

South Sudan

Executive summary

Two years into the current conflict, South Sudan is at risk of losing a generation of children. Despite the signing of a peace agreement in August 2015, the situation of children is by every measure worse than it was in 2014. Nearly 20 per cent of the population is displaced, with 1.66 million internally displaced persons (IDPs) inside the country, including 185,000 in protection of civilians (PoC) sites. Horrific violence and human rights violations, including sexual violence, have been reported continuously since April 2015, forcing thousands of people in the Greater Upper Nile to flee for their lives and hide in the bush or on small islands, often out of reach of humanitarian assistance. Meanwhile, the conflict has spread to previously stable parts of the country, including the Equatorias. Partly as a result, an estimated 237,000 children are suffering from severe acute malnutrition (SAM), and malaria has reached epidemic levels in almost half of the country, while water-borne diseases including cholera have continued to kill children.

In the face of this deteriorating situation, the United Nations Children's Fund (UNICEF) has used the lessons learned and systems built since the start of the current conflict to reach more than 1 million children, including those in the most remote and conflict-affected parts of the country. In 2015, more children were treated for acute malnutrition (144,000); vaccinated for polio (4 million); provided with safe water (436,000); and provided with critical child protection (365,000) and education in emergencies (264,000) services, than in 2014. Thirty-seven Rapid Response Mechanism (RRM) missions were deployed, with UNICEF technical experts providing an immediate multi-sectoral response to 578,000 newly displaced people, including 93,000 children under 5 years.

The Level 3 emergency designation was extended through the end of November 2015. The expedited Level 3 processes helped UNICEF South Sudan fill key human resource gaps, lowering the vacancy rate to 5 per cent and ensuring the technical expertise to respond swiftly to the ongoing emergency. The 2014–2015 dry season was used to pre-position supplies ahead of the long rainy season (April–September), thereby reducing costs and allowing more timely distribution. More supplies were moved in 2015 than ever before.

UNICEF South Sudan led the humanitarian community in terms of advocacy, placing child protection at the heart of the crisis. Information collected through the Monitoring and Reporting Mechanism (MRM) was used by UNICEF South Sudan, other United Nations agencies, donors and other key influencers to press for the end to grave rights violations. In the Greater Pibor Administrative Area (GPAA), 1,755 children were released from an armed group and supported with reintegration, including psychosocial, education and vocational services.

A key lesson from 2014 was the use of partnerships to leverage resources and results for children. The UNICEF-World Food Programme (WFP) Joint Nutrition Scale-Up Plan allowed UNICEF South Sudan to treat 53 per cent more children with SAM in 2015 than in 2014. The Back-to-Learning campaign brought together 21 operational partners and government actors to provide 367,000 conflict-affected and other out-of-school children with quality learning opportunities. UNICEF South Sudan worked closely with Médecins Sans Frontières (MSF) and

other health actors to urgently decrease malaria-related morbidity and mortality in the Bentiu PoC site through an innovative presumptive treatment campaign that saw 16,000 children under 5 years tested and treated for malaria within one week. Continued collaboration decreased the number of cases of guinea worm disease from 70 in 2014 to 5 in 2015.

In 2015, South Sudan became the 195th country to ratify the Convention on the Rights of the Child; technical support for the ratification of the two optional protocols is ongoing. The country's first ever national curriculum was launched, and a child grant programme was designed with the Government, with 1 per cent of the national budget dedicated to social protection.

The policy environment was constrained due to the ongoing conflict. Key policies for children, including the Water Bill, the Civil Registration Bill and the Youth Policy were delayed for a second year. Systematic justice for children interventions were highly constrained.

Development programming remained strongest at the community-level. The Communities Care programme tackled the negative social norms that underpin the high levels of gender-based violence (GBV) across the country. Innovative manual drilling and pump mechanic associations built sustainable, private-sector systems for long-term change. More than 250,000 children were screened and mothers in high-burden states outside of conflict areas received education on infant and young child feeding (IYCF) practices.

In 2016, UNICEF will use the opportunity provided by the peace agreement to continue to reach vulnerable populations in the worst-affected areas by deploying RRM teams or supporting partners. A first step will be the demobilization of thousands of child soldiers from both sides. Programming will be decentralized, supported by technical staff working out of offices in all states and the GPAA.

Humanitarian assistance

Throughout 2015, UNICEF South Sudan prioritized responding at scale to the humanitarian crisis, which spread from Jonglei, Unity and Upper Nile States to other areas, including the Equatorias, Western Bahr el Ghazal, Lakes and the Abyei Administrative Area. Across the country, 7.2 million people are affected by conflict and inter-communal violence, economic decline and disease outbreak. This includes 1.66 million internally displaced persons, of which 887,681 are estimated to be children and 647,861 are refugees in neighbouring countries.

Renewed conflict that began in April 2015 resulted in approximately 750,000 people being cut off from humanitarian assistance in Greater Upper Nile and approximately 150,000 people fleeing their homes due to violence and human rights abuses, including killing, rape, abduction and recruitment, sometimes directly targeting children and women. Areas of the West Bank in Upper Nile state were cut off from humanitarian assistance for up to five months. Central and southern Unity State were the most affected, with thousands of civilians forced to hide deep in the bush or on small islands for protection with few food sources, resulting in food security and nutrition reaching near catastrophe levels. Both Malakal and Bentiu PoC sites received large influxes of internally displaced persons in terrible condition, with the overall population in PoC sites rising to an estimated 185,000, which is 80 per cent more than at the end of 2014.

The operating environment remained highly complex. UNICEF South Sudan and partners were forced to evacuate or reduce their staff presence several times in Unity and Upper Nile, including Malakal and Bentiu PoC sites, due to major clashes between the Government and opposition forces. This violence was coupled with an increase in denial of humanitarian access

and attacks on humanitarian convoys as well as United Nations and non-governmental organization (NGO) compounds and workers. Heavy rains and insecurity obstructed the transportation of supplies. Parts of the country changed hands several times, with humanitarian access having to be continuously renegotiated.

UNICEF South Sudan used flexible modalities to reach the most vulnerable populations in 2015. UNICEF South Sudan led the nutrition, water, sanitation and hygiene (WASH) and education clusters as well as the child protection sub-cluster and provided leadership in the area of health, supplying 90 per cent of the vaccines for the country. In PoC sites and static IDP settlements, UNICEF South Sudan ensured the continuation of essential services, while in more remote and volatile areas, UNICEF South Sudan directly provided life-saving and protective multi-sectoral assistance via the RRM with WFP and partners. UNICEF South Sudan has conducted 70 missions reaching 994,000 people, including 189,000 children under 5 years since its inception in May 2014. A review conducted in March 2015 identified the successes and challenges of the RRM and used these lessons improve its effectiveness and efficiency. Building on this review, in 2015, UNICEF South Sudan deployed 37 RRM missions, including 12 missions in Unity that reached 578,000 people, including 93,000 children under 5 years. The RRM continues to be the main strategy for addressing critical gaps in humanitarian needs in the areas most affected by conflict and displacement, providing multi-sectoral responses and supporting partners to re-establish their presence.

Where deploying RRM would be unsafe for UNICEF staff and expose populations to protection risks, 29,000 survival kits were distributed as a last resort with life-saving supplies, including high-energy biscuits and water purification tablets. Supplies were also provided to humanitarian partners whose national staff were able to reach locations that UNICEF could not access.

Key flagship emergency programmes included the Joint Nutrition Response with WFP, which was renewed for a second year in July 2015 (53 per cent more children reached in 2015 than in 2014), and the Back-to-Learning campaign, which rapidly scaled up access to education in emergencies (240 per cent more children reached in 2015 than in 2014). UNICEF South Sudan staff across the sectors were trained on conflict-sensitive programming.

Wherever possible, UNICEF South Sudan supported partners or encouraged cluster partners to re-establish basic services. In 2015, UNICEF reached:

- 436,159 people with access to water;
- 144,122 children with SAM treatment;
- 2,066,379 children with vitamin A supplementation;
- 3,953,528 children with vaccination against polio;
- 308,481 children with vaccination against measles;
- 264,332 children with education in emergencies;
- 365,807 children with critical child protection services.

In 2016, UNICEF South Sudan will continue to scale up its humanitarian response, including the demobilization of thousands of child soldiers. UNICEF South Sudan will increase its target from 60 to 70 per cent of children with SAM, aiming to treat 166,222 children in 2016. Vaccination campaigns will target 1.2 million children in Greater Upper Nile, and cold chain rehabilitation will continue. Urban water systems will be rebuilt in Bentiu Town, Rubkona, Malakal and Renk, and the second year of the Back-to-Learning campaign will reach 325,000 conflict-affected children.

Summary notes and acronyms

AIDS	acquired immune deficiency syndrome
C4D	Communication for Development
CDC	Centres for Disease Control and Prevention
CLTS	Community-Led Total Sanitation
CMT	Country Management Team
DCT	direct cash transfer
DFAM	Division of Financial and Administrative Management
DFID	Department for International Development
ECD	early childhood development
ECHO	European Commission's Humanitarian Aid and Civil Protection department
EID	early infant diagnosis
EMIS	Education Management Information System
ESARO	Eastern and Southern Africa Regional Office
FACE	Funding Authorization and Certificate of Expenditures
FTR	family tracing and reunification
GAM	global acute malnutrition
GBV	gender-based violence
GPAA	Greater Pibor Administrative Area
GPE	Global Partnership for Education
HACT	harmonized approach to cash transfers
HIV	human immunodeficiency virus
ICT	information and communication technology
IDP	internally displaced person
IPC	Integrated Phase Classification
IYCF	infant and young child feeding
KAP	knowledge, attitude and practice
MAM	moderate acute malnutrition
MNH	maternal and neonatal health
MoEST	Ministry of Education, Science and Technology
MoGCSW	Ministry of Gender, Child and Social Welfare
MoH	Ministry of Health
MRM	Monitoring and Reporting Mechanism
MSF	Médecins Sans Frontières
NGO	non-governmental organization
NID	national immunization day
ODF	open defecation free
OIAI	Office of Internal Audit and Investigations
PER	performance evaluation review
PMTCT	prevention of mother-to-child transmission
PoC	protection of civilians
RRM	Rapid Response Mechanism
SAM	severe acute malnutrition
SIA	supplementary immunization activity
SMART	Standardized Monitoring and Assessment of Relief and Transitions
SPLA	Sudan People's Liberation Army
SPLA-iO	Sudan People's Liberation Army-in-Opposition
UNDP	United Nations Development Programme
UNDSS	United Nations Department for Safety and Security
UNEP	United Nations Environment Programme

UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNMISS	United Nations Mission in South Sudan
USAID	United States Agency for International Development
VISION	Virtual Integrated System of Information
WASH	water, sanitation and hygiene
WFP	World Food Programme

Capacity development

In 2014, due to the outbreak of conflict, UNICEF South Sudan capacity building efforts focused on ensuring partners could urgently provide basic services to affected populations.

In 2015, UNICEF South Sudan increasingly supported community structures to deliver services. To improve the quality of child health services, UNICEF South Sudan trained 351 local health care providers (75 per cent female) on integrated community and malaria case management. On-the-job training was provided to 115 WASH committees (30 per cent female) to provide operations and maintenance of WASH facilities. Fifty-one national partner staff were trained on quality and sustainable GBV prevention and response. Community capacity to develop positive social norms and demand community-based services for survivors of sexual violence reached 1,722 people (45 per cent women) through the Communities Care programme.

Meanwhile, 7,768 teachers, parent-teacher association members and other education personnel (25 per cent female) were trained to effectively support learning, and 2,488 people were trained on the management of malnutrition and nutrition information.

UNICEF RRM teams continuously engaged community volunteers. On-the-job training was delivered to volunteers and other members of the community on management of children with malnutrition, hygiene promotion and child protection.

The 2015 cholera outbreak was contained with the support of 1,702 trained community volunteers, social mobilizers and teachers who reached 211,387 households with key prevention and control messages, demonstrations and essential supplies.

UNICEF training improved partner capacity to generate evidence for advocacy. UNICEF South Sudan trained 194 people to expand the network of agencies contributing to the MRM. This led to both greater diversity in terms of the sources of reports and strengthened verification efforts. Enumerators and data collectors were trained, and partner and Ministry of Health (MoH) staff were trained to validate Standardized Monitoring and Assessment of Relief and Transitions (SMART) surveys. UNICEF South Sudan also supported the Ministry of Education, Science and Technology (MoEST) to undertake the 2015 annual education census through the Education Management Information System (EMIS).

Evidence generation, policy dialogue and advocacy

The policy environment in South Sudan remained highly restricted in 2015. While the Convention on the Rights of the Child was ratified in January 2015, the Water Bill, National Youth Policy Bill and Civil Registration Bill were delayed for a second year.

UNICEF South Sudan led the advocacy agenda within the humanitarian community, keeping

children and protection at the centre of the crisis. All avenues were pursued, from public advocacy through media to private advocacy with parties to the conflict or through key influencers. UNICEF South Sudan used formal coordination mechanisms and its relationships with key agencies to support the action plans on recruitment and ending grave child rights violations.

UNICEF South Sudan played a central role in evidence generation for the humanitarian community. UNICEF chaired the Nutrition Information Working Group, which validated 59 SMART surveys and three rounds of food security and nutrition monitoring surveys, along with assessments in PoC sites and among Juba's urban populations and data generated through RRM nutrition screening. The RRM also provided information on grave violations.

UNICEF and Johns Hopkins University are conducting social norms research. Baseline and mid-line surveys were set as part of two longitudinal studies with more than 1,100 participants. This study will communicate evidence on social norms related to sexual violence and service-seeking behaviour.

The Situation Assessment of Children and Women was produced as a key source of evidence for UNICEF South Sudan's next programme cycle. Support was provided to the National Bureau of Statistics to undertake the Expanded Maternal Mortality Survey in 2016 to provide information on maternal and child health as well as other socio-economic indicators.

UNICEF South Sudan supported the EMIS and four state-level water information management systems, which provide essential data for sector planning and monitoring efforts.

UNICEF South Sudan updated the country conflict analysis and conducted research on youth that will be used to mainstream peacebuilding throughout the organization's programming in 2016.

Partnerships

In 2015, UNICEF and 95 implementing partners provided humanitarian and long-term development support to the children of South Sudan. This included 32 national NGOs and community-based organizations, which provide a more contextualized and sustainable response. Through active cluster leadership, UNICEF provided technical capacity building to partners and identifies key gaps in remote areas, including those reached through the RRM. Wherever possible, UNICEF South Sudan engaged with the Government on upstream and downstream programming for children. This included the development of a conflict-sensitive education sector plan with the potential to align donor and aid-agency support to education.

Strategic partnerships were developed with donors and United Nations agencies. The Joint Nutrition Scale-Up Plan enabled UNICEF South Sudan to reach 53 per cent more children in 2015 than in 2014 and provide an improved continuum of care and a vital platform for advocacy. UNICEF South Sudan entered into a Memorandum of Understanding with the United Nations High Commissioner for Refugees (UNHCR) to improve the coordination of services provided to refugees. Cross-border tracing of separated and unaccompanied children is being increased in collaboration with UNCHR and Save the Children. UNICEF South Sudan's partnership with the Carter Center and the National Guinea Worm Secretariat brought the country closer to eradication, with the number of cases of guinea worm disease decreasing from 70 in 2014 to 5 in 2015.

Twenty-one NGOs supported the Back-to-Learning campaign, which engaged sector partners on refugee education (UNHCR), school feeding (WFP) and life skills (United Nations Educational, Scientific and Cultural Organization (UNESCO)) as well as development interventions supported by the Global Partnership for Education (GPE), Girls' Education South Sudan and Room to Learn.

UNICEF South Sudan and Unilever promoted handwashing using schools as an entry point, and UNICEF's global partnership with the IKEA Foundation was leveraged to kick-start demobilization efforts in Pibor.

The Scaling Up Nutrition initiative was restarted in 2015 after being delayed by the humanitarian crisis. In 2016, the initiative will act as a joint platform for nutrition stakeholders to engage in long-term development linked to the United Nations Interim Cooperation Framework.

External communication and public advocacy

In line with the global communication strategy, UNICEF South Sudan proactively engaged a younger audience through new communication platforms and provided more powerful storytelling to advocate for the rights of the most marginalized children and youth. There was a concerted focus on victims of grave violations, those hardest to reach and conflict-affected children.

At every opportunity, UNICEF was a leading voice for the most marginalized children in South Sudan. From the demobilization of children in Pibor to the escalating recruitment and horrific violations against children in Unity State, UNICEF spoke forcefully – both in public and in private with decision makers – for those who have no voice.

Through 30 press releases/news notes, 22 human interest stories, dozens of UNICEF-supported visits by journalists, photographers and filmmakers and the field visits of four UNICEF Goodwill Ambassadors and high-level supporters, UNICEF South Sudan was able to focus global attention on the need to provide life-saving humanitarian assistance and build resilience and long-term development. Leading media and the use of innovative and new ways of telling stories elevated the coverage of UNICEF's work – from *Al Jazeera* to the BBC, Channel 4, CCTV, CNN, *the Guardian*, *The Washington Post* and *The New York Times*, including the first ever virtual reality report.

UNICEF South Sudan received advocacy and fundraising support from high-level personalities. Social media audiences grew to more than 52,000 people (up from 47,000 in 2014), and UNICEF South Sudan joined new social media channels, including Instagram and Vine, to connect with new audiences. UNICEF's messaging promotes the resilience of women and children and active citizenship, mobilizing online influencers, including the South Sudanese diaspora.

South-South cooperation and triangular cooperation

UNICEF South Sudan supported cross-border meetings for guinea worm-endemic countries, reviewing pastoral migration patterns and shared water resources between the Toposa tribe in South Sudan and the Turkana tribe in Kenya. This has improved cross-border guinea worm surveillance for both countries based on each country's lessons learned.

Through the Accelerating Sanitation and Water for All project for off-track countries, UNICEF

South Sudan integrated South-South learning, including innovative Community-Led Total Sanitation (CLTS) monitoring tools shared from Bangladesh, which are improving project monitoring.

Government counterparts were able to showcase their work during the fragile states session in World Water Week 2015 in Sweden, the Sanitation and Water for All meeting in the Netherlands, the AfricaSan meeting in Senegal and the WASH- bottleneck analysis tool training in Nairobi.

UNICEF South Sudan and Action Contre la Faim documented and shared lessons learned with similarly affected countries on nutrition surveillance in emergencies using a Rapid SMART to enable the quick assessment of anthropometric measurements of children in hard-to-reach areas.

UNICEF South Sudan supported the African Committee of Experts on the Rights and Welfare of the Child to undertake a multi-country study to examine child protection in states affected by conflict, including in South Sudan. This report will be provided to the African Union in the first quarter of 2016 and will be used for advocacy by the African Union to encourage the Government to improve the child rights situation in South Sudan.

UNICEF South Sudan collaborated with the Global Coalition to Protect Education from Attack to highlight the impact of attacks on education in South Sudan. The Coalition, with support from UNICEF, held the Workshop on Promising Practices in Protecting Education from Attack in October in Turkey. The topics addressed included school-based safety and protective planning. This built upon the national commitment to 'Learning Spaces as Zones of Peace: A call for South Sudan' made in 2014.

Identification and promotion of innovation

While the Rapid Family Tracing and Reunification system developed in 2014 continues to be used by the cluster, technical glitches suspended its use for most of 2015, as the complex caseload in South Sudan surpassed the system's capacity. Local and global efforts to upgrade the system are ongoing.

UNICEF South Sudan undertook a comprehensive assessment of the quality of child protection services, based on global good practice and the minimum standards. UNICEF developed, for the first time, a framework for monitoring the quality of child protection services. The framework outlines key strategic priorities for all child protection agencies to be measured by systematic, quantitative indicators to be incorporated into the Child Protection Sub-Cluster 5W (Activity Mapping Matrix in 2016. This will enable individual agencies to monitor the quality of their services and hold themselves more accountable to children.

UNICEF South Sudan took an innovative approach to GBV mainstreaming by regularizing the consultation of girls and women during project design and the implementation of WASH services and reflecting their needs and opinions in interventions for safe access to water and hygiene facilities.

A mobile system (tablets and mobile phones) was used to collect knowledge, attitude and practice (KAP) survey data on peacebuilding, education and advocacy. A digitized platform was also developed to visualize the findings. This work contributed to the regional comparative analysis on social cohesion and resilience building and to strengthening UNICEF South Sudan

programming.

Peacebuilding was rolled out through creative entry points including the ox-plough farming initiative for young people in marginalized pastoralist communities. This included a basic education component with mother-tongue primary education provided in 12 schools, reaching 2,870 cattle camp children (32 per cent female). Peacebuilding messages were disseminated in listening groups, reaching 3,900 youth and community members (40 per cent female) through digital audio players.

Support to integration and cross-sectoral linkages

Programme integration continued to be a main modality for scaling up the humanitarian response, leveraging additional resources and realizing the rights of children. Cross-sectoral collaboration increased efficiency in an environment of access constraints, with one partner addressing multiple sectors.

Through RRM, a complementary package of child survival and child protection services were provided in remote and otherwise inaccessible communities, tackling the underlying causes of malnutrition.

To support the release of 1,755 children, UNICEF South Sudan provided integrated services in the historically underdeveloped GPAA. The return of basic services has been key to community acceptance and participation in reintegration efforts.

Thirty per cent of nutrition treatment sites are now located in health centres, while WASH facilities were constructed in both health centres and nutrition sites. Mothers of malnourished children were targeted with WASH supplies both in static centres and during RRM. The WASH-in-Schools collaboration also continued, including with the activation of school hygiene clubs.

The cholera response involved daily coordination meetings among colleagues from all sectors to respond to cases and contain the outbreak. Vitamin A supplementation and deworming were integrated into polio national immunization days (NIDs).

The child protection and WASH sections, along with the WASH cluster, mainstreamed GBV concerns into minimum latrine standards, which led to significant changes in the privacy and safety of latrines.

A key success of the Back-to-Learning campaign was the integration of UNICEF expertise in education, WASH, child protection, health, nutrition and Communication for Development (C4D) to deliver a package of services that are child- and equity-focused. This included learning spaces with gender-sensitive WASH facilities and teacher and parent-teacher association training on psychosocial support. Community-based social mobilization activities were key to increasing enrolment.

A pilot social protection project in Aweil brought together the state ministries of health, agriculture, animal resources and social development to provide comprehensive social protection to 300 vulnerable children.

Service delivery

In 2014, UNICEF South Sudan rapidly reoriented its programming from building the capacity of a newly independent South Sudan to providing essential services and supplies to Greater Upper

Nile. In 2015, humanitarian needs increased both in scope and in scale, requiring UNICEF South Sudan to move more supplies and provide more services than ever before. UNICEF South Sudan capitalized on these partnerships and experience with direct implementation to increase services provided to conflict-affected children in 2015, reaching:

- 436,159 conflict-affected people with water;
- 144,122 children with SAM treatment;
- 308,481 children with measles vaccination;
- 264,332 children with education in emergencies;
- 365,807 children with critical child protection services.

RRMs enabled multi-sectoral services to reach children in areas where neither the Government nor NGOs were able to operate. In its second year, the RRM deployments were prioritized for newly displaced populations, including those affected by the violence in Unity as well as for follow up missions. Direct implementation was also used during the demobilization of children in the GPAA and to combat rising cases of malaria in the Bentiu PoC site. C4D strategies increased awareness of and demand for services, including during disease outbreak responses.

Partner performance and service delivery is monitored through the regular collection of data or through cluster databases. This information allows UNICEF South Sudan to address shortfalls and bottlenecks where required. Among the shortfalls identified was the need for partners to be trained in good practices of supply pipeline pre-positioning, storage, distribution and reporting. A series of new 'electronic tools' were developed in collaboration with UNICEF Headquarters to manage information on partnership agreements and field operations in a more efficient and accountable manner. Third-party monitoring was initiated to assess the extent to which UNICEF South Sudan has met the needs of people affected by the conflict, with results expected in early 2016.

Human rights-based approach to cooperation

In the context of persistent access constraints and pervasive rights violations, UNICEF used a combination of evidence-based public advocacy and quiet diplomacy to ensure that child rights were at the centre of the humanitarian response.

UNICEF South Sudan and the Humanitarian Country Team regularly advocated with the United Nations Mission in South Sudan (UNMISS) to fully implement their mandate to protect civilians (including outside of PoC sites) and create the conditions for humanitarian assistance. For example, UNMISS and protection actors in Malakal worked collaboratively to provide patrols for women who needed to leave PoC sites to collect firewood.

UNICEF co-leads the MRM Taskforce with UNMISS, increasing the capacity of partners to record and verify reports through the training of 194 partner staff. According to MRM data, more cases of child killing, maiming and abduction were recorded in the first half of 2015 than in all of 2014 due to the upsurge of violence in Unity and Upper Nile states. MRM data was used by UNICEF South Sudan and UNICEF Headquarters to advocate for an end to grave child rights violations and for unhindered humanitarian access. UNICEF is a member of the Protection Policy Group that provides regular advice to the Humanitarian Country Team on how to better integrate and operationalize protection in the broader humanitarian response.

UNICEF South Sudan drew on its government relationships to support the ratification of the Convention on the Rights of the Child in January 2015 and now offers renewed opportunities to

see child rights incorporated into national law.

The UNICEF Situation Assessment of Women and Children offered a comprehensive analysis of the data available on child rights issues and responses, highlighting equity issues, including related to girls, children with disabilities and children in pastoralist communities. The Assessment is informing UNICEF South Sudan and interagency planning processes, such as the Interim Cooperation Framework and the forthcoming Country Programme Document.

Gender mainstreaming and equality

UNICEF South Sudan is implementing a three-year (2014–2017), US\$23.9 million WASH-GBV project funded by the United States Agency for International Development (USAID) to provide adequate and gender-sensitive WASH facilities and services to empower women and mitigate GBV. The programme is a collaboration between the WASH and child protection sections to ensure the needs of women and girls are incorporated in WASH project planning, implementation and monitoring. UNICEF South Sudan is building the capacity of women and girls in their traditional roles as household water managers through active participation in decision making and in the management and operation of sustainable WASH facilities. Dignity kits for women and adolescent girls were procured and distributed following consultation on their design, in addition to training on menstrual hygiene. A monitoring and evaluation specialist was recruited to track gender-segregated data, which has supported gender-sensitive decision making.

In partnership with the International Medical Corps, several IYCF mother-to-mother support groups were established. Within these groups, women are organized into groups of 15 mothers who meet biweekly in their local areas. The main objectives of the IYCF mother-to-mother support groups are to raise awareness on IYCF issues, have women participate in cooking demonstrations, disseminate hygiene messages and support the start-up of vegetable gardens to improve women's dietary diversity and livelihoods. To date, 506 groups involving more than 7,500 women have been established in Akobo East (106), Pochalla (25), Awerial/ Mingkaman (65), Maban Refugee Camp (255) and Malakal PoC site (55) to be scaled up and mainstreamed in nutrition programming for 2016.

The Community Care programme, a US\$1 million programme being implemented in two counties, addresses negative social norms such as gender inequality and transforms these into norms that uphold girls' and women's rights. After the first round of community discussions, more than 470 participants made individual commitments to address gender inequality at home and in the community.

Environmental sustainability

The life skills and peacebuilding portions of the national curriculum have an environmental education component. This component will teach children the value of the environment in peacebuilding and sustainable development.

Motorized water systems are constructed using solar technology in both rural and urban areas. Solar panels deliver a sustainable energy source to operate water pumps, saving communities from depending on refuelling. This also means a lower carbon footprint with less environmental pollution.

UNICEF South Sudan supported a United Nations Environment Programme (UNEP) visit to the Bentiu PoC site and is working to implement their recommendations on solid waste

management. The Bentiu PoC disposal site has been constructed into a landfill area, designed so that floodwaters cannot enter the site. Solid waste is compacted with soil every other day.

Dignity kits provided to women and adolescent girls are designed with reusable materials to reduce waste and ensure long-term use. Lessons from past experience indicate that the disposal of sanitary towels rapidly fills up latrines and has implications for environmental pollution.

Local materials are used for the construction of interim care centres during reintegration programmes for demobilized children. Working closely with Veterinaries sans Frontières and other livelihood actors, the provision of livestock as part of release and reintegration programmes is done by actively seeking to minimize risks associated with disease by limiting the introduction of animals from outside the local area and promoting sustainable agricultural opportunities.

UNICEF South Sudan and partners established and rehabilitated temporary learning spaces and schools with eco-friendly tents and locally available materials. UNICEF South Sudan established an environmental mitigation and monitoring plan as part of GPE school construction. An environmental impact assessment was conducted to ensure that school construction does not adversely impact the environment.

Given the operational environment with no national electric grid, UNICEF South Sudan relies on generators for all offices. Low energy bulbs are used for office and security lights. Efforts are being made to explore solar power for lighting, computers and other equipment that is not high-energy consuming. The introduction of compulsory double-sided printing, paper recycling and limited use of colour printers will help to reduce paper consumption.

Effective leadership

The Biennium Management Plan was revised, incorporating programme prioritization and the very high risks identified in the risk control self-assessment conducted with staff members from Juba and field offices. The risk and control library in inSight was also updated.

The Office of Internal Audit and Investigations (OIAI) audited the Country Programme in February 2015. The Country Management Team (CMT) closely monitored the status of the Audit Action Plan 2015, and the first audit report was submitted to OIAI by its deadline on 17 November 2015.

Risk mitigation measures were taken based on the Management Plan and Audit Action Plan. The Quality Assurance Plan was rolled out, with refresher trainings on the harmonized approach to cash transfers (HACT) and financial management conducted for 266 UNICEF and 130 partner staff in Juba and in field offices. Following the roll out of the Funding Authorization and Certificate of Expenditures (FACE) Form to all partners, UNICEF South Sudan has been HACT compliant since 2 November 2015. Ethics training was completed by 65 per cent of staff. A Vision table of authority and a roles mapping table were developed, and briefing sessions were held to increase staff understanding of internal control policies.

Security improvements were made to staff guesthouses, office compounds and warehouses to protect staff and reduce the risk of supply looting. UNICEF South Sudan participated in a programme criticality exercise to ensure life-saving services continue in the event of increased insecurity.

Country Programme management indicators were reviewed at monthly CMT meetings while programme management meetings monitored key programme indicators.

UNICEF South Sudan used the Level 3 emergency simplified standard operating procedures in 2015, including shorter-form programme cooperation agreements and procurement through Contract Review Committee meetings.

The Business Continuity Plan and Information and Communication Technology (ICT) Disaster Recovery Plan were reviewed, approved and tested in light of the increased insecurity, risk and general criminality in Juba caused by the economic crisis.

Financial resources management

UNICEF South Sudan has a robust grant monitoring system. Grant updates are circulated for action via email and in monthly meetings held by senior management with each section. Programme meetings monitor progress against key indicators and specifically designed dashboards. Analyses of grants are presented, alerting management to arising issues and mitigating the loss of funds. Implementation rates were: other resources emergency – 95 per cent, other resources regular – 91 per cent and regular resources – 98 per cent.

Completed recommendations from the February 2015 OIAI audit include trainings on the general ledger charts of accounts, internal controls and roles mapping. Other recommendations acted on include the cash-on-hand accounts custodian not having the general ledger L1 aligned, the paying officer being the first to sign on bank transfers/checks and the revision of the Vendor Master Registration Standard Operating Procedure.

The programme was reinforced with the timely availability of cash resources. Payments to partners, service providers and suppliers were made within four working days. Cost efficiencies included common United Nations banking and money dealer services, though the weak banking system in South Sudan continues to increase the overall cost of UNICEF's operations. Through a Memorandum of Understanding shared with the UNICEF Division of Financial and Administrative Management (DFAM), a private company delivered cash for UNICEF South Sudan, including to remote and conflict-affected locations, mitigating the risk of staff traveling with substantial amounts of cash as per Minimum Operating Security Standards requirements.

The Direct Cash Transfer (DCT) Task Force reviewed outstanding DCTs every week and followed up on required actions. Reminder letters were sent for liquidation at the three-month mark and more regularly if required. UNICEF South Sudan worked with DFAM to secure DCT write-offs and adjustments worth US\$1.5 million for long-outstanding DCT balances to reflect losses incurred following the outbreak of the conflict. Between January and December 2015, DCTs between six and nine months fell from 5.3 to 0.8 per cent, and those of more than nine months from 4.8 to 3.3 per cent.

Fundraising and donor relations

In the second year of the crisis, resource mobilization focused on humanitarian interventions targeting traditional and non-traditional donors. In total, UNICEF South Sudan raised US\$151.6 million, including US\$7.8 million of regular resources, US\$ 34.8 million of other resources regular (65 per cent of target) and US\$109 million of other resources emergency (59 per cent of target).

Ninety per cent of funds were received from public sector donors, including governments and pooled funds mechanisms such as the Common Humanitarian Fund (US\$12.5 million) and the Central Emergency Response Fund (US\$8.5 million). The Government of the United States was the largest donor (US\$30.7 million) followed by the GPE (US\$13.5 million) and the Government of Japan (US\$9.5 million). To support targeted fundraising, UNICEF South Sudan submitted 49 proposals. To improve the quality of donor reports, a checklist was instituted in 2015.

Development funding was highly constrained, with most funds received against previously signed agreements such as through the GPE. UNICEF South Sudan continued its strong engagement with the Government of the United States, which resulted in additional funding leveraged for integrated education-child protection programming, as well as for WASH-GBV interventions. The collaboration with the IKEA Foundation, which started in 2014, continued with support provided for the release of child soldiers in Pibor. Another key achievement was the new partnership with the Qatar Development Fund with US\$1 million received for health interventions.

UNICEF South Sudan placed great emphasis on donor visibility and developed visibility plans for key contributions. A signing ceremony took place for a multi-year contribution from the Government of Norway, and numerous donor visits were organized to showcase the impact of UNICEF's interventions.

UNICEF South Sudan developed a partnership strategy and investment case to support fundraising in 2016, including targeting increased development.

Evaluation

An evaluation of the UNICEF-supported Youth-LEAD Initiative was completed, with the management response incorporated into the final draft. UNICEF South Sudan also participated in the South Sudan Inter-Agency Humanitarian Evaluation, the first such evaluation of a complex conflict/political emergency situation, and integrated the relevant findings into programme review exercises. A situation assessment was undertaken to support the interim Cooperation Framework and the new Country Programme. The exercise identified critical knowledge gaps and prioritized key interventions for 2016–2018. The Expanded Maternal Mortality Survey, which will replace the Multiple Indicator Cluster Survey, is under development in partnership with the MoH, the National Bureau of Statistics and the United Nations Population Fund (UNFPA).

Fifty-nine SMART nutrition surveys carried out by UNICEF and partners were validated and are being used to target the nutrition response. Third-party monitoring was introduced in 2015 to verify the implementation and quality of UNICEF-supported activities. The findings are expected in early 2016 and will improve partnership development and management.

The CMT discussed and endorsed a prioritized Integrated Monitoring, Evaluation and Research Plan in April 2015. However, due to the ongoing humanitarian crisis, of the 27 studies, five evaluations and four research pieces planned for 2015, only five, two and zero were completed, respectively. Difficulties with engaging high-quality consultants also compromised the quality of the studies and evaluations.

An internal community of practice on information management and monitoring and evaluation was established. The members cross-pollinate best practices and innovations through a mailing list and regular discussions. The community of practice is strengthening office-wide use of the

data regularly generated from needs assessments and programme delivery.

In 2016, to support UNICEF South Sudan's greater focus on development programming, the office will increase its generation of information on the situation of children and women, including through a participatory poverty and vulnerability assessment.

Efficiency gains and cost savings

UNICEF South Sudan continued to adhere to its effectiveness and efficiency approach in 2015. The office saved more than US\$1.4 million in annual operations and programme costs through these efforts, which were essential to offsetting the increasing cost of business in South Sudan in 2015 due to the ongoing economic crisis, the parallel exchange rate, fuel and water shortages, and inflation in the cost of basic goods. Specific examples that improved efficiency and saved costs include:

- Generator and vehicle repair and maintenance contract negotiations with the service provider saved US\$181,439;
- A lump sum accommodation grant for long-term consultants was introduced that saved US\$789,000;
- Harmonization and standardization of mobile phone use with Vivacell resulted in calling among UNICEF staff at a minimum subscription fee;
- To leverage the resources of the United Nations system and increase value for money for the entire United Nations system, the United Nations Operations Management Team, including UNICEF and UNMISS, undertook a number of initiatives to manage common services and long-term agreements and/or memoranda of understanding, such as a travel agency, banking services, money dealer services, telecommunications, security, fuel supply and the United Nations Clinic.

These initiatives resulted in annual savings of approximately US\$500,000.

Supply management

The UNICEF South Sudan supply plan for 2015 was for US\$89.9 million, with a throughput of US\$78.56 million. The supply throughput increased from US\$45 million in 2014.

Supplies worth US\$21 million were dispatched to partners, and US\$8 million were dispatched through warehouse-to-warehouse transfers. Transportation modalities included road, barge and air through logistics cluster air-assets and chartered flights for hard-to-reach areas.

Insecurity and access constraints slowed progress along key transit arteries. As the year progressed, UNMISS began patrolling main supply routes. UNMISS Force Protection is now required for 80 per cent of UNICEF supply movements. This has slowed programming as UNMISS has struggled to meet the demand for escorts. Barge movement has also been severely restricted by insecurity and breakdowns.

UNICEF moved US\$7.6 million in immunization supplies for vaccination campaigns, US\$1.4 million in supplies required for the child survival crisis in the Bentiu PoC site and provided US\$420,000 of supplies for 37 RRM missions and 28,000 survival kits.

UNICEF teams assessed 25 partner warehouses and hubs, providing on-the-job training on warehouse and supply management to improve warehouse conditions and accountability.

UNICEF participates in the United Nations Inter-Agency Procurement Group, benefiting from in-country long-term agreements and improving data analysis and common solicitations to streamline procurement through a transparent system. The joint inter-agency market survey was delayed for a second year due to the difficulty securing a suitable consultant, but is expected in early 2016.

Security for staff and premises

The escalation of hostilities between the Sudan People's Liberation Army (SPLA) and the Sudan People's Liberation Army-in-Opposition (SPLA-iO) and the heightened crime rate due to the economic crisis have raised the risk level for UNICEF staff in South Sudan in both Juba and field offices. To continue the humanitarian response, including through the RRM, while safeguarding staff and partners, relationships with local authorities were regularly re-established as territories changed hands multiple times. Security assessment missions with WFP and the United Nations Department for Safety and Security (UNDSS) were undertaken to increase programme reach, while two dedicated security officers were recruited to support extensive outreach to remote locations.

Security training was regularly extended to staff, including basic and advanced security in the field, women's security awareness, fire fighting, wardens, radio communications and first aid, in addition to the UNDSS-facilitated safe and secure approaches in field environments training.

Security surveys were conducted for all international personnel residences, and additional security enhancements were implemented such as armed local police patrols/static guards and barring of front doors.

Improvements to the UNICEF South Sudan Juba compound included a new electronic alarm system, gate and vehicle screening mirrors, a concrete perimeter wall, security lighting and the ongoing installation of bastions. The designated safe room was improved with toilets and emergency supplies such as first aid kits and water.

Improvements to field offices included ensuring adherence to the safety standards of the new office in Bor and the hub in Pibor. In Yambio, the electric fence and security guards' room were repaired, and security lighting was improved.

Additional external concrete bollards and a replacement X-Ray machine at the Juba office could not be procured in 2015 but are expected to be in place in 2016.

Human resources

The 2014 programme budget review established 86 posts, allowing UNICEF South Sudan to better respond to the growing humanitarian needs across the country. Of these, 78 were recruited by the end of June. Fourteen posts are on hold. For the first time, UNICEF South Sudan maintained a vacancy rate of 5 per cent throughout the second half of 2015 (24 per cent in 2014).

Additional staff has meant that surge personnel were required only for acute emergencies (e.g. the cholera response and support to Unity State). There were 30 surge missions in 2015, down from 164 in 2014. Staff exercised their rest and recuperation entitlements and annual leaves as planned.

International personnel were balanced between donor (49 per cent) and programme (51 per cent) countries (41 per cent and 59 per cent in 2014, respectively). Gender parity declined from 34 to 32 per cent female from 2014 to 2015.

The November programme budget review established a staff counsellor position, which has responded to crisis situations, conducted regular field visits and team building exercises, and mitigated the ongoing risk of accumulative and traumatic stress due to the nature of the work.

Ninety per cent of staff completed their 2014 performance evaluation reviews (PERs) by April, and 45 per cent of 2015 work plans were completed by 28 February. By 30 September, 70 per cent had completed 2015 Phase II. PER discussions were used to improve staff performance and identify training opportunities.

Results from the Global Staff Survey Action Plan were 85 per cent implemented by the end of the year. Key impacts included improved morale due to the lowered vacancy rate.

UNICEF South Sudan is a member of UN Cares. Male and female condoms were available in 2015. Staff participated in United Nations World AIDS Day and had access to voluntary HIV counselling and testing.

The Joint Consultative Committee met three times to improve staff well-being, work/life balance and access to medical facilities.

Effective use of information and communication technology

UNICEF South Sudan continued to leverage ICT for effective collaboration between country and field offices, using cloud-based automation tools as well as the Skype for Business conferencing system to enable staff based outside of Juba to participate in important office-wide meetings. Field-based staff were newly empowered to use tools such as Cisco AnyConnect, enabling remote access to VISION and common drives.

The ICT infrastructure in South Sudan remains heavily underdeveloped, constraining the bandwidth required for key transactions and business processes. A mission undertaken by colleagues from UNICEF Headquarters and the Eastern and Southern Africa Regional Office (ESARO) provided recommendations to improve bandwidth and connectivity, which are under implementation. Connectivity fluctuations continued in Juba and field offices. In Juba, this was improved by the switch to a very-small-aperture terminal satellite link as the primary link in Juba. Bentiu, Bor and Malakal offices were provided with two connectivity options, primary and secondary, which improved access. Connectivity was also provided in the new hub in Pibor.

Technical support was provided for the expansion of Rapid Family Tracing and Reunification (FTR) and the development and implementation of the digital birth registration database. The beta version of the database is currently hosted in an off-site UNICEF data centre and is made available to MoH staff remotely.

Social media (Facebook, Twitter, YouTube and a new specific UNICEF South Sudan website) has grown tremendously in terms of the number of people reached with key messages on what UNICEF South Sudan is doing. Currently UNICEF South Sudan has more than 52,000 fans on Facebook and 6,000 followers on Twitter (twice as many as at the end of 2014). Videos are shared on YouTube, and reports, photos, videos, media releases and stories for different

audiences are shared on the website. Donors such as USAID, the Government of Japan and the European Commission's Humanitarian Aid and Civil Protection department (ECHO) monitor social media pages and share with their audiences.

Programme components from the Results Assessment Module

ANALYSIS BY OUTCOME AND OUTPUT RESULTS

OUTCOME 1 The most vulnerable children and women access a minimum social protection package

Analytical statement of progress:

South Sudan is one of the deadliest countries in the world for children. In 2015, in addition to extremely high levels of under-five mortality, South Sudan faced an unprecedented malaria outbreak with 31 of the country's 79 counties surpassing the epidemic threshold; a cholera outbreak with 1,818 cases and 47 deaths in Juba and Bor; the vaccine-derived polio outbreak in Unity state; and five outbreaks of measles with 480 cases. The country's health system, already reliant on NGOs for the operation of the majority of health facilities, was further weakened by the displacement of health workers and the end of the Essential Drugs Fund. Due to budget constraints, the planned government takeover of the Fund did not take place, leading to sporadic stock outs that occurred towards the end of the year, including for malaria drugs. Temporary arrangements are now in place through the Department for International Development (DFID)-led procurement system, and the Emergency Medicines Fund will be restarted for June 2016–2018.

The UNICEF South Sudan response to the malaria outbreak was multi-pronged, providing prevention and response services in both conflict-affected and less-affected areas. This included indoor residual spraying and house-to-house detection and treatment of fever cases in the Bentiu PoC site; the distribution of 452,153 long-lasting insecticide-treated nets (10 per cent through RRM); and the provision of more than 500,000 doses of antimalarial drugs.

The immediate and comprehensive cholera response included the provision of medical and related supplies, including tents and technical support, to hospitals and health facilities and the establishment of 42 community centres for the provision of oral rehydration therapy. The cholera health response was undertaken in close coordination with colleagues from the UNICEF South Sudan WASH and C4D sections, which provided essential prevention and awareness interventions.

Health services in the PoC sites were fully provided by humanitarian organizations, with UNICEF South Sudan supporting partners delivering primary health services in Bentiu, Bor, Juba and Malakal PoC sites as well as the Mingkaman IDP site. For populations with limited access due to insecurity, primary health care and immunization services were provided through RRM, reaching more than 152,000 children under 15 and 36,000 women of reproductive age.

A comprehensive polio outbreak response plan, including supplementary immunization activities (SIAs), was implemented as per the global recommendation in response to the circulating vaccine-derived polio outbreak in Unity State. Nearly 3.2 million children were vaccinated against polio across the country. In addition, routine immunization was supported with the distribution and installation of 66 cold chain storage facilities to the state, county and health facility levels. UNICEF South Sudan procured and distributed all of the vaccines for the country and managed the cold chain at the national level. Although plans to strengthen the national cold

chain system were hindered by delayed funding, these funds have now been released, and the process of recruiting cold chain technicians has been initiated, along with the procurement of additional cold chain equipment, which is expected to be finalized in January 2016.

Support to maternal, newborn and child health and HIV services focused on populations affected by the current crisis. While 88 per cent of the targeted HIV-positive women were enrolled in treatment, only 35 per cent of pregnant women attended antenatal care. Awareness on HIV/AIDS is still low, which affects the uptake of prevention of mother-to-child transmission (PMTCT) services, and the default level is high, which is attributed to lack of knowledge of the treatment protocol as well as poor recordkeeping at state, county and facility levels.

UNICEF South Sudan's achievements in 2015 were made possible through the development of strategic partnerships with the Government, donors and implementing partners, direct service delivery through the RRM, pre-positioning of key supplies and intensive communication and social mobilization efforts.

Moving forward, UNICEF South Sudan will continue to invest in building partnerships at all levels for the design and implementation of health services and provide technical and material support for primary health care, immunization and PMTCT services. In 2016, special focus will be placed on community health services under the Boma Health Delivery, as well as integrated management of neonatal and childhood illnesses to reduce children mortality from common childhood diseases such as diarrhoea, malaria and pneumonia. The National HIV Policy and the HIV Prevention Strategy, as well as the PMTCT Scale-up Plan and the PMTCT Guidelines, will also be rolled out.

OUTPUT 1 The most vulnerable children and women access a minimum social protection package

Analytical statement of progress:

National coverage for pentavalent 3 vaccine from January to November 2015 was only 52 per cent with a dropout rate of 16 per cent (with 68 per cent completeness of reporting). Disaggregated data shows lower pentavalent 3 coverage in Greater Upper Nile at 17 per cent, compared with 85 per cent for less-affected states. This is lower than in 2014 when 57 per cent of children received diphtheria, pertussis and tetanus or pentavalent 3 at the national level, including 11 per cent in conflict-affected states and 83 per cent in less-affected states. Out of 10 states, only Warrap and Central Equatoria attained the national target of more than 80 per cent coverage. This decline in routine immunization is a result of the ongoing conflict (i.e. destruction and looting of cold chain equipment, few health partners on the ground and continuous insecurity limiting access), increased displacement and the lack of investment in routine services. Efforts to bolster routine immunization in 2015 included the provision 66 cold chain facilities and the training of 92 health workers on vaccine and cold chain management.

SIAs have been ongoing countrywide with the implementation of polio NIDs targeting children under 5 years, and the Short Interval Additional Dose campaigns have targeted children under 15 years in response to the circulating vaccine-derived polio virus outbreak in Unity State. The first round of NIDs in seven states in February reached 2,436,890 children (111.4 per cent of target), while the March round covered the seven states and five counties in Upper Nile, reaching 2,473,817 children (110.6 per cent of target). The August 2015 Short Interval Additional Dose campaign conducted in Greater Upper Nile vaccinated 1,363,886 children (55.1 per cent of target). However, six counties remained inaccessible, with difficulties identifying implementing partners, operating social mobilization campaigns and moving vaccines, as most

areas do not have a functioning cold chain. RRM mobile teams and MSF are working to vaccinate children in these areas of these counties whenever access allows. The ongoing Sub-National Immunization Day targeting 1,344,734 children under 5 years in Greater Upper Nile, Lakes and Warrap states has reached 939,383 children (70 per cent of the targeted areas).

A total of 480 cases have been reported during five measles outbreaks in 2015, with outbreak response campaigns in affected areas vaccinating 324,253 children under 15 years. In addition, through the RRM, 142,555 children were vaccinated against measles and 152,752 against polio.

The Maternal and Neonatal Tetanus Elimination campaign is ongoing, with 524,865 women of childbearing age vaccinated in planned rounds in Lakes, Northern Bahr el Ghazal and Western Bahr el Ghazal in 2015. Countrywide, the current coverage for the first round is 87.8 per cent with 74.4 per cent for the second round and 28.8 per cent for the third round. The third round for Northern Bahr el Ghazal, Western Bahr el Ghazal and Lakes states, as well as the three conflict states, is planned for 2016.

UNICEF South Sudan will increase its support for routine immunization in 2016 along with SIAs (polio, measles, tetanus and meningitis A) and sustainable improvements in cold chain systems.

OUTPUT 2 Improved capacity to provide integrated case management services for common childhood illnesses in 14 focused under-served counties.

Analytical statement of progress:

Access to quality health care for children in South Sudan in 2015 was constrained by the destruction of health facilities and the displacement of health workers, leaving the health system unable to respond to public health risks that have increased due to the crisis. Human and financial resources focused on the immediate delivery of life-saving health services. However, as the emergency has become more protracted, in addition to immediate life-saving activities, work has also focused on sustainable systems to improve access to basic services.

South Sudan is facing a malaria upsurge, which has been made worse by the conflict, with 2,211,019 cases reported by the end of 2015, including 1,008,905 cases among children under 5 years. UNICEF South Sudan has provided more than 500,000 doses of antimalarial drugs, 454,170 malaria rapid diagnostic tests, 20 inter-agency health kits and 452,153 long-lasting insecticide-treated nets (including 59,000 in the Bentiu PoC site) in both conflict-affected and less-affected counties. Integrated management of vector control was undertaken to lower rising morbidity and mortality levels during the rainy season in the Bentiu PoC site, providing protection for at least 60 per cent of the total population of the PoC site. From 10-17 September, in response to rapidly escalating child mortality, UNICEF and MSF-Holland undertook a campaign of presumptive treatment of malaria for children under 5 years. Some 29,731 children were screened for fever (85 per cent of children in the PoC site), of whom 54 per cent were treated for malaria. The campaign, along with urgent interventions from the nutrition, health and WASH clusters, lowered under-five mortality below the emergency threshold.

South Sudan experienced a cholera outbreak in Juba and Bor between May and November 2015, with 1,818 cholera cases, including 47 deaths (case fatality rate of 2.58 per cent). UNICEF South Sudan supported the response with the provision of diarrhoeal disease kits, the training of 190 health care providers and the establishment of 42 oral rehydration points. Oral rehydration points offer immediate community-based treatment and outreach alongside hygiene

promotion and distribution of essential WASH supplies such as soap and household water treatment to contain the spread of the disease.

Through the provision of supplies, operating costs and technical assistance to partners operating in PoC and IDP sites, 613,505 basic primary health care consultations were provided with UNICEF South Sudan support in 2015. To improve the quality of child health services, UNICEF South Sudan trained 351 health care providers on integrated community case management and malaria case management in five states. Integrated community case management was rolled out through an implementing partner in the Mingkaman IDP camp in Aerial, Lakes State. This strategy has greatly improved case management of children in the IDP camp, reducing morbidity and mortality rates among children under 5 years.

In 2016, UNICEF South Sudan will scale up engagement to improve access to and demand for health services at the local level, working directly with communities in 14 counties through the Boma Health Delivery Model.

OUTPUT 3 Improved capacity to provide integrated maternal and neonatal health (MNH)/PMTCT/early infant diagnosis (EID) services accessed by pregnant, lactating women and newborns in 14 targeted underserved counties, and during emergency situations.

Analytical statement of progress:

UNICEF South Sudan continued to provide MNH and PMTCT services for conflict-affected populations in 2015 by strengthening partnerships with implementing partners and through the provision of supplies and technical assistance. This included 122,233 pregnant women (35 per cent of the total pregnant women) attending antenatal care visits; 699 (88 per cent of annual target) HIV-positive pregnant women enrolled in antiretroviral treatment; and 10,960 (28 per cent of annual target) pregnant women delivering by skilled attendance. Eight PMTCT sites in the Greater Upper Nile Region remain closed due to damage and the withdrawal of health workers.

UNICEF South Sudan worked to build the capacity of the MoH to provide facility-based MNH/PMTCT services, including through the training and mentorship of 206 health providers on PMTCT Option B+, in which clients that test HIV positive are immediately put on treatment. Supplies, including 1,000 HIV test kits and 11,543 clean delivery kits, were provided and field monitoring and supervision was strengthened.

Thirty-two mother-to-mother support groups were formed with 677 members to promote the use of MNH/PMTCT services. These groups have been critical to promoting adherence to antiretroviral treatment for 1,884 HIV-positive pregnant women. Mentor mothers conducted health education sessions with members at health facilities and during community outreach. This has led to a 15 per cent increase (from 30 per cent in 2014 to 45 per cent in September 2015) in the number of PMTCT mothers volunteering to take an HIV test after group counselling sessions.

RRM missions provided antenatal care for 45,391 pregnant women, who were displaced in remote inaccessible locations, which included deworming, nutritional supplementation, health education and, for 36,146 women, tetanus toxoid vaccination.

UNICEF South Sudan collaborated with UNFPA and the MoH in the pre-service training of midwives and nurses; with ICAP and the World Health Organization (WHO) on starting paediatric antiretroviral centres in major hospitals as part of the continuum of care for HIV-

infected infants; and with the Centres for Disease Control and Prevention (CDC) and the United Nations Development Programme (UNDP) to initiate EID. Although EID is key to determining the outcome of PMTCT, EID services remain unavailable because the sample-testing machine was not functioning. UNICEF South Sudan, UNDP and the CDC are working to ensure in-country EID services are initiated by June 2016.

Awareness on HIV/AIDS is still low, which affects the uptake of PMTCT services and compliance with treatment protocol. UNICEF South Sudan will continue to invest in strengthening community support networks (mother-to-mother support groups and community health volunteers) to conduct peer support and education and promote service utilization and retention in care. Continuous movement of internally displaced persons and the lack of a referral system hinder the tracking of women and their exposed infants for treatment, care and support services.

OUTPUT 4 An enabling policy and institutional environment is enhanced for effective scaling up and implementation of maternal, neonatal and child health services by 2016

Analytical statement of progress:

Planned efforts to enhance an enabling policy and institutional environment to scale up maternal, neonatal and child health services were constrained due to the ongoing conflict, which has prioritized the humanitarian response. Key health systems support at all levels has been seriously constrained by the shortage of human and financial resources. The passing of the Civil Registration Bill and the dissemination of the National HIV Policy and Elimination of Mother to Child Transmission Scale-Up Plan were delayed.

UNICEF South Sudan provided technical and material support to the development and piloting of the Integrated Management of Neonatal and Childhood Illnesses Guidelines, as well as the National HIV Policy and the HIV Prevention Strategy. The PMTCT Scale-up Plan, PMTCT Guidelines and operational guidelines for community support groups developed in 2013–2014 are being printed with UNICEF South Sudan support and will be distributed following national-level dissemination. The draft of the Essential Newborn Care Technical Guide was shared with the MoH Directorate of Reproductive Health and WHO; approval for production for distribution is pending.

As part of creating an enabling environment for programme planning, coordination, implementation and reporting, UNICEF South Sudan hosted a mid-term review with national- and state-level MoH officials to take stock of major accomplishments and incorporate emerging priorities for the remainder of the programme. In 2016, programme priorities will support the implementation of the joint review recommendations as a major investment, including integrated community case management, integrated management of neonatal and childhood illnesses and PMTCT to enhance the conducive environment to scale-up MNCH interventions. Support has also begun for the implementation of the national Expanded Maternal Mortality Survey together with UNFPA and the MoH.

OUTCOME 2 Improved, equitable and sustainable use of WASH service and facilities in guinea worm-endemic areas, schools and health facilities as well as underserved communities.

Analytical statement of progress:

Despite the ongoing conflict and worsening economic crisis, in 2015, UNICEF South Sudan made significant gains in the delivery of essential WASH services to vulnerable and emergency-affected communities. This is particularly important as more than 60 per cent of the population is

estimated to have reverted to using untreated water sources because they could not afford to buy safe water due to the deteriorating economic situation. In collaboration with WASH cluster partners and local authorities or, where necessary, through direct implementation, 685,745 people were reached with a safe water supply and 297,040 with safe sanitation in 2015. Overall, human and financial resources continued to be prioritized for the life-saving emergency responses, including epidemic preparedness, response and control. However, concerted efforts continued under UNICEF's flagship guinea worm eradication programme through scaling up access to safe water supplies in affected and underserved communities, resulting in a reduction from 70 guinea worm cases in 2014 to only five cases in 2015.

Eleven international NGOs, five national NGOs and three community-based organizations were engaged in the UNICEF WASH response, increasing local technical capacity. UNICEF South Sudan focused in particular on identifying and working with organizations at the grassroots level to reach more remote areas and ensure the sustainability of facilities. The training of water committees was also important to the sustainability of WASH facilities. Where partners were not operating, in 2015, UNICEF South Sudan used 28 RRM to provide 194,641 people with WASH supplies, 184,460 people with hygiene promotion messages and 145,417 people with access to a safe water supply who would not otherwise have accessed services. Other direct implementation included working with private contractors/service providers, particularly in PoC and IDP sites for services such as water trucking, garbage collection and sewerage de-sludging.

The WASH programme continued to collaborate with child protection colleagues to ensure that all WASH facilities are designed and implemented in a way that takes gender needs into consideration. Gender-segregated latrines were constructed to ensure dignity and privacy for women and girls using semi-permanent materials and providing locks on the doors. Colour-coding ensured that men and women used different facilities appropriate to their gender. In schools, sanitary blocks were constructed to give girls additional space for menstrual hygiene management.

In 2015, an outbreak of cholera was declared with more than 1,818 cases and 47 deaths. UNICEF South Sudan responded immediately, from the time that the first case was reported in Juba PoC site, with supplies, rehabilitation of WASH facilities and training for cholera treatment centres in Juba and Bor, as well as for oral rehydration points in affected communities. Most importantly, UNICEF South Sudan ensured adequate WASH services in cholera-affected and at-risk areas, in addition to the distribution of 458 tonnes of cholera supplies and the promotion of safe hygiene practices. The efforts of UNICEF South Sudan, the MoH and other partners resulted in the containment of the outbreak, which saw far fewer cases than in 2014.

Responsible for 75 per cent of the WASH cluster pipeline, UNICEF South Sudan pre-positioned supplies in strategic locations across the country during the dry season, lowering the cost and improving the timeliness of distribution during the rainy season and minimizing public health risks. No stock outs were reported during the year. More than 1.5 million people were reached with core pipeline supplies, including populations in hard-to-reach, conflict-affected areas.

As cluster lead, UNICEF South Sudan reinforced the effectiveness of the WASH cluster coordination system by providing adequate capacity with a dedicated WASH cluster coordinator, information management officer and a monitoring and evaluation officer at the national level. Training was provided to state WASH cluster focal points to strengthen their capacity to support partners. As lead agency of the WASH sector, UNICEF South Sudan supported sector coordination through training and facilitation of various technical working groups and information

sharing with the WASH donor group.

UNICEF South Sudan continued to support accelerated demand-driven approaches to sanitation and hygiene improvement through CLTS and School-Led Total Sanitation. Eighty per cent of the population in South Sudan practices open defecation, necessitating sustainable community-based approaches to sanitation. CLTS was officially adopted by the Government of South Sudan in 2011 to ensure community ownership of sustainable sanitation options. More than 32,000 people now live in 80 open defecation-free (ODF) villages. The capacity of the county officials in Eastern Equatoria and Western Equatoria was strengthened for micro-planning and monitoring of ODF status. As a result, mapping of all villages in the counties of Magwi and Mugali was completed, and the subsequent analysis contributed to leveraging resources from DFID to launch countywide ODF initiatives.

Despite the progress in the WASH sector, challenges encountered in 2015 included significant institutional and human resources gaps in the WASH sector, especially in covering recurrent emergencies and influxes of internally displaced persons. Insecurity caused by the ongoing conflict and the recurrent cholera epidemic demanded greater focus on emergency activities, further prioritizing resources away from development programmes. Implementation of WASH programmes was further affected by the economic crisis and the depreciation of the South Sudanese pound and subsequent hyperinflation resulting in the high cost of WASH service delivery. Coupled with this was the slow pace of drilling in guinea worm-endemic areas either due to the difficult geological formations or inaccessibility especially during the rainy season. In the coming year, groundwater mapping will be conducted in difficult geographical locations to increase the success of drilling productive boreholes.

OUTPUT 1 Improved availability of affordable and sustainable WASH facilities and services in guinea worm-endemic areas, schools and health facilities as well as underserved communities

Analytical statement of progress:

Despite the spread of instability to the endemic Equatoria States, in 2015, major progress was made in the final push towards the eradication of guinea worm, ensuring the provision of sustainable WASH facilities and services in underserved communities. Some 245,785 people were provided with access to improved sources of drinking water through the construction and installation of 73 new water facilities and the rehabilitation of 60 existing but non-functional water points. Improved access to water was also constrained by periods of inaccessibility in Northern Bahr el Ghazal and Lakes, slow mobilization by contractors and particularly difficult hydrogeological soil formations in targeted areas of Eastern Equatoria.

UNICEF South Sudan continued to work with the Secretariat of the South Sudan Guinea Worm Eradication Programme to eradicate infections from the country. Drilling of boreholes, upgrading of water systems, distribution of water filters and community surveillance have been accelerated since the beginning of 2015, resulting in only five cases reported in 2015 as compared with 70 cases at the end of 2014. UNICEF South Sudan's safe water supply interventions in the guinea worm-endemic areas have contributed to putting South Sudan on the path to eradicating the disease.

Gender-sensitive latrines for girls and boys were constructed for 38,800 students in 53 schools in 2015. For girls, the latrine blocks included a shower/changing room for menstrual hygiene management, empowering girls to enrol, stay and complete primary education. More focus will be put on strengthening school WASH in 2016 in collaboration with UNICEF education colleagues.

In collaboration with the health section, the UNICEF South Sudan WASH programme provided 5,500 people with improved access to safe drinking water in Yambio State Hospital (2,500), Juba Teaching Hospital (1,500) and Al Sabbah Children's Hospital (1,500) through the rehabilitation of the existing water facilities.

UNICEF South Sudan provided spare parts and training in operations and maintenance for village-based water committee members to ensure the sustainability of WASH interventions. The formation of pump mechanic associations in Northern Bahr el Ghazal continued to improve operations and maintenance. Management of the spare-part supply chain contributed to strengthening the capacity of state government counterparts for sustainable WASH services. In 2015, 427 WASH committee members (60 per cent women) were trained in managing water points which were established in Western Bahr el Ghazal and Eastern Equatoria, though the progress has been slowed by high turnover of committee members and lack of community ownership. Renewed efforts to strengthen systems at the local level are planned for 2016, including working with state and county authorities while establishing the WASH committees and providing training on sustainability checks.

OUTPUT 2 Communities in UNICEF-selected counties that adopt ODF-free and good hygiene practices

Analytical statement of progress:

Improved sanitation coverage in South Sudan is low at only 14 per cent. In both urban and rural areas, open defecation has been exacerbated by multiple displacements. With 80 per cent of the population practicing open defecation, UNICEF South Sudan is supporting the revitalized Sanitation Technical Working Group, which provides technical and policy guidelines to the larger sanitation sub-sector within the country.

Efforts are underway to scale up CLTS in Morobo County, Central Equatoria; Yambio and Ezo Counties, Western Equatoria; Magwi County, Eastern Equatoria; and Aweil County, Northern Bahr el Ghazal. This has led to increased demand for sanitation coverage since the inception of the project due to the spontaneous dissemination of ODF messages. In 2015, more than 32,000 additional people benefited from safe sanitation and are living in ODF environments in 15 villages. In total, 80 villages have been declared ODF. At least 50 per cent of households living in ODF communities have access to handwashing facilities.

Going forward, UNICEF South Sudan will focus on developing a CLTS strategy and training national, state and county master trainers to strengthen micro-planning and monitoring of ODF status. This will ensure harmonized implementation, including mapping of all villages and subsequent analysis, to leverage resources to launch a countywide ODF initiative. The harmonized implementation will be supported by the design and development of standard implementation and monitoring tools that will be shared with all implementing partners under the leadership of the Sanitation Technical Working Group.

Significant results were achieved in improved sanitation hygiene promotion and awareness creation during the cholera outbreak through the training of 285 people on cholera prevention, management and control, which eventually led to reaching 890,000 people. Major sanitation-related activities supported by UNICEF South Sudan during the cholera outbreak included the rehabilitation of toilets and showers at Juba Teaching Hospital, benefiting more than 1,000 patients, and solid waste collection and safe disposal at Juba Teaching Hospital and Al Sabbah Children's Hospital. Meanwhile, Global Handwashing Day reached an estimated 2 million

people with key hygiene messages. UNICEF South Sudan is aiming to continue to share such messages on a continuous basis through popular media, including radio, and through school WASH clubs.

The hyperinflation from the depreciation of the South Sudanese pound to the United States dollar, significantly affected sanitation improvement initiatives, as prices for latrine construction materials increased beyond the reach of many households. UNICEF South Sudan will continue to encourage the use of alternative locally available construction materials to provide affordable safe sanitation options.

OUTPUT 3 Improved enabling environment (legislation, policy, budget and information) at national and state level for WASH decision making and planning

Analytical statement of progress:

Progress in terms of the WASH enabling environment continued to be constrained due to the ongoing crisis, with the Government and other partners focused on the emergency response. Most donors are also redirecting funding meant for policy and capacity strengthening to emergency programmes. In addition, national budget allocations for the Ministry of Electricity, Dams, Irrigation and Water Resources and state level ministries have been diverted to support other government priorities, leaving little allocations for line ministries except for government staff salaries.

Ratification of the Water Bill and the Rural and Urban WASH Action and Investment Plan were not prioritized due to the ongoing conflict. Nevertheless, UNICEF South Sudan supported 10 senior-level Government staff and partners to participate in global and regional fora. This includes the South Sudan commitments geared towards increasing access to sanitation. UNICEF South Sudan also supported the country to participate in the Sanitation and Water for All Forum in its capacity as the chair to advocate for the political will to prioritize budget allocations for basic WASH service delivery. UNICEF South Sudan also supported in-country training on alternative technology for low cost drilling. In 2015, 26 manual drillers were trained and drilled two wells as part of their apprenticeships. In addition, a sector review was conducted with 41 state actors to measure progress and identify bottlenecks. A bilateral operational plan with the Ministry of Electricity, Dams, Irrigation and Water Resources was agreed upon to address the identified bottlenecks in project implementation, monitoring and capacity building.

While there is a need to strengthen monitoring and evaluation for credible evidence-based achievements, the major bottleneck is the functionality of the National WASH Information Management System due to lack of human and financial resources. Only four out of 10 states (Northern Bahr el Ghazal, Lakes, Central Equatoria and Eastern Equatoria) have established state WASH information management systems. While these systems are continuing to function, the effectiveness of the systems has been reduced by lack of resources and data collection. UNICEF South Sudan will nonetheless provide technical support to ensure the four state WASH information management systems are fully functional in 2016.

OUTPUT 4 Increased national, state and county level capacity to prepare and respond to emergencies in line with CCCs

Analytical statement of progress:

With 1.66 million people displaced inside South Sudan, approximately 75 per cent of the population were in need of safe water and sanitation in 2015. UNICEF South Sudan and partners reached 436,159 conflict-affected people with safe water supply, 297,040 people with

safe sanitation, 668,130 people with hygiene promotion messages and 727,735 people with essential WASH supplies. Nineteen partnerships were signed with NGOs (11 international NGOs, five national NGOs and three community-based organizations), which were supported with technical and operational support as well as supplies. UNICEF South Sudan also engaged the private sector and skilled labour from affected communities through direct implementation of activities such as water trucking, liquid and solid waste collection and disposal, construction of latrines and construction and upgrading of water supply facilities. A combination of these modalities ensured the more timely delivery of services for the affected populations.

UNICEF South Sudan interventions in PoC sites focused on water trucking and drilling of new boreholes. On a daily basis, 108 trucks deliver treated water to the Juba PoC site, benefiting 34,000 internally displaced persons. In the Bentiu PoC site, three additional high yielding boreholes (nine boreholes in total) were completed, providing an average of 14 litres per day per person to 105,000 internally displaced persons through a water supply network within the Sphere standard. Solid waste management and sewerage de-sludging were provided through private contractors. UNICEF South Sudan constructed 1,500 latrines to provide safe sanitation facilities at an average of 1 latrine for every 50 persons in Bentiu. UNICEF South Sudan is working to ensure that these facilities are gender sensitive and safe for women and girls. Provision of services in the Bentiu PoC site continued to be challenging, with the limited availability of contractors to drill boreholes, the high cost of transportation of materials to the PoC site and regular interruptions due to violence and conflict within the area, with an influx in numbers of people demanding services.

UNICEF South Sudan WASH staff participated in 28 RRM and supported direct implementation of emergency WASH services reaching 194,641 people with WASH supplies, 184,460 people with hygiene promotion messages and 145,417 with access to safe water. In addition to the WASH intervention investments in the PoC sites and mobile responses through RRM missions, UNICEF also rehabilitated 17 water points in Greater Upper Nile, allowing more than 8,500 people to access safe water. Work has begun to rehabilitate the Bentiu town and Rubkona urban water systems, which will be completed in 2016, along with systems in Malakal and Renk.

As WASH cluster core pipeline manager, UNICEF South Sudan procured, transported, pre-positioned and distributed supplies to 52 WASH partners, reaching more than 1.5 million emergency-affected people. UNICEF South Sudan reinforced the coordination of a WASH cluster mechanism contributing to the achievement of the results for humanitarian response. A dedicated cluster coordinator, an information management officer and a monitoring and evaluation officer are on board supporting coordination activities.

Nine cluster coordination mechanisms are in place (eight at state level and one at national level). The effectiveness of WASH cluster coordination at the state level was strengthened through the training of focal persons on roles and responsibilities and contingency planning. Ten states have developed contingency plans that are now operational.

OUTCOME 3 By 2016, South Sudan is on course to achieve universal participation and increased and equitable completion of quality primary education with parity among boys and girls.

Analytical statement of progress:

Even before the current crisis, South Sudan had some of the worst education indicators in the world, with less than 10 per cent of children finishing primary school, less than 35 per cent of

girls participating in school and more than 1.4 million out-of-school children and adolescents across the country. Two years of conflict have seen a further deterioration of the education situation, with approximately 413,000 children forced out of school for a total of 1.8 million children out of school, 331 schools destroyed and a limited prioritization of education within the humanitarian response. The security situation in 2014 meant the annual education census was not conducted and the EMIS report not produced. In 2015, however, the annual education census was conducted in seven out of 10 states, and a separate report was produced for Greater Upper Nile. According to the 2015 EMIS, primary school student net enrolment has decreased from 42 per cent in 2013 to 35 per cent in 2015, with girls' enrolment dropping from 35 per cent in 2013 to 30 per cent in 2015. At the secondary school level, the net enrolment ratio has fallen from 2 per cent in 2013 to 1.3 per cent in 2015. Dropouts have been caused by a variety of factors such as distance to school, insecurity and inability to pay fees due to rapidly deteriorating socio-economic conditions.

Primary school enrolment varies by state, ranging from 30 per cent in Eastern Equatoria to 58 per cent in Western Bahr el Ghazal. At the secondary school level, only 3 per cent of the cohort enrolls, with variations between states (i.e. 7 per cent in Central Equatoria and less than 2 per cent in most other states). More male students than female students attend school; the gap is more significant for universities (76 per cent male), teacher training institutes (70 per cent male) and secondary schools (68 per cent male). Enrolment in secondary schools is also dominated by boys, especially in Lakes, Warrap and Northern Bahr el Ghazal, where the gender parity index varies from 0.23 to 0.64.

In response to this situation, UNICEF's Back-to-Learning initiative launched in February 2015 has proven that well-coordinated efforts with the Government and partners in service delivery (i.e. social mobilization, teacher training and delivery of school supplies) and capacity building can revitalize communities and bring children 'back' to the education system and learning. The Back-to-Learning initiative has supported 367,544 children (40 per cent girls) aged 3 to 18 with learning opportunities. Seventy-two per cent of these children were forced out of school due to conflict, while the rest were out of school for other reasons such as cost, distance to school, or, in the case of girls, negative social norms. More education supplies have been procured and distributed in 2015 than ever before, and teacher and parent-teacher association/school management committee trainings have grown in scale and quality. Complementary improvements in the education system and service delivery and quality through programmes such as GPE as well as peacebuilding, education and advocacy programmes managed by UNICEF, the DFID-supported Girls' Education South Sudan, and USAID-funded Room to Learn provide these newly enrolled children with improved learning outcomes, which bolster the likelihood that they will remain in school for longer periods.

The first-ever National Education Curriculum Framework and associated subject syllabi were launched through the GPE with technical assistance from UNICEF South Sudan. This curriculum covers early childhood development (ECD), primary grades 1-8 and non-formal education (accelerated education system) as well as secondary school levels 1-4, including technical/vocational education and training. The curriculum is competency-based and mainstreams life skills and peace education into all levels. With support from DFID, a school textbook policy was developed and endorsed. With the launch of the new curriculum, UNICEF South Sudan will support the MoEST to operationalize this policy over the next two years with the development of textbooks and teachers' guides.

In 2015, under the GPE, UNICEF South Sudan collaborated with the European Union-supported Improved Management of Education Delivery Programme to strengthen the planning

capacity of MoEST staff at both national and state levels, reaching all MoEST officials at Juba level and all state ministers and their programme and policy support teams. A sector-wide Monitoring and Evaluation Strategy was also developed.

The peace agreement signed in late August 2015 and its implementation may allow the education sector to re-focus on core education issues such as equitable access to ECD and basic education; the enrolment and retention of more than 1.8 million out-of-school children, especially girls; and the quality of education and improved school management with the participation of parents and community members. These efforts, with the continued provision of peacebuilding and life skills content and teaching methods, will be vital to lasting peace in the country.

OUTPUT 1 Improved policies, legislation and systems for equitable access and completion of quality and inclusive basic education.

Analytical statement of progress:

To plan and manage the education system effectively, South Sudan needs reliable and credible data. UNICEF South Sudan supported the MoEST to undertake the 2015 annual education census in seven non-conflict states, with a sample survey conducted in Greater Upper Nile. By collecting and providing systematic and quality information to education stakeholders, the EMIS assists the Government of South Sudan to identify education needs and priorities, design appropriate interventions and allocate limited resources in the face of competing priorities. The 2015 EMIS data is being used as a key source to inform the 2015 Education Sector Analysis. The EMIS also assists the Ministry and other relevant agencies to monitor progress against key targets of Education For All, GPE and the new Sustainable Development Goals.

The National Curriculum Framework and subject syllabi were also finalized and launched in mid-2015. This forms the new national formal education curriculum for schools in support of ECD and primary and secondary school levels. Non-formal alternative education programmes and technical/vocational education and training curricula were also completed.

The development of education policies continued throughout 2015 with the commencement of the Education Policy Framework development led by the MoEST in close cooperation with the Improve the Management of Education Delivery project (joint South Sudan and EU project) , to which UNICEF South Sudan provided technical inputs. The Education Sector Analysis process was initiated in September 2015 through a joint collaboration of UNICEF South Sudan and UNESCO's International Institute for Education Planning. The Education Sector Analysis will be completed in January 2016 and will contribute to the development of the Education Sector Plan in 2016, which will guide policy makers to understand areas requiring policy and programmatic prioritization for 2016–2018.

Informed by a study undertaken in five states to determine English language use in schools, a policy framework for intensive English to enhance the language proficiency of teachers, especially Arabic pattern teachers, was developed and validated. An implementation plan is being developed and will be integrated into the national teacher training and development processes.

The GPE Baseline Report was finalized in early 2015 and will be used to monitor progress against GPE through 2017. The Education Sector Monitoring and Evaluation Strategy was developed and will be finalized after the revision of the sector that will be completed in 2016.

During 2015, through GPE, UNICEF South Sudan supported the initiation of early grade literacy and numeracy assessments in two languages with three more languages planned for early 2016. School leadership was initiated in order to produce relevant guidelines and policies by mid-2016 to guide the planned primary school head-teacher training programme.

OUTPUT 2 The most vulnerable children and women access a minimum social protection package

Analytical statement of progress:

Two years of conflict have seen 413,000 children forced out of school, 331 schools destroyed and the limited prioritization of education within the humanitarian response. The upsurge in fighting in Upper Nile and Unity meant 42,700 children enrolled in education in emergencies lost access to learning and were exposed to risks, including recruitment into armed groups, trauma, injury, exploitation and abuse. This is in addition to the estimated 250,000 children that were out of school in affected areas before the fighting.

The Back-to-Learning initiative was launched in February 2015 to bridge the humanitarian-development divide, aiming to provide 400,000 children with access to education opportunities (200,000 in conflict-affected and 200,000 in less-affected areas), whether through the formal or non-formal system. All 10 states and GPAA have Back-to-Learning committees represented by national and international NGOs and led by the State MoE to plan and monitor activities.

UNICEF South Sudan has provided 264,332 conflict-affected children (40 per cent girls) aged 3 to 18 with education in emergencies under the Back-to-Learning in partnership with 21 NGOs. UNICEF South Sudan has surpassed its education in emergencies target, indicating a well-coordinated response among UNICEF South Sudan, the Government and partners, though gaps remain in inaccessible counties of Greater Upper Nile. In addition, 103,212 children who were out of school for reasons other than conflict were also returned to the classroom under the Back-to-Learning initiative.

The main challenge in education in emergencies has been the lack of experienced NGO partners on the ground who are technically competent and committed to conflict-sensitive programming. In counties and payams with no partner, 15,406 children were reached directly by UNICEF South Sudan staff through 18 RRM missions.

A total of 528 temporary learning spaces were set up against the target of 475. Education supplies were provided to partners to facilitate learning in the temporary spaces, as well as in schools located in the host communities for 150,000 children (38 per cent girls). As part of dry season emergency preparedness, education supplies for 65,000 students and teachers were pre-positioned in all 10 states and GPAA to ensure an effective response during the rainy season, when flooding and poor infrastructure slow access to project sites.

In addition, 7,678 teachers, ECD facilitators and parent-teacher association members (25 per cent women) were trained on education in emergencies and disaster risk reduction. Teachers were also trained on pedagogy, life skills, peacebuilding and child-centred teaching methods. With technical support from UNICEF South Sudan child protection colleagues, they were also trained to provide psychosocial support to children affected by the conflict to build their resilience. Some 1,566 adolescents and youth were trained on peer education and psychosocial and peacebuilding support to younger children. Peer educators are an effective way to reach children who need special attention in adjusting to schooling and coping with the conflict.

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

OUTPUT 3 Improved capacity of government and partners to implement life skills and peace education programmes for children and youth

Analytical statement of progress:

South Sudan suffers from the legacy of almost 50 years of conflict that claimed more than 2.5 million lives, displaced 4 million people, disrupted socio-economic services and systems, and took a heavy toll on the survival and well-being of its population, especially children. In addition to the current conflict, which began in December 2013, many children are also affected by cyclical inter-communal violence, making efforts to integrate peacebuilding and conflict sensitivity into education essential.

Life skills and peacebuilding education are now mainstreamed into the national curriculum, which was launched in September 2015. The teacher training materials have been reviewed, and the life skills and peacebuilding education learner and teacher support materials are under review and will be finalized in April 2016. Life skills, disaster risk reduction, peacebuilding and conflict sensitivity are being mainstreamed into education policy documents through their inclusion in curriculum, teacher trainings and national textbooks.

In 2015, the Peacebuilding, Education and Advocacy project expanded to 90 schools in 10 counties, above the original target of 48 schools in six counties. UNICEF South Sudan trained 1,082 education personnel (22 per cent female) on conflict sensitive education and life skills, more than 200 per cent of the target for 2015. In each school, at least one parent-teacher association member and one teacher were trained on life skills and peacebuilding approaches and have been promoting peacebuilding using various community outreach strategies. UNICEF South Sudan trained 15 education and child protection NGO staff members (13 per cent female) on the use of the Adolescent Kit for Expression and Innovation, a package of tools aimed at engaging adolescents affected by conflict.

More than 60,000 in-school and out-of-school learners were actively reached through community and youth engagement activities, including dialogues, sports, career guidance exploration sessions, livelihood skills training, youth centres, theatre initiatives and media (radio production, some of which are developed by young people for young people). In addition, 500,000 listeners have already been reached by eight radio stations with 71 programmes. In Budi, Eastern Equatoria State, 20 trained youth counsellors and peer educators delivered youth-friendly HIV/AIDS voluntary counselling and testing outreach services to 513 young people (33 per cent female), and HIV/AIDS awareness reached 5,300 youth.

A total of 2,091 young people (38 per cent female) participated in vocational and livelihood skills trainings. Of these, 1,155 (52 per cent female) graduated with vocational and livelihood skills programmes in Eastern Equatoria, while others benefited from ox plough initiatives, fishing and agricultural skills, micro financing, saving schemes and financial literacy. These trainings and activities have helped with income generation and also promoted social cohesion, resilience and peacebuilding within schools and local communities.

OUTPUT 4 Strengthened community and school-based education service delivery for equitable access to quality basic education

Analytical statement of progress:

In 2015, on average, there were 85 students per primary class and 45 per secondary class. The variance is very high among states, with 56 students per classroom in Central Equatoria compared to 137 in Lakes State. There were an average of 31 students per teacher in pre-primary school, but 42 for primary school (among the highest in the world). Five students shared one mathematics textbook, while more than 15 shared a textbook in some states. A third of teachers are untrained.

During 2015, five model schools were constructed in Eastern Equatoria under the GPE programme. These full-cycle (eight-year) primary schools provide learners with the opportunity to complete primary education in one location and thereby decrease the likelihood that children will drop out of school. The five schools have a total enrolment of 3,429 learners (46 per cent girls) and 82 teachers (38 per cent female). Of these teachers, 30 are trained (13 female and 17 male), and 52 are untrained (38 per cent female). Training for parent-teacher associations and school management committees as well as head teachers and teachers is underway to enhance school-community participation for increased enrolment, safe and protective school environments and skills for effective management and pedagogy. The schools are fully operational.

Construction of five schools in Western Equatoria State has been initiated, contracts for the remaining 15 schools in Lakes, Northern Bahr el Ghazal and Warrap States have been awarded, and construction will begin by the end of 2015. Insecurity in Western Equatoria has slowed progress due to inaccessibility to construction sites.

The South Sudan Girls' Education Strategy was endorsed in 2015 and disseminated to all states for implementation. The MoEST is amalgamating all girls' education interventions by both the Government and partners into a consolidated girls' education work plan, which will be developed in 2016 and monitored by the Government and partners.

Forty-one (7 per cent female) county and payam education trainers from three states have been trained to roll out school management committee training on effective school governance. This has helped the school staff to deliver better quality of education, as seen in the increased enrolment rate and retention of students in participating schools through effective management of resources, trainings for staff, financial accountability and coordinated work planning with education actors. Training for the remaining two states is ongoing so that school management committee training is completed across the five GPE pilot states in early 2016.

In June 2015, a final evaluation validation workshop was held to review the three-year Child-Friendly School project supported by DFID and implemented by UNICEF South Sudan. One lesson learned is the need to involve all key stakeholders, including the state ministries of education, teachers, students and the school community, in all stages of the intervention to ensure greater participation and ownership. All 33 schools constructed under the project have received the necessary teaching and learning materials to support learning for 18,776 students (34 per cent female). The lessons learned from the DFID project have been incorporated into the execution of GPE-funded school construction.

OUTCOME 4 Protection of children and adolescents from violence, abuse and exploitation in emergency and non-emergency settings is enhanced

Analytical statement of progress:

With the ongoing conflict in 2015, the number of displaced children rose to more than 1 million and, coupled with worsening food insecurity and grave child rights violations, has continued to stretch communities' capacities to keep children safe from violence, abuse and exploitation. There are now more than 800,000 children believed to be affected by psychosocial distress and sexual violence remains widespread. As a result, UNICEF South Sudan has maintained a focus on humanitarian action, including the promotion of the centrality of protection and the 'Human Rights up Front' approach.

UNICEF South Sudan also directly implements child protection-in-emergencies services in areas without an active partner (largely through the rapid response missions) and, together with UNICEF-supported partnerships, accounts for around 75 per cent of the overall sub-cluster response. UNICEF South Sudan has sustained its leadership role in the coordination of the child protection sub-cluster, investing in a cluster coordinator and an information management officer who enabled the cluster to track progress, analyse results, identify gaps and make the strategic shifts required for a coherent and evidence-based response.

Grave child rights violations also continued, with records showing between 15,000 and 16,000 children recruited or used since December 2013. By the end of the second quarter of 2015, there had been more verified reports of children being killed, raped and abducted than for the entire period since December 2013. In total, there were 649 verified grave child rights violations reported through the MRM in 2015, affecting 23,295 children. Despite the signing of the peace agreement in August 2015, which committed both sides to the immediate release of all children associated with armed forces or groups, there have been no further releases since those conducted in the GPAA prior to the signing of the peace agreement. MRM data has, however, been critical to UNICEF's sustained advocacy, including public statements and regular briefings with government and SPLA-iO officials, as well as with donors and other key influencers.

In the GPAA, UNICEF South Sudan supported the immediate release of 1,755 children from the Cobra Faction in the Greater Pibor Administrative Area, including five girls, and is now supporting these children with a range of socio-economic reintegration programmes. These children and their communities are being provided with long-term multi-sectoral assistance designed to minimize the risk of re-recruitment.

Against the backdrop of a major humanitarian response, efforts have also been made to continue with development priorities where possible. More than 66,225 new children under 5 years received a birth notification, and plans are on track to launch a national registration database in 2016. Justice for children programming and upstream policy work, however, have been limited to technical support and advocacy with UNMISS to assist in the appropriate management of child detainees and to advocate for and support their release from detention.

UNICEF South Sudan led the Upper Nile State GBV sub-cluster and played a critical role in GBV response in emergencies, covering six states. UNICEF South Sudan is addressing the critical gaps in clinical management of rape in partnership with the International Medical Corps, with 144 health workers from more than 50 health facilities trained.

The Communities Care programme continued, addressing negative social norms such as gender inequality, to transform these into positive norms that uphold girls' and women's rights. After the first round of community discussions, 520 participants made individual commitments to address gender inequality and end child marriage and sexual violence. Men and women have

made individual commitments, such as sending both girls and boys to school and joint participation in household work. Community members are also taking additional community actions to address gender inequality, such as including women in local court decision-making processes.

The reach of UNICEF South Sudan's child protection services remains far short of the more than 870,000 children believed to be in need of protection services. Throughout 2015, efforts to scale up services were hampered by temporary or sustained access constraints and limited resources. A review of UNICEF partnerships has highlighted the significant technical support that is required to ensure that minimum standards are met. In addition, UNICEF is leading a strategic shift towards a greater focus on quality of services. In 2016, UNICEF South Sudan will continue to invest in playing a leading technical role, as partners more systematically monitor and respond to assessments of quality and improve accountability to children.

As in 2014, the focus on humanitarian needs in Greater Upper Nile has meant limited Government or donor financing of state social welfare and justice for children services. UNICEF South Sudan is preparing for a possible return to greater development programming, if the peace agreement holds, including justice for children and the implementation of the Convention on the Rights of the Child. In addition, the humanitarian response remains unfinished, including the mass demobilization of children, and negotiations for the release of children from the SPLA and SPLA-iO are underway.

OUTPUT 1 Ministry of Gender, Social Welfare and Religious Affairs and state ministries of social development are able to lead and coordinate the implementation of child protection services

Analytical statement of progress:

With the ongoing humanitarian and economic crises, government capacity to focus on upstream policy work remained constrained in 2015. During the first quarter of 2015, through sustained advocacy from UNICEF South Sudan and partners, the Government deposited the Convention on the Rights of the Child documents. The deposit was a follow up to the passing of the Convention in the National Legislative Assembly and presidential sign-off in 2013. The two optional protocols were passed by Parliament and signed off by the President but have not yet been ratified. UNICEF South Sudan will continue to advocate for their ratification to be completed by providing technical assistance to the line ministries to prepare the required documentation for depositing the protocols. In 2016, if the peace agreement holds, UNICEF South Sudan will also work with the relevant ministries to begin the complex process of bringing national laws into line with the Convention on the Rights of the Child.

UNICEF South Sudan supported the validation process of the Policy on Children Without Parental Care, and the final draft is now available for the MoGCSW to table at the Council of Ministers in the first quarter of 2016. The policy will provide the regulatory framework for the care and protection needs of young boys and girls without appropriate parental care in the country and enhance the capacity of the state ministries of social development to advocate for budgetary allocations for the implementation of the policy. Efforts to finalize this continued to face several constraints, particularly given competing priorities during the peace process. While this national process is ongoing, UNICEF South Sudan provided direct technical support to the State Ministry of Gender in Jonglei to prepare a locally contextualized policy. Similar state-level consultations are expected in 2016. Efforts to scale up the development of state strategic plans were unsuccessful in 2015, hampered by the deteriorating fiscal situation and the diversion of resources to the humanitarian response.

The Ministry of Gender, Child and Social Welfare continues to lead child protection coordination where possible and is currently chairing the state child protection working groups in six of the 10 states. The Ministry plays a co-leadership role in two additional states, while the remaining two states (Unity and Upper Nile) continue to fall under the leadership of UNICEF South Sudan.

OUTPUT 2 Key child protection actors are able to provide appropriate services for children at risk of, or those who have experienced violence, exploitation and abuse

Analytical statement of progress:

Since Independence, there has been no mechanism for the issuance of birth certificates in South Sudan, and the reach of birth notification services has also been severely limited. The provision of a birth notification offers children both a formal identity document and can increase their access to social services. UNICEF South Sudan supported the provision of birth notification services to 66,225 children under 5 years, the majority of whom were located in seven targeted pilot counties and the Bentiu PoC site. While it remains a priority to extend this service to other PoC sites, the ongoing conflict and displacement has interrupted these plans; they will be revisited in 2016. Following successful outreach efforts in 2014, the 2015 programme focused on more sustainable systems development and capacity building, which will enable health facilities to systematically issue and record birth notifications in the future.

To foster greater inter-ministerial collaboration, UNICEF South Sudan provided technical and financial support to senior representatives from the MoH and the Ministry of Internal Affairs to participate in the Third Conference for African Ministers responsible for Civil Registration and Vital Statistics in Yamoussoukro, Côte-d'Ivoire, in February 2015, during which the Government committed to accelerating implementation of the new birth registration system. UNICEF South Sudan also maintained regular technical and financial support to the MoH and advocated for the prioritization of birth registration, most recently through engagement with the Specialized Committee on Health.

The delay in passing the Bill on Civil Registration remains a major bottleneck. UNICEF South Sudan is providing the technical support necessary to continue the roll out of the national database, increase birth notifications across the country and accelerate the finalization of the Bill.

UNICEF South Sudan has continued to provide institutional technical support to the Government, with a focus on scaling up the national digital database for birth notification and registration, a pilot of which is now available and being used in the focus counties. When fully operational, this will allow the Government to decentralize data entry, manage the full database for birth registration at the central level and provide real-time statistical information and analyses to state ministries. The final system is expected to be in place in 2016, at which time the birth registration/notification system will be linked to the national identity system, which is managed by the Ministry of Internal Affairs.

With technical support from UNICEF Headquarters and ESARO and through global funding from the Government of Canada, UNICEF South Sudan supported the MoH to undertake a baseline study in the seven intervention counties of Northern Bahr el Ghazal and Central Equatoria. This study provides a baseline on the capacity of human resources, supplies, the Health Management Information System and other systems that enable birth notifications to be routinely issued. In 2016, UNICEF South Sudan and the MoH will use this analysis to inform operational plans and target investments to those areas with greatest need.

OUTPUT 3 Key child protection actors are able to provide appropriate services for children at risk of, or those who have experienced violence, exploitation and abuse

Analytical statement of progress:

The conflict that broke out in December 2013 has led to displacement, the breakdown of rule of law structures and the diversion of funding and human resources from justice for children interventions to the emergency response. This has also specifically affected plans to scale up restorative justice programmes, as participating institutions respond to other issues and resources are no longer available in many parts of the country.

UNICEF South Sudan continues to explore opportunities to improve justice for children as they arise, particularly within the humanitarian sphere, and is maintaining strong relationships with the rule of law partners within the United Nations system (UNDP and the United Nations Police). UNICEF South Sudan is supporting law enforcement actors to improve their capacity to respond to GBV cases in a safe and appropriate way. Seventy-five police were trained using a draft standardized training curriculum for South Sudan National Police Services, and UNICEF South Sudan supported the formation of a Special Protection Unit Working Group within the National Police Services in 2015. The Special Protection Unit Working Group oversees the recommendations of a Special Protection Unit assessment published in April 2015. UNICEF South Sudan has been implementing a project in Juba where police, social workers and legal professionals work hand-in-hand to strengthen the capacity of police and social workers to prevent and respond to GBV and engage with communities to build trust between communities and police.

In Greater Bahr el Ghazal, UNICEF South Sudan continued to provide technical support for justice for children actors on administering child-friendly justice procedures through training on the 2008 Child Act, international legal standards and coaching and mentoring assistance. As a result of prison monitoring and sustained advocacy by UNICEF South Sudan and partners, more than 100 children were released from government detention facilities in Lakes, Western Bahr el Ghazal, Upper Nile and Unity States. With the recent signing of the peace agreement, UNICEF and UNDP will engage on small-scale transitional justice, truth and reconciliation, focusing on children's issues within the mechanism that will be established by the Government or the Transitional Government of National Unity.

In the absence of appropriate child-sensitive standard operating procedures for child detainees, UNICEF South Sudan has also worked closely with the UNMISS Child Protection Unit to monitor the detention of children in PoC holding facilities, advocating for their release and mobilizing partners where necessary to ensure that appropriate alternative care, psychosocial support and broader case management services are provided.

OUTPUT 4 Key child protection actors are able to provide appropriate services for children at risk of, or those who have experienced violence, exploitation and abuse

Analytical statement of progress:

UNICEF South Sudan and partners provided critical child protection services to 365,807 children (more than 100 per cent of the target). This is more than 75 per cent of the overall sub-cluster response, with 15 per cent directly implemented by UNICEF. Key strategic shifts include the transition to community-based psychosocial support (65 per cent in 2015 compared with 5 per cent at the end of 2014). In a similar strategic shift, mine risk education is being provided through the education system, with 106,785 children reached.

GBV prevention and response services reached 85,257 people with psychosocial support, case management, medical care and key information. Partners and service providers were provided with training and technical support to improve the quality of services. Clinical management of rape training reached 144 health professionals from more than 50 clinics from six states. Where available, clinical management, counselling, referrals and hygiene kits were provided to survivors. UNICEF South Sudan led the Upper Nile State GBV sub-cluster, including on a barrier analysis in Malakal PoC site and coordinated activities across the state.

The Communities Care programme to address negative social norms such as gender inequality and transform them into norms that uphold girls and women's rights engaged 520 people (44 per cent female) in community discussions and in making commitments to address gender inequality.

More than 11,430 unaccompanied, separated and missing children have received family tracing services, of which 8,595 cases remain active at the end of 2015, and require continued services; 3,332 children have been reunified. The monthly average of reunifications now exceeds new registrations. Follow up rates are now at 70 per cent compared with 5 per cent at the end of 2014. The size and complexity of the caseload has outgrown the capacity of RapidFTR, and a review of the digitization of case management is underway for 2016.

All 1,755 children released from the Cobra Faction in the GPAA are now reunified with their families. This required deploying technical specialists to provide onsite technical support and coaching and to directly implement programmes. UNICEF South Sudan has now established a sub-office in the GPAA, ensuring that the multi-sectoral response (linking WASH, education, health and protection programmes) continues throughout the children's reintegration. Follow up visits continue, and the distribution of livestock and agricultural inputs has reached 60 per cent of targeted children.

Despite the new peace agreement and commitments from the SPLA and the SPLA-iO, no releases of children have been made outside of the GPAA since December 2013. Reports of recruitment and use, together with other grave child rights violations, continue to be received through the MRM (649 incidents in 2015), particularly in Greater Upper Nile and, most recently, in Western Equatoria. Of particular concern are increasing reports of child recruitment and use (more than 15,000 children) and more reports of killing, abduction and sexual violence during the second quarter of 2015 than in the previous three quarters combined. UNICEF South Sudan has sustained advocacy in response, including public statements and regular briefings with officials from the Government and the SPLA-iO, as well as with donors and other key influencers.

OUTCOME 5 To improve access to basic social services and livelihoods of vulnerable children, youth and women in targeted communities in selected counties in Eastern Equatoria State , Jonglei, Upper Nile and Warrap.

Analytical statement of progress:

The ongoing conflict and deteriorating economy have increased levels of vulnerability among the children and women of South Sudan, while simultaneously restricting the ability of the Government and the international community to support them. The allocation of funds to social sectors in 2014–2015 remained very low (less than 10 per cent of the national budget), with the majority of funds dedicated to the security sectors. These fiscal constraints, along with a de-prioritization of social protection within the humanitarian response by the Government, United

Nations agencies, donors and other partners, slowed progress on the national social protection agenda.

The National Consortium on Child Rights and Social Protection remained dormant. The Consortium is expected to be revived in 2016, particularly in the areas of advocacy and public finance management, with a focus on women and children. The Consortium, which is comprised of five local institutions, is meant to provide a robust analytical framework for the formulation, implementation, monitoring and evaluation of social and human development programmes in South Sudan.

With UNICEF South Sudan technical and financial support, the MoGCSW continued its work on child-sensitive budgeting and lobbied for the initiation of the Child Grant Programme, a child-sensitive social transfer programme, as well as for the implementation of the 1 per cent budget allocation approved by the Council of Ministers for the operationalization of the National Social Protection Policy Framework in the fiscal year 2015–2016.

To promote child-focused cash transfers, UNICEF South Sudan supported the State Government of Northern Bahr el Ghazal to implement a small-scale social protection project. The project provided social assistance to 300 children living and working on the streets, as well as to their families, enabling the children to return to their families, who were able to offer them proper care and support. It also helped to strengthen the social protection infrastructure in the state ministries and foster collaboration among social protection actors in the state.

Building on this experience, UNICEF South Sudan supported the development of the national Child Grant Programme, providing technical assistance and training to key officials and supporting state-level consultations for the final design of a pilot programme localized to the specific needs of four states. In November, the MoGCSW appointed a Director for Social Protection supported by a task force made up of the team that designed the Child Grant Programme. The task force will plan and implement the Programme over the coming year.

The Government resumed the production of child-centred and equity-focused data for policy and planning purposes, seeking support from UNICEF South Sudan to design and implement the Expanded Maternal Mortality Survey. UNICEF South Sudan leveraged a dedicated technical team and donor funds to get financial commitments from the National Bureau of Statistics (US\$600,000) and the MoH (US\$1 million) to the survey. With close support, the National Bureau of Statistics is currently updating the national sampling frame, which will be finalized by April 2016. This sampling frame will also allow other organizations and agencies to conduct statistically representative surveys in South Sudan, which had not been possible in the last few years.

Beginning in 2016, social protection principles, including the promotion of equity, will be mainstreamed in UNICEF South Sudan interventions, as well as by the United Nations Country Team under the Sustainable Development Goals agenda and the new Interim Cooperation Framework. UNICEF South Sudan will also partner with other organizations (WFP and the World Bank) to strengthen the capacity and political leverage of the MoGCSW.

OUTPUT 1 An enabling environment for child rights and social protection policy development is influenced in favour of the most vulnerable children and women.

Analytical statement of progress:

Despite committing to developing a national system of social protection within three years of the state's formation, South Sudan has lagged in implementing social protection commitments from the National Development Plan and the National Social Protection Policy Framework. The shrinking fiscal base has diverted national resources away from investments in basic social services, and negative views on unconditional transfers (perceived as promoting dependency) from some elements has meant limited traction for social programmes aiming to deliver cash to the very poor. UNICEF South Sudan supported the MoGCSW to proactively advocate to maintain the 1 per cent of the national budget 2015–2016 to finance the National Social Protection Policy Framework. When the 2015–2016 budget was presented to the Parliament without the approved social protection allocation, this advocacy ensured its return, though given the deficit in the announced budget, other expenses may eventually take precedence.

UNICEF South Sudan supported an enabling environment for the formulation, adoption and implementation of laws, policies and national child-centred social protection programmes. Some key policies for children were stalled, however, including the work on civil registration, and there have been no major changes in the prioritization of child-related issues. However, progress was made with the ratification of the Convention on the Rights of the Child in February 2015 with sustained advocacy and technical support from UNICEF South Sudan.

Building on the experience of the small-scale pilot in Northern Bahr el Ghazal, UNICEF South Sudan provided technical assistance to the MoGCSW at the central level to draft a project for a Child Grant Programme. A representative from the MoGCSW was supported to attend a capacity building workshop in South Africa to further the design and implementation of social transfer programmes. A group of five MoGCSW staff members were then trained on these concepts. The training equipped the group with skills currently being used in the development of the Child Grant Programme. This group is now working with their local counterparts in four states to customize the Child Grant Programme to local needs so that localized pilot projects can start in 2016.

Subsequently, the five senior MoGCSW officers trained by UNICEF South Sudan are now in charge of developing a national social protection system, in close collaboration with UNICEF, WFP and the World Bank.

Government counterparts have demonstrated a growing interest and capacity in policy and social protection work at both national and local levels. This has been clearly demonstrated by their involvement in field trips during the design process of the Child Grant Programme. UNICEF South Sudan and partners intend to build on this momentum in 2016 to implement social protection programmes and develop the institutional framework needed to coordinate and oversee the protection and promotion of children's rights across the country. In 2016, priorities include continued support to the MoGCSW on public finance for children with deeper analysis and advocacy to increase budget allocation in social sectors; the development of elements of a national protection system that will link humanitarian and development interventions; and the joint production of a child poverty analysis.

OUTPUT 2 The Government of South Sudan is able to plan, monitor, and evaluate programmes that protect children's rights at national and decentralized levels based on equity-focused data, evidence-based evaluations, and analytical studies.

Analytical statement of progress:

Since independence in 2011, few studies have been conducted to produce and analyse data representative of the social and economic situations faced by vulnerable populations in South

Sudan. This has constrained the planning and support for social service delivery both on the side of the Government and the humanitarian and development communities. Instability across the country, as well as funding shortfalls, continued to limit the ability to produce new evidence in 2015. The population and housing censuses were delayed, as was the execution of a nationwide poverty and vulnerability assessment. The lack of new data has in turn prevented the updating of South Sudan Info, a data-sharing platform endorsed by the Government. Collectively, these factors have affected the Government's ability to plan, monitor and evaluate child-centred programmes.

In 2015, UNICEF South Sudan provided substantive technical and financial support to the Government to undertake the Expanded Maternal Mortality Survey, which should provide representative countrywide data on the levels and determinants of women's and children's health, as well as on access to basic services. The design and ongoing implementation of the Survey is meant to develop the technical capacity of the National Bureau of Statistics, as well as of national and state-level MoHs, on evidence generation. The update of the national sampling frame will provide an important tool for other agencies to conduct nationally representative surveys in the future. This has not been possible since late 2013, given the lack of information on population movements and distribution since the outbreak of the conflict.

UNICEF South Sudan also prepared internal briefs to assess child-centred budgetary commitments and developed the Situation Assessment of Children and Women in South Sudan, which provided vital analysis for the development of the Interim Cooperation Framework, replacing the United Nations Development Assistance Framework for the next two years.

Delays in the implementation of key national surveys, including the census, have prevented UNICEF South Sudan from designing and undertaking the planned child poverty analysis or participatory studies initially planned on poverty, vulnerability and youth. These will be combined in 2016 into a flagship multi-agency participatory poverty and vulnerability assessment that will focus on children and youth, building on the 2015 Situation Assessment.

OUTCOME 6 Rights of children are advanced through strategic partnerships, advocacy, behavioural development, community transformation and innovative service delivery solutions

Analytical statement of progress:

UNICEF South Sudan took the lead in advocating for the rights and needs of children affected by the conflict. Supported by UNICEF Headquarters and ESARO, UNICEF South Sudan spoke out directly and supported others to speak out on behalf of children affected by armed conflict.

In February 2015, UNICEF issued public statements on the abduction of children from Wau Shilluk following reports of children being forcibly recruited from schools. Three months later, UNICEF was at the forefront of advocacy regarding grave violations against children in Unity State following a fresh spate of attacks on towns and villages. In 2016, UNICEF South Sudan will continue to advocate for the rights of the most vulnerable children in the country, including through public statements, while creating dialogue on the situation of children in South Sudan.

Efforts to communicate the situation of children to the public were increased, including through diversifying communication channels to ensure that the attention of the world remained on South Sudan despite competing global emergencies. UNICEF South Sudan built and maintained relationships with journalists from major media outlets such as *the Guardian*, the British Broadcasting Corporation and *the New York Times*, supporting their visits to affected areas of the country. The international and national media, as well as National Committees,

were regularly updated with press releases, news notes, human interest stories, photos and video to support their advocacy efforts. There was also a purposeful shift towards positive storytelling and the use of new media platforms to engage young South Sudanese, at home and abroad, in advocating for the rights of children.

UNICEF South Sudan continued to work closely with the Government on events, speeches and media releases on a wide range of issues for children, including safe water provision, handwashing, eradication of guinea worm disease, a new education curriculum and GBV.

As part of the Back-to-Learning campaign launched in February 2015 and in order to reach 400,000 out-of-school children, UNICEF South Sudan brought together United Nations agencies, donors and NGOs to develop a communications strategy for 2015 to advocate for the most vulnerable children being denied an education with a particular focus on girls. This work will continue in 2016 with the adoption of the global Fight Unfair campaign.

In line with the office-wide prioritization of the emergency response, interpersonal and mass media communications channels were used to support epidemic disease preparedness and outbreak response. During the cholera outbreak that began in May, an estimated 890,000 people in Juba and Bor were reached with door-to-door cholera prevention and awareness messaging and demonstrations on household water treatment and handwashing with soap. With cholera outbreaks in 2014 and 2015, UNICEF South Sudan and partners rolled out a Cholera KAP study with the health and WASH clusters, which will be used to guide ongoing prevention activities during the dry season interventions.

In 2015, social mobilization interventions were increasingly integrated into key flagship areas, including polio campaigns, such as the Nutrition Scale-Up/Joint Response Plan and the Back-to-Learning campaign, to maximize their reach and effectiveness. For polio, 3,659 social mobilizers ensured families were aware of upcoming campaign visits either for the NIDs (awareness prior to vaccinators' visit was 90 per cent with negligent refusals at 0.1 per cent) or for the polio outbreak response in Greater Upper Nile (no post-campaign data available). In response to the traditionally high burden of malnutrition in Northern Bahr el Ghazal and Warrap, UNICEF South Sudan and partners trained polio social mobilizers to screen and refer children with malnutrition and provide key IYCF messages. These mobilizers have screened more than 220,000 children.

For a second year, efforts to improve the uptake of key life-saving behaviours at the household level were constrained. In 2016, UNICEF C4D will be increasingly used to support these networks, including training 2,000 health promoters to deliver basic health and nutrition services at the household level. Other communications efforts will include increasing the capacity of national media and continuing proactive engagement of all major international media outlets to report on the status of women and children in South Sudan.

OUTPUT 1 The Government, opinion influencers and civil society organizations have increased information, capacity and platforms to advocate for children's issues, particularly for the most deprived and vulnerable children

Analytical statement of progress:

As the humanitarian crisis entered its second year and remained a Level 3 emergency, UNICEF South Sudan increased its outreach to national and international media to ensure global attention on the situation of children despite new and emerging issues and the growing fatigue of international commentators.

As a result, 30 press releases/news notes, 22 human interest stories, dozens of UNICEF-supported visits by journalists, photographers and filmmakers and field visits of four UNICEF ambassadors were carried out by the office and used to draw attention to the continuing emergency for children. UNICEF South Sudan continued to attract the biggest news agencies to the country, including with *the New York Times* first-ever virtual reality reporting series.

At the same time, UNICEF South Sudan developed and improved relationships with local journalists through event invitations, travel opportunities, bi-monthly briefing emails and in-office briefings. In addition, a briefing on the work of UNICEF was carried out for the staff of Eye Radio.

Following the adoption of a new advocacy strategy with the support of ESARO, UNICEF South Sudan ensured continued public and private advocacy on priority areas, including stopping grave child rights violations, ending child recruitment, meeting critical humanitarian needs, and education and peacebuilding. UNICEF South Sudan positioned itself as a leading voice in speaking out against child rights violations and demanding unhindered humanitarian access to reach more children.

In 2015, social media was central to UNICEF South Sudan's advocacy for children, which reached larger audiences and engaged more influencers than ever before. UNICEF South Sudan gained more than 8,000 new followers on Facebook, Twitter, Instagram and Vine, which brought the total number of Facebook followers to 52,000 and 6,000 on Twitter.

In 2015, UNICEF South Sudan used social media as a direct and engaging tool to reach donors, other United Nations agencies, partners, civil society, online influencers and local and international media with key messages on the organization's work for children and to mobilize support for greater action. Through these channels, UNICEF South Sudan allowed the voices of the most marginalized children in the country to be heard all over the world. In 2016, UNICEF South Sudan will continue to prioritize and dedicate time and staff resources to social media development.

A new UNICEF South Sudan website was launched and will bring a user-friendly design and regularly updated content to interested audiences. The website will be widely promoted in 2016 by continuing to generate engaging content and drive support.

Media materials, including briefing packs, key messages, human interest stories, videos and photographs were provided to National Committees to advance their advocacy for the children of South Sudan.

Four media workshops were organized to strengthen the capacities of journalists and media practitioners on conflict-sensitive reporting and a common media approach in Central Equatoria, Jonglei, Western Bahr el Ghazal and Lakes States. In total, 312 media representatives from both government and private news houses were trained.

OUTPUT 2 Networks for social mobilization and interpersonal communication established at the community level and capacity of stakeholders strengthened at all levels for enhancing child survival and development interventions.

Analytical statement of progress:

In 2015, UNICEF South Sudan focused on strengthening networks of social mobilizers who work directly with communities and families to create demand for quality basic services and ensure the uptake of healthy behaviours. UNICEF South Sudan continued to support the Boma Health Delivery Model policy formulation process, which has been delayed at the national level since 2014. The Boma Health Initiative is being piloted in three counties of two states to increase the community provision of health services. In 2016, UNICEF South Sudan will support the MoH to develop a community engagement package based on the basic health and nutrition package and train home health promoters to roll it out, increasing demand for these services.

Support was provided to supplementary immunization campaigns across the country. Nearly 2,500 social mobilizers reached and maintained high coverage in the polio NIDs. Campaign awareness prior to vaccinators' visit was 90 per cent with negligent refusals (0.1 per cent). UNICEF South Sudan undertook advocacy through public campaign launches, orientation of religious and community leaders, radio campaigns in eight languages on 32 stations, church and mosque announcements and house-to-house mobilization. Based on the missed children analysis, efforts were made to reach children under 5 years through schools and on playgrounds. Children in transit and in cattle camps remain a challenge and will receive increased focus in subsequent campaigns.

In Greater Upper Nile, a comprehensive polio outbreak response was rolled out with the support of UNHCR, NGO partners and the Government. To increase awareness in PoC sites, UNICEF South Sudan implemented social mobilization campaigns directly through its network of community volunteers. Outside the PoC sites, 24 out of 32 counties in Greater Upper Nile were accessible for social mobilization. In these areas, 1,159 social mobilizers reached 248,181 families with critical messages on the polio outbreak. As with the national polio response, outbreak efforts were also supported by advocacy from religious leaders and radio broadcasts.

In 2016, a KAP study will provide a key baseline for the MoH's basic health and nutrition package covering health, WASH, nutrition and birth registration behaviours. Based on the KAP findings, a C4D strategy for child survival and development and a national expanded programme on immunization strategy will be developed.

OUTPUT 3 Families and communities in high-risk/emergency-prone areas have information on key behavioural practices contributing to resilience and reducing risk

Analytical statement of progress:

In 2015, UNICEF South Sudan focused its social mobilization activities on reaching families, women and children affected by the conflict with critical information, ensuring that they are able to access life-saving and protective services. UNICEF South Sudan collaborated with the MoH Department of Preventive Health and Emergency Preparedness and Response and WHO on epidemic disease preparedness, prevention and control. UNICEF South Sudan is co-chair of the Social Mobilization and Communication Sub-Working Group of the National Cholera Taskforce. National and state cholera plans were developed and rolled out in the most-affected and vulnerable states (Central Equatoria, Eastern Equatoria, Jonglei and Unity). More than 211,387 (of targeted 300,000) households and 397 (of the 300 targeted) schools were reached with key prevention and control messages, demonstrations and essential supplies. This was supported by 1,702 trained community volunteers, social mobilizers and teachers. Radio continues to be the leading medium for mass communication, with 11,375 radio spots broadcast on 22 radio stations in Lakes, Central Equatoria and Jonglei States, reaching more than 1.2 million people with key hygiene promotion messages. UNICEF South Sudan, along with the health and WASH

clusters, rolled out a cholera KAP study and drafted the national cholera Social Behaviour Change Communication Framework, which will be used to guide prevention activities over the dry season.

Under the Nutrition Scale-Up Initiative, the second phase of the mass screening campaign was launched in Northern Bahr el Ghazal. A total of 197,878 children were screened through this innovative social mobilization initiative, with 16,261 (8.2 per cent) moderate acute malnutrition (MAM) cases and 7,303 (3.7 per cent) SAM cases. The campaign is being launched in Warrap in November 2015 with 53,285 children screened so far with 25 per cent global acute malnutrition (GAM) cases and 5 per cent SAM cases using 250 social mobilizers.

A social mobilization and communication plan was developed to strengthen enrolment, retention and transition for the Back-to-Learning initiative and was supported with key messages and print and audio materials. A total of 367,544 children (40 per cent girls) were reached with education services under Back-to-Learning.

UNICEF South Sudan, Search for Common Ground and the Catholic Radio Network are working to reinforce attitudes, behaviours and social norms conducive to social cohesion and resilience against conflict among young people. UNICEF South Sudan and Search for Common Ground conducted a conflict analysis among 5,000 respondents in eight counties in seven states. Based on these findings, UNICEF South Sudan and Search for Common Ground have broadcast 71 programmes on issues of peacebuilding, tolerance, education and civic participation, reaching 558 direct call-in speakers. The participating radio stations have a potential reach of 4.5 million people.

OUTPUT 4 Government and partners have capacity to implement innovative service delivery solutions

Analytical statement of progress:

The innovations work of the UNICEF South Sudan communications section remained suspended during 2015 due to the ongoing focus on the worsening humanitarian situation in the country.

OUTCOME 7 Support to partners to implement community-based management of acute malnutrition programme

Analytical statement of progress:

Sustained conflict, especially in Greater Upper Nile continues to affect access to and delivery of quality nutrition programmes for children. Renewed conflict starting in April 2015 resulted in further displacements, with children, women and the elderly seeking refuge in the bush and on small islands, where food is scarce, for protection. The majority of nutrition services were suspended in Unity State, as well as in parts of Jonglei and Upper Nile, with supplies looted and the treatment of thousands of severely malnourished children disrupted. This situation is compounded by insufficient health, water and sanitation facilities since the start of the crisis in December 2013.

The overall nutrition situation remains 'critical', with GAM rates above the emergency threshold (15 per cent) in Greater Upper Nile and the high burden states of Northern Bahr el Ghazal and Warrap. The estimated number of children suffering from SAM rose from 108,000 before the crisis to 237,459 at the end of 2015. The nutrition situation has particularly deteriorated in Unity to 'very critical' (more than 30 per cent). Despite the limited information from Unity state, data

from the Bentiu PoC site and Mayom showed GAM rates of 34.1 and 30 per cent, respectively. Abienmhom, Pariang, Panyijiar and Southern Mayendit also showed a 'critical' nutrition situation with GAM rates of 26.5, 23.4, 24.2 and 16.1 per cent, respectively. Disaggregated data from the Bentiu PoC site also showed that children from new arrival households were significantly more likely to suffer from acute malnutrition (47 per cent) than those who had been in the camp longer (29 per cent). High levels of acute malnutrition are attributed to inadequate food consumption due to lack of food in markets, poor feeding practices, morbidity and constrained health and nutrition services.

In the face of a rapidly deteriorating nutrition situation, in June 2014, UNICEF South Sudan, WFP, the Government of South Sudan and implementing partners scaled up their response through the Joint Nutrition Scale-Up Plan 2014–2015. As a result of the partnerships and systems put in place under the Plan, in 2015, UNICEF South Sudan treated 144,122 children under 5 years for SAM (of 148,958 targeted), 53 per cent more than in 2014. Of these, 88.4 per cent have been discharged as cured, above the Sphere standard of 75 per cent. The death rate for children admitted to therapeutic feeding remained far below the 10 per cent Sphere standard.

As cluster lead, UNICEF South Sudan coordinated 45 cluster partners and identified and filled key gaps. Gaps continued in conflict-affected states, with existing partners increasing their caseload and geographic coverage to ensure maximum reach. In mid-2015, the Nutrition Cluster led an urgent scale up of nutrition services in the Bentiu PoC site due to a spike in reported malnutrition-related mortality and admissions to nutrition treatment centres. The scale up included three new outpatient therapeutic programme sites and increased staff, which with a scaled up health and WASH response, helped to lower child mortality below the emergency threshold.

Through 37 RRM missions deployed to Greater Upper Nile and Western Equatoria, UNICEF South Sudan nutritionists screened 81,835 children, identifying 1,146 (1.4 per cent) suffering from SAM and 6,061 (7.4 per cent) suffering from MAM. All children identified with SAM were provided with ready-to-use therapeutic food treatment. The RRM saved lives in areas of urgent humanitarian need with reduced access and a lack of partners. The RRM package delivered with WFP combines food assistance with preventive and curative nutrition and health interventions as well as access to safe drinking water and hygiene, targeting the underlying causes of malnutrition.

In the high-burden states less affected by the conflict, with the state ministries of health and partners, the innovative social mobilization campaign launched in 2014 continued. The campaign involves door-to-door active case finding and referral of malnourished children together with the provision of WASH and IYCF messages to caregivers. In Northern Bahr el Ghazal, social mobilizers screened 197,878 children under 5 years, of whom 7,303 (3.7 per cent) and 16,261 (8.2 per cent) were found to be severely and moderately malnourished, respectively. Sixty-two per cent of the national SAM admissions in the first three months of 2015 were children referred through the social mobilization initiative. This intervention began in Warrap in November, and 53,285 children have been screened, with SAM and MAM rates at 5 per cent and 20 per cent, respectively.

Other achievements recognized due to the partnership with WFP include: strengthened pipeline management, coordination and logistics; provision of a continuum of CMAM services; and improved analysis of the nutrition situation through the integration of nutrition indicators in the Food Security and Nutrition Monitoring System and development of a nutrition map in the

Integrated Phase Classification (IPC). In June 2015, UNICEF South Sudan and WFP reviewed the achievements, challenges and lessons learned from the first year of the scale up and developed the second year Joint Response Plan focusing on the quality of service delivery and increasing coverage to reach the most vulnerable and hard to reach.

Through the strengthened Nutrition Information Working Group chaired by UNICEF South Sudan, information gaps were filled using improved quality SMART surveys. Due to better planning of assessments, the inclusion of nutrition into the Food Security and Nutrition Monitoring System ensured state-level data is available for decision making. The quarterly nutrition IPC analysis assessed the severity of the nutrition situation and identified areas of nutrition priority for the humanitarian response.

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

Analytical statement of progress:

Through the Joint Scale-Up Plan launched in July 2014, now carried into a second year, UNICEF South Sudan and WFP increased the quality and reach of nutrition treatment services. UNICEF South Sudan and its 35 implementing partners admitted 144,122 children with SAM (97 per cent of the caseload) to 576 outpatient and 59 inpatient treatment sites. This is an increase from 409 sites at the end of 2014. Almost one third of sites are now integrated into health facilities. Half of all nutrition service centres provide treatment for both SAM and MAM, improving the continuum of care and ensuring that children with acute malnutrition are identified and treated through recovery.

The cure rate for children admitted to treatment was 88.4 per cent, above the 75 per cent Sphere standard and an improvement from 77.3 per cent in 2014, demonstrating the improved quality of services. Similarly, the death rate was 0.36 per cent (down from 0.8 per cent in 2014), which implies that fewer children are dying of SAM.

Constraints include the ongoing conflict, poor infrastructure, access constraints and the spread of fighting to previously stable Equatoria States. Insecurity has meant that the RRM continues to be a vital mechanism, allowing UNICEF South Sudan to screen 81,835 children in 2015 and identify and treat 1,146 children (1.4 per cent) suffering from SAM.

Between April and June 2015, 65 per cent of the outpatient therapeutic programme services were disrupted in Unity State, along with 26 per cent in Upper Nile and 20 per cent in Jonglei. Most services have been re-established, in many cases using the RRM to reintroduce a nutrition partner. Thirty-eight per cent of facilities in Unity are still suspended.

Given the limited access during the rainy season (April–September), UNICEF South Sudan used the 2014–2015 dry season to pre-position a three-month supply of ready-to-use therapeutic food directly with partners. This resulted in a reduction in the cost of airlifting supplies. The pipeline for ready-to-use therapeutic food is now secured through February 2016 with a buffer stock of 35,000 cartons.

UNICEF South Sudan and WFP expanded their nutrition interventions in the high burden states of Northern Bahr el Ghazal and Warrap, which have GAM rates of 19.7 per cent and 24.2 per cent, respectively. Social mobilizers go house to house to screen for malnutrition and provide IYCF counselling. Through these efforts, 7,303 children with SAM were admitted in the first two quarters of 2015 in Northern Bahr el Ghazal. Social mobilization is ongoing in Warrap.

The CMAM Technical Working Group, reactivated in the last quarter of 2014, is fully operational. UNICEF South Sudan and WFP, in consultation with the MoH, are consolidating the two existing CMAM guidelines and updating them to reflect the global evidence-based practice and adapt it to the local context. These guidelines will support the identification, treatment and prevention of acute malnutrition. The Technical Working Group also harmonized registers, with UNICEF South Sudan providing 600 copies on a pilot basis until the finalization of the CMAM guidelines. The harmonization of registers standardizes treatment follow up for children treated for acute malnutrition.

OUTPUT 2 IYCF

Analytical statement of progress:

Cultural norms and beliefs in South Sudan affect optimum IYCF practices, including exclusive breastfeeding. Only 45 per cent of children are exclusively breastfed. Inappropriate IYCF practices are among the most serious obstacles to preventing malnutrition: the majority of deaths during the first year of life are often associated with inappropriate feeding practices. To address this and ensure optimal cognitive development, UNICEF South Sudan and the MoH are working together to use a combination of policy and community-level capacity building to ensure long-term change.

In collaboration with the MoH, UNICEF South Sudan continued to lead the IYCF Technical Working Group, through which the National IYCF Guidelines were updated. Thirty-two NGOs are implementing IYCF programming throughout the country with UNICEF support, and IYCF has been mainstreamed into all UNICEF interventions. In 2015, 471,105 pregnant and lactating mothers received IYCF counselling, of which 82 per cent were reached through RRM missions. All IYCF programming now includes key hygiene promotion messaging.

In order to standardize IYCF programme implementation, 64 nutrition staff from the MoH, state ministries of health and NGOs from the 10 states and Abyei Administrative Area were trained as IYCF master trainers. The training of trainers has been now rolled out in Central Equatoria, Northern Bahr el Ghazal and Lakes States for 104 participants, including nurses and midwives. The IYCF roll out to the six remaining states will be covered in 2016. The roll out has been slow as these trainers, to whom IYCF is often a new subject, are not strong enough to roll out the trainings on their own and still require dedicated support from UNICEF South Sudan staff. As a result, the training module is changing to include more hands-on learning in the field instead of in a classroom. In addition, UNICEF South Sudan reproduced all required IYCF training materials, including 30,000 South Sudan context-specific IYCF counselling cards. These IYCF counselling cards are used by health facility personnel and trained community volunteers and will be used by mother support groups in 2016.

The implementation of vitamin A supplementation and de-worming in children faced challenges in 2015 because it was not integrated into the first round of polio NIDs. Joint discussions were held with the relevant health sector partners to integrate vitamin A into the November round of NIDs in seven states. In total, 2,066,379 children received at least one dose of vitamin A, and, of these, 1,827,101 doses were given during NIDs. Deworming reached 538,538 children.

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

Analytical statement of progress:

UNICEF South Sudan has consistently supported government and NGO partners at national and state levels to strengthen their systems and build the capacity of health care providers to effectively scale up interventions and provide reliable and timely information. UNICEF South Sudan, directly and through the roll out of training of trainers through partners, trained 3,000 individuals in 2015, with 80 per cent trained by partner staff through the roll out of training of trainers. Twenty per cent were trained directly by UNICEF South Sudan. While the majority were trained on CMAM, dedicated trainings were provided on nutrition information systems (208 trainees), IYCF (164 trainees), micronutrient supplementation (140 trainees) and nutrition programme coverage (20 trainees).

The Nutrition Information Working Group, chaired by UNICEF South Sudan, contributed to the understanding of the nutrition situation in South Sudan by improving nutrition assessment data quantity and quality and providing an evidence base to improve UNICEF and partner planning and programme performance. The Working Group has contributed significantly to the IPC analysis with more robust information, improved partner participation and the ongoing development of the nutrition situation update and map in parallel to the IPC report.

The rigorous validation process of the Nutrition Information Working Group has enhanced the quality of data from SMART surveys. In 2014, nine out of 52 SMART surveys were invalidated as a result of the Working Group's review due to questionable representation, poor measurements and small sample size. The Working Group also improves the capacity of partners and the Government to conduct quality assessments. In 2015, only one survey was invalidated as partners began to adhere to validation procedures, including the provision of technical guidance at the proposal and implementation phases. Sixty-seven SMART surveys were planned in 2015, with an additional four PoC site surveys added due to critical information gaps. Sixty were conducted and 59 were validated. Three rounds of Food Security and Nutrition Monitoring System in 2015 provided critical state-level nutrition information.

In June 2015, the Nutrition Information Working Group rolled out a new Nutrition Information System for emergency nutrition site-level programme data and information with an aim to enable partners to evaluate and improve nutrition programme data quality in terms of completeness, accuracy, timeliness and storage.

The RRM missions, apart from the provision of life-saving nutrition treatment to children, have also provided information on the severity of the nutrition situation, with RRM screening data used for the IPC analysis. UNICEF South Sudan RRM teams regularly engage and build the capacity of community volunteers and other members of the community. On-the-job training through RRM included both screening and ad hoc management of children with malnutrition.

Insecurity and poor access in many counties remain the key challenges to programme monitoring and on-the-job training and capacity building at the field level. The limited capacity of state ministries of health is a constraint to the strengthening of nutrition systems and the integration of nutrition into the health system. Although poor reporting by partners remains a major challenge to monitoring progress, progress has been made on reporting through the close collaboration of UNICEF South Sudan and the cluster on active follow up of missing reports.

OUTCOME 8 Programme Support

Analytical statement of progress:

Renewed violence, inaccessibility, multiple displacements and a deteriorating economy compounded the complex operational environment in South Sudan in 2015 and necessitated

the continuation of the Level 3 emergency designation throughout the year. To maintain its scaled up response through 2015, UNICEF South Sudan ensured a full staff complement and moved more supplies than ever before, while ensuring adequate security procedures and risk management controls.

The November 2014 programme budget review was implemented in 2015 and maintained UNICEF South Sudan presence in all states in order to respond rapidly to the volatile situation in the country. A total of 131 temporary and fixed-term positions were recruited during the year, with the overall staff complement increasing from 200 to more than 300 national and international staff by the end of the year.

Conditions for staff working and living in field offices improved, especially for those working out of the Bentiu and Malakal PoC sites, where new offices were constructed in the UNMISS base. A new office building was constructed in Bor to allow staff to move out of the PoC site and increase focus on humanitarian and recovery work in Jonglei State. The joint United Nations office that UNICEF South Sudan manages in Yambio was rehabilitated. As the population of the Mingkaman IDP site began to return to their areas of origin, the oversight of UNICEF South Sudan's response in this area was moved under Bor office. To facilitate the long-term release and reintegration programming in the GPAA, a separate hub was established in Pibor to allow for secure staff presence in this remote and historically marginalized area.

Attacks on United Nations agency and NGO compounds and individual staff members increased in Juba due to the economic crisis, requiring improved security procedures for the UNICEF South Sudan compound and guest houses.

UNICEF South Sudan continued to lead the provision of supplies to partners, managing nutrition, WASH and education pipelines and providing 90 per cent of vaccines required across the country. A total of US\$38.5 million in programme supplies were moved to partners or for UNICEF direct implementation. During the 2014–2015 dry season, three months' worth of core supplies were pre-positioned with partners or in UNICEF warehouses for timely and cost-effective distribution during the rainy season. A similar exercise planned for the 2015–2016 dry season has been severely constrained by a late rainy season, road infrastructure having been destroyed by floods and insecurity requiring force protection for supply movements. This means UNICEF South Sudan and other agencies will be forced to rely on air assets over the coming year.

The high cost of programme delivery in South Sudan drastically increased in 2015 due to the parallel exchange rate, which increased costs by up to five times, as well as inflation and fuel shortages. Members of the Operations Management Team recommended to the United Nations Country Team that contracts with and payments to United Nations vendors and suppliers be done in United States dollars. This was endorsed in April and is reviewed every three months.

UNICEF South Sudan continued to use the simplified standard operating procedures in 2015, including for programme cooperation agreements, financial management, premises management and recruitment. The simplified standard operating procedures expedited the following: signing of programme cooperation agreements, procurement of supplies and services, establishment and management of guest houses, and the accelerated recruitment of experienced staff to provide humanitarian support.

The CMT met monthly and remained the central management body for office decision making, advising on policies, strategies, programme implementation and monitoring of key management

indicators. The Business Continuity Plan was updated, with the required equipment installed and tested. The Biennium Management Plan clearly defined and provided guidance on office priorities. UNICEF South Sudan revised its current Country Programme Management Plan in March 2015 through a participatory, transparent process to better align management priorities to the humanitarian response.

While improvements were made to Internet connectivity in Juba and in field offices, based on recommendations stemming from a mission undertaken by ESARO and UNICEF Headquarters, the information technology infrastructure in South Sudan remained highly constrained. This continues to affect the day-to-day operations of the office, including VISION transactions.

The weak banking sector in South Sudan poses a challenge for UNICEF in programme delivery; the situation is even worse in conflict-affected areas where the banking structure is now non-existent. UNICEF South Sudan has signed an agreement with a contractor for cash delivery services to minimize the risks of staff carrying cash.

OUTPUT 1 Financial resources and stewardship

Analytical statement of progress:

Country programme management indicators reports and VISION performance management reports were compiled and discussed at monthly CMT meetings. The CMT examined and addressed key management issues, reviewed progress against the Management Plan and analysed progress, challenges and constraints. Regular Emergency Management Team meetings and action matrices improved the coordination of the Level 3 emergency response among UNICEF Headquarters, ESARO and UNICEF South Sudan. Office statutory committees continued to function effectively throughout the year.

The Country Programme was audited by OIAI in February 2015, and the final audit reports were issued. An Audit Action Plan was prepared and endorsed by the CMT and is regularly monitored by an Audit Task Force. Implementation of audit recommendations is ongoing.

Risk control self-assessment sessions were conducted to increase staff awareness on managing risks and updating of the country programme risk profiles in 2015. To strengthen risk management, refresher training on HACT and financial management was conducted for 266 UNICEF South Sudan staff and 130 staff of implementing partners. All partners are now using the FACE forms in accordance with the South Sudan HACT exemption approval.

UNICEF South Sudan reviewed its governance structure in the country, zone and field office levels as well as membership of office statutory committees. Thirty briefing sessions were held on UNICEF rules, regulations and standard operating procedures. A VISION Table of Authority and a Roles Mapping Table were developed and briefing sessions held to increase staff awareness and understanding in the application of the Internal Controls Policy. Delegation of authority memos were signed and documented.

The Business Continuity Plan and the ICT Disaster Recovery Plan were reviewed, approved and tested. The Business Continuity Plan has been uploaded to the global website, and a copy has been shared with UNICEF Kenya, which is a host country for refugees from South Sudan.

OUTPUT 2 Financial resources and stewardship

Analytical statement of progress:

Throughout 2015, UNICEF South Sudan ensured adequate, timely liquidity to support programme interventions. All DCT liquidations received with supporting documents were successfully verified in VISION, and support was provided to programme colleagues and partner staff to improve the completeness of the required documentation. As of end of 2015, all DCTs submitted to the finance unit with proper documentation were successfully liquidated. Following training provided to programme and finance staff, technical issues in VISION on DCTs are now better managed.

UNICEF South Sudan worked closely with DFAM to mitigate the impact of the rising parallel exchange rate, which grew to more than five times the official rate by the end of 2015. Payments to vendors and supplies were made in United States dollars as per the United Nations Country Team approval, and payments to implementing partners in United States dollars were made on a case-by-case basis in negotiation with DFAM. UNICEF South Sudan also ensured that all financial statements, accounts and records were submitted, including monthly bank reconciliation statements, cash-on-hand reports and petty cash reports. UNICEF South Sudan is also practicing cash forecasting in order to maximize investment income and safeguard the organization's cash resources.

The weak banking infrastructure in South Sudan remains the largest challenge for UNICEF South Sudan in terms of financial management. The accounting system in the Central Bank has not been automated, with banks delaying the transfer of funds to beneficiary bank accounts. These challenges have slowed programme implementation, increased the cost of operations, caused delays in service delivery and affected UNICEF South Sudan's strong relationships with suppliers and vendors.

In some remote and hard-to-reach areas, there are no banking facilities, forcing staff to carry large sums of cash. In late 2014, UNICEF South Sudan signed an agreement with a commercial contractor for cash delivery services. The partnership with the commercial contractor has mitigated the risk to UNICEF South Sudan staff of carrying large amounts of cash, including the exposure to physical attack, as well as reducing the risk of losing UNICEF resources. This contract removes the need to obtain prior approval from various authorities to transport cash as well as delays in funds availability, which had previously resulted in the deferral of critical interventions.

Trainings were provided to increase staff capacity, including in sound financial management, tables of authority, internal controls and general ledger charts of accounts, with more than 100 staff participating. Specific orientations were also organized for incoming staff.

Grant financial statement reports were circulated on a bi-weekly basis (weekly where required), maximizing the utilization of funds.

UNICEF South Sudan is compliant with the International Public Sector Accounting Standards, which regulate the recording of financial transactions for UNICEF. Improved financial management systems are in place through new revised administrative instructions and policies. This is crucial for sound accountability for UNICEF financial resources and for building donor confidence.

All seven audit recommendations relating to finance are now being implemented. Responses have been provided to OIAI.

OUTPUT 3 Regional HACT Plan

Analytical statement of progress:

In line with the South Sudan HACT exemption approval, HACT has been rolled out in phases for NGO and government partners. The Assurance Plan for 2015, a key component of the roll out strategy, was endorsed by the CMT and implemented throughout the year. Long-term agreements were signed with consulting firms for micro-assessments and audits. There were 42 micro-assessments conducted in 2015 by the consulting company, and the reports were shared with both partners and sections, and risk ratings in VISION were also adjusted accordingly.

The micro-assessments have highlighted the capacity gaps and the importance of training and regular follow up. Trainings to date have improved knowledge of HACT and the use of FACE forms. A key lesson learned is the need for all UNICEF programme staff to be well versed in HACT in order to support partner implementation. All programme and operations staff are required to include HACT in their PERs.

To strengthen internal capacity and risk management, 85 UNICEF South Sudan staff and 10 staff of other United Nations agencies received refresher training on HACT in Juba and in all field offices except Malakal and Bentiu, where HACT training has been delayed by security and logistical concerns. HACT training was also extended to 266 staff from 130 partners (of a total of 200 active partners).

All NGOs and government partners have started using FACE forms since November 2015, completing UNICEF South Sudan HACT compliance. The inter-agency HACT Taskforce has been restarted with membership from UNDP, UNFPA, UNICEF and WFP, and Taskforce meetings take place at least once a month with UNICEF as the chair.

In 2016, more training and capacity development will be conducted to address the internal control weaknesses of partners highlighted in the 2015 micro-assessments, spot checks and audit report.

OUTPUT 4 Programme Support**Analytical statement of progress:**

Throughout the first quarter of 2015, UNICEF South Sudan focused on recruiting the 86 posts established under the November 2015 programme budget review to ensure a staff structure adequate for the ongoing emergency response as well as ongoing development projects. Of the 86 new posts, 78 were recruited by the end of June.

Through constant review of staff requirements, for the first time, UNICEF South Sudan maintained a vacancy rate of 5 per cent at mid-year. The lowered vacancy rate resulted in fewer surge personnel, timely rest and recuperation and annual leaves, and an office more prepared to respond to the worsening situation for children across the country.

Ninety per cent of staff completed 2014 PERs by April, and 45 per cent of 2015 work plans were finalized by 28 February. By 30 September 2015, 70 per cent had completed 2015 Phase II. PER discussions provided an opportunity for staff and supervisors to constructively review and improve staff performance as well as to discuss performance improvement plans and training opportunities.

International professional diversity has improved, with a balance between donor and programme country representation. The current balance is 49 per cent donor and 51 per cent

programme, compared with 41 per cent and 59 per cent in 2014, respectively. Gender parity declined from 34 to 32 per cent female from 2014 to 2015.

The Global Staff Survey Action Plan was finalized and monitored on a monthly basis in CMT meetings in collaboration with the Staff Association. Eighty-five per cent of the Action Plan has been implemented.

A Training and Learning Plan was developed and implemented throughout the year. To support results-oriented teams, three sessions on managing performance of results were held. Fifty per cent of planned group learning activities took place. Five individual external trainings were completed, three sessions for competency-based interview were conducted and three online trainings are ongoing: 77 per cent of staff completed the prevention of sexual harassment training; 65 per cent completed ethics and integrity awareness training; and 60 per cent completed HACT training.

The November 2014 programme budget review established a staff counsellor position in response to the difficult living and working conditions, especially in remote field locations. The staff counsellor responded to crisis situations and provided pro-active health promotion strategies. To increase effectiveness, several team-building enhancement activities were undertaken. Field visits are regularly conducted to provide one-on-one and group activities. Holistic health strategies are utilized and implemented to assist staff in dealing with restrictive living and working conditions as well as the volatile security environment in country. The office has three peer support volunteers.

The Joint Consultative Committee met three times in 2015, and minutes were shared with all staff. The participation of the Staff Association in office committees and office management teams provided additional opportunities for their voice to be heard, especially on issues of residential security, access to medical facilities and relief from acute fuel and water shortage.