytical statement of progress:
UNICEF South Sudan took steps in 2016 to support the development of evidence-based policymaking and programme design. It finalized and disseminated the ‘Situation Assessment of Children and Women in South Sudan 2015’ and from it prepared a
methodology to fill the knowledge gaps resulting from the lack of data on key indicators of children’s deprivations and well-being. The initial steps of a participatory qualitative child poverty analysis were conducted, and, although the planned fieldwork in Greater Equatoria and Greater Bahr el Ghazal could not be conducted because of humanitarian emergencies in these regions, the methodology prepared will remain a foundation for the future update of the situation analysis of children and women. With OECD, UNICEF South Sudan organized a multi-agency Resilience Systems Analysis for the Greater Bahr el Ghazal region, which helped to create a shared understanding of risks and their management and to incorporate resilience into the operationalization of the ICF and agencies’ programmes for the region. Although deteriorating security delayed the implementation of resilience programming, the United Nations adapted by developing a multi-agency approach to stabilization and recovery, building on the same concepts. UNICEF South Sudan then developed two joint United Nations project proposals with UNDP, FAO and UNCHR—for implementation in 2017 in Jonglei state and Northern Bahr el Ghazal—building on UNICEF’s current scale-up and the integration of its humanitarian response in both regions.

UNICEF South Sudan also continued to provide funding and technical support to the National Bureau of Statistics and the Ministry of Health to implement the EMMS. Although instability greatly delayed the start of the survey (now postponed to 2017, funding permitting), fieldwork for preparation of a national statistical sampling frame was completed in December and the frame should be ready in early 2017. UNICEF South Sudan could not produce detailed budget briefs due to the absence of data and lack of a thorough national budgeting process. However, it analysed the orientation of the 2016–2017 national budget concerning finance for children. UNICEF South Sudan also supported the ongoing implementation of an Open Budget Index Survey that will provide a baseline on the quality of national budgeting to assess progress over time. Finally, UNICEF started supporting the social ministries to conduct a series of workshops on planning for more child-oriented social budgeting. UNICEF has also been a full participant in the United Nations-wide discussion on developing an SDG agenda relevant to South Sudan and is working with UNDP to support the mainstreaming of SDGs into the Government’s planning, to be followed in 2017 with help for South Sudan to design a National Development Plan aligned with the key SDGs for children.

**OUTPUT 3** Quality support provided to Country Programme and United Nations coordination.

**Analytical statement of progress:**
UNICEF South Sudan’s Social Policy, Planning, Monitoring and Evaluation Section managed and finalized the preparation of the CPD for July 2016–June 2018 and related processes and documentation, including the PBR, the Country Programme Management Plan (CPMP), the rolling workplans and their annexes. The CPD was later assessed in the quality review of UNICEF’s 2016 CPDs as of “high quality”, and ranked highest among new CPDs for the Eastern and Southern Africa region. Following a major political and security crisis in July, the Social Policy, Planning, Monitoring and Evaluation Section led the revision of the PBR and the CPMP to further mitigate the risks of operating in an ever more volatile environment. The approach envisages the decentralization of responsibilities and accountability to field offices to ensure the continuity of operations should a major crisis affect Juba again.

UNICEF South Sudan worked closely with the rest of the United Nations Country Team at the strategic and programmatic levels. Strategically, UNICEF has helped the United Nations Country Team to adapt its ICF and Humanitarian Response Plan to the ever-evolving political, social and economic environment with a focus on investment in the social sector. It has further helped inform the work of UNMISS in its mandate to protect children and women.
Since November, it has taken the lead in engaging United Nations agencies and UNMISS to develop a joint approach to reducing the risks of mass atrocities. At the programmatic level, UNICEF has actively shaped the coordinated implementation of the ICF with other agencies through Programme Management Team meetings. UNICEF South Sudan led the coordination of activities to improve the provision of basic social services to vulnerable groups and has contributed to resilience programming, strengthening peace and governance and improving the condition of women and youth. Along with UNDP, FAO and UNHCR, it has designed a framework and two pilot approaches (in Jonglei and Northern Bahr el Ghazal) to promote United Nations-wide synergy through the joint stabilization and recovery programmes.

OUTCOME 7 Management outcome

Analytical statement of progress:
The operating environment in South Sudan continues to pose challenges for the implementation of UNICEF programmes. Heightening insecurity, political instability and the austere economic climate is reflected in costly operations. UNICEF South Sudan continues to operate in a Level 3 emergency environment.

Access to large parts of South Sudan for the delivery of programme supplies remains a challenge, partly due to bad road conditions, especially during the protracted rainy season, and partly due to the perpetual political conflict and, more recently, additional procedures and regulations imposed by the Government for air and road cargo movements. Approvals must be sought in advance, leading to delays in dispatches. Force protection for convoys has reduced due to the increased needs and lack of troop strength. This has resulted in UNICEF having to charter flights, which is very costly.

Following the outbreak of fighting in Juba on 7 July 2016, a PBR was carried out and approved in October. The primary objective of this exercise was to reduce the footprint of staff in Juba and increase staff presence in the field. Consequently, 26 staff positions (14 international and 12 national) are being moved to the field, from January 2017.

UNICEF South Sudan invested US$1.8 million in the construction of a new office building in Totto Chan Compound. This building, which is almost completed, will host most UNICEF staff in Juba and is expected to reduce the myriad of challenges the office is currently experiencing. In Bor, construction of a boat docking station was completed in October 2016. This is essential for staff to carry out programmatic interventions.

UNICEF South Sudan also invested in improving living conditions for staff in the field and enhancing their safety and security. In Wau, six prefabricated accommodation units were completed and installed in the UNMISS compound to host staff. In the Bentiu office, four prefabricated accommodation units were installed in the humanitarian hub for UNICEF staff. In the Bor office, construction is underway of accommodations for staff that will include facilities such as a kitchen, laundry, bunker and a security guard house. In addition, UNICEF South Sudan signed a contract with AMREF in April 2016 for emergency medical evacuation of both national and international staff from South Sudan to Nairobi.

Following a directive from the Bank of South Sudan in December 2015 to adopt a floating exchange rate regime, UNICEF South Sudan obtained exceptional approval from UNICEF Headquarters in New York to continue paying local staff salaries in United States dollars at the then-prevailing United Nations exchange rate of SSP3.10 per US$1.0 instead of the current United Nations rate (as of December 2016, US$1 was equivalent to SSP73.316). This special measure has protected staff from the sharp decline in purchasing power and has ensured staff motivation and productivity.
A blanket approval received from UNICEF Headquarters in New York continued to be applied for payment in United States dollars to suppliers, service providers, implementing partners and consultants for settlement of financial obligations. This mechanism also guarded against the high inflation that has characterized the South Sudanese economy.

The basic banking environment continues to be challenging in providing smooth financial support services. The accounting system in the Central Bank is not automated. Inter-bank clearing of United States dollar financial instruments was dysfunctional. Because of the extremely limited spread of banks in the country, UNICEF contracted the services of a cash delivery financial intermediary to support the liquidity needs of its operations and programme implementation in remote locations.

UNICEF has maintained its leading role in the provision of critical emergency programme supplies, including vaccines, across the country. A total of US$29.3 million in programme supplies was dispatched to partners and through warehouse-to-warehouse transfers. Core pipeline supplies for the year have been successfully pre-positioned. This year, UNICEF also surveyed the local suppliers’ market and developed a suppliers’ database in June after receiving an institutional contract on behalf of the United Nations in South Sudan.

UNICEF South Sudan has improved the local area network infrastructure and upgraded internal connectivity from 100 megabytes per second to 1 gigabyte, thus augmenting access and speed and enhancing the smooth implementation of universal Wi-Fi in the office and guesthouses. For Business Continuity Plan response, VSAT equipment was procured and installed in all three UNICEF guesthouses to ensure connectivity. ICT field mapping was also carried out, and emergency local area network kits were procured and installed in Bentiu, Aweil and Yambio field offices.

In 2016, UNICEF South Sudan had remarkable achievements regarding security of staff and assets. The UNICEF Juba office is currently fully compliant with the United Nations Minimum Operating Security Standards. Additional security enhancements are underway in field offices, such as concrete perimeter fences in Wau, Rumbek and Yambio. UNICEF South Sudan has also purchased additional personal protective equipment kits for staff as well as one armoured vehicle.

The CMT met every month and remains the central statutory body for internal decision-making and for advising the Representative on policies, strategies, programme implementation and monitoring key performance indicators. The CPMP was submitted to the Regional Office in March, and the Business Continuity Management Plan was endorsed by UNICEF Headquarters in New York in June and revised on two additional occasions.

**OUTPUT 1** Governance and systems exist to support the direction of country operations.

**Analytical statement of progress:**
On a monthly basis, the CMT monitored key performance indicators, reviewed VISION and performance management reports and followed up on actions and their timely implementation. The CMT examined and addressed key management issues, reviewed progress against the Management Plan and analysed progress, challenges and constraints. Weekly Monday management meetings and regular Emergency Management Team meetings and action matrices improved coordination of the Level 3 emergency response among UNICEF Headquarters in New York, the Regional Office and UNICEF South Sudan. Office statutory committees continued to function effectively throughout the year. Other statutory committees such as the Contracts Review Committee, the Joint Consultative Committee, the Central Review Body and the Property Survey Board functioned and
Following the February 2015 audit of UNICEF South Sudan and subsequent audit observations, an Audit Task Force was established with clearly defined terms of reference to review these observations and ensure appropriate actions were taken by responsible sections/units to close the observations. This Task Force comprised the Deputy Representative, chiefs of sections, operations unit heads, the Budget Unit and Harmonized Approach to Cash Transfer Quality Assurance. In 2016, all observations were confirmed closed by the Office of Internal Audit and Investigations.

A VISION table of authority, roles mapping table and pre-approved officer-in-charge list were prepared and approved by the Representative in March. These were distributed to all staff and are being implemented. A delegation of authority memo was also prepared and signed by both the Representative and other responsible staff.

To strengthen UNICEF South Sudan’s governance framework and set the tone for an ethical office, staff were encouraged to undertake certain Agora courses. The office recorded good staff participation and completion in 2016 in the following Agora courses: 1) Prevention of Sexual Harassment (79 per cent completion of eligible staff); 2) Ethics and Integrity at UNICEF (75 per cent completion); and 3) Harmonized Approach to Cash Transfers (74 per cent completion).

Briefing and training sessions were organized for staff in 2016 on the Business Continuity Plan, internal controls, segregation of duties, standard operating procedures, sales/purchase orders, work processes and monitoring and tracking. Training was also provided for staff on the functions and processes of the Global Shared Service Centre so that UNICEF South Sudan began to fully apply it beginning in October.

Following a peer review of ICT infrastructure and connectivity in South Sudan by the Regional Office in June, UNICEF South Sudan succeeded in implementing and closing all 13 ICT recommendations. The local area network infrastructure was revisited and upgraded from 100 megabytes per second to 1 gigabyte with parallel increases in bandwidth from four to eight megabytes per second for local Internet service providers. Bandwidth mapping was also prepared, and implementation is on track.

UNICEF South Sudan joined other UNICEF offices in submitting its Environmental Footprint Assessment Report to the Regional Office in 2016. The Business Continuity Management Plan was also finalized by UNICEF South Sudan, endorsed by UNICEF Headquarters in New Yorkon 20 June and tested.

**OUTPUT 2 Human resources management**

**Analytical statement of progress:**

UNICEF South Sudan began to fully apply the functions and processes of the newly established Global Shared Services Centre in October. This has led to cost savings, increased the delivery of efficient services and facilitated continuous business improvement. Staff members opened bank accounts with Ecobank South Sudan in 2016 as a way of leveraging the organization’s cash resources. The products and services offered have largely provided solutions to the banking needs of UNICEF South Sudan as well as staff members, particularly in making United States dollar hard currency available. UNICEF South Sudan met its deadlines for the submission of monthly financial statements to DFAM. Improved financial management systems are in place through newly revised administrative instructions and policies. This is crucial for the accountability of UNICEF financial resources.
DCT implementation remains a challenge. In 2016, UNICEF South Sudan worked closely with DFAM and secured DCT write-offs and adjustments of seven cases worth US$202,043. A DCT Task Force met every week to review outstanding DCTs, and reminder letters were frequently sent to implementing partners and Government counterparts for timely liquidation.

Monthly cash counts, as well as periodic surprised cash counts, were carried out on cash-on-hand account custodians. No financial discrepancies were revealed by cash counts. UNICEF South Sudan maintained a cordial and harmonized relationship with its house banks as well as with its cash delivery service providers to provide liquidity in remote locations for UNICEF staff.

Due to the erosion in the purchasing power of the local currency (South Sudanese pounds), suppliers, service providers and implementing partners were averse to accepting the local currency for the settlement of financial obligations. The office obtained DFAM's approval to pay staff salaries, daily subsistence allowance, suppliers, service providers and implementing partners in United States dollars. The United Nations exchange rate climbed from SSP3.1/US$ in December 2015 to SSP73.316/US$ in December 2016, representing inflation of 2,265 per cent.

The weak banking infrastructure in South Sudan continues to be a challenge. The accounting system in the Central Bank has not been automated, with banks delaying the transfer of funds to beneficiary bank accounts. These challenges have slowed programme implementation, increased the cost of operations, caused delays in service delivery and affected relationships with suppliers and vendors.

Due to the growing political conflicts, many parts of South Sudan have become inaccessible to mainstream banking operations, causing a surge in direct programme implementation. UNICEF, through its partnership with a cash delivery service provider, has mitigated the risk to UNICEF staff of carrying large amounts of cash, including exposure to physical attacks, and has also reduced the risk of UNICEF resources being lost.

OUTPUT 3 Human resources management

**Analytical statement of progress:**

The first half of the year was dedicated to the recruitment of staff members to positions established in the November 2015 PBR. A total of 16 positions were filled during this period, resulting in only 5 per cent of the established positions being vacant, excluding those approved for abolishment from 30 June 2016. The decline in the vacancy rate resulted in fewer surge personnel and staff taking rest and recuperation and annual leave in a timely manner.

To ensure the new Country Programme cycle is adequately staffed, the organizational structure was reviewed as part of the PBR exercise. A total of 24 positions were approved for phased abolishment, and 26 were created as of 1 July. Following the July crisis, a second PBR exercise was conducted, with the result that 26 posts will move from Juba to field locations, eight posts are proposed for abolishment and two posts are created. The effective date of these changes is 1 January 2017. Affected staff members were supported to mitigate the effects of the structural staffing redesign. Recruitment was conducted to support the new programme cycle and is ongoing.

Ninety per cent of staff finalized the 2016 performance evaluations in ‘ACHIEVE’ and paper-based (for temporary appointments). Eight human resources clinics were held on ‘ACHIEVE’ chieve in Juba and field offices to train staff on the new performance management system. Staff and supervisors were encouraged to use ongoing performance discussions to define
and agree on expected behavioural expectations.

International professional diversity declined to 22 per cent staff from donor countries and 78 per cent from programme countries. Gender parity declined from 32 to 30 per cent female from 2015 to 2016, respectively. Efforts were taken to ensure progress towards diversity. However, given the prevailing security situation, UNICEF South Sudan remained less attractive to a broader and more diverse spectrum of applicants.

UNICEF South Sudan’s 2016 Learning and Development Plan was finalized during the first quarter through a consultative process and is now ready for implementation. With a total budget of US$343,005, key office learning priorities and appropriate learning activities for the year were identified. The office recorded good staff participation and completion in 2016 in the following courses: 1) Prevention of Sexual Harassment (79 per cent completion of eligible staff); 2) Ethics and Integrity at UNICEF (75 per cent); and 3) Harmonized Approach to Cash Transfers (74 per cent).

Both the staff counsellor and the staff association played key roles in promoting staff well-being, with the latter organizing several social gathering activities. Holistic health strategies were implemented through the country Staff Counsellor to assist staff to deal with restrictive living and working conditions. UNICEF South Sudan has eight trained peer support volunteers available in-country.

The Joint Consultative Committee met four times, with action plans formulated and monitored and minutes shared with staff. Through the active participation of the Staff Association in office committees and meetings, many issues affecting staff and promoting their wellness and security were addressed.

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| Evaluation and research |

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