

South Sudan

Executive summary

In the context of a deepened humanitarian crisis, including a localized famine, sporadic conflict, increased food insecurity, a protracted cholera outbreak and sustained economic decline, the year 2017 witnessed a very challenging environment for children in South Sudan. Between June and September, an estimated 6 million people were severely food insecure, the largest number of people to have experienced severe food insecurity in South Sudan at one time. The cholera outbreak that began in June 2016 lasted longer than ever before – until November 2017. Although the number of cholera cases declined dramatically in the second half of 2017, over 21,575 cholera cases, including 436 deaths, have been reported since the outbreak.

Lack of sustained access in 2016 hampered regular access to those most in need by restricting movement of UNICEF South Sudan staff and impeding supply delivery. In 2017, there was a 25 per cent increase in humanitarian access incidents (1,140 incidents) from the number reported in 2016. Attacks on humanitarian workers in 2017 resulted in the deaths of 25 aid workers. In 2017, the United Nations Office for Coordination of Humanitarian Affairs (OCHA) recorded a total of 612 relocations of humanitarians in 54 incidents, over 100 bureaucratic access impediments and 451 violent attacks against humanitarian personnel and assets, all of which hampered timely humanitarian response.

UNICEF South Sudan has been at the forefront of providing multisector response to multiple humanitarian crises. As of 31 October 2017, UNICEF South Sudan had helped deliver aid to 2.3 million people, of whom 2.1 million were children. The integrated rapid response mechanism (IRRM) has continued to provide vital support to the most vulnerable South Sudanese children and families. In collaboration with the World Food Programme (WFP) and partners, 51 rapid response mechanism (RRM) missions in 2017 reached 781,128 people, including 140,974 children under 5.

Space for development programming has been even further limited. Nevertheless, UNICEF South Sudan continued to train frontline professionals and government staff on social protection, justice for children, maternal and child health and education; to advocate for policies; and to make the case for providing free essential social services to the people of South Sudan.

UNICEF South Sudan continued strengthening routine and supplementary immunization. Fifty-seven per cent of children were vaccinated with pentavalent 3. Additionally, 1,812,693 children aged 9 months to 15 years received measles vaccinations. A total of 40,461 pregnant women attended antenatal care (ANC) four or more times; 19,472 women delivered their newborns under skilled care and 520 women who were pregnant and living with HIV were newly identified and enrolled in lifelong antiretroviral therapy. UNICEF South Sudan supported the Ministry of Health (MOH) to develop plans for maternal, newborn and child health, disease outbreak and immunization, as well as the national Boma Health Initiative Strategy for community health care, which was launched in March 2017.

In 2016, UNICEF South Sudan provided 996,217 people with access to safe drinking water and 375,411 people with access to sanitation facilities and services. These services were provided

partly through community-led total sanitation (CLTS) in some of the most remote and conflict-affected areas of the country. However, important policy changes were not possible in the current political climate.

From January to November 2017, UNICEF South Sudan and partners admitted a total of 206,993 children under 5 years of age suffering from severe acute malnutrition (SAM) into outpatient therapeutic services across the country. Of these, 87 per cent were discharged as cured. A total of 2,211,929 mothers and caregivers acquired knowledge and skills on appropriate maternal, infant and young child feeding practices in targeted communities. With UNICEF South Sudan support, the national maternal, infant and young child nutrition (MIYCN) strategy, guidelines and training packages were launched in early 2017.

In 2017, UNICEF South Sudan and partners provided education services for 519,962 children and built the capacity of 13,007 education personnel and community members to effectively deliver quality, age-appropriate learning opportunities and inclusive education services. 'Pro-girl' policies and plans have advanced girls' education, including the development of the 2018–2022 Girls' Education Strategy.

Critical child protection services continued to be delivered in 2017, with 896,720 children and 402,191 caregivers and women benefiting from protection services. These services included: family tracing and reunification (with 2,775 additional children receiving support in 2017); mine risk education (131,364 beneficiaries); gender-based violence prevention and response (197,947 beneficiaries); and reintegration of children from armed forces or groups (1,997 children received support in 2017). In addition, 450,578 children received birth notification from the Government in selected health facilities.

Humanitarian assistance

An estimated 7.6 million people needed humanitarian assistance in 2017. The number of people uprooted since the start of the conflict in 2013 has reached more than 4 million (about 25 per cent of the population), including 1.9 million internally displaced people, with up to 85 per cent estimated to be children and women. About 2 million people have departed to neighbouring countries – up 1.3 million since the violence in July 2016. Uganda has received 1 million of these people, largely from the Equatorias. Dire nutrition and food insecurity led to the declaration of localized famine in 2017 in southern Unity, with an estimated 100,000 people affected by famine.

In the midst of the deteriorating situation, UNICEF South Sudan has continued to achieve results for children, including:

- 206,993 children were treated for severe acute malnutrition (SAM) (99.9 per cent of the target);
- 1.1 million people (55 per cent children) received cholera vaccination and 10,000 cholera patients received treatment;
- 1,945,846 people received primary health care consultations, including 899,015 children under 5;
- 1,812,693 children were immunized against measles through a countrywide campaign, exceeding the annual target by 47 per cent;
- 811,462 people gained access to safe water;
- 266,711 children received psychosocial support; and
- 319,962 children, 40 per cent of whom were girls, gained access to education.

The IRRM remained the most viable modality for UNICEF South Sudan to reach vulnerable children and families in remote and hard-to-access locations. With the proliferation of conflict across the country, UNICEF South Sudan, together with WFP, prioritized deploying IRRMs to locations that fit the criteria of extraordinary humanitarian needs. In total, UNICEF South Sudan deployed 51 IRRM missions in 2017, with multisectoral life-saving assistance reaching 781,128 people, including 140,974 children under 5.

Through UNICEF South Sudan-led clusters, partners were able to collectively achieve set results for children in water, sanitation and hygiene (WASH), nutrition, education and child protection. A key collective achievement in 2017 was reversing the course of famine in southern Unity. UNICEF South Sudan cluster coordinators led strategic donor engagements and capacity development of partners.

In 2017, a key partnering strategy was to increase the number of partnerships with local civil society organizations (CSOs), not only to increase UNICEF's ability to reach children in previously inaccessible areas, but also to build civil society capacity to deliver community-level essential services. UNICEF South Sudan partnered with 149 CSOs; 66 per cent of which were local or national CSOs.

Despite the widespread violence and prioritization of humanitarian action, UNICEF South Sudan has continued to invest in systems that link humanitarian and development programming. Key examples are the two major safe water supply distribution systems in the towns of Bentiu and Yambio. In addition, through an integrated and joint programme, UNICEF South Sudan, the United Nations Development Programme (UNDP), the Food and Agriculture Organization of the United Nations (FAO) and WFP increased development programming in Aweil and Yambio.

UNICEF South Sudan's zonal offices (Wau, Bor, Bentiu and Malakal), field offices (Rumbek, Aweil, Kuajok, Yambio and Torit) and two hubs (Pibor and Yei) have been further equipped with operational support (especially with security), information and communications technology and accommodation facilities. The field presence has been strengthened with additional human resources to cover the increased humanitarian needs. In addition, a number of key countrywide professional posts have been assigned in different offices as 'roving staff' to provide enhanced technical support to field locations.

To strengthen emergency preparedness, each field office developed and put in place detailed contingency plans that were revised twice during the year. The contingency plans formed the basis for developing Jonglei, southern Unity and Bagari response plans, which enabled timely response. The establishment or re-establishment of static partnerships was one of the key priorities for field offices to ensure that partners were in place to implement sustained interventions in highly insecure locations.

Three lessons learned workshops for identifying operational and programming course corrections were held in 2017. These workshops were for the Northern Bahr el Ghazal, Greater Equatoria and southern Unity responses. All noted the timely and effective response by UNICEF South Sudan, but also identified course corrections with a recommendation to strengthen integrated programming, put protection at the centre of programming and improve preparedness. These lessons learned have been used to inform contingency plans for 2018 and will inform any scale-up plans in 2018.

Equity in practice

Given the extremely high level of deprivation experienced by the majority of children in South Sudan, most of UNICEF South Sudan's work focuses on promoting equity for children and mothers.

Despite the scarcity of data, work was driven by evidence and regular reviews. In addition, the Situation Analysis of Women and Children in South Sudan, which was prepared in 2015, was updated in 2017. Despite the protracted humanitarian crisis, UNICEF South Sudan was still able to undertake limited development work in 2017. The work aimed to provide more equitable chances to all children, including equipping them with the fundamental knowledge base necessary to become productive members of society through literacy, primary education and vocational skills.

The back-to-school initiative, the accelerating learning programme and the specific focus on girls' education have all contributed to redressing some of the inequities that have been deepened by years of crisis, conflict and displacement. The specific targets of these programmes – both in terms of recipient groups and geographical priorities – have all been aimed at promoting equal access to education countrywide, with a focus on the least covered regions. These efforts were further supported by affirmative actions based on data from the UNICEF South Sudan-supported Education Information Management System and from regular and ad hoc situation reports showing specific needs across the country arising from the humanitarian crisis.

Even when nationally representative data and evidence were not available to measure progress over the long term, most of UNICEF South Sudan's work in 2017 was directly aligned with well-documented needs, particularly humanitarian needs. With the heightened food security and nutrition crisis demonstrated by the declaration of famine in February, the regularly updated Integrated Food Security Phase Classification (IPC), which shows levels of food insecurity and malnutrition, has been the guiding analysis for a large part of UNICEF South Sudan's humanitarian response in 2017. The IPC classification and localized nutrition surveys allowed interventions for specific areas be prioritized. UNICEF South Sudan's cross-sectoral approach to treating and preventing severe acute malnutrition combines interventions in nutrition, WASH, health and child protection to provide the most essential life-saving services to the neediest children, as well as to women who were pregnant or lactating.

In support of the long-term promotion of equity, and despite the significant setbacks to development gains due to the disruption of most national systems of social service delivery since 2013, UNICEF South Sudan continued to push forward the development of a national social protection system. Such a system could form a basis for promoting equity should peace return.

In 2017, UNICEF South Sudan continued to train government staff on social protection; advocate for the adoption of social protection legislation (the national policy on children without adequate parental care); roll out a nationwide system for birth registration; and make the case for the provision of free essential social services (health, education and social protection), to promote equity, peace, stability and long-term development.

Emerging areas of importance

For HQ review

Urbanization and children. Although South Sudan is traditionally a rural society, the country is rapidly urbanizing in a mostly involuntarily and unplanned manner. Since the last quarter of 2016, a large part of the population in the Greater Equatorias have either fled to seek refuge in

Uganda or moved to the relative safety of urban areas within the region. In other parts of the country, people have continued to look for safety in the protection of civilians (POC) sites located in urban centres. Returnees have come back to towns and cities where they have better access to security, food markets and basic services.

In 2017, aside from responding to the increasing urban demand for services, UNICEF South Sudan started to plan for the long-term needs of a growing urban population. In collaboration with WFP, UNICEF South Sudan developed a programme of integrated WASH services in urban areas that will be implemented in 2018. Several urban water supply infrastructure projects have been designed to address humanitarian water supply needs while also building permanent water distribution networks to serve the growing urban population. As part of the United Nations-wide discussions on the next United Nations Cooperation Framework (2019–2021), UNICEF South Sudan has advocated for reflection on the needs of urban children and youth, both due to the existing population flows towards urban centres and in preparation for the urban component of the demographic surge South Sudan is likely to face in upcoming years. A similar focus was integrated into the strategic reflection for UNICEF South Sudan’s new Country Programme 2019–2021.

Refugee and migrant children. Since the beginning of the current conflict in December 2013, South Sudan has witnessed massive internal population movements and an exodus towards neighbouring nations as vulnerable groups flee combat and insecurity. While these forced movements largely happened in the Greater Upper Nile region until the end of 2015, they have since spread to a large part of the country. There was an extreme degradation in the Greater Equatorias during 2017 in response to the July 2016 crisis that broke out in Juba.

Faced with these multiple challenges, UNICEF South Sudan continued to deliver for children through field offices, local and international partners and the IRRM and mobile teams to access hard-to-reach areas. A large part of UNICEF South Sudan’s humanitarian response has been directed at displaced children and their families in the protection of civilians sites, internally displaced families on the move and host communities. The response has covered all basic services, with a particular focus in 2017 on the integrated management of acute malnutrition – combining interventions in nutrition, health, WASH, and child protection, while working closely with WFP and FAO to ensure complementarity with food security interventions.

UNICEF South Sudan worked closely with UNICEF Uganda to follow South Sudanese children and families who sought refuge in Uganda. The cross-border collaboration has been especially focused on child protection, with family tracing and reunification among refugee children. A joint mission to support cross-border analysis of needs to inform programming and agree on priority interventions requiring cross-border collaboration was conducted in August 2017. The mission was composed of a multisectoral team from UNICEF South Sudan and UNICEF Uganda.

Summary notes and acronyms

ANC	antenatal care
CCC	Core Commitments for Children in Humanitarian Action
C4D	communication for development
CMAM	community management of acute malnutrition
CLTS	community-led total sanitation
CRC	Convention on the Rights of the Child
CSO	civil society organization
ECD	early childhood development
ESARO	Eastern and Southern Africa Regional Office (UNICEF)

FAO	Food and Agriculture Organization of the United Nations
FSNMS	Food Security and Nutrition Monitoring System
FTR	family tracing and reunification
GAM	global acute malnutrition
GPEP	Global Partnership for Education Programme
ICT	information and communication technology
IMSAM	integrated management of severe acute malnutrition
IPC	Integrated Food Security Phase Classification
IRRM	integrated rapid response mechanism
MAM	moderate acute malnutrition
MGCSW	Ministry of Gender, Child and Social Welfare
MIYCN	maternal, infant and young child nutrition
MOGEI	Ministry of General Education and Instruction
MOH	Ministry of Health
NGO	non-governmental organization
NID	National Immunization Day
OCHA	Office for Coordination of Humanitarian Affairs (United Nations)
ODF	open defecation free
OTP	outpatient therapeutic programme
PoC	protection of civilians
PSS	psychosocial support
PTA	parent-teacher association
RRM	Rapid Response Mechanism
SAM	severe acute malnutrition
SDG	Sustainable Development Goal
SMART	Standardized Monitoring and Assessment of Relief and Transitions
SMC	school management committee
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNMISS	United Nations Mission to South Sudan
WASH	water, sanitation and hygiene
WFP	World Food Programme
WHO	World Health Organization

Capacity development

In 2017, UNICEF South Sudan continued strategic support for capacity development of the Government, community structures, field functionaries and systems to effectively deliver services for children.

The proportion of healthcare facilities with functional cold chain equipment increased from 25 per cent to 37 per cent. This enabled the adequate provision of potent vaccines for routine and supplementary immunization, campaigns and outbreak responses. Meanwhile, 2,060 frontline healthcare workers in communities and at facilities were trained to provide life-saving health interventions to women and children. Work with partners led to 1,885 healthcare workers receiving MIYCN training and 2,211,929 mothers benefiting from key MIYCN messages through individual counselling. Additionally, 932,669 people benefited from group counselling.

Building the capacity of 7,800 teachers and 5,207 members of parent-teacher associations (PTAs) and school management committees (SMCs) resulted in 519,962 children benefiting

from improved teaching methodologies, life skills, peacebuilding activities and improved school management. A total of 10,153 school leaders, supervisors and inspectors were trained in mother tongue language and literacy competencies.

Thirty-six child protection-in-emergencies partners (80 per cent national CSOs) were supported to plan and implement child protection projects. UNICEF South Sudan trained CSOs, United Nations agencies and community groups to report on widespread grave child rights violations, leading to greater diversity in sources of reports and strengthened verification efforts, particularly where triangulation of information is critical.

A total of 636 water committees with 3,180 members were trained on borehole operation and maintenance. Additionally, 35 registered pump mechanics associations in Northern Bahr el Ghazal were prepared to support an effective supply chain at the community level. Four thousand five hundred community mobilizers were trained on community communication and engagement skills, disease prevention, healthseeking, protection, child-feeding and education facts.

Through the Centre for Humanitarian Dialogue, more than 120 UNICEF South Sudan field-based staff and partners in five field offices received support on critical programming management.

Evidence generation, policy dialogue and advocacy

Evidence generation was constrained by the inability to conduct representative surveys in the absence of information on population numbers and locations, as well as by insecurity. Donor funding, moreover, was refocused away from research.

UNICEF South Sudan contributed to key surveys and studies to support evidence generation. The 46 Standardized Monitoring and Assessment of Relief and Transitions (SMART) surveys and two rounds of the Food Security and Nutrition Monitoring System (FSNMS) implemented in 2017 informed the IPC analysis that assesses food insecurity and malnutrition. These studies were the basis for the famine response begun in February 2017, in which UNICEF South Sudan provided an integrated approach to manage severe acute malnutrition. UNICEF South Sudan's contribution to the Integrated Food and Nutrition Security Causal Analysis further helped increase understanding of the root causes of hunger and malnutrition in Warrap and Northern Bahr el Ghazal. The analysis led to a joint programme for recovery and stabilization implemented by UNICEF South Sudan, WFP, FAO and UNDP, with potential for replication in other parts of South Sudan.

A strategic stock-taking exercise of UNICEF South Sudan's responses in the Greater Equatoria was held to identify course correctors for the ongoing responses and to inform the wider UNICEF South Sudan response in other offices.

UNICEF South Sudan further conducted policy dialogue to advocate for child rights. This included advocacy for endorsement of the national policy for children without proper parental care and two national guidelines on community management of acute malnutrition (CMAM) and on MIYCN, as well as a national strategy on MIYCN. UNICEF South Sudan also produced an updated Situation Analysis of Women and Children.

UNICEF South Sudan held capacity-building workshops at national and state levels on public finance for children for key social sector institutions, published a national budget brief for 2017–

2018, drafted a child protection investment case and implemented the open budget survey through a local research firm.

Partnerships

With the protracted crises and the capacity of government structures further weakened, UNICEF South Sudan and partners had to develop more integrated approaches and partnerships for service delivery. Although interventions remain focused on emergencies, they promote recovery and resilience with an emphasis on building capacity at the local level. In 2017, UNICEF South Sudan transferred US\$55 million to 149 CSO implementing partners. In line with Grand Bargain commitments and building local capacity, 66 per cent of these partnerships (40 per cent of total funds transferred) were with national partners. These partnerships are critical to delivering results in South Sudan.

An integrated approach with WFP that has been in place since 2015 to manage SAM was further strengthened. The partnership with WFP for IRRM missions remains critical to delivering results for children across nutrition, health, WASH, child protection and education programmes.

In 2017, UNICEF South Sudan engaged with WFP, FAO and UNDP in Northern Bahr el Ghazal to deliver a large-scale joint programme to meet emergency food security and nutrition needs. This approach included rebuilding infrastructure and developing households' and communities' means of food production as well as rebuilding local market capacities. The approach was flexible, as each agency received its own funding with joint planning and implementation on a voluntary basis.

In areas most affected by food insecurity and malnutrition in 2017, UNICEF South Sudan worked on joint emergency relief with the World Bank, WFP and FAO. Again, ensuring joint targeting and implementation of complementary activities maximized impact for beneficiaries and built community-based systems of service delivery. Inter-agency partnerships created the opportunity to programme for resilience and strengthen community structures. The approach has attracted the attention of both donors and the United Nations Country Team, which view the partnerships as an effective means of working together despite the absence of government structures.

External communication and public advocacy

In 2017, UNICEF South Sudan continued highlighting the urgent needs of children affected by the country's four years of conflict and advocating for protection of their rights. The declaration of famine in February was a significant focus of communications activities, with more than 26 news organizations supported to report on UNICEF South Sudan interventions. The media visits were accompanied by regular television and radio interviews as well as the issuing of press releases and the production of digital content.

There were requests for assistance from top-tier international media, including *The New York Times*, *The Guardian*, *The Financial Times*, *The Economist*, the BBC, CBS and *The Washington Post*. UNICEF South Sudan was able to greatly increase its donor-relations work by creating content that highlighted donor support. UNICEF South Sudan's social media activity saw an upsurge in engagement, with its Facebook page approaching 100,000 followers, up from 66,000 at the beginning of the year. UNICEF South Sudan has strategically boosted its social media material to target audiences when appropriate and will continue to refine its strategy in this area. Instagram now forms a regular part of its social media activity.

UNICEF South Sudan released 11 news notes, 3 of them joint with FAO and WFP, on food insecurity and malnutrition and one joint with the United Nations High Commissioner for Refugees (UNHCR) on the one-millionth child refugee. The fourth anniversary of the outbreak of fighting in December was marked with a South Sudan briefing note entitled 'Childhood under Attack,' which was supported by digital content.

Finally, UNICEF South Sudan continued to explore innovative means of communicating, producing an animated feature that was shown at the United Nations General Assembly and contributing to a virtual reality production. UNICEF South Sudan continues to play an active role at the national level in the United Nations Communication Group, contributing to joint campaigns and events.

Identification and promotion of innovation

UNICEF South Sudan's social mapping is an innovative use of social profile data that supports addressing the long-standing gap between geography and demographics. South Sudan's challenging demographic, topographic and political composition increases the complexity of programmatic decisions based only on numeric data. Social maps became an instrument to facilitate the identification of hard-to-reach groups and locations through satellite imagery. Vaccination campaigns, especially polio campaigns, piloted social maps to improve decisions on reaching children in hard-to-access and vulnerable communities.

UNICEF South Sudan's social maps provided information on community resources such as water points, worship centres, markets, health facilities, cattle camps and other important community landmarks. The maps have proven to be very effective in supporting programme planning, monitoring and evaluation in South Sudan and are currently being used across all sectors and by humanitarian partners, including other United Nations agencies. Furthermore, in 2017, the Global Technical Advisory Group for Polio recommended that social mapping be implemented across Horn of Africa countries.

In 2017, social maps were developed for the three states of Unity, Upper Nile and Jonglei, as well as with 32 counties in the Greater Upper Nile region. Data collection and mapping is currently underway in the remaining seven states in South Sudan. The maps are prepared through a collaborative and rigorous process involving communities, the Government and key stakeholders. Primary data is collected by community mobilizers from the grassroots level, while secondary data is collected by UNICEF South Sudan and government colleagues at the national level. Initial mapping was done using satellite imagery, which was finalized after triangulation via field verification. A zero draft of the social maps have been shared with relevant government departments and key stakeholders and have been approved through monthly health cluster meetings at the national level.

Support to integration and cross-sectoral linkages

In 2017, UNICEF South Sudan strengthened programme integration across all sectors through integrated partnership agreements. These partnerships leverage resources for timely life-saving services, thus ensuring child survival, education and protection of children and women from violence, exploitation, gender inequality and discrimination.

Cross-sectoral partnerships between education and child protection sectors have reached 42,641 conflict-affected children (17,056 girls; 25,585 boys) with various forms of psychosocial support services in child-friendly spaces, communities and schools. These spaces facilitate play after learning hours, contributing to the psychosocial healing and well-being of children affected by conflict.

UNICEF South Sudan supported birth notification of 190,356 children under 5 years of age in 2017. This achievement was the result of adopting highly successful integrated sectoral programme coordination between health, child protection and communication for development (C4D). The sectoral linkages involved training health and community workers on birth notification, thus ensuring that births in health facilities and at home were notified by raising awareness in communities about the importance of a child's right to an identity.

Multisectoral collaboration supported integrated life-saving service delivery in 49 remote locations, reaching 781,128 people, including 140,974 children under 5 years of age. Through 51 IRRM missions, people who had not previously been reached were provided with vaccinations; health and nutrition screening; supplementation; safe water supplies; hygiene promotion; family tracking; and reunification services.

UNICEF South Sudan strengthened its community engagement through an integrated community mobilization network comprising of 4,940 trained community mobilizers. The mobilizers engaged communities on key healthy behaviours related to child survival, education and protection in 75 counties of South Sudan through partnership with CSOs and the Government. This collaborative cross-sectoral strategy ensured standardized programme messaging across sectors. The integrated approach of using community mobilizers promotes and sustains positive behaviour, encourages community feedback and supports cost-effective programming.

Service delivery

South Sudan's deteriorating situation eroded government capacity to provide basic social services to women and children. Through national and field presence, UNICEF South Sudan ensured access to basic social services in partnership with the Government and over 149 national and international CSOs by adopting institutional and community-based approaches. To create demand for services, communication for development strategies were employed in 75 counties.

In 2017, 519,962 children (40 per cent girls) were supported to return to early childhood development (ECD) centres and primary schools. Essential education supplies benefited over 500,000 children attending schools in challenging areas such as the PoC sites and settlements for internally displaced persons. Three million children received polio vaccinations, vitamin A supplementation and deworming treatment; 1.8 million were vaccinated against measles; and 899,015 children under 5 years of age received treatment for measles, diarrhoea and pneumonia. A total of 206,993 children (52 per cent girls) with severe acute malnutrition received life-saving treatment from 736 UNICEF-supported facilities that provide nutrition services integrated with basic WASH and health services.

In 2017, 996,217 people were provided with safe drinking water; 373,636 received access to sanitation facilities and services (including through community approaches) and approximately 900,000 received sustained hygiene education. These efforts combined with oral cholera vaccination campaigns reaching 879,230 people (79 per cent of those targeted) have contributed towards the decline in cholera transmission. UNICEF South Sudan also supported treatment for 10,357 people with cholera, including 4,774 children.

With child protection integrated across services, 1,286 children formerly associated with armed groups (1,280 boys and 6 girls) were supported with economic reintegration and livelihood

services, including training on livestock husbandry, agriculture, vocations and small business start-ups.

In severely conflict-affected and hard-to-reach areas, 51 IRRM missions reached over 781,128 people, including 140,974 children under 5 years of age, providing access to several nutrition, health, psychosocial, WASH and education services.

Human rights-based approach to cooperation

The human rights-based approach was reinforced in the year 2017, as UNICEF South Sudan directly sought to address violations of the United Nations Convention on the Rights of the Child (CRC), the African Charter on the Rights and Welfare of the Child and international humanitarian law. UNICEF South Sudan placed specific emphasis on ensuring that appropriate duty bearers, including parents, community leaders and armed forces or groups were aware of their obligations to prevent and respond to child rights violations. Identification of UNICEF South Sudan programme locations used criteria designed to identify the most vulnerable children, especially in hard-to-reach locations, and access was offered to protection, education, safe and clean water and health services.

UNICEF South Sudan supported the Ministry of Gender, Child and Social Welfare (MGCSW) and the Ministry of Justice to lead and prepare South Sudan's initial state party report on the Convention on the Rights of the Child, due two years after ratification. UNICEF South Sudan supported the inter-ministerial human rights drafting committee led jointly by the Ministry of Justice and the MGCSW. The report reflects the contributions of key stakeholders about how the country has undertaken its obligations under the Convention. The reporting process was based on the principles of transparency, participation, accountability, non-discrimination and respect for the views of others. The Government plans to finalize the report in early 2018.

To support the implementation of the Convention on the Elimination of All Forms of Discrimination Against Women, UNICEF South Sudan, the Government and partners continued to mitigate and prevent violence against women and girls, including sexual violence, forced marriage, child marriage and physical and emotional abuse. UNICEF South Sudan helped train humanitarian partners to mitigate gender-based violence risks in their programming in order to ensure the safety of women and girls. Additionally, UNICEF South Sudan supported partners to provide access to confidential and quality life-saving services, including case management and psychosocial care, clinical management of rape, safety and other referrals for gender-based violence survivors.

Gender equality

In 2017, UNICEF South Sudan appointed a full-time gender specialist and identified key gender priority areas with the greatest potential for impact and scale, aligned with the UNICEF Gender Action Plan 2018–2021 and the regional and country focus areas. UNICEF South Sudan supported multi-agency and cross-sectoral collaboration on key gender programmatic results. This support included providing substantive inputs to the Ministry of Education to draft a comprehensive national girls' education strategy for 2018–2022; to the Ministry of Youth and Sports to draft a national youth strategy; and to the MGCSW to draft a South Sudan national action plan to end child marriage jointly with the United Nations Population Fund (UNFPA). In 2017, UNICEF South Sudan spent approximately US\$30 million on gender equality programming.

Through the back-to-learning initiative, UNICEF South Sudan enrolled out-of-school children and promoted girls' education. In total, 519,962 students (311,149 boys and 208,813 girls) were

brought back to school. In 80 schools in areas with low levels of girls' education, sex-segregated latrines and changing rooms were installed to empower girls to enrol in and complete primary education. A total of 44,796 adolescent girls benefited from the distribution of dignity kits to reduce the likelihood of dropout and enable the girls to continue their basic education. In total, 556 temporary learning space classrooms were provided with gender-segregated facilities, benefiting 41,700 girls.

To increase the uptake of maternal and HIV services and to promote women's and girls' health, UNICEF South Sudan strengthened community health peer networks. Fifteen additional mother-to-mother support groups are now operating, bringing the total to 41. Furthermore, through equitable targeting and engagement of mothers and fathers in nutrition activities, UNICEF South Sudan mainstreamed gender and considered the needs of women, men, boys and girls in the procurement of nutrition core pipeline supplies.

UNICEF South Sudan supported services for survivors of gender-based violence, primarily women and girls, including addressing gender inequity, the root cause of gender-based violence. The UNICEF-developed communities care programme promoted gender-equitable social norms to support gender-based violence survivors and transform the inequitable gender relations that drive gender-based violence. Of 697 participants (454 women; 243 men), 72 per cent are less tolerant of gender-based violence than when the intervention began.

Environmental sustainability

Air temperatures in South Sudan can rise above 40°C in summer daytime. Over long periods, such temperatures can compromise or reduce the nutritional content and taste of nutrition supplies stored in the warehouse facility. Therefore, UNICEF South Sudan requested the warehouse service provider to expand temperature-controlled facilities to be able to store pharmaceutical and nutrition supplies at the recommended average temperature of 25° C. This necessitated the use of more diesel to power the generator and air conditioners at the facilities. However, with facility owner support, the compound moved away from generator power to solar energy.

As a result of the switch to solar energy, UNICEF South Sudan significantly reduced its environmental footprint. Generator dependency was reduced by 98 per cent and diesel consumption for the co-shared facility decreased from 10,000 litres to 200 litres per month for the whole compound. The 2 per cent dependency on generator use was due to times when the solar power units required maintenance and for days with heavy rains. The change to solar power also reduced the use of heavy lubrication oils on the generators.

During project implementation, UNICEF South Sudan ensured that all WASH programmes and project activities were designed to meet environmental and social impact concerns. Common practices for safeguarding environmental sanitation with all implementing WASH partners included fencing and disinfecting areas around water points to control algal blooms, breeding insect vectors (such as mosquitoes) and uncontrolled entry of animals. Regular water quality monitoring ensured the delivery of safe water in different environmental and social settings.

UNICEF South Sudan continuously minimized consumption of non-renewable resources by utilizing renewable energy sources, such as solar panels to run borehole pumps to make water collection and distribution more efficient. Beneficial microorganisms, effective in safely breaking down solid waste in latrines and thereby reducing unpleasant smells, were also used to ensure the protection of the environment from harmful contamination.

Effective leadership

Given the steady deterioration in the humanitarian situation, the Level 3 emergency response for South Sudan was extended through 30 June 2018. Under the leadership of the Regional Director, the emergency management team met regularly to discuss the situation and review the response strategy, highlighting any programmatic issues requiring support or follow-up, key gaps and on-the-ground capacity for programme delivery, supplies, human resources, communications, advocacy, resource mobilization and inter-agency issues.

The country management team, chaired by the Representative, conducted regular meetings to advise on overall management and performance monitoring, annual UNICEF South Sudan priorities and the key performance indicators outlined in the annual management plan and Compact 2017. Key performance indicators were regularly monitored and any bottlenecks were discussed during programme coordination meetings chaired by the deputy representative.

To complement the country management team meetings, programme coordination meetings were held on a biweekly basis to hold detailed discussions on budget implementation, as well as programmatic and cross-sectoral issues. A dedicated meeting on resource mobilization opportunities and issues also took place on a biweekly basis. Loss, incidents and fraud could significantly hinder UNICEF South Sudan from achieving results for children. An overall culture of integrity and accountability, including a clearly defined compliance and reporting framework, is essential for reducing and mitigating risks of loss, incidents and fraud.

In September, UNICEF South Sudan operationalized a risk-informed standard operating procedure on loss, incidents and fraud by implementing partners to ensure established accountabilities and timely reporting of incidents. UNICEF South Sudan benefited from peer review by the UNICEF Eastern and Southern Africa Regional Office (ESARO) in 2017. Many of the peer review recommendations have already been implemented, with the remainder in progress and actively monitored by senior management.

Financial resources management

The UNICEF South Sudan budgetary utilization in 2017 was US\$196,998,753, consisting of Other Resources Emergency (US\$131,408,523), Other Resources Regular (US\$50,908,597), Regular Resources (US\$11,380,321) and support budget (US\$3,301,312). Biweekly budget meetings, chaired by the deputy representative, discussed and addressed issues pertaining to budgetary allocations, utilization, open commitments, outstanding direct cash transfers, cross-cutting funding needs and funding gap analysis.

UNICEF South Sudan established long-term agreements with three consulting companies to conduct micro-assessments, spot checks and audits for governmental and CSO implementing partners. A programme and operations audit peer review was conducted in June 2017 and facilitated by ESARO.

In May 2017, the Virtual Integrated System of Information hub became fully operational in UNICEF South Sudan. The hub is an innovative approach designed to process common transactions by pooling a group of finance, programme and travel staff with complementary competencies. Among other things, the hub improved business process efficiency, supported timely programme implementation, reduced transaction processing time and realized cost savings for UNICEF South Sudan.

UNICEF South Sudan continued to strengthen the internal control environment by maintaining an up-to-date table of authority and officer-in-charge list, designing risk-informed

standard operating procedures and conducting training sessions on financial management and internal controls for staff. A table of authority with clearly defined accountability and financial ceilings as well as officer-in-charge tables were issued in February, June and December. In parallel, UNICEF South Sudan achieved 100 per cent receipt of duly signed delegation of authority memos by staff, acknowledging critical roles assigned to individuals by the representative.

UNICEF South Sudan ensured sufficient liquidity through its bank optimization project throughout the year: bank accounts, cash-on-hand accounts and petty cash accounts were replenished in a timely manner in order to provide seamless support to programme implementation. Throughout 2017, UNICEF South Sudan met deadlines for preparing accurate monthly bank reconciliation statements.

Fundraising and donor relations

UNICEF South Sudan finalized a fundraising strategy that was approved by UNICEF ESARO and UNICEF Headquarters in New York. Strategy implementation has been monitored in regular representative-chaired meetings with section chiefs. In addition, investments in resource mobilization staffing were also made in 2017 to support all aspects of fundraising and donor relations.

To trigger long-term advocacy and funding, UNICEF South Sudan organized an advocacy workshop with the UNICEF Private Fundraising and Partnerships Division and UNICEF ESARO. Seven UNICEF national committees and the UNICEF Public Partnerships Division participated. Additionally, six national committee directors joined a subsequent field visit. As follow-up, the national committees will develop a long-term advocacy plan with agreed key messages.

UNICEF South Sudan drafted donor proposals specifically addressing 2017 funding gaps and developed generic proposals for all programmes for 2018. UNICEF South Sudan provided extensive fundraising support for two joint programmes involving WFP, FAO and UNDP, as well as donor field visits and meetings. In collaboration with the Ministry of Agriculture, UNICEF South Sudan secured US\$15.5 million funding from the World Bank to address the famine declared in February. Overall, UNICEF South Sudan managed to raise 92 per cent against the funding target.

To ensure quality assurance and donor compliance, UNICEF South Sudan implemented a workflow on donor proposals introduced by UNICEF ESARO in 2017. This proposal workflow complimented the existing office standard operation procedure on donor reporting.

Donor conditionality became increasingly demanding in 2017, particularly from principal public sectors donors. As incidents of looting increased, UNICEF South Sudan introduced a standard operating procedure to ensure timely communication with donors about incidents. This standard operating procedure was well received by donors who appreciated the transparency and increased dialogue on some of the risks of programming in South Sudan.

Evaluation and research

UNICEF South Sudan's integrated monitoring and evaluation plan and costed evaluation plan were developed for the Country Programme 2016–2018. The costed evaluation plan aimed for three major evaluations over this period. However, access constraints and heightened insecurity across South Sudan prevented the commissioning of the three planned evaluations as committed in the costed evaluation plan in 2017.

UNICEF South Sudan conducted action research on governance and performance improvement in 25 schools supported by the Global Partnership for Education. The action research findings suggested that action research is a useful tool to inform school improvement policies and practices.

In relation to management responses to previous evaluations, UNICEF South Sudan has completed half of the committed recommendations and is implementing the outstanding commitments of the multi-country real-time evaluation on gender-based violence-in-emergencies programmes. This includes strengthening the awareness of staff and partners on the prevention of sexual exploitation and violence. Lessons learned from the gender-based violence in emergencies evaluation contributed to the development of the Country Programme 2019–2021.

Evidence generation continued to be UNICEF South Sudan's focus in 2017. A light review of the Situation Analysis of Women and Children was finalized and utilized in the development of sector-specific strategy notes and response scenario planning for the Country Programme Document 2019–2021. UNICEF South Sudan continued to lead the nutrition information working group. Under UNICEF South Sudan's leadership, 46 of the 55 planned SMART surveys were conducted, as well as the provision of technical guidance for the FSNMS, urban assessments and IPC analysis for acute malnutrition.

Efficiency gains and cost savings

In its drive to ensure value for money in an austere economic environment, UNICEF South Sudan followed cost-effective and efficient approaches to doing business. It pursued competitive bidding processes in contracting services and also leveraged existing contracts with other United Nations organizations where it was deemed of pecuniary advantage and other benefits would be realized. In 2017, an estimated US\$3 million was saved on procurement of goods and services when comparing purchase order values to prevailing market prices.

As part of its greening initiative, UNICEF South Sudan replaced a 450 kVA generator with a smaller 50 kVA generator to power security lights and information and communication technology (ICT) infrastructure at night; this led to savings of US\$40,000. The installation of a fuel tank at the UNICEF South Sudan premises resulted in a US\$26,000 reduction in fuel charges. In addition, photocopiers have been fitted with technology that reduced the cost of stationery use by approximately US\$10,000.

This year, UNICEF South Sudan prioritized implementing innovative ICT solutions for efficiency and seamless operations. By operationalizing emergency local area network kits and Internet protocol phones using Voice over Internet Protocol in field offices, UNICEF South Sudan saved US\$6,000 in charges from mainstream telecommunications companies.

UNICEF South Sudan successfully negotiated with the United Nations Mission to South Sudan (UNMISS) for 90 staff to participate in the Safe and Secure Approaches in Field Environments training at no cost to the organization. The value of this training is US\$30,000.

With improved management of memoranda of understanding for UNICEF South Sudan-owned guesthouses, revenue collected from United Nations agencies co-locating in UNICEF South Sudan compounds increased by US\$100,000.

The efficiencies realized from the consolidation of transactions in the Virtual Integrated System of Information hub, innovative ICT solutions and improved business work processes resulted in timely implementation of transactions and savings in staff time.

Supply management

In 2017, overall supply throughput was US\$70.7 million, or about 36 per cent of UNICEF South Sudan's annual fund utilization. Commonly-procured goods included therapeutic food, vaccines, mosquito nets, soap, educational materials and school textbooks. Locally managed procurement came to US\$38.8 million in 2017, including US\$3.2 million for construction.

Total value of supplies and services received (US\$)	
Programmatic supplies including procurement services-funded	41,713,542
Channelled via regular procurement services	1,364,136
Channelled via GAVI Alliance	7,442,927
Channelled via programme	32,906,478
Operational supplies	1,906,227
Services	24,564,900
International freight	2,533,222
TOTAL supplies and services received	70,717,891

Procurement services requests rose to US\$8.8 million in 2017 from US\$4.3 million in 2016. While vaccines remain a core commodity, partners also requested inter-agency emergency health kits, antiretroviral drugs and laboratory supplies.

An assessment of supply chains in the health and education sectors produced a risk assessment and draft road map to guide capacity development for UNICEF South Sudan to play a greater role in sectoral supply management, if necessary.

Pre-positioning stock remained critical during the dry season when roads were open, river levels stable and counties unaffected by perennial flooding. In December, programme supplies worth US\$7.6 million were in UNICEF South Sudan warehouses, of which supplies valued at US\$2.6 million were pre-positioned for emergencies.

Total value of supplies managed in UNICEF South Sudan-controlled warehouse(s) (US\$)	
Total inventory in controlled warehouses	7,577,091
Prepositioned	2,635,901
Other inventories	4,941,189
Total supplies issued from controlled warehouses	26,887,461

Prepositioned	9,542,129
Other inventories	17,345,332
Total supplies managed in UNICEF South Sudan's controlled warehouses	34,464,551

UNICEF South Sudan received 405 lorries loaded with regionally procured and offshore supplies, 45 per cent more than in 2016. UNICEF South Sudan-chartered flights delivered programme and operations supplies in 233 rotations to various locations countrywide. A total of 120 metric tons arrived by air in 108 separate shipments through Juba International Airport. The United States Agency for International Development also provided UNICEF South Sudan with an in-kind contribution of ready-to-use therapeutic food worth over US\$3 million.

Bureaucratic impediments continued slowing programme implementation in South Sudan. Tax exemption documents for most supplies take six to eight weeks for approval. As UNICEF South Sudan imports over 90 per cent of supplies, this can undermine service delivery. The authorities now plan to introduce consignment-based conformity assessment, requiring verification of shipments destined for South Sudan at the country of export, potentially further limiting timely and free movement of humanitarian supplies into the country.

Security for staff and premises

South Sudan's security situation remained volatile, with continued clashes between government forces and various armed groups, particularly in Upper Nile, Unity, Jonglei, Greater Bahr el Ghazel and Equatoria. Insecurity restricted access to areas where civilians were displaced, thus depriving them of critical cross-sectoral interventions. Despite these challenges, UNICEF South Sudan and its partners continued delivering much-needed humanitarian services to children and women in conflict-affected areas.

While South Sudan's President issued a decree to allow unhindered access for all humanitarian organizations, the presence of various armed groups along the country's main supply routes from Juba to the states exacerbated access constraints and shrank humanitarian space. These groups continued conducting criminal ambushes and acts of banditry despite government efforts to increase police and military patrols along the main supply routes.

Meanwhile, revitalization of the peace process led to mixed reactions among stakeholders. The largest opposition group, the Sudanese People's Liberation Army in Opposition has until now refused to participate. The stalemate has provided an opportunity for new political and rebel groups to emerge with new demands that further complicate the situation.

UNICEF South Sudan, with funding from UNICEF's Office of Emergency Programmes through ESARO, improved the personal safety and security of staff and working environments countrywide. Activities in 2017 included the provision of personal protective equipment and hand-held radios for all staff; construction of perimeter walls, bunkers and safe rooms; and the enhancement of access control systems in Juba and stand-alone offices in Bor, Wau, Rumbek, Yei and Yambio.

In addition, UNICEF South Sudan has ensured that all staff complied with security policies and guidelines through training and regular dissemination of security advice. UNICEF South Sudan proactively undertakes regular security assessments to ensure any gaps are addressed for the safety and security of staff, programmes and assets.

Human resources

In 2017, UNICEF South Sudan fully implemented the October 2016 programme budget review decision that sought to reduce the Juba office's footprint following the July 2016 crisis. UNICEF South Sudan also reviewed and strengthened the Greater Equatoria staffing structure to be more responsive to the new emergency scale-up.

Staffing needs have been addressed through emergency fast-track recruitment, surge response, stretch assignments, stand-by partners, temporary appointments and consultancies. UNICEF South Sudan has put a succession plan in place to ensure that the impact of staffing gaps on the emergency response is minimized.

All staff members have been familiarized with the new performance management culture through human resources clinics and guidance on human resources reform and ACHIEVE. Staff members and supervisors were engaged in continuous performance discussion throughout the year and are in the process of finalizing 2017 performance reviews. No cases of rebuttal process were raised.

The 2017 annual learning plan was successfully implemented with many staff members benefiting from individual and group learning activities. In addition, staff members have been availing themselves of internal stretch assignments as learning and development opportunities.

UNICEF South Sudan hired a staff counsellor cost-shared with UNICEF Madagascar and UNICEF Burundi. The newly recruited staff counsellor visited the Juba office and two field offices to meet and support staff members. Visits to all field locations are planned and the counsellor has been available for remote support.

UNICEF South Sudan is fully committed to United Nations Cares activities. The United Nations policy on HIV and AIDS is part of the orientation package and part of the combined orientation session for all newlyarrived staff members.

Effective use of information and communication technology

UNICEF South Sudan continued leveraging ICT for effective collaboration between the Country Office and subnational offices. The UNICEF South Sudan SharePoint team site improved collaboration among offices and supported more efficient information sharing for programme monitoring. In addition, a video conferencing system established in 2017 allowed all staff to participate in meetings and training.

An ICT improvement plan was put in place with a focus on improving connectivity in all UNICEF South Sudan premises. Bandwidth in the Juba office was upgraded, which resulted in more stable, reliable connectivity for the Virtual Integrated System of Information and InSight. Local area network and Wi-Fi access were successfully put in place with fibre optic cables connecting all the new Juba buildings and operations sections. In addition, two Juba guesthouses were provided with full Internet and redundancy connectivity to ensure the business continuity plan.

Subnational office connectivity was improved through the installation of emergency local area network kits; seven sites already have fully functional Internet and Internet protocol telephony. Digital mobile radio issued by select staff in offices throughout the country and will be further rolled out to staff in 2018. These radios provide for better connectivity and coverage.

In 2017, UNICEF South Sudan provided ICT technical support to implement the MOH digital birth registration database.

Programme components from RAM

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

UNICEF South Sudan continued to support routine immunization service delivery across the country through social mobilization, cold chain strengthening and distribution of vaccines and other health supplies. Between January and November 2017, 71 per cent of children received pentavalent 1 and 57 per cent received pentavalent 3. However, the dropout rate was over 19 per cent, with only 80 per cent completeness in reporting. UNICEF South Sudan therefore supported MOH to undertake a survey to validate the quality and coverage of the expanded programme on immunization, with results expected in early 2018.

Given the low routine immunization coverage reported, heavy reliance on supplementary immunization activities continued to ensure adequate immunity among children. As of 26 November 2017, more than 1,100 suspected cases of measles, including more than 10 deaths among children, were reported. In response, UNICEF South Sudan, the World Health Organization (WHO) and partners supported MOH to conduct a countrywide measles follow-up campaign as well as local outbreak responses, with 1,812,693 children vaccinated against measles. Case reduction is therefore anticipated in 2018 while efforts to improve routine immunization continue. A two-day polio simulation exercise was conducted to engage stakeholders in identifying critical risks and mitigation strategies. This exercise was critical given that Global Polio Elimination Initiative funding totalled US\$16 million in 2017 but will reduce to zero by 2019, potentially negatively impacting not only the country's polio response but also the expanded programme on immunization and public health.

As of 31 December 2017, 1,945,846 people (899,015 children under 5 years of age; 975,017 female) were provided with essential health services (mainly treatment for malaria, pneumonia and diarrhoea). Malaria continues to be the leading cause of both morbidity and mortality, accounting for 37 per cent of morbidity and 13 per cent of mortality across all age groups. These health services were made available across health facilities, at the community level and through IRRM missions.

UNICEF South Sudan and partners additionally responded by strengthening case management through training of frontline health workers in integrated management of childhood illness and integrated community case management. Good results were achieved through this strategy, which enabled 120,269 children to access malaria, pneumonia and diarrhoea treatments at home or in their communities— as compared with 40,593 children treated in 2016. As part of UNICEF South Sudan's malaria prevention strategy, a total of 255,100 insecticide-treated nets were distributed against the planned target of 450,000 nets (57 per cent). Net distribution was constrained by the lack of nets in South Sudan, with an expected in-kind contribution of nets not arriving until September.

UNICEF South Sudan supported preventive and curative services targeting women who were pregnant, newborns and children under 5 years of age. During 2017, almost 110,000 women who were pregnant attended their first ANC visit. However, only 40,461 women who were pregnant attended four or more ANC visits. 19,472 deliveries were attended by skilled health professional providers. In support of prevention of mother-to-child transmission of HIV, a total of 16,723 women who were pregnant had counselling and testing for HIV, among whom 600 (4 per cent) tested HIV positive and 520 (70 per cent of the women who tested positive) were enrolled in antiretroviral therapy.

Progress was hampered mainly by the disruption of services in the Equatoria region, Western Bahr el Ghazal and Greater Upper Nile due to conflict, which resulted in displaced populations becoming mobile and difficult to access, coupled with low demand for health services. UNICEF South Sudan, with the health cluster and OCHA, negotiated humanitarian access to allow outreach and participated in 48 RRM missions to reach the displaced populations at the earliest window of opportunity. In 2018, in addition to meeting the Core Commitments for Children in Humanitarian Action, UNICEF South Sudan will help support the operationalization of the Boma Health Initiative to boost demand and use of essential services while strengthening community resilience.

OUTPUT 1 Strengthen the systems to deliver integrated MNH/EMTCT/EID and birth registration services in emergency and non-emergency settings.

Analytical statement of progress

With MOH, WHO and partners, UNICEF South Sudan supported routine and supplementary immunization nationwide, mainly by strengthening immunization supply chain management and supporting communication and social mobilization activities to boost uptake.

Between January and November 2017, pentavalent 3 coverage reached 57 per cent (251,710), inactivated poliovirus vaccine 55 per cent (243,930), and measles vaccination 73 per cent (322,596) of children under 1 year of age. Despite an increase from the coverage reported in 2016 (45 to 53 per cent in November 2017), routine immunization of children and women who are pregnant remains low. Coverage with two doses of tetanus toxoid vaccine reached only 47 per cent of pregnant women (232,972) through the end of November 2017, while the dropout rate between the pentavalent 1 and 3 vaccines was high at 19 per cent – illustrating the challenges of ensuring the continuity of primary healthcare.

The low coverage rates were due to many factors: shrinking government expenditure; acute shortfall in health human resources; conflict expansion to previously relatively stable states; increasing geographic inaccessibility; and looting and vandalism of cold chain equipment. Moreover, service quality remained a major concern.

Despite these constraints, no vaccine stock outs were recorded at the national level. With funding from GAVI Alliance, UNICEF South Sudan enabled the provision of potent vaccines nationwide: 116 cold chain equipment sets were procured and installed; 185 sets were assessed and 193 were repaired; and 15 generators were repaired. To ensure 'last mile' coverage, UNICEF South Sudan supported the distribution and assembly of 544 bicycles and 56 motorcycles to 7 states.

In line with the global and national measles elimination strategic plans, support was provided to outbreak and humanitarian responses along with a nationwide measles follow-up campaign,

which resulted in the vaccination of 1,812,693 children aged 6 months–15 years. Focus on measles vaccination remains vital, given that as of 26 November 2017, more than 1,100 suspected cases of measles, including more than 10 deaths among children, were reported. Furthermore, UNICEF South Sudan supported the maternal and neonatal tetanus elimination plan, which resulted in 466,525 women of child-bearing age being vaccinated against tetanus through campaigns conducted in 17 counties in the three long-standing conflict-affected states.

To support global polio elimination and sustain South Sudan's polio-free status, three rounds of polio national immunization days (NIDs) were conducted, targeting 3,406,548 children aged 0–59 months. The NIDs resulted in the following proportions of children vaccinated against polio: 89.7 per cent (3,004,436) in round 1 (February); 89.7 per cent (3,005,623) in round 2 (March); and 91 per cent (3,056,829) in round 3 (October).

With South Sudan declared polio free in 2014, the polio transition process is ongoing. Several milestones were achieved and consultations took place to inform a draft transition plan that is presently under development. However, given the deteriorating context in South Sudan, there are major concerns about the impact of the Global Polio Elimination Initiative ramp-down on polio vaccination and immunization more widely.

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

Malaria remains the leading cause of morbidity, accounting for 40 per cent (329,899) of all children under 5 years of age treated at health facilities, followed by pneumonia (22 per cent), diarrhoea (19 per cent) and other illnesses such as scabies, conjunctivitis and kala-azar (19 per cent). At facility and community levels, UNICEF South Sudan supported access to basic life-saving health services to avert maternal and child deaths. In 2017, 1,945,846 individuals, including 975,017 women and 899,015 children, were supported to access primary health care services through 270 health facilities, community-based centres in 18 counties and 48 RRM missions. This is a 26 per cent increase compared with 2016 (1,540,370). Among those treated in 2017, 46 per cent were children under 5 years old, treated mainly for malaria, pneumonia and diarrhoea.

Given the limited number of functioning health facilities, integrated community case management is an important way of improving access to health services and builds communities' resilience to multiple shocks associated with the escalating conflict. In 2018, and in the Country Programme 2019–2021, additional efforts will be made to strengthen linkages and referral systems between communities and health facilities in order to ensure continuum of care and the referral of complicated cases. Community health programming through integrated community case management was scaled up in 2017 with an additional five counties included, bringing the total to 18 counties. The scale-up increased the number of children accessing treatment at community level to 120,269 compared with 53,776 in 2016 (124 per cent).

Between April and October, South Sudan experienced a malaria upsurge from over 120,000 cases per month to a peak of over 282,731 malaria cases during week 34 through week 37 (WHO Integrated Disease Surveillance and Response, 2017). Approximately 61 per cent of malaria cases countrywide were among under-five children, while the malaria positivity rate ranged between 85 and 90 per cent, peaking at 95 per cent in Northern Bahr el Ghazal. By 24 December, 2,445,959 individuals, including 1,494,628 under-five children, were treated for

malaria countrywide (a 14 per cent increase compared with 2016); 20 per cent of these were treated with UNICEF South Sudan's support at community and facility levels.

For malaria prevention among women who are pregnant and children, UNICEF South Sudan distributed 225,100 long-lasting insecticide-treated nets— only 53 per cent of the planned target (450,000 nets) due to late arrival of an in-kind donation of 601,000 long-lasting insecticide-treated nets. As distribution is ongoing through IRRM missions, routine immunization and localized distribution campaigns, it is anticipated that by year end, 60 per cent of the target will be achieved.

In 2017, special efforts were made to prevent malaria among malnourished children, with a total of 100 outpatient therapeutic programmes (OTPs) in Northern Bahr el Ghazal supported to systematically test for malaria and distribute long-lasting insecticide-treated nets. UNICEF South Sudan continued supporting integrated vector management in two PoC sites in Bentiu and Malakal. In Bentiu, 6,310 out of 6,361 dwellings (99 per cent) were sprayed with insecticide, protecting 33,672 people. In Malakal, 5,319 out of 5,456 dwellings (97.5 per cent) were sprayed, protecting 17,256 people.

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

Analytical statement of progress

UNICEF South Sudan supported MOH and partners to provide maternal and newborn health care amidst an increasingly costly and challenging programming environment. Maternal and newborn health care and prevention of mother-to-child transmission of HIV services in the hitherto stable Greater Equatorial, which has the highest estimated prevalence of HIV nationwide, as well as Western Bahr el Ghazal and Greater Upper Nile, were disrupted due to conflict. Several non-governmental organizations (NGOs) and government staff withdrew for safety reasons. In response, UNICEF South Sudan worked with the health cluster and OCHA to negotiate humanitarian access to displaced communities. These populations were mobile and difficult to access and UNICEF South Sudan used outreach and IRRM missions to seize any windows of opportunity to reach these internally displaced persons.

By end of November 2017, in UNICEF-supported programmes, almost 110,000 women who were pregnant attended their first ANC visit, well over the target of 88,834 women. This result may be related to UNICEF South Sudan supporting more primary healthcare facilities to provide maternal and neonatal healthcare services in 2017. However, ensuring continuum of care remains a challenge. Only 40,461 women who were pregnant attended four or more ANC visits, which represents only 59 per cent of the 68,334 women targeted. Moreover, skilled providers only attended 19,472 births (28 per cent of the 68,334 births targeted).

The major reasons for the high dropout include late first ANC attendance, socio-cultural barriers, access constraints, population displacement, lack of skilled birth attendants in health facilities or communities and insufficient awareness. A specific strategy will be developed to provide sustained community mobilization and education, mainly around the newly established basic emergency obstetric and newborn care facilities. Meanwhile, UNICEF South Sudan is spearheading a review of the *Mother and Child Handbook* and development of every newborn action plan.

UNICEF South Sudan supported partners to provide HIV services for women who are pregnant.

A total of 41,714 out of 59,997 women attending ANC and maternity services (70 per cent) were counselled and tested for HIV, down from 91 per cent (32,021 out of 35,351) tested in 2016. Nevertheless, 520 pregnant women living with HIV enrolled for life-long antiretroviral therapy, as compared to 371 in 2016.

To achieve these results, UNICEF South Sudan employed multiple strategies, including provision of supplies, training of healthcare providers, community health peer networks, policy support and partnerships to strengthen service delivery. To bridge supply gaps occurring in most health facilities due to the political and economic crises, 80 health facilities were provided with midwifery kits including clean delivery kits (for mobile health services), HIV tests kits and delivery beds.

UNICEF South Sudan supported training of 231 healthcare workers on ANC and prevention of mother-to-child transmission and of 25 healthcare workers on basic emergency obstetric and newborn care. The training was coupled with the provision of data collection tools and service delivery guidelines. All community interventions were aligned with the National Boma Health Strategy that was launched in March to ensure resilience and sustainability of basic healthcare in South Sudan.

OUTPUT 4 Disease outbreak and emerging humanitarian needs addressed as per the UNICEF Core Commitment for Children.

Analytical statement of progress

The cholera outbreak, which began in June 2016, has affected 26 counties in all 10 states. Since the beginning of the outbreak, 21,575 reported cases led to 436 deaths (case fatality rate of 2 per cent), which includes 17,304 cases and 357 deaths reported in 2017 (data as of 31 December 2017). The most-affected counties include Ayod, Tonj East, Yirol East, Fashoda, Kapoeta East, Kapoeta South and Juba. The most affected persons are newly displaced populations along the River Nile, in cattle camps and on islands with limited access to social services, safe water and sanitation. Though declining transmission has been evident since October, the outbreak persists, mainly in Juba, with an average of five new cases being reported weekly, especially in new settlements with a large proportion of arrivals from conflict-affected counties.

In response, UNICEF South Sudan supported integrated community-level interventions (preventive and curative) by providing medical supplies to manage cholera cases at the community and facility levels. In 2017, 30 diarrhoeal disease kits and 98 tents necessary to set up cholera treatment facilities were provided. UNICEF South Sudan supported 46 oral rehydration points, 15 cholera treatment units and two cholera treatment centres in severely affected areas in 11 counties across seven states. By November, a total of 10,357 cholera cases, including 1,864 children under 5 (18 per cent) and 2,910 children aged 5–18 years (28 per cent), were treated.

UNICEF South Sudan and partners supported the Government to conduct preventive and reactive oral cholera vaccine campaigns in seven states; displaced persons settlements (Mingkaman, Aburoc); PoC sites (Bor, Bentiu, Juba); and high-risk towns, including those with active transmission. Specifically, UNICEF South Sudan supported cold chain management, social mobilization and vaccine transportation. Of the targeted 1,130,00 individuals over 1 year old, 845,718 (75 per cent) received one dose and 244,224 (22 per cent) had two doses (23 per cent were children aged 1–5 years, with 45 per cent male and 55 per cent female). The second

round of oral cholera vaccine campaigns are currently ongoing and due to be completed in January 2018.

UNICEF South Sudan is conducting a cholera epidemiological survey to identify cholera hotspots in eastern and southern Africa, including South Sudan, as well as high-risk populations and practices. The results will be used to support the Government in implementing evidence-based prevention and response interventions.

UNICEF South Sudan is exploring the feasibility of conducting oral cholera vaccinations during IRRM missions in hard-to-reach areas at high risk of cholera outbreaks. Through the IRRM, 41,029 individuals received curative consultations; 92,914 children aged 6 months to 15 years were vaccinated against measles; 109,856 children under 15 years were vaccinated against polio; 28,388 women who were pregnant were provided with tetanus toxoid vaccine; and 43,333 mosquito nets were distributed to children under 5 and women who were pregnant.

OUTPUT 5 Enabling policy and institutional environment: An enabling policy and institutional environment is enhanced for effective scaling up and implementation of MNCH services and humanitarian response.

Analytical statement of progress

Due to the protracted and worsening conflict, the health system in South Sudan faces many challenges. National policies, plans and guidelines are largely incomplete and are neither well integrated nor uniformly implemented across the country. In response, UNICEF South Sudan supported MOH to develop, revise, produce and disseminate key health policies and costed plans to scale up evidence-based interventions, including a costed multiyear plan for expanded immunization.

There is almost no government expenditure on health and other basic social services, with civil servant staff salaries not having been paid in several months. This has resulted in a dysfunctional Health Information Management System, inadequate coordination between levels and departments and very low human resource retention and development. Development and humanitarian actors are unable to adequately meet the widening gaps. Therefore, in the future, UNICEF South Sudan will focus additional efforts and resources on supporting local health actors to adequately plan and budget for essential interventions, while supporting MOH at multiple levels with partner coordination. This aligns with the National Boma Health Strategy that was launched in March to help ensure the resilience and sustainability of basic health care in South Sudan.

In support of emergency preparedness and response, UNICEF South Sudan assisted with the development of South Sudan's first national cholera prevention and response plan, while participating in the joint external evaluation of international health regulations that identified the need for the country to develop a multi-hazard response plan. UNICEF South Sudan was also involved in revising the national HIV and AIDS Strategic Plan 2017–2022 and its companion behaviour change and communication strategy and adapting the 2015 WHO HIV/AIDS and prevention of mother-to-child transmission guidelines. The every newborn action plan, building on a bottleneck analysis, is informing the national reproductive, maternal, newborn, child and adolescent health strategy, which is currently under development.

In 2017, the expanded maternal mortality survey did not advance. This survey, which uses a nationally representative sample covering 12,000 households across all states, has been

planned since 2013. Aside from institutional capacity development, it was expected to provide important information for future health service planning and programming by providing reliable data to measure progress for women and children pertaining to maternal and neonatal health. There has been no progress since 2016 when the sampling frame, updated with the questionnaires, was completed.

The worsening conflict and economic situation means that the expanded maternal mortality survey and similar household and population-based surveys are unlikely to be conducted in South Sudan in the near future. UNICEF South Sudan's support for this initiative has therefore been placed on hold. Instead, in 2018 there will be greater focus on enhancing the collection and use of partner and field monitoring data, triangulated with surveillance and rapid assessments or studies, while technical support is provided for analysis and scenario planning and fostering coordination with partners at national and subnational levels, including in emergency preparedness and response.

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

Acute malnutrition levels continued to worsen in South Sudan, with over 1.1 million children under 5 years of age estimated to be acutely malnourished in 2017. Results from 46 county-level SMART surveys and FSNMS data conducted between January and December indicated a critical malnutrition situation, with most locations registering global acute malnutrition (GAM) rates above the WHO threshold of 15 per cent.

The September 2017 IPC results painted a bleak picture of the country's food security situation, particularly given that it was the harvest season when households are expected to be food secure. The IPC estimated that about 6 million people (56 per cent of the population) were severely food insecure, of whom 40,000 were facing catastrophic conditions. It was predicted that the harvest yields expected between October and December 2017 would reduce the number of people facing severe food insecure by about 11 per cent almost 4.8 million (45 per cent), and 25,000 of the population facing a catastrophic situation. The IPC predicted an earlier than normal lean season, with 5.1 million people facing severe food insecurity between January and March 2018, of whom 20,000 are catastrophe catastrophic situation. Of the food insecure population, an estimated 21 per cent are children under 5 years of age and 7 per cent are women who are pregnant or lactating.

In 2017, UNICEF South Sudan continued its leadership in evidence generation through coordination at the nutrition information working group. Previously, nutrition data for South Sudan remained inaccessible, but near real-time data is more available for CMAM and infant and young child feeding evidence-based programming. However, UNICEF South Sudan is not able to measure progress against the number of children aged 0–5 months old who are exclusively breastfed due to the absence of a complete nutrition survey.

The CMAM programme achieved an 87 per cent recovery rate for children discharged from the SAM treatment programme, well above the Sphere standard of 75 per cent. This improved recovery rate was due to multiples factors, including the pre-positioning of supplies in conflict-affected locations; increased partner presence; and improved linkages with moderate acute malnutrition (MAM) treatment, which subsequently reduced the number of children affected by

SAM. A total of 206,993 out of 207,257 targeted children were admitted for SAM treatment with support from UNICEF South Sudan.

Malnutrition prevention remained a key tool for addressing the alarming malnutrition status of children in South Sudan. Yet underfunding of the prevention package remains a key challenge. The prevention package (MIYCN programme) was rolled out across the country. A total of 938,918 mothers and caregivers acquired knowledge and skills on appropriate infant and young child feeding practices in targeted communities. Furthermore, two preventive joint health and nutrition national campaigns during the NIDs that integrated vitamin A supplementation and deworming with poliovirus and measles vaccination for children under 5 years were conducted in May and November–December, reaching 1,582,768 and 1,239,823 children, respectively, with vitamin A supplementation and deworming tablets.

The nutrition programme was strengthened through integration with other sectors such as health, WASH, education and protection, including the introduction of childhood stimulation in nutrition services with ECD support through education and child protection services. Through the health programme, families with children enrolled in SAM treatment in the OTPs received mosquito nets and soap to promote hygiene and sanitation.

The nutrition supplies pipeline was closely monitored to ensure that there were no stock-outs of critical nutrition supplies throughout South Sudan. However, due to insecurity and difficult terrain, at the facility level, an average of 13 per cent of facilities reported stock-outs ranging from 1 to 30 days. Various strategies were employed, including the development and implementation of a dry season plan. These strategies led to the continuous availability of nutrition supplies in state warehouses. Through the regular nutrition cluster tracking system, supply monitoring was conducted in all states, including the conflict-affected states of Unity, Jonglei and Upper Nile. Overall, states with warehousing facilities did not experience stock-outs and maintained the provision of quality services.

In relation to strengthening local capacities to prevent and treat malnutrition, UNICEF South Sudan rolled out MIYCN guidelines and trained 1,885 service providers on MIYCN and micronutrient supplementation. Building on the 2016 CMAM roll out, 311 additional nutrition workers were trained as trainers on the three CMAM training packages. To improve evidence-based programming, 25 government and NGO service providers were trained on SMART survey management.

Through the scale-up of the partnership with WFP, life-saving nutrition services were provided to communities in hard-to-reach locations through RRM missions. In response to the famine declaration in January 2017, 66 RRM missions were conducted, leading to screening of 114,674 children and 33,651 pregnant and lactating women. UNICEF South Sudan continued strengthening collaboration in the provision of life-saving nutrition service by partnering with 47 NGOs, of which 37 per cent were local NGOs.

OUTPUT 1 Health facilities and communities are able to provide quality integrated management of severe acute malnutrition (IMSAM) as per the national guidelines.

Analytical statement of progress

A total of 206,993 children under 5 years with severe acute malnutrition were enrolled in UNICEF South Sudan-supported treatment facilities and outreach sites (99 per cent of the 207,257 targeted children). Out of the total number of discharged children, 87 per cent were

discharged as recovered, 0.5 per cent died and 8.5 per cent defaulted. Despite the challenging context in the country, UNICEF South Sudan supported an increase in the number of OTP facilities of 17 per cent, from 629 to 736.

CMAM training packages were rolled out in collaboration with the MOH, WFP and CSO partners to improve the quality, standards and capacity of nutrition service providers to manage children with SAM. The training included screening methods, diagnosis including admission and discharge criteria for OTPs and targeted supplementary feeding programmes, as well as the identification and referral of SAM cases involving medical complications. A total of 22 (10 women; 12 men) master trainers were trained at the national level. The master trainers further cascaded CMAM training to the 10 former states, leading to strengthening the knowledge and skills of 289 frontline health and nutrition workers. To further improve the quality of CMAM services, a new project on supportive supervision was piloted in 147 and 89 OTPs in Northern Bahr el Ghazal and Unity, respectively.

UNICEF South Sudan and WFP continued their partnership, providing support for the continuum of care for acute malnutrition management. UNICEF South Sudan supported services to treat SAM in OTPs, while WFP supported partners to treat MAM in targeted supplementary feeding programmes. The partnership enabled joint monitoring of activities at the facilities as well as working together to support the MOH Nutrition Department at the national and state levels.

At the national level, no stock-outs were experienced for nutrition supplies due to the introduction of a pipeline nutrition supply tracking system for facilities by the nutrition cluster. The tool led to improved nutrition supply pipeline management that led to only 13 per cent of local facilities experiencing stock-outs. The local stock-outs were due to insecurity (which on occasion led to the evacuation of facility personnel and looting of supplies); delayed supply requisitioning by partners; and delays in transportation due to bad road terrain and weather. UNICEF South Sudan supported the ready-to-use therapeutic food supply pipeline to manage SAM, while WFP provided commodities to manage MAM.

OUTPUT 2 Effective nutrition preparedness and response for emergency affected population delivered in line with the Core Commitments for Children in Humanitarian Action (CCCs)

Analytical statement of progress

UNICEF South Sudan supported the Government through MOH at both the national and state levels to finalize the national maternal, infant and young child nutrition (MIYCN) strategy, guidelines and training package in 2017. Rolling out the strategy and guidelines remains critical for demand creation and promotion of appropriate behaviour and social change to improve MIYCN knowledge and practices. To strengthen MIYCN, 53 master trainers were trained in Juba and Bentiu. The master trainers cascaded the training nationwide, leading to 1,885 health workers receiving training on MIYCN. These trainings have significantly contributed to skills and knowledge transfer for MIYCN service providers at both the community and facility levels. Due to delays in finalization of the training packages, 63 per cent of the 3,000 targeted health workers were trained.

By December, UNICEF South Sudan had active partnership agreements with 47 NGOs (17 local NGOs) with integrated MIYCN components. Individual counselling sessions reached 2,211,929 mothers with children under 2 years with key MIYCN skills, and group counselling reached 973,386 more people (including 102,811 men).

Micronutrient supplementation with vitamin A and deworming campaigns, key components of the MIYCN strategy, occurred twice in 2017 through the NIDs. The first round of vitamin A supplementation (in May) reached 1,582,768 children and 1,239,823 children were reached with deworming. The second round of vitamin A and deworming campaign began in December 2017; data will be available in the first quarter of 2018. However, coverage was affected by logistical challenges due to poor road infrastructure in the rainy season in some parts of the country. Insecurity also affected coverage in some counties in Jonglei, Upper Nile, Unity, Central Equatoria, Western Equatoria and Eastern Equatoria. Vitamin A supplementation and deworming interventions were also administered during IRRM missions to communities not reached by the NID campaigns. Through IRRM missions, a total of 51,895 children aged 6–59 months were given vitamin A supplementation and 43,731 received deworming treatment.

Insecurity in most of the country continued to limit monitoring and supportive supervision. Although 1,714 mother support groups were operational in South Sudan, the sustainability of the mother support groups was a challenge, as most mothers demanded incentives to continue with the groups. Despite the fact that MIYCN interventions are some of the most cost-effective preventive nutrition interventions for addressing the underlying causes of childhood malnutrition, funding remains a challenge as most donors prioritize emergency life-saving interventions.

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

Analytical statement of progress

Under UNICEF South Sudan chairmanship, the Nutrition Information Working Group planned surveys, reviewed proposals and validated surveys conducted in South Sudan. From January to December, UNICEF South Sudan provided technical guidance and validation to 46 SMART assessments, two rounds of FSNMS and three IPC analyses.

The nutrition information working group reviewed and validated 46 of 55 planned SMART surveys (84 per cent). Over 80 per cent showed GAM rates above WHO's 15 per cent emergency threshold. Generally, high GAM rates occurred in Warrap, Jonglei and Unity states. The highest prevalence was reported in Twic, Warrap (35.9 per cent), and the lowest in Mundri West, Western Equatoria (8.1 per cent).

UNICEF South Sudan, FAO, WFP and Save the Children completed nutrition and food security causality analyses in Warrap and Northern Bahr el Ghazal states. The findings informed preventive MIYCN interventions in the joint response plan for the two states. The analysis revealed suboptimal maternal, infant and young child feeding practices, including discarding colostrum at birth; cessation of breastfeeding at 12–15 months; use of pre-lacteal feeds; and introducing complementary foods before 6 months. It was found that women's high workload led to less time for childcare, exacerbated by husband desertion. Cultural taboos such as denying pregnant women certain foods, giving salty water at birth to soften baby's throats or compensating for mothers not producing breastmilk are undermining breastfeeding within one hour of birth. High wasting among women and associated cultural and gender-biased norms perpetuated child malnutrition. Wasting among women repeatedly predicted child malnutrition. Retrospective child morbidity was highest in areas with high acute malnutrition (urban areas and Greater Bahr el Ghazal).

Previously, FSNMS seasonal assessments were conducted three times a year; these were reduced to two rounds per year in 2017 in order to inform the two main IPC analyses of July and December–January. The round 20 assessment was completed in August and informed the September IPC analysis. The findings revealed worsened acute malnutrition in most states, with GAM exceeding the 15 per cent emergency threshold in 9 states, compared to 7 per cent in 2016. The highest GAM rates were recorded in Unity (23.8 per cent), Jonglei (22.6 per cent) and Warrap (22.0 per cent). In Central Equatoria, GAM rose from 6.4 per cent in 2016 to 15.3 per cent in 2017.

Complementary feeding practices in South Sudan are generally very poor. Only 5.3 per cent of children 6–23 months old received four or more food groups, and only 18 per cent received solid, semi-solid or soft foods adequately within the 24-hour recall period. Only 1.6 per cent of children 6–23 months old received an adequate quantity and quality of complementary food. This greatly exacerbates child malnutrition and affects child survival. Therefore, improving MIYCN practices in children under 24 months of age remains critical for improving nutrition, health and development. Heightened insecurity in many areas, particularly Greater Equatoria, Jonglei and Unity, hindered assessments and nutrition programme monitoring, as well as on-the-job training and capacity-building.

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

Analytical statement of progress

Rapid response mechanism (RRM) missions remained the best way of reaching women and children in areas made inaccessible by insecurity and limited access. UNICEF South Sudan, WFP and partners scaled up the deployment of RRM missions following the declaration of famine in Unity state. A total of 66 joint UNICEF South Sudan and WFP RRM missions were conducted in collaboration with partners. Of these, 23 were conducted in Unity state, 24 in Jonglei, 10 in Upper Nile, two in greater Equatoria and four in the worst food insecurity locations in Wau, where social services had been suspended due to insecurity, resulting in high population displacement.

A total of 114,674 children aged 6–59 months were screened, with 2,800 (2.4 per cent) identified with SAM and 10,662 (9.3 per cent) with MAM. All children with SAM and MAM were treated in OTPs and targeted supplementary feeding programmes, respectively. Similarly, mid-upper arm circumference screening of pregnant and lactating women revealed that 7,226 of 33,651 (22 per cent) were considered at risk of growth retardation of the foetus due to having a mid-upper arm circumference of less than 23 centimetres. In addition, a total of 52,999 children aged 6–59 months received vitamin A supplementation, 44,301 children aged 12–59 months were dewormed and 33,651 pregnant and lactating women received key MIYCN messages. During RRM missions, women who were pregnant or lactating also received non-food item kits including soap, buckets and long-lasting insecticide-treated mosquito nets.

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

Despite challenges related to the current political and economic crises, UNICEF South Sudan scaled up WASH responses to address the needs of displaced people and those of vulnerable host communities. UNICEF South Sudan provided access to safe water, sanitation and hygiene promotion interventions to communities, including those in the most remote and conflict-affected areas of the country. In 2017, a total of 996,217 people were provided with access to safe drinking water; 375,411 people were supported with access to basic sanitation facilities and services (including CLTS mapped villages); and over 1 million people were reached with key hygiene messages through both emergency and recovery WASH interventions.

UNICEF South Sudan utilized various approaches and interventions to deliver WASH services. Provision of safe water was made possible through construction of new water facilities; mechanized drilling; spring catchment water supply systems; rehabilitation of malfunctioning boreholes; and installation of surface water treatment systems where possible, such as in the PoC sites and internally displaced persons camp settings. In certain areas, such as the Juba United Nations House PoC site, safe water was primarily delivered through water trucking. UNICEF South Sudan also explored affordable technologies for the provision of safe water, such as manual drilling, particularly in Northern Bahr el Ghazal and Warrap regions.

Provision of spare parts and training in operations and maintenance for 636 village-based water committee members (60 per cent of whom were women), forming 189 WASH committees, was a significant achievement in ensuring the sustainability of WASH interventions. Furthermore, registered pump mechanic associations in Northern Bahr el Ghazal continued to ensure effective operations and maintenance and management of the spare part supply chain at the community level. These local institutions played a vital role in supporting the integration of WASH activities in nutrition and health programmes responsible for the management of acute malnutrition in children under 5 years of age.

Provision of safe water is the cornerstone of UNICEF South Sudan's initiative in support of the South Sudan guinea-worm eradication programme. In 2017, 33 new boreholes and 173 water points were rehabilitated in communities in need, including those in guinea-worm endemic areas. These activities have had a direct impact on the steady decrease in guinea-worm cases in South Sudan over the years, with no cases recorded in 2017.

In 2017, implementation of CLTS activities, which include encouraging communities to construct household latrines to ensure open defecation free (ODF) environments within their villages, were constrained due to several challenges. Certification of ODF status was particularly challenging given insecurity and access constraints. Some progress was achieved through collective efforts to mobilize communities to increase demand-driven requests to collaborate with partners and local institutions. Although the momentum for achieving ODF status has been significantly undermined by the current crisis, future efforts will focus on the use of different approaches to regain the momentum lost and improved sanitation services through demand creation.

However, UNICEF South Sudan continued to build capacity at the grassroots level to address the elimination of open defecation, particularly in Central Equatoria, Eastern Equatoria and Northern Bahr el Ghazal regions. Capacity-building efforts were focused on key village leaders and chiefs, county-level government counterparts and partners. UNICEF South Sudan supported training of 100 community mobilizers, including village leaders or chiefs, teachers and partners, in order to strengthen the equity focus as well as ensure the sustainability of behaviour change within participating communities.

Progress in policy engagement was negligible due to the ongoing political strife in South Sudan and the inevitable prioritization of emergency interventions. The economic hardships in the country affected the capacity of government partners to deliver WASH services due to the lack of WASH budget allocation. There was significant progress in the development of policy documents such as the WASH strategic framework, rural and urban wash action and investment plans and the water bill prior to the December 2013 conflict. However, the policy documents are yet to be ratified by the Cabinet of Ministers; some of these policies are already due for revision.

Overall, the challenges in the WASH sector in 2017 remained the same as those of the previous two years. Insecurity and constrained access to populations in need were compounded by the high cost of service delivery due to hyperinflation in South Sudan. Humanitarian capacity was significantly affected by the high turnover of implementing partners. Recovery and development projects continued to be given less preference as most donors prioritized funding for emergency interventions.

The WASH needs are massive and outweigh the resources available. Many households that are not receiving any form of humanitarian assistance, whether in urban or rural areas, are not able to afford WASH services and supplies such as treated water and soap. Due to the ongoing hardships, many communities are 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

Implementation of WASH activities progressed significantly under this output despite the security dynamics and economic crisis. Achievement of this progress was a result of various activities related to safe water supply, including construction of new water points both through conventional and manual drilling; construction of mini water yards (both diesel- and solar-powered); rehabilitation of similar non-functional water supply infrastructure; upgrading of spring catchment water distribution systems; and rehabilitation of major water supply distribution networks.

A total of 184,755 people gained access to safe water supplies in 2017, in addition to those reached through emergency safe water supply interventions. This achievement was made possible through the drilling of 33 new boreholes and the rehabilitation of over 173 water points, including two major safe water supply distribution systems in the towns of Bentiu and Yambio. To ensure ownership and sustainability of the safe water supply infrastructure, WASH committees (one per water point) were trained and equipped with basic spare parts for hand pump maintenance and operation. The focus of the scale-up for provision of sustainable safe water supply infrastructure and services was in underserved communities and in institutions such as schools and health and nutrition facilities. In addition, UNICEF South Sudan continued to support national initiatives in the eradication of guinea-worm disease and respond to the ongoing cholera outbreak by increasing access to safe water in areas where these diseases were reported to be endemic.

Parallel to the provision of functional safe water supply infrastructure, 189 WASH committees (60 per cent female representation) were trained in 2017 to support operations and maintenance and the timely repairs of boreholes for sustainable safe water supply services. At a more technical level, UNICEF South Sudan continued to strengthen the capacity of registered pump mechanics associations and manual drillers associations, particularly in Northern Bahr el

Ghazal and Warrap, to support WASH committees with additional technical expertise for operations and maintenance and construction of water points through manual drilling technology, respectively. The Manual Drillers Association in Northern Bahr el Ghazal played a pivotal role in supporting the WASH-in-nutrition programme by providing contractual services in the construction and renovation of WASH infrastructures in health facilities and OTPs. At the same time, the Manual Drillers Association increased access to safe water in vulnerable communities by accessing shallow aquifers in the region through manual drilling technology. UNICEF South Sudan has provided spare parts and training to further build the capacity of these community-based support institutions.

OUTPUT 2 Increased availability of sustainable sanitation facilities and improved hygiene practices at household and institutional level with emphasis on behaviour change and ODF communities by 2018.

Analytical statement of progress

Prior to the July crisis, there was a steady interest in CLTS activities. This interest was observed in the rate at which initiatives to become ODF spontaneously triggered ODF initiatives in neighbouring villages following the inception of the CLTS programme. However, gains were retracted following the spread of conflict across the previously relatively stable Greater Equatoria and Greater Bahrel Ghazal regions, where CLTS activities had gained momentum. A significant proportion of the population in these regions was displaced and not able to undertake 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 the same context, the current security situation in the country has had a negative impact on the sustainability of hygienic behaviours associated with sanitation.

Sixty-six villages (36 Yei; 30 Yambio) were declared ODF in 2017. In addition, 100 local community approaches to total sanitation mobilizers, natural leaders and women's groups from villages in Yei were trained on community triggering, applying for and certification of ODF status. In the Greater Equatoria and Northern Bahr el Ghazal regions, 17,064 household latrines were constructed (11,880 in 66 ODF villages; 5,184 in 144 triggered villages through community approaches to total sanitation activities), thus providing over 133,000 with access to safe sanitation.

UNICEF South Sudan supported 80 schools and 33 health or nutrition facilities with safe sanitation through the construction and rehabilitation of gender-sensitive latrines, benefiting over 40,000 school children and 33,000 family members attending health or nutrition facilities. Additionally, 1,098,716 people received hygiene and sanitation messages. An estimated 1.2 million people, including schoolchildren, were reached with key hygiene and sanitation messages during the Global Handwashing Day campaign. About 45,227 adolescent girls and women of childbearing age received menstrual hygiene management kits (2,431 Central Equatoria; 1,391 Western Equatoria; 21,000 Unity; 405 Western Bahr el Ghazal; 20,000 Northern Bahr el Ghazal).

Efforts to mobilize communities to increase demand-based requests in partnership with local institutions will continue to be encouraged. Currently, capacity is being generated to work towards the elimination of open defecation, particularly in Central Equatoria, Eastern Equatoria and Northern Bahr el Ghazal. UNICEF South Sudan supported the training of 100 partners and teachers to strengthen the equity focus for community mobilization and the sustainability of behavioural change.

UNICEF South Sudan is supporting the Sanitation and Hygiene Technical Working Group, which provides technical and policy guidelines to the sub-sector within the country. The Group's representation consisted of line government ministries relevant to the WASH sector, national and international NGOs and supporting donors. The Group reviewed the CLTS strategic framework and protocols that will be adopted for roll-out in South Sudan. As a way forward, the programme will focus on the finalization of the draft CLTS strategy; establishing a monitoring and evaluation system at the national level for real-time monitoring of the ODF road map in relatively stable states; as well as standardization of tools and verification protocols.

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

Analytical statement of progress

Progress towards improving policy and knowledge at the national, state and civil society levels has been constrained since the December 2013 crisis and further slowed by the July 2016 crisis. The protracted crises led the Government and partners to prioritize emergency response over recovery and development programmes. Most donors are also redirecting development funding that would have supported policy and capacity strengthening to emergency programming. 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. This has led to delays in the ratification of the Water Bill and the rural and urban WASH action and investment plans. Nevertheless, UNICEF South Sudan continued to support the Government in a systemic manner to honour its commitments as a signatory to global partnerships, initiatives and collaborations, such as Sanitation and Water for All, the United Nations Water Global Analysis and Assessment of Sanitation and Drinking-Water 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 WASH information management 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

During 2017, UNICEF South Sudan's humanitarian action progressed well despite insecurity. Access to many areas remained severely constrained. The lack of technically qualified partners impacted the speed of service delivery. Many potential partners were classified as high risk, and coupled with the prevailing inaccessibility, monitoring and risk assurance activities projects were challenging. The sourcing of supplies or skills outside of the country due to hyperinflation in South Sudan increased project implementation costs.

Through both direct implementation and implementing partners, UNICEF South Sudan reached a total of 811,462 people with safe water supplies; 242,411 with access to safe sanitation; and

over 1.5 million with WASH core pipeline supplies in emergency-affected locations. The delivery modalities for providing safe water included water trucking, drilling new boreholes and establishing surface water treatment systems. In the Juba United Nations House PoC site, 900,000 litres of safe water were trucked in every day for 35,000 people. In the Bentiu PoC site, a centralized motorized water distribution system provided safe water to over 100,000 people, while the newly-constructed Rubkona surface water treatment system, with a 3.5 kilometre pipeline network which opened in July, provided safe drinking water to 20,000 people. Solid waste management and sewage desludging were part of direct implementation of sanitation services supported by UNICEF South Sudan in the Juba, Bentiu and Bor PoC sites and Malakal town.

UNICEF South Sudan participated in cholera epidemic preparedness and response with line ministries, clusters and NGOs. WASH interventions pre-positioned supplies including chlorine, soap, water storage containers and sprayers within referral facilities (cholera treatment centres and units, community-based therapeutic care and community treatment units, and oral rehydration points in targeted high-risk areas of Central Equatoria, Jonglei, Lakes and Unity). To address continuum of care at the referral facility level, UNICEF South Sudan supported the installation or rehabilitation of WASH facilities and solid waste disposal management.

At the community level, special campaigns distributed WASH items, such as soap, to over 100,000 households and water purifiers to 300,000 vulnerable households in high-risk areas. Communities with more than 100 cholera patients were 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 school 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 58 partners through integrated service provision with the nutrition, health and education sectors, reaching over 1 million people. UNICEF South Sudan reinforced the coordination of the WASH cluster mechanism significantly, contributing to the achievement of results for children during the humanitarian response. A dedicated cluster coordinator and information management officer were recruited to support coordination activities.

Through the RRM missions deployed in hard-to-reach areas, UNICEF South Sudan provided 379,896 people (63,316 households) with access to safe water via the distribution of WASH items (water purifiers, soap, buckets) and the rehabilitation of boreholes, and reached 316,580 people 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

Since the 2013 South Sudan conflict, over 1.69 million people (53.4 per cent children) have been internally displaced and more than 1 million others have sought refuge in neighbouring countries. The surge in insecurity has undermined the provision of education services. Almost 2 million school-aged children are out of school, and about 1.3 million children are at risk of dropping out due to conflict and food insecurity. The continued deterioration of the economy,

non-payment of teachers' salaries and limited support for schools have negatively impacted education. A fresh outbreak of violence further increased dropout rates and caused a fall in primary school enrolment rates. Boys faced increased risk of being recruited into armed groups and girls into child marriage.

In response, UNICEF South Sudan's back-to-learning initiative, launched in February 2015, has proven that well-coordinated efforts with the Government and partners to deliver services (social mobilization and school supplies) and build the capacity of teachers can revitalize communities, bring children 'back' to the education system and provide learning opportunities. The back-to-learning initiative, with education-in-emergencies programme support, continued to demonstrate gains in 2017, benefiting 519,962 children (208,813 girls; 311,149 boys; including 200,000 children retained from 2016).

A total of 13,007 teachers, PTA members and other education personnel (3,956 women; 9,051 men) were trained to effectively deliver integrated education services in 556 temporary learning spaces classrooms and 133 rehabilitated classrooms. The PTA and SMC members were specifically oriented to improve girls' participation in schools. Over 461,000 textbooks and teacher guidebooks were distributed. In line with national language policy, teachers' guides and supplementary materials were developed in five national languages (Bari, Dinka, Nuer, Zande and Toposa). The focus of these materials was English and mathematics to improve literacy and numeracy competencies in the early grades. UNICEF South Sudan printed and distributed 3,000 sets of such materials to schools countrywide.

In partnership with 18 international and 14 national NGOs, UNICEF South Sudan worked with other actors for refugee education (UNHCR); life skills and youth (the United Nations Educational, Scientific and Cultural Organization [UNESCO]); and girls' education (Girls' Education South Sudan). UNICEF South Sudan worked with WFP to jointly identify more schools and synergize support under the WFP Food for Education Programme. The collaboration with WFP included providing complementary parental education to strengthen ECD, leading to enhanced synergies and improvement in learners' enrolment, retention and reduced dropouts.

UNICEF South Sudan acts as the grant agent for Global Partnership for Education Programme (GPEP) in South Sudan, which works with the Ministry of General Education and Instruction (MOGEI) on strengthening systems and improving community- and school-based education service delivery. The programme has also continued modelling good practices in school construction and capacity strengthening of teachers, administrators and community members to deliver quality education. In 2017, development of an ECD pre-service course for teachers was launched and initial in-service training developed to operationalize the new ECD curriculum. To support the new curriculum for primary and secondary schools, UNICEF South Sudan engaged publishers to write textbooks and supported preparations for teacher training on the new curriculum and textbooks. GPEP has funded development of pre- and in-service training materials for Arabic-medium teachers to transition to English-medium instruction.

UNICEF South Sudan supported seven county institutions (five county education centres and two teacher training institutes) with infrastructure improvements (solar panels and motorbikes), management and governance support. In 2017, Yei Teacher Training College supported these seven institutions to build the capacities of 980 teachers on literacy, numeracy, effective pedagogy and introduction of peer support systems. The primary school leadership, inspection and supervision programme was completed and benefited 170 participants of the accredited course in primary school leadership, supervision and inspection, bringing the total trained to

9,666 education personnel (1,253 women; 8,413 men). The expected longer-term plan is that county education centres and teacher training institutes will cascade the training and sustain professional development opportunities for teachers and administrators.

Ten GPEP schools were completed in 2017, for a total of 25 equipped and furnished schools (200 classrooms) with integrated WASH facilities and kitchens across Eastern Equatorial, Warrap, Western Equatorial, Lakes and Northern Bahr el Ghazal. These schools initially enrolled 15,600 primary school learners (8,177 girls; 7,423 boys) in early 2017. An additional 6,000 girls were enrolled and attended GPEP-supported community girls' schools. In advancing girls' education, UNICEF South Sudan supported a situational analysis on girls' education and subsequent development of the Girls' Education Strategy 2018–2022. Further support was provided for the establishment of girls' clubs in the 25 GPEP schools and training for SMCs, PTAs and communities on the importance of girls' education. Action research in the 25 schools provided critical data on school demographics and processes as well as clear evidence of improvements in teaching, learning and school management.

The main challenges in 2017 included the lack of qualified teachers; poverty; non-payment of teacher salaries; and subsequent lower quality of education even where access is provided. The European Union-supported IMPACT programme paid US\$40 per month to teachers in primary schools for 18 months and greatly improved teacher welfare. Evidence from field monitoring documented teachers who had left schools deciding to return to school with the incentives and reduced teacher absenteeism. IMPACT also reduced the need for UNICEF South Sudan and partners to pay incentives to volunteer teachers as it covers them, enabling the funds previously budgeted for incentives to be reallocated to other activities.

OUTPUT 1 Strengthened national systems to provide basic education and alternative learning with life skills, peacebuilding and conflict-sensitive education for children and adolescents, including disadvantaged and excluded children, with measurable learning outcomes by 2018.

Analytical statement of progress

Following the 2015 launch of the new national education curriculum (pre-primary, early childhood, primary and secondary levels), UNICEF South Sudan supported MOGEI to produce textbooks for primary and secondary grades and develop training programmes for new textbooks for 2018. GPEP funded the development of pre- and in-service training materials for Arabic-medium teachers to transition to approved English-medium instruction. In 2017, with MOGEI and Yei Teacher Training College, two teacher training institutes and five county education centres were reactivated and provided training for 980 teachers on literacy, numeracy and learner-centred pedagogy. The national primary school leadership standards, policy and strategy finalized under GPEP in 2016 led to the development of training courses for head teachers, supervisors and inspectors. The primary school leadership, inspection and supervision programme was completed and benefited 170 participants, bringing the total trained on primary school leadership, inspection and supervision since 2016 to 9,666 (1,253 women; 8,413 men). The longer-term plan is for county education centres and teacher training institutes to further cascade training for teachers and administrators.

With GPEP funding and in collaboration with UNESCO, UNICEF South Sudan supported evidence-based, cost-effective strategies and policy systems. The 2013 study on out-of-school children was updated to generate a contemporary snapshot on the number of out-of-school children. UNESCO also supported MOGEI in the alternative education centres in selected areas to establish youth centres for basic employment skills (such as electronic, building and catering)

and community girls' schools. The current Girls' Education Strategy 2015–2017 has been rigorously revised with situational analysis on girls' education. A five-year Girls Education Strategy 2018–2022 is being finalized and advances a 'pro-girls' agenda.

UNICEF South Sudan supported the finalization and dissemination of MOGEI monitoring and evaluation policy and strategy to effectively monitor and improve programme performance. An action research project in the 25 GPEP schools in 2017 tested a mechanism for providing critical data on school demographics, conditions and processes for improving teaching, learning and school management. The mentorship programme for the head teachers (on managerial skills) and teachers (on scheme of work, lesson plans and learners' assessment) showed an improvement in literacy and numeracy performance and classroom management.

Finally, the general education annual review was successfully implemented with UNICEF South Sudan support. The general education annual review meeting presented logistical challenges with the inclusion of state ministers and directors general from all states and Abyei. The sector's commitment was demonstrated by the constructive dialogue and range of participants, including the education parliamentary sub-committee, a national minister and undersecretary, donors, foreign missions and civil society.

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

Analytical statement of progress

Campaign in 2017 with the objectives of retaining 200,000 children (enrolled in 2016) and bringing an additional 300,000 out-of-school-children into safe and secure learning centres. A total of 519,962 children aged 3 to 18 (208,813 girls; 311,149 boys) were brought back to school, which included 42,317 young children (20,473 girls; 7,531 children from PoC sites) in ECD centres, 475,889 children (188,085 girls; 53,054 children from PoC sites) in primary school and 1,756 children (255 girls; 1,226 children from PoC sites) in secondary school and provided with education services in partnership with 32 NGOs. This achievement was 173 per cent of the 2017 target.

Education-in-emergencies interventions expanded in 2017 to new counties in Western Equatorial, Lakes and Jonglei, and the capacities of schools in the PoC sites were increased to accommodate more internally displaced children. The continued back-to-learning campaigns in the areas of high population mobility in Jonglei and Greater Equatoria led to more out-of-school children enrolling in school. Working with the state MOGEIs and partners, UNICEF South Sudan established 556 temporary learning space classrooms, rehabilitated 133 existing classrooms and deployed and trained over 8,000 volunteer teachers to provide education and child protection services to children.

Challenges persist in inaccessible counties in Greater Upper Nile and conflict-affected parts of Central and Western Equatoria, where schools are either closed or functioning irregularly due to insecurity. In consultation with MOGEI, it was decided based on needs in the PoC sites that in 2017, UNICEF South Sudan would support secondary schooling at the PoC sites. With all secondary schools located outside PoCs, it was not always safe for children from the PoC sites to access the schools. To ensure continuity to secondary schools for conflict-affected children, UNICEF South Sudan supported secondary schooling in Bentiu and Malakal PoC sites, resulting in the enrolment of 1,756 children (255 girls; 1501 boys).

As the sector's pipeline manager of supplies, UNICEF South Sudan procured essential education supplies for children and teachers. The supplies were distributed with the support of over 40 cluster partners and partially funded by South Sudan humanitarian fund grants. The materials distributed included 7,000 children's kits; 4,900 teachers' school-in-a-box kits; 2,100 ECD kits; 2,500 recreation kits; 26,400 exercise books; and 34,500 dignity kits, which benefited over 500,000 children and their teachers in primary schools and alternative learning programme facilities nationwide.

Localized procurement in 2017 of two critical items – children's and teachers' kits– significantly reduced the procurement lead time from four or five months to one month. UNICEF South Sudan also printed and distributed 460,000 sets of textbooks for children in primary school Grades 1–8 and alternative learning programmes, along with teachers' guides for all subjects. These supplies were critical to supporting more than 500,000 children attending schools in challenging areas such as PoC sites and camps for internally displaced persons. The major challenge as the core pipeline manager was logistical. Due to insecurity and limited road transportation, UNICEF South Sudan depended on charter flights to move essential supplies in a timely manner, which significantly increased operational costs.

OUTPUT 3 Improved national, sub-national and community capacity to protect and provide quality basic education services to children and adolescents by 2018.

Analytical statement of progress

Untrained and unqualified teachers are common across all school types and levels in South Sudan. Only one in three teachers is trained. With partners, UNICEF South Sudan conducted training for teachers, volunteer teachers, PTA and SMC members and MOGEI staff in all states. A total of 13,007 teachers, education personnel and community members (3,956 women; 9,051 men) were trained, against a target of 10,000, to effectively support the back-to-learning initiative. They were trained to support teaching and learning; basic classroom management; pedagogy; education in emergencies; life skills; peacebuilding and conflict-sensitive education; providing psychosocial support; and delivering life-saving messages to students. The staff were also trained on school management, including budgeting; enrolment; school attendance; security of premises; human resource management, including training; and school supply management.

Altogether, this training had a positive impact on classroom interaction and management by the volunteer teachers and brought about a spirit of engagement and active participatory management of schools involving community members, PTAs and school administrators. PTA members required local support for effective functioning as they play an important role in participatory management of schools, especially the temporary learning spaces that were opened by UNICEF South Sudan and partners. In 2017, a total of 4,954 PTA and SMC members were trained and oriented under the education in emergencies programme and GPE programme on effective school governance and school development plans. This contributed to enhancing the capacity of administrators and teachers to deliver quality education and resulted in increased enrolment of students.

In pursuance of the MOGEI's policy to promote mother tongues as the medium of instruction in early grades, UNICEF South Sudan printed and distributed 4,000 guidebooks, sets of instruction materials, charts and posters in five mother tongues (Bari, Dinka, Nuer, Toposa and Zande) in over 650 schools, benefiting 332,829 children. Four thousand teachers and volunteers were trained on the effective use of these materials by specialized agencies. The aim of this new

intervention is to help improve learning in early grades (P1–P3) and competencies in English, mother tongue, literacy and numeracy.

The final 10 model schools were constructed under GPEP to reach the last cohort target of 25 schools (200 classrooms) across five former states. These full cycle (eight-year) primary schools provide learners with the opportunity to complete primary education in a single location, and hence decrease the likelihood of children dropping out of school. At the beginning of 2017, these schools registered an initial enrolment of 15,600 primary school learners (8,177 girls; 7,423 boys).

In 2017, 325 SMC members, as well as teachers and head teachers, were trained in the GPEP schools to enhance school-community participation for increased enrolment, a safe and protective school environment and skills for effective management and pedagogy. Under the revised Girls' Education Strategy 2018–2022 initiative, PTA and SMC members also received awareness training on the importance of girls' education.

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

In 2017, South Sudan faced continuous and renewed fighting and a state of famine was declared for several areas in the country. This led to critical child protection issues, in addition to malnutrition and the cholera outbreak which spread to most parts of the country, especially in Greater Equatoria, Unity, Upper Nile, Jonglei and Western Bahr el Ghazal. Large-scale displacements left many children separated from their families, in psychosocial distress and vulnerable to further violence, abuse and exploitation. Gender-based violence intensified with the crisis, affecting primarily women and girls, and was reportedly perpetrated by both parties to the conflict. In response, UNICEF South Sudan focused on child protection in emergencies, including psychosocial support (PSS); children associated with armed forces or groups; the monitoring and reporting mechanism on six grave child rights violations; family tracing and reunification (FTR); awareness-raising on risks of injury from mines and unexploded ordnance; and prevention and response to gender-based violence.

Denial of humanitarian access was the most documented grave violation, accounting for 55 per cent of all documented incidents. Recruitment and use of children followed, which accounted for 18 per cent of all documented incidents. Most incidents were documented in Greater Upper Nile (43 per cent) and Greater Equatoria (40 per cent). Conflict in Upper Nile in the first half of 2017 led not only to the displacement of civilians but also a number of incidents of grave violations that were verified by the United Nations. Children were killed in crossfire during the active hostilities, children were observed in the fighting forces of both parties to the conflict and humanitarian compounds and supplies were looted.

In Unity, fighting also continued throughout the year and the United Nations verified incidents of recruitment and use of children by all parties to conflict; killing and maiming of children; attacks on schools and hospitals; and denial of humanitarian access. In Greater Equatoria, the United Nations also verified incidents of grave child rights violations following offensives in the area. The United Nations has observed children being used by the parties to conflict, and schools and health facilities have been attacked and looted of supplies in affected villages; at least 12 schools and six health facilities were attacked in Eastern Equatoria during military offensives.

While 40 per cent of all documented grave violations against children were documented in Greater Equatoria, the real number of incidents and children affected is likely to be higher, as the United Nations does not have access to populations in need and affected civilians have been displaced to neighbouring countries.

As part of the implementation of action plans signed by the Sudanese People's Liberation Army and the Sudanese People's Liberation Army in Opposition to stop and prevent grave child rights violations, UNICEF South Sudan – in collaboration with UNMISS and the national Disarmament, Demobilization and Reintegration Commission – conducted verification exercises to assess the ages of children associated with armed groups in Pibor (Jonglei) and Yambio (Western Equatoria). A total of 748 children (156 girls; 592 boys) were screened and registered in two locations. Currently, UNICEF South Sudan is preparing for reintegration activities after the armed groups release the children to the Disarmament, Demobilization and Reintegration Commission.

UNICEF South Sudan is the pillar lead for addressing social norms in the United Nations Joint Programme on Gender-Based Violence launched in 2017. UNICEF South Sudan's lead role was a result of its demonstrated expertise on addressing social norms through the UNICEF-developed Communities Care programme. Currently 72 per cent of participants in the 2017 Communities Care programme (502 out of 697) are less tolerant of gender-based violence than at the beginning of the intervention. In addition to addressing gender-adverse social norms, UNICEF South Sudan and partners respond to gender-based violence cases by providing psychosocial support; providing medical care and case management to survivors; running safe spaces for women and girls; training service providers to provide appropriate care; and supporting the development of referral mechanisms across various service sectors.

UNICEF South Sudan's partners implement most gender-based violence prevention and response programming throughout the country, reaching 23 counties. In 2017, UNICEF South Sudan trained 2,539 individuals (1,521 women; 1,018 men) on gender-based violence prevention and response, including 92 (47 women; 45 men) on clinical management of rape. In addition to supporting direct service delivery, UNICEF South Sudan is playing a leading role in supporting risk mitigation efforts across relevant sectors and UNICEF-led clusters through: training 275 individuals in 2017; conducting 25 safety audits; developing cluster-specific action plans to mitigate gender-based violence; developing risk mitigation indicators for other sectors and orienting them on the 2018 Humanitarian Response Plan project sheets; and mainstreaming gender-based violence in the RRM.

All 36 UNICEF South Sudan child protection-in-emergencies and gender-based violence partners, of which 80 per cent are national NGOs, have been supported to plan, develop and implement child protection projects as part of the capacity-building initiative and drive. Through project monitoring visits and technical working group meetings that are co-led by UNICEF South Sudan on FTR and PSS, UNICEF South Sudan provided technical oversight to partners and actively contributed to the development and review of standard operating procedures, guidelines and other related support documents. In particular, UNICEF South Sudan led and supported the development of the 2017 strategic work plan for FTR and PSS working groups, in line with the 2017 sub-cluster strategy.

OUTPUT 1 Ministry of Gender, Child and Social Welfare, the Ministry of Health 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

By scaling-up lobbying and advocacy, the stalled 2013 Civil Registry Bill was tabled at a public hearing in 2017 by the Transitional National Legislative Assembly. Passage of the Civil Registry Bill will enable South Sudanese children to acquire comprehensive birth registration status. To date, 219,651 girls and 230,928 boys have been supported with birth notifications. To improve the efficiency of birth notification services, 257 healthcare professionals and community mobilizers in Aweil, Juba, Bor, Wau, Torit, Malakal and Bentiu PoC sites were trained on electronically issuing birth notifications.

Collaboration continued with UNFPA on strengthening capacities for birth registration at the institutional level by training tutors at midwifery schools. Electronic, computer-based birth notifications were issued in eight selected healthcare facilities in Northern Bahr el Ghazal and Central Equatorial. Generation of birth notifications electronically improved efficiency in data compilation and minimized delays in issuing of birth notifications. Due to limited connectivity, UNICEF South Sudan continues to host the birth registration database server. Depending on the development context, efforts will be exerted at political level to solicit commitments, national leadership and ownership of the birth registration system.

In 2017, draft communication for development (C4D) formative research and the C4D strategy for birth notification were presented to various government stakeholders at a workshop during a light country assessment of the civil registration system. The assessment contributes to the strategic plan for the Government on civil registration system strengthening.

South Sudan ratified the United Nations Convention on the Rights of the Child on 23 January 2015. Under article 44 of the Convention, an initial report should be submitted within two years of ratification which means that the initial report for South Sudan was due 23 January 2017. In March 2017, MGCSW, through the directorate of Child Welfare, made a specific request to UNICEF South Sudan for technical assistance in the preparation of the initial report. UNICEF South Sudan is now supporting MGCSW and the Ministry of Justice to lead and prepare South Sudan's initial report on the Convention on the Rights of the Child. Given that data collection is ongoing, Government is expected to finalize the report in 2018.

With UNICEF South Sudan technical support, MGCSW rolled out its draft policy on children without appropriate parental care in the state capitals of Lakes, Jonglei, Wau, Yambio, Torit and Aweil. The capacities of 227 government officials were enhanced for the care and protection of children and child-sensitive justice standards in collaboration with the Ministry of Humanitarian Affairs and Disaster Management. This programme demonstrated child protection's linkages with social protection, public finance for children and the Government's national strategies and associated costings. Through these varied capacity-building and advocacy initiatives, a total of 82 children (4 girls; 78 boys) were diverted from formal justice procedures to community conferencing in Bentiu, Lakes and Aweil state capitals. The child protection coordination mechanism in the 10 states continues to be conducted and led by state ministries of social welfare.

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

In 2017, UNICEF South Sudan and its partners reached 266,711 children with dedicated psychosocial support (PSS) through schools and a community-based approach intended to consolidate the supportive and protective skills of caregivers, social groups and networks. These services enabled children in extremely vulnerable situations to access comprehensive case management services, including focused psychosocial care and other services based on their needs. Also in 2017, 1,682 unaccompanied and separated children (668 girls; 1,014 boys) were identified, registered and provided with support, including family tracing, follow-up and reunification services. The total number of children registered in the national database increased from 14,628 in December 2016 to 16,469 in November 2017, while the total number of children supported with FTR services and family-based or alternative care since 2013 is 14,477. UNICEF South Sudan supported mine risk education partners, reaching 131,871 children through school-based and community-based mine risk education.

UNICEF South Sudan and partners supported 1,286 children formerly associated with armed forces or armed groups (6 girls; 1,280 boys) with economic reintegration services that include animal husbandry, agricultural training, vocational training and small business start-ups. In parallel, 1,108 children in emergency situations (493 girls; 615 boys) were supported with economic strengthening services. While there was no formal release this year, 748 children associated with armed groups (156 girls; 592 boys) have been screened and registered in Pibor (Jonglei) and Yambio (Western Equatoria).

Gender-based violence, already pervasive in South Sudan before the conflict, greatly intensified with the current crisis and has been perpetrated by all parties to the conflict. Though the full magnitude of gender-based violence is unknown, the UNICEF South Sudan-led monitoring and reporting mechanism has recorded 61 incidents of sexual violence against children (105 girls; 1 boy) perpetrated by conflict parties in 2017. Through UNICEF South Sudan-supported gender-based violence interventions 197,947 individuals (88,656 women; 46,311 girls; 32,639 men; 29,341 boys) were supported with gender-based violence services. In collaboration with the MGCSW, UNICEF South Sudan launched guidelines on women- and girls-friendly spaces in July 2017 to improve women's and girls' access to information and services.

UNICEF South Sudan and partners strengthened the awareness of 68,028 adults (26,303 women; 41,725 men) including parents, caregivers and teachers on PSS, parenting skills and prevention of family separation. More than 32 child protection-in-emergencies and gender-based violence partners were supported through training; on-site coaching and mentoring; and remote technical support from the national level, while daily oversight to promote safe and ethical case management and proper documentation was provided at the state level.

In 2018, UNICEF South Sudan and partners will continue to oversee FTR, PSS, gender-based violence and monitoring and reporting mechanism cases by establishing an effective monitoring system to provide separated and unaccompanied children with proper family care support and reunification services, documenting grave child rights violations and referring cases to age- and sex-appropriate services. UNICEF South Sudan will continue to work with UNMISS as a key partner in monitoring and reporting of grave child rights violations while the national Disarmament, Demobilization and Reintegration commissioner will remain a UNICEF South Sudan key partner in advocacy initiative with parties to conflict on disarmament, demobilization and release of children.

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

Analytical statement of progress

Despite the challenging political situation, UNICEF South Sudan continued multiyear efforts to strengthen the capacity of the Government to deliver child-centred social protection services through the national social protection framework led by MGCSW. In 2017, UNICEF South Sudan supported pre-launch and printing activities of the policy on children without appropriate parental care.

Public finance for children trainings were rolled out at the national and state levels for key social sector institutions across the country. These trainings built the awareness of 150 civil servants and civil society organizations' staff members across the country with basic information on public finance for children and the budget cycle. The trainees acquired skills on budget calendars and budget briefs, which led MGCSW to draft an investment case for children without appropriate parental care. The investment case is under review and will be finalized early 2018.

In collaboration with MGCSW, the first-ever national budget brief for South Sudan was produced in 2017. The brief highlighted the composition and size of budget allocations to social sectors and agencies over the past three years. With support from ESARO, the brief was further synthesized and simplified for easy understanding by diverse stakeholders.

In collaboration with the International Budget Partnership and ESARO, UNICEF South Sudan supported the country to implement its first open budget index survey through a local research firm. The study culminated in the production of country-level baseline results for South Sudan, which were finalized in November.

UNICEF South Sudan partnered with WFP and FAO on a joint resilience-building project in Northern Bahr el Ghazal. The programme focused on the immediate and medium-term solutions for the reoccurrence of malnutrition and malaria in Northern Bahr el Ghazal through preparedness and early action, effective response and a flexible two-pronged approach that addresses both the emergency and post-emergency needs of the community. This integrated programme brought in a focus on complementarity, geographic convergence, quality assurance and bridging the development and humanitarian nexus. This programme secured significant funding from the World Bank.

UNICEF South Sudan commissioned a light review of the situation assessment and analysis of children and women of Sudan. The analysis included scenario analysis from the lens of the volatile political situation in the country: continual fragmentation of ruling elite powerbase, total meltdown and the return of peace in South Sudan. This situation analysis informed the development of the programme strategic notes for the Country Programme 2019–2021.

UNICEF South Sudan participated in and contributed to the drafting of the Sustainable Development Goals (SDGs) report for South Sudan led by UNDP. The process involved bilateral meetings, information sharing and participation at the national SDGs workshop co-hosted by the Ministry of Finance and UNDP.

OUTPUT 1 Strengthened UNICEF and partners' capacity to produce equity-focused data, evidence-based evaluations, and analytical studies by 2018.

Analytical statement of progress

Despite the challenging operational context, UNICEF South Sudan continued the multiyear efforts to strengthen the capacity of the Government to deliver child-centred social protection services through the national social protection framework led by the MGCSW. With UNICEF South Sudan technical support, MGCSW rolled out a draft policy on children without appropriate parental care in the state capitals of Lakes, Jonglei, Wau, Yambio, Torit and Aweil. To strengthen awareness of the policy, UNICEF South Sudan supported pre-launch and publishing activities of the policy on children without appropriate parental care.

The capacities of 227 government officials were enhanced for the care and protection of children and child-sensitive justice standards in collaboration with the Ministry of Humanitarian Affairs and Disaster Management. Through these varied capacity-building and advocacy initiatives, a total of 82 children (4 girls; 78 boys) were diverted from formal justice procedures to community conferencing in Bentiu, Lakes and Aweil state capitals. The child protection coordination mechanism in the 10 states continues to be conducted and led by state ministries of social welfare.

At the inter-agency level, UNICEF South Sudan partnered with WFP and FAO in a joint programme aimed at strengthening the resilience of post-famine communities in Northern Bahr el Ghazal. The resilience project focused on the immediate and medium-term solutions for the reoccurrence of malnutrition and malaria through preparedness, early response action and a flexible two-pronged approach that addresses both the emergency and post-emergency needs of the community. The project built on the progress made in reducing GAM and malaria outbreaks in Northern Bahr el Ghazal during the scale-up response in 2016, thereby averting a similar crisis in the future.

The UNICEF South Sudan, WFP and FAO joint programme has enhanced the preparedness ability of UNICEF South Sudan and its partners through an improved system of partnerships and pre-positioning of supplies. The programme has demonstrated an integrated programme approach within UNICEF South Sudan and across sister United Nations agencies at both the organizational and community levels, particularly in terms of programme complementarity, geographic convergence and quality assurance. The joint programme enhanced several programme design and implementation areas, including coordination and communication; community participation and ownership; and bridging the development and humanitarian nexus. The experience in Northern Bahr el Ghazal has laid a foundation for UNICEF South Sudan's collaboration with state authorities and other United Nations agencies in the areas of livelihood, basic social services and social protection.

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 implemented the roll-out of both national and state level public finance for children capacity-building trainings for 227 key social sector institutions across the country. These trainings helped equip civil servants and civil society organization staff members across the country with knowledge on public finance for children and the budget cycle. The participants were enabled to reflect on the preparatory processes and phases of annual budgets in their states and distinguish the roles of the state parliament and Council of Ministers from those of both the Ministry of Finance and the state-level spending agencies.

Two public finance for children national-level trainings enabled MGCSW to draft an investment

case for children without appropriate parental care. This investment case is under review and will be finalized in the first quarter of 2018. With ESARO support, the first national budget brief for South Sudan was produced. The 2017 budget brief focused on the size and composition of budget allocations to social sectors and agencies over the past three years. The brief was presented and communicated in a simplified fashion suitable for a diverse audience of stakeholders.

With UNICEF support, South Sudan joined the cohort of countries enrolled in the 2017 Open Budget Index survey and contracted a local research firm to implement the Open Budget Index survey. The firm completed data collection in the second quarter of 2017 and concluded a series of consultations on the entire process simultaneously. These were largely parallel activities that were finalized in October 2017 when the IBP declared the survey process in South Sudan completed. Collectively, these activities culminated in the production of a country-level baseline for South Sudan disseminated in November 2017. The launch of survey results will take place in January 2018.

UNICEF South Sudan commissioned a light review of the situation assessment and analysis of children and women of Sudan. The analysis included scenario analysis from the lens of the volatile political situation in the country: continual fragmentation of ruling elite powerbase, total meltdown and the return of peace in South Sudan. This situation analysis informed the development of the programme strategic notes for the Country Programme 2019–2021.

UNICEF South Sudan participated in the United Nations-wide discussion on anSDG agenda relevant to South Sudan. Working with UNDP, UNICEF South Sudan supported the mainstreaming of SDGs in the Government's planning and participation in the production of a SDG country report.

OUTPUT 3 Quality support provided to country programme and United Nationscoordination.

Analytical statement of progress

The development of the Country Programme 2019–2021 was initiated with a strategic moment of reflection conducted in October 2017. Six programme strategy notes (covering health, nutrition, WASH, education, child protection and SPPME) were developed in the fourth quarter of 2017. To strengthen the formulation of result structures, results-based management training was conducted in Wau followed by six sessions with programme staff in Juba on the theory of changes prior to the development of the strategy notes.

UNICEF South Sudan worked closely with the rest of the United Nations Country Team at the strategic and programmatic levels. Strategically, UNICEF South Sudan has participated in the initial discussions on the United Nations Cooperation Framework and Humanitarian Response Plan to respond to the ever-evolving political, social and economic environment with a focus on investment in the social sector. UNICEF South Sudan informed the work of UNMISS in its mandate to protect children and women. UNICEF South Sudan has also 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 South Sudan continues to actively shape and coordinate the implementation of the United Nations Cooperation Framework with other agencies through Programme Management Team meetings, as well as in JPAT, a policy think-tank framework that has supported the production of the SDGs country report, and production of policy briefs which included a focus on food security, youth and conflict analysis and climate change.

UNICEF South Sudan led the coordination of activities to improve the provision of basic social services to vulnerable groups and contributed to resilience programming, strengthening peace and governance and improving the condition of women and youth. Along with UNDP, FAO and UNHCR, UNICEF South Sudan designed a framework and two pilot approaches (in Jonglei and Northern Bahr el Ghazal) to promote United Nations-wide synergy through joint stabilization and recovery programmes, and accordingly participated in a joint programme in Northern Bahr El Ghazal alongside FAO and WFP.

Document centre

Evaluation and research

Title	Sequence Number	Type of Report
Update on the Situation of Children and Women in South Sudan	2017/001	SitAn

Other publications

Title
UNICEF South Sudan Cluster Leads Newsletter June-July 2017
South Sudan Integrated Rapid Response Mechanism 2014-2016
Promoting Positive Environments for Women and Girls, Guidelines for Women and Girls Friendly Spaces in South Sudan
Maternal, Infant and Young Child Nutrition (MIYCN) Strategy -2017-2025
Maternal, Infant and Young Child Nutrition (MIYCN) - Guidelines
Guidelines for Community Management of Acute Malnutrition

Lessons learned

Document type/category	Title
Lesson Learned	County and State Social Maps of South Sudan

Programme documents

Document type	Title	Name
AWP/RWP	South Sudan Rolling Workplan 2016-2018	SSCO_RWP_July16-June18.pdf
Reference Documents	Update on the Situation of Children and Women in South Sudan Situation 2017	SSD_Sitan_Sept2017.pdf
CPD	South Sudan CPD 2016-2018 (extended)	South_Sudan_CPD_2016-18_Extended.pdf