

South Sudan

Part 1: Situation update in the country

On 12 September 2018, after almost five years of conflict, the Government of the Republic of South Sudan and key opposition groups signed a revitalized agreement to resolve the country's conflict in Addis Ababa, Ethiopia. For the first time, the Governments of Sudan and Uganda acted as guarantors of the agreement. Although prospects for peace and development may improve through concerted regional efforts, tensions across borders could derail the peace process, such as instability in Sudan and potential influx of South Sudanese returnees and Sudanese refugees.

Since Dec 2013 the crisis has uprooted 4.5 million people, of whom 2 million remain internally displaced and 2.5 million have taken refuge in neighbouring countries. In 2018 the displacement tracking matrix identified more than 658,000 returnees, of whom 42 per cent had returned during 2017 from locations in South Sudan and abroad. Returns from Kenya and Uganda show an upwards trend as a percentage share of total returns since the second half of 2017, whereas returns from Sudan and South Sudan have been more static.

Even if peace holds (previous peace talks have occasionally resulted in ceasefire agreements that were systematically violated) investment in South Sudan has been so chronically negligible that it will take many years to recover; politically, socially and economically. Drivers and multipliers of crisis include insecurity and violence, ongoing displacement, sparse basic services, disease, climate shocks, economic instability and insecure access to food and livelihoods. The outbreak of Ebola virus disease in the Democratic Republic of Congo (DRC) continues to pose a serious threat; UNICEF and partners have ramped up prevention efforts in the key risk state of Greater Equatoria, which has the most inaccessible locations.

South Sudan relies heavily on external humanitarian funding but is facing growing competition due to the increased number of emergencies globally. More flexible funding is needed to meet acute humanitarian needs as resources received generally come with greater conditionality, affecting UNICEF's ability to reach the most vulnerable. In 2018 UNICEF South Sudan received US\$186 million through generous support from donors, but many have indicated future reductions in funding to South Sudan, with only a few committing to increased funding and many awaiting concrete results from the peace process.

Key macroeconomic indicators signalled a degree of stabilization following signature of the revitalized agreement. On 27 November 2018 the Government launched the South Sudan National Development Strategy (NDS) 2018–2021, with the primary objective of stabilizing the economy. However, South Sudan's economy continues to experience steep decline, and economic shocks triggered by the 2013 crisis continue to manifest, worsening an already precarious situation. Unemployment remains high and the effects of drought and climate change are compounded by rising total public debt and high inflation. The oil sector continued

to suffer the consequences of the conflict, and the Government is unable to attract new investors to the sector.

South Sudan remains one of the most dangerous places in the world for humanitarian workers. As of November 15 aid workers had been killed during 2018, bringing the total number killed to 112 since the start of the conflict. Meanwhile, 115 aid workers were detained and 564 were relocated due to insecurity, disrupting the provision of life-saving assistance and protection services. The first half of 2018 saw violent clashes in the midst of political and ethnic tensions, as well as criminal ambushes and abductions across the country that directly impacted UNICEF, including the abduction of two staff members on 25 April 2018.

In mid-2018 new arrivals to the Bentiu civilian protection (PoC) site and the Nyal internally displaced persons (IDP) settlement were mainly from Unity State, reflecting a persistent volatile security situation. Over the last two years high-level conflict has spread to Greater Equatoria. Closure of many schools led to an increase in unsupervised children and a growth in protection concerns. The deteriorating security and economic situation, in turn, led to harmful coping mechanisms including increased rates of survival sex among girls, higher levels of child marriage and involvement of boys in armed groups and crime. The number of children separated from their families also increased. Overall trends in 2018 show an increase in reported incidents of grave violations against children, particularly recruitment and use of children by armed forces and groups, sexual violence and abduction.

South Sudan maintains an open-door policy for refugees and, as of September 2018, was hosting some 300,000 refugees, of whom more than 278,000 originated from Sudan. Those seeking refuge in South Sudan are also affected by conflict, poverty and the humanitarian crisis.

The conflict disproportionately affects women and girls, and inequalities persist between women and men and boys and girls in terms of education access, livelihood opportunities, protection and political processes. Women and girls are disproportionately affected due to mobility restrictions, limited decision-making power and lack of access to and control over resources. They also have poor access to information about their rights and to awareness-raising material related to maternal and child health, disease prevention, hygiene, protection or gender-based violence.

Progress against the Sustainable Development Goals (SDGs) is extremely difficult to measure in South Sudan because of inadequate or missing data due to factors such as inaccessibility. The last census was conducted in 2008; all population data since then are projections, made more problematic as a result of new administrative boundaries. Displacement and mortality since the conflict began have made it extremely difficult to track the number of people in any given location. Another challenge is the scarcity of sex- and age-disaggregated data.

The situation of children continued to be abysmal in 2018; they continue to be 'left behind' across the board. Their safety, health and well-being are deeply compromised, and access to the most basic of services denied. South Sudan therefore faces a profound challenge in relation to achieving the SDGs.

Realization of SDG target 16(2) – ending abuse, exploitation, trafficking and all forms of violence against and torture of children – is crucial, as attacks on civilians and violations by all parties to the conflict continue to undermine the survival and outlook, particularly for women,

adolescent girls and children. While the September 2018 peace agreement may go to improving the situation, that improvement will come from a low base. Between December 2013 and April 2018, the conflict is estimated to have caused 382,000 deaths, approximately half from violence. The pattern of violence has included widespread sexual violence, targeted killings and the destruction of livestock and property. Meanwhile, it is estimated that 19,000 children are associated with armed forces and groups. Since February 2018, in Yambio County alone 745 children, including 263 girls, were released. Since 2014, some 2,700 incidents of grave violations against children have been verified by the UN, affecting over 81,000 children. Cases of gender-based violence, including sexual violence, are under-reported by survivors due to fear of stigma, shame, low confidence in the rule of law to bring perpetrators to justice and reliance on informal justice structures – which due to cultural norms can be an impediment to addressing gender-based violence – as well as limited availability of support services. The near 2,300 cases reported by mid-2018, mostly affecting women and girls, therefore likely represents a small proportion of a deep-rooted, widespread problem.

High mortality rates and lack of basic healthcare make achieving SDG 3 another hurdle in South Sudan. Given the worsened security and economic situation, it is likely that maternal mortality has increased since 2015, when it was estimated at 789 deaths per 100,000 live births – undermining gains made since 1990 and maintaining South Sudan among the top five countries in the world for maternal mortality. Infant and under-five mortality rates (96 and 63 per 1,000 live births, respectively) are also extremely high. Notably, in 2018 the United Nations inter-agency group for child mortality estimation decided to hold these estimates constant since the start of the country's crisis in 2013, given the scarcity of available data and the challenge of estimating impact due to the protracted conflict. Destruction of health facilities and disruption of services has made it impossible to provide continuous basic primary healthcare in many locations, as well as to carry out routine expanded programmes of immunization and vaccination campaigns. Conflict, the rainy season and poor infrastructure have rendered the few and interspersed health facilities inaccessible to most of the population. Given low immunization rates, the breakdown in health infrastructure and mass population movement, the potential for spread of infectious and vaccine-preventable diseases, such as cholera and measles, is strong. During 2018 there were widespread reports of measles; and malaria remains the main cause of morbidity and mortality for children.

Achievement of SDG target 2(2), ending all forms of malnutrition, was hindered as the conflict pushed more people than ever into food insecurity. The integrated food security phase classification (IPC) analysis released in September 2018 indicated that some 6.1 million people (nearly 60 per cent of the total population) faced severe food insecurity between July and August, due to lack of access to health and nutrition services, prolonged conflict and displacement. By the first quarter of 2019, an estimated 5.2 million people are expected to face crisis (or worse) levels of acute food insecurity. The overall situation of acute malnutrition improved slightly in 2018, with no county reporting extreme critical levels. Round 22 of the food security and nutrition monitoring system revealed reduced prevalence of global acute malnutrition among children (from 23 percent in 2010 to 13 per cent in 2018) and of child stunting (31 per cent in 2010, 17 per cent in 2018). Nevertheless, children under the age of five and women who are pregnant or lactating remain the most vulnerable due to their increased biological and physiological needs, and some 860,000 children under the age of five are acutely malnourished, including 259,700 with severe forms.

Achieving SDG Goal 6– on availability and sustainable management of water and sanitation– faces the challenge of high levels of need contrasted with funding shortfalls in the sector. With

limited reliable data and analysis available, the number of people reported to require emergency water, sanitation and hygiene (WASH) services increased by 7 per cent in 2018 (to around 6 million). As a result, only half of the population of South Sudan has access to a basic water service (i.e., an improved source within 30 minutes), while a further 28 per cent have access to limited service. Since water infrastructure is deliberately targeted by armed actors, an estimated 35 per cent of water sources are non-functional. Increased strain on existing functional sources increased the risk for transmission of water-borne diseases. Only 10 per cent of the population has access to improved sanitation; while 61 per cent practice open defecation. Women and girls face increased risk of harassment, assault and sexual violence when collecting water and using communal latrines; access to menstrual hygiene products and appropriate and dignified washing locations is also needed. WASH needs are high at PoC sites, which lack sufficient hygiene and sanitation and are at risk for disease outbreaks, given congested conditions, as well as for internally displaced persons in non-camp settings and already-stretched host communities.

Progress towards SDG target 4(1), on quality primary and secondary education, is not evident. Reports published in 2018 found that every third school had been damaged, destroyed, occupied or closed since 2013, and that more than 70 per cent of children who should be attending classes are not receiving any formal education. Schools continue to be destroyed or remain unusable, and teachers have fled violence and economic stress. Over 2.2 million children across South Sudan are now out of school. Similarly, South Sudan has also failed to make progress toward SDG target 4(2), on access to quality early childhood development, care and pre-primary education; significant data gaps prevent effective monitoring of this target.

To leave no child behind it is essential for all children to be reached with services. However, in South Sudan humanitarian access continued to be restricted by all parties to the conflict, as well as by civilian authorities and criminal elements. Of the 7 million people in need of assistance, approximately 1.5 million (including 920,000 children) live in counties with severe access constraints. Unity, Upper Nile and Western Bahr el Ghazal states host most people in need (87 per cent). Blanket access denials and restrictions of movement persisted in Western Bahr el Ghazal, while continuous fighting and lack of safety assurances in central Unity greatly constrained humanitarian access in 2018. Worsening operational interference across the Greater Upper Nile region is restricting humanitarian access and compromising principled humanitarian action. Growing insecurity in the Equatorias significantly reduced humanitarian space and safe access for partners, including deterioration in safe road travel due to a substantial increase in ambushes and detention of aid workers.

Part 2: Major results, including in humanitarian action and gender, against the results in the Country Programme Document

UNICEF's activities in 2018 contributed to the interim cooperation framework of the UN country team in South Sudan for 2016–18, and generally fell within framework outcome 2: strengthening social services for the most vulnerable. UNICEF activities also support the NDS 2018–2021; specifically the third key result (access to basic services) and the fifth strategic deliverable (maintain social services).

Goal area 1: Every child survives and thrives

UNICEF South Sudan's related country programme outcome: Improved and equitable use of

maternal, newborn and child health (MNCH) and HIV services by infants, children, adolescents and women who are pregnant or lactating, especially those from poor and marginalized groups; and improved and equitable provision of evidence-based nutrition interventions for children and women of childbearing age, including women who are pregnant and lactating.

Output: Immunization systems strengthened to deliver routine and supplementary services in emergency and non-emergency settings.

UNICEF continued to support routine immunization of children through social mobilization, cold chain strengthening and distribution of vaccines and other primary health supplies. In 2018 about 66 per cent of children received the first dose of Pentavalent; however, only 52 per cent received the third dose, with 81 per cent completed reporting. UNICEF supported the Ministry of Health (MoH) to undertake a survey that informed a five-year strategic plan for the national expanded programme on immunization. Results revealed a 42 per cent rate of non-vaccination due to lack of information, which will be addressed through a national communication strategy for immunization.

Supplementary immunization activities ensured adequate immunity among children, including accelerated outreach accelerated during the dry season. During 2018 South Sudan had 450 suspected cases of measles, including reports of five child deaths. UNICEF, the World Health Organization (WHO) and partners supported the MoH to conduct a countrywide measles follow-up campaign and local outbreak responses, which together vaccinated 814,890 children aged six months to 15 years against measles in 2018 (84 per cent of the target).

UNICEF supported the installation of 186 solar refrigerators, thus increasing vaccine cold chain coverage at health facilities from 37 per cent in 2017 to over 45 per cent in 2018.

UNICEF conducted intensive social and community mobilization activities through an integrated community mobilization network for two rounds of national immunization days for polio eradication, with an average of 90.2 per cent pre-campaign awareness among mothers and caregivers.

Output: Improved capacity to provide integrated case management services for common childhood illnesses in emergency and non-emergency settings.

In 2018 some 2,678,863 people (1,161,446 children under five) were provided with life-saving treatment, mainly for malaria, pneumonia and diarrhoea. Cases were managed through community programming. Front-line health workers were trained in integrated management of childhood illness and integrated community case management, enabling 920,870 children to access malaria, pneumonia and diarrhoea treatment.

Malaria continues to be the leading cause of morbidity in South Sudan, accounting for 36 per cent of deaths among all age groups in UNICEF-supported sites. A total of 187,423 families were each provided with two mosquito nets (75 per cent of the target). Indoor residual spraying was undertaken in two of the country's largest PoC sites (Bentiu and Malakal); 25,431 dwellings were sprayed, protecting 145,576 individuals. As a result, malaria incidence declined by 55 per cent.

In collaboration with WHO, MoH and other humanitarian partners, UNICEF responded within 72 hours to 52 per cent of outbreak alerts for suspected meningitis, measles, Hepatitis E and

Rift Valley fever through case management, surveillance, cold chain and vaccine management and risk communication. As part of preventive measures, UNICEF supported vaccine management, social mobilization and training during oral cholera vaccine campaigns. Some 458,833 one-year-olds had one dose of the vaccine, while 474,708 received two doses. In addition, cholera supplies were pre-positioned in all 24 hotspots.

The Ebola outbreak currently occurring in the Democratic Republic of Congo could easily spread to neighbouring countries. Along with the provision of critical supplies, UNICEF supported the development of a national multi-sectoral Ebola operational preparedness and response plan. UNICEF also actively participated in and provided technical and financial support to technical working groups on case management, risk communication and social mobilization and infection-prevention and control. Outputs included the development and printing of 12 standard operating procedures and a risk communication strategy.

Output: Strengthened systems to deliver integrated maternal and neonatal health, prevention of mother-to-child transmission of HIV, early infant diagnosis and birth registration services.

UNICEF supported preventive and curative HIV services targeting women who are pregnant, newborns and children under five years of age in 2018. Some 98,266 pregnant women were supported to attend their first antenatal care visit. However only 42,586 of them attended four or more times, and skilled health providers attended only 15,407 in UNICEF-supported areas (well below targets). Progress was hampered when displaced populations became mobile and difficult to access.

With the health cluster and the United Nations Office for the Coordination of Humanitarian Affairs, UNICEF negotiated humanitarian access and participated in 50 integrated rapid response mechanism (IRRM) missions to urgently reach displaced populations. In addition, the United Nations International Organization for Migration (IOM), Joint United Nations Programme on HIV/ AIDS, UNICEF, the MoH and the National AIDS Commission collaborated to support an accelerated 100-day emergency HIV response plan in Jonglei State (one of the most conflict-affected) targeting uniformed forces and surrounding host communities with HIV testing and treatment services. As a result, 90,142 individuals (45,802 women) from the general population were reached with HIV information and 42,895 (19,831 women) were tested for HIV, of whom 685 tested positive and were referred for treatment.

UNICEF helped support operationalization of the Boma Health Initiative (BHI) to boost demand for and use of essential services, while strengthening community resilience. The MoH, with support from UNICEF and Management Sciences for Health, developed and validated a BHI costing and investment case analysis, which revealed that if the initial BHI package is implemented at scale, by 2028 a total of 129,576 deaths could be averted, including 35,491 neonatal deaths, 88,751 child (1–59 months) deaths and 5,334 maternal deaths. A community health management information system was developed and pre-tested, with support from the Liverpool School of Tropical Medicine, to monitor routine data emerging from the BHI nationwide.

To support prevention of mother-to-child transmission of HIV, 56,735 women who were pregnant received counselling and testing, of whom 1,085 (1.2 per cent) tested positive and were enrolled in antiretroviral therapy.

Output: Health facilities and communities are able to provide quality integrated management of severe acute malnutrition, as per national guidelines.

Between 2015 and 2018, UNICEF supported increases in coverage of quality care for severely acutely malnourished (SAM) children from 60 to 77 per cent, contributing to reducing prevalence of SAM among children aged 0-59 months: from 9.9 per cent in 2010 to 2.7 per cent in 2018. During 2018 some 206,673 children with SAM (107,720 girls) were treated (96 per cent of the target); around 70 per cent were from the five high-malnutrition-burden states of Jonglei, Lakes, Northern Bahr El Ghazal, Unity and Warrap.

SAM treatment achievements can be attributed to: an 86 per cent increase in the number of outpatient therapeutic programme treatment sites (from 462 in 2015 to 858 in 2018), increased partnership with civil society organization (CSO) implementing partners and active community case finding. Harmonization of treatment protocols through development of national guidelines and rollout of training on community management of acute malnutrition supported the scaling-up of SAM treatment.

To reinforce synergies and achieve better results for children, UNICEF supported integration of care for child development through the distribution of early childhood development (ECD) kits, integration of malaria detection and prevention at outpatient sites and provision of soap to promote hygiene and sanitation. Strengthened collaboration between UNICEF, WHO and the United Nations World Food Programme (WFP) ensured a continuum of care through seamless referral mechanisms across the different treatment programmes for children with moderate and severe malnutrition.

Output: Enhanced support for children, caregivers and communities for improved nutrition and provision of appropriate care and infant and young child feeding (IYCF) in emergency and non-emergency settings.

UNICEF integrated vitamin A supplementation and deworming (VASD) in its partnership cooperation agreements with CSOs and in national immunization days. Six out of 10 states performed well in conducting VASD campaigns; 76 per cent of counties conducted campaigns in 2018, compared to 61 per cent in 2017.

Coverage of vitamin A supplementation for children has increased from 4 to 63 per cent between 2010 and 2018. During 2018, the number of children supplemented with vitamin A increased by 50 per cent, to 2,310,639 (1,221,790 girls). Similarly, the number of children receiving deworming tablets during the first six months increased by 57 per cent, to 1,884,491 (994,004 girls). In addition, 45,178 children (23,186 girls) received vitamin A supplementation; and 34,211 children (16,263 girls) received deworming tablets through IRRM missions.

The number of caregivers of children aged 0–23 months reached through maternal, infant and young child nutrition counselling increased from 539,547 in 2015 to 950,376 in 2018. This remarkable progress helped to increase the proportion of children aged 0–5 months exclusively breastfed from 45 to 74 per cent between 2010 and 2018.

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

Despite huge investment in nutrition in South Sudan over the last five years, no information on

key nutrition indicators has been available since 2010. In 2018, thanks to a UNICEF-led initiative, national-level data was generated on stunting, acute malnutrition, IYCF and vitamin A coverage, supported by near real-time data. The data showed that national prevalence of global acute malnutrition decreased to 13 per cent and stunting prevalence to 17 per cent in 2018.

UNICEF supported continuous capacity building of Government and non-governmental actors, advocated for enhanced use of evidence in planning and provided technical inputs to ensure rigorous review and validation of survey results. The average reporting rate by nutrition sites in South Sudan improved gradually from 86 per cent to 98 per cent between 2016 and 2018. UNICEF supported training of 60 staff from CSOs and Government on use of the revised nutrition information system platform; data were instrumental in supporting state-level evidence-based planning.

In collaboration with United Nations Food and Agriculture Organization and WFP, UNICEF conducted the food security and nutrition monitoring system survey and improved its data quality to provide critical inputs for preparing the IPC, and for planning and prioritizing UNICEF interventions. UNICEF supported 45 county-based standardized monitoring and assessment of relief and transition surveys to inform the IPC and the 2019 humanitarian response plan.

Goal area 2: Every child learns

UNICEF South Sudan's related country programme outcome: Children aged 3–18, and particularly adolescents, girls and other vulnerable groups, have increased and more equitable access to quality basic education with learning outcomes.

Related outputs were:

Increased support to Government and partners to improve transition from ECD to primary and primary to secondary education, and

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

With Global Partnership for Education (GPE) funding, and in partnership with the Ministry of General Education and Instruction (MoGEI), the United Nations Educational, Scientific and Cultural Organization (UNESCO) and others, UNICEF helped develop evidence-based, cost-effective education strategies and policy systems. For example, the girls' education strategy for South Sudan 2015–2017 was rigorously revised through a situation analysis on girls' education, the results of which informed the new girls' education strategy (2018–2022), which strives to eliminate barriers to girls' education and promote gender equality.

Research conducted in 2018 included: an assessment on early grade literacy; a 'back to learning' initiative evaluation, an evaluation of the GPE 2012–2018 and an assessment of the effectiveness of UNICEF-supported teacher incentives programmes. UNICEF initiated a strategic partnership with the World Bank to develop a sub-sectoral analysis of the current ECD landscape in South Sudan to inform a new early childhood education policy.

Continued 'back to learning' campaigns led to the return to school and retention of half a million children (559,450; target 500,000), in partnership with 29 international and national CSOs. To

support this, 460 temporary learning spaces were established and 38 classrooms were rehabilitated by implementing partners.

The communication for development (C4D) unit supported peacebuilding as a key focus area for youth-led social change programming through the ICMN. School enrolment in areas covered by ICMN increased from 68 per cent to 71 per cent between January and November 2018.

Output: Improved national, subnational and community capacity to protect and provide quality education to children and adolescents

In 2018 UNICEF and 29 international and national CSO partners enrolled 559,450 children (227,247 girls) in pre-primary, primary and secondary schools. UNICEF procured essential items for children and teachers, distributed with CSO partner support. The materials included 11,891 children's kits, 11,870 teachers' kits, 2,197 ECD kits, 2,976 recreation kits, 478,732 school bags and 59,041 dignity kits, benefitting 559,450 children and 4,965 teachers (854 female) in primary schools and alternative learning programme facilities.

UNICEF supported the MoGEI to develop textbooks and teacher guides for the new national curriculum, for all 15 primary and secondary subjects. Teacher guides for national literacy primers are being developed in five national languages, as well as translation of Primary 1 subject textbooks to initiate mother-tongue instruction to improve learning outcomes. With partners, UNICEF trained teachers, volunteer teachers, parent-teacher associations (PTAs) school management committee (SMC) members and MoGEI staff in all states. UNICEF supported MoGEI to provide curriculum orientation training for 16,010 teachers and a series of teacher training events on the learner-centred approach and competency-based curriculum, on which the new textbooks are based.

In 2018, some 7,347 volunteer teachers (2,272 women), education officials and PTA/SMC members were provided with induction and school management training (target 5,200) This training had a positive impact on classroom interaction and management by volunteer teachers.

Goal area 3: Every child is protected from violence and exploitation

UNICEF South Sudan's related country programme outcome: Children and adolescents at risk of, or exposed to, violence, exploitation and abuse have their risk reduced, mitigated and, where possible, their safety, dignity and health restored.

Output: Ministry of Gender, Child and Social Welfare (MGCSW), MoH and selected state ministries have laws and regulatory frameworks and service delivery systems in place to improve children's access to justice and birth registration services.

Progress in building child protection systems was demonstrated through UNICEF's advocacy and technical support to Government for passage of the Civil Registry Act 2018, which will see that children are registered and receive their birth certificates, creating the basis for better planning. Meanwhile, ICMN was instrumental in increasing birth notifications across the country from 47 per cent to 62 per cent. A policy on children without appropriate parental care was passed, facilitating appropriate care for the most vulnerable children, and associated comprehensive case management guidelines were contextualized for South Sudan.

Some 2,152 new registrations for national family tracing and reunification services led to family reunification for 1,112 unaccompanied and separated children. Formal case management was expanded to six new implementing partners; to support the formal comprehensive case management system. The Child Protection Information Management System (CPIMS) was being transitioned toward CPIMS+, under UNICEF leadership. National case management standard operating procedures for accommodating extremely vulnerable children were finalized and 70 humanitarian workers trained on coaching and supervision.

Output: Children at risk of, or exposed to, violence, exploitation and abuse are increasingly able to access and benefit from higher quality core child protection and gender-based violence services in emergency and non-emergency settings.

Risk mitigation, prevention and response services for gender-based violence were prioritized, exceeding the target by supporting 190,992 people (67,817 women, 52,013 girls, 37,072 boys and 34,090 men). UNICEF provided financial and technical support for coordinating this work, and for implementation of: the real-time accountability partnership on gender-based violence in emergencies, UN joint programme on gender-based violence, and a joint communique on ending conflict-related sexual violence and protection from sexual exploitation and abuse.

In partnership with the United Nations Mine Action Service, 123,952 children were reached with mine-risk awareness messages. Capacity building on mine-risk education was provided to 12 implementing partners, who then received accreditation from mine action authorities. UNICEF and the country-level UN country task force for monitoring and reporting (CTFMR) on grave violations affecting children in armed conflict worked with government security forces to develop and implement an action plan to end grave violations affecting children. During 2018 the CTFMR documented and verified 349 reported incidents of grave violations against children, affecting over 6,805 boys and over 6,099 girls.

As part of implementation of action plans signed by the Sudanese People's Liberation Army (SPLA) and the SPLA in Opposition (SPLA-IO) to stop and prevent grave child rights violations, UNICEF, in collaboration with the United Nations Mission in South Sudan and The National Disarmament, Demobilization and Reintegration Commission, successfully released 955 children (265 girls) associated with armed groups and enrolled them in reintegration programmes in Pibor (Jonglei) and Yambio (Western Equatoria). UNICEF continued to provide reintegration support to children who were released or escaped during 2015–2017, including economic reintegration services such as animal husbandry, agricultural training, vocational training and small business start-up; 1,552 other children in emergency situations (1,041 girls) were also supported.

In addition to co-leading the national child protection sub-cluster, UNICEF co-led the mental health and psychosocial support working group, the case management task force and working groups on children associated with armed forces, unaccompanied and separated children and psychosocial support. UNICEF also leads the technical working group on gender-based violence in Upper Nile State.

All 36 UNICEF child protection in emergencies and gender-based violence partners (80 per cent national CSOs) received support to plan, develop and implement child protection projects.

Goal area 4: Every child lives in a safe and clean environment

UNICEF South Sudan's related country programme outcome: Target population in conflict-affected, underserved and epidemic-prone communities has improved access to equitable and sustainable WASH services.

Output: Improved availability of affordable and sustainable safe water supply facilities in vulnerable areas, schools and health facilities.

UNICEF increased the delivery of safe and dignified access to, and quality of, WASH services during 2018. Some 520,221 people gained access to safe drinking water and 158,274 to basic sanitation facilities, including through community-led total sanitation (CLTS).

Safe water was provided through construction of 60 new water facilities using mechanized drilling, spring-catchment water-supply systems and rehabilitation of 537 non-functional boreholes; establishment of surface water treatment systems, such as in PoC sites and IDP camps; and water trucking. Nevertheless, a resurgence of Guinea Worm disease occurred in 2018; UNICEF intensified its WASH-related response through the MoH and Carter Center in endemic villages.

UNICEF built the capacity of 432 WASH committees and hand pump mechanics' associations for operating and maintaining WASH facilities and promoting hygiene. This played a vital role in supporting the integration of WASH activities into nutrition and health programming for managing acute malnutrition in children under five years of age.

Together with partners, UNICEF worked with young people to improve their livelihoods in PoCs and host communities. In total 263 youths (153 male and 110 female) were trained and engaged on various WASH-related activities, including: regular water quality monitoring, hygiene promotion, latrine cleaning, repair and maintenance of latrines, garbage collection and drainage cleaning.

Output: Increased availability of sustainable sanitation facilities and improved hygiene practices at household and institutional level, with an emphasis on behaviour change and open defecation free (ODF) communities.

Most of the previous gains, particularly through community approaches to total sanitation (CATS) were lost due to massive and multiple community displacements. However, as a result of the training and efforts by 40 master trainers on CATS, 23 villages in Northern Bahr el Ghazal, 33 villages in Central Equatoria and 10 villages in Eastern Equatoria were declared ODF, ensuring that over 23,589 people now have access to safe sanitation.

A WASH knowledge attitudes and practices survey was conducted to inform CLTS programming. Community mobilizers from the ICMN supported families with inadequate or no knowledge of how to prepare oral rehydration salts solution or of WASH key messages. To maintain ODF status and make latrine use a sustainable social norm, in 2019 UNICEF will support a sanitation marketing strategy focusing on the development of appropriately designed latrines through strong private sector engagement and intensified social mobilization.

Output: Improved policy and knowledge management at national- and state-level government and within local civil society.

In 2018 UNICEF supported WASH policies and strategic frameworks for subsectors such as urban water, water management, and sanitation; supported the development of a water bill, investment plan and regulations for the WASH sector; and building community structures to operate, maintain and sustain water facilities.

UNICEF continued to support the Government to honour its commitments to global initiatives such as Sanitation and Water for All and the Ngor Declaration on Sanitation and Hygiene, by monitoring and supporting production of baseline data. UNICEF continued to strengthen government capacity to lead WASH sector coordination mechanisms at national and state levels and to support the sanitation and hygiene working group with technical assistance and policy guidelines for the sub-sector.

Output: Effective WASH preparedness services and response for emergency-affected populations delivered in line with UNICEF's core commitments for children in humanitarian action

Directly or through over 35 partners, UNICEF reached 520,221 people with safe water supplies, 158,274 with safe sanitation and over 1.1 million people with WASH core pipeline supplies in emergency-affected locations. UNICEF supported 217,700 internally displaced persons at PoC sites and settlements to receive daily water, sanitation, rubbish collection and hygiene promotion. In addition, 97,248 people received solid waste and sewerage services.

Despite South Sudan being a cholera-prone country, no new cases reported in 2018, which can be partially attributed to UNICEF's coordination and prevention efforts, with relevant ministries, WHO and health and WASH cluster partners. UNICEF pre-positioned cholera supplies and supported extensive community sensitization and mobilization through campaigns and house-to-house visits to reach the population with key cholera messages.

UNICEF's C4D, health and WASH sections have robust preparedness measures in place for Ebola, supplies are pre-positioned in hotspots, and UNICEF led WASH-related infection prevention control efforts. Rehabilitation and installation of WASH facilities began at 10 isolation units, and risk communication is underway.

Goal area 5: Every child has an equitable chance in life

UNICEF South Sudan's related country programme outcome: Improved policy environment and system for disadvantaged and excluded children.

Output: Enhanced government capacity to deliver child-centred social protection services

UNICEF strengthened the coordination of various social protection initiatives, including cash-based programmes, through work with MGCSW, the national social protection working group (as co-chair) and by partnering with the inter-agency cash working group.

Due to resource constraints and knowledge gaps, cash-based programming could not be implemented in 2018. However, a dedicated programme officer was recruited to build capacity on implementing cash-based approaches. UNICEF acquired skills on cash transfer programmes by participating in training, face-to-face meetings and community of practice sessions.

Output: Strengthened UNICEF and partner capacity to produce equity-focused data, evidence-based evaluations and analytical studies

UNICEF supported the national public finance for children (PF4C) agenda by disseminating findings of the 2017 open budget survey (OBS) to national partners, including the Ministry of Finance and Economic Planning (MoFEP) and the National Legislative Assembly. South Sudan has a transparency score of just 5 (out of 100) on the open budget index, and ranks very low for public participation and legislative and audit oversight. With UNICEF support, the MoFEP and CSO representatives participated in a regional OBS meeting in Nairobi. A national action plan for budget transparency was developed, which led to the first-ever national budget transparency stakeholders' workshop organized by the MoFEP in June 2018 and attended by around 30 Government and other key OBS and public finance management stakeholders. UNICEF also supported a South-South learning exchange, where two Zimbabwean delegates (Government and CSO) participated and shared their OBS experiences.

With UNICEF support, user-friendly citizen's budgets were developed for social sector institutions. To increase public participation, awareness activities were held on national budgetary processes through two radio shows and panel discussions on the education and health sector budgets, targeting youth, women, academia and CSOs. Capacity building of parliamentarians was conducted on budget reading and related activities, and in July CSOs participated in the first parliamentary hearing on the 2018/19 budget.

Cross-cutting

Humanitarian assistance

In 2018 over half of UNICEF's programme interventions focused on humanitarian deliveries; UNICEF was a chief actor in the humanitarian response, operating across sectors to deliver life-saving and basic services to some 2.4 million people, including 1.8 million children. UNICEF significantly contributed to preventing famine in counties with elevated levels of food insecurity and in hard-to-reach areas by providing care for children with SAM; counselling on maternal, infant and young child nutrition; and micronutrient supplements for children. Some 1,161,446 under-fives received primary health care consultations; over 814,890 children were immunized against measles; 257,482 children (47 per cent girls) were reached with psycho-social support, including in hard-to-reach areas (exceeding the 271,000 target); and 190,992 people were reached with services for prevention and response to gender-based violence.

In February 2018 UNICEF South Sudan was the first Level 3 emergency (L3) country to roll out the global emergency preparedness platform (EPP) with different scenarios, e.g., the likelihood and impact of conflict, famine and cholera. UNICEF South Sudan's preparedness score stands at 93 per cent, denoting a high level of minimum preparedness actions. There are also detailed contingency plans operative in 11 field offices. South Sudan's EPP contributed to global UNICEF learning, especially for systems that support large decentralized programmes with multiple field offices.

Dry season supply pre-positioning at field locations ensures that communities have sustained access to critical supplies during the rainy season. In the last two years, US\$12 million was saved by transporting more supplies by road instead of air, reducing CO² emissions by 3,500 tonnes. Following the food security analysis in January 2018, a 180-day response plan was put in place for March–August 2018 to scale-up and address acute needs in 11 counties. The

response was comprised of critical nutrition, health, WASH, child protection and education assistance, using a blended approach of static and mobile outreach, including the IRRM, which provided multi-sectoral assistance to over 150,000 people. Further, UNICEF developed a contingency plan including supplies and surge human resource capacity.

UN agencies liaised with Government authorities and opposition leaders to establish a period of tranquillity in southern Unity State 25 from June through 15 July 2018, during which UNICEF flew critical supplies to the islands of Leer County. During the process, insecurity and local bureaucracy negatively affected humanitarian operations. In late 2018, UNICEF increased efforts to strengthen its role in facilitating humanitarian access, including recruitment of an access advisor, updating its access framework and strengthening internal information-sharing and coordination. This has led to several positive developments, including a UNICEF-WFP joint mission to open the road between Wau and Yambio.

The integrated rapid response mechanism, led by UNICEF, WFP and partners remained the primary mechanism for accessing the most inaccessible children and women in the most insecure locations with a multi-sectoral package of life-saving services. In 2018 the United Nations Food and Agriculture Organization (FAO) joined the IRRM and distributed livelihood and emergency kits (fishing and agricultural tools and seeds). Fifty IRRM missions were deployed to hard-to-reach locations reaching 544,969 people, including 111,642 children under five, during 2018.

UNICEF facilitated coherent coordination through its leadership of the education, nutrition and WASH clusters, as well as the child protection area of responsibility. The clusters contributed to reaching around 5 million people across the country. In 2018 the WASH cluster formalized minimum packages (such as WASH-in-nutrition for famine prevention and WASH for mitigation of gender-based violence), which were endorsed as new cluster objectives in the 2019 humanitarian response plan. A vulnerable population of 2 million people was reached through the WASH cluster core pipeline with support from 62 partners. With support from the nutrition cluster, 55 stabilization centres, 872 OTP sites, and 812 target supplementary feeding programme sites received support. In 2018 some 686,128 children and adolescents (42 per cent girls) were reached through education in emergencies programmes, surpassing the cluster target of 674,000. Children in internally displaced persons and host communities were supported through ECD interventions, primary, secondary and alternative learning programmes.

The increasingly difficult operating environment for humanitarian workers in 2018 saw UNICEF continue to implement measures to enhance the safety and security of staff, programmes and assets throughout the country. The security unit implemented projects to enhance the security of premises in Juba and field locations, and conducted trainings, briefings, drills and open forums across the country to keep staff abreast of the dynamic security situation and personal safety. A staff counsellor was also deployed for 10 psycho-social support missions to provide counselling to staff and dependents.

Gender

During 2018 UNICEF South Sudan scaled up its efforts to integrate gender across all UNICEF programmes. Through targeted focus on the needs of adolescent girls, the office supported multi-agency and cross-sectoral collaboration and coordination of key programmatic results on gender.

Child marriage: UNICEF South Sudan provided technical and financial support to the MGCSW for developing a South Sudan strategic national action plan to end child marriage (SNAP), which lays the foundation for the design, implementation and evaluation of evidence-informed strategies to accelerate and scale-up strategic actions to eradicate child marriage.

Gender-based violence (GBV): UNICEF used two complementary approaches to address gender-based violence: preventing and addressing the needs of survivors and integration of risk-mitigation measures across UNICEF programmes. In total, 450 UNICEF staff and partners were trained on inter-agency standing committee guidelines for integrating gender-based violence interventions in humanitarian action and on the 'pocket handbook', targeting locations without specialized gender-based violence service providers. Moreover, 114 healthcare providers were trained on clinical management of rape and 24 health facilities were supported through the provision of relevant supplies and on-the-job mentoring. Training efforts aimed at behavioural and social change reached 489 community leaders/influencers (338 female, 151 male) through the 'communities care: transforming lives and preventing violence' programme that addresses harmful social norms that contribute to gender-based violence. In addition, the office established 24 women- and girl- friendly spaces offering access to information and services for survivors and those at risk.

Menstrual hygiene management (MHM): In May, as part of Menstrual Hygiene Day, UNICEF and implementing partners conducted a series of events in selected schools to tackle stigma, taboos and myths around menstrual hygiene management that limit prospects for girls. UNICEF provided 34,198 dignity kits with re-usable sanitary pads to adolescent girls and women through the WASH programme and 59,041 dignity kits through the education programme, as well as gender-segregated WASH facilities, peer support to girls through hygiene clubs, provision of 'comfy' corners and guidance on menstrual hygiene management to enable girls to come to school and stay in class. Through these cross-sectoral efforts, boys were sensitized on their important role in creating a supportive environment for women and girls, and girls were empowered to continue with their education once they reach puberty.

Adolescent health: UNICEF supported a one-year pilot project targeting adolescents in Juba, Wau and Yambio counties. Through trained peer educators, 53,674 out-of-school adolescents and youth (21,359 girls) were provided with HIV prevention messages and services. In total, 10,365 (6,798 girls) were counselled and tested for HIV, of whom 284 (183 girls) tested positive and were linked with adolescent HIV treatment services; 58,024 male and female condoms were distributed to sexually active young persons aged 15–24 years.

Gender mainstreaming: In addition to support to the 2018–2021 girls' education strategy, interventions to increase girls' school enrolment; train more female teachers, social workers and PTA/SMC members; promote girls' education through social mobilization efforts and make learning environments more gender-sensitive were all undertaken by UNICEF in 2018. Some 432 WASH committees were established to maintain WASH facilities, each including at least two female members

Other cross-cutting work

Programming for at-scale results for children: UNICEF's C4D unit launched the ICMN in early 2018 in all 10 states, in collaboration with 12 local partners. Each of the 2,600 community mobilizers (with 500 supervisors) supported 250–300 households (40 per cent of the

population) to ensure informed decision-making and to build community capacity and ownership. In 76 of 80 counties, ICMN efforts were scaled-up to generate integrated awareness on gender-based violence services and strengthen community feedback mechanisms for accountability to affected populations. Community mobilizers visited women/mothers who were pregnant for ante-and post-natal care check-ups, leading to an increase in institutional deliveries (now 68 per cent all deliveries). The C4D team strengthened its leadership role in Ebola risk communication, social mobilization and the community engagement working group and spearheaded outbreak response activities in coordination with multiple stakeholders. The ICMN was critical to reaching the masses to ensure disease prevention and a polio-free South Sudan.

Winning support for the cause of children from decision-makers and the wider public:

The main story lines for 2018 were the release of nearly 1,000 children from armed groups and child malnutrition. In total, 15 visits by top-tier international media organizations were assisted to cover UNICEF operations, including IRRM missions. The Euronews programme 'Aid Zone' devoted a full segment to the work of UNICEF and partners on prevention and response to gender-based violence in Bentiu. UNICEF South Sudan created digital content that contributed to global 'cause framework' campaigns, such as 'every child alive' on maternal and infant mortality and 'children uprooted' on displacement, which led to an increase in social media followers. UNICEF played a leading role in the South Sudan United Nations Communications Group, providing training and capacity building for domestic journalists. Thirty-nine radio channels were used to advocate for child rights.

United Nations working together: Through 50 IRRM missions, the FAO, UNICEF and WFP pooled resources and expertise (air assets, security personnel, biometric information sharing and management, access negotiation) to deliver life-saving services. In partnership with FAO, UNDP, UNMISS and WFP, the joint stabilization and recovery programme supports communities holistically by enhancing livelihoods, food security and productive infrastructure; improving basic social services; and strengthening local peace processes and formal and informal institutions. Tens of thousands of people benefited from these efforts in Northern Bahr El Ghazal during 2018.

Fostering innovation for children: Through a partnership with the WFP and IOM, UNICEF is piloting a digital biometric beneficiary management system(SCOPE CODA) in Aweil, Northern Bahr el Ghazal State, for nutrition-supported programmes. CODA is specifically designed to meet the information needs of nutrition programmes, tracking individual cases. A pilot for the IRRM programme delivery modality will inform further entry points for SCOPE use, with the overall aim of improving UNICEF's operational efficiency through joint targeting with WFP.

Harnessing the power of evidence as a driver of change for children: To fill data gaps, UNICEF launched a sentinel monitoring system using selected schools and health facilities to routinely collect data on women and children. Further enhancements were made to a new digital field programme monitoring system by rolling out an online action point dashboard with email alerts. An office-wide online centralized monitoring database was established as a one-stop shop on results data, disaggregated by field location. An evaluation was commissioned to independently assess UNICEF's L3 emergency response in South Sudan and guide the new country programme management plan. Meanwhile, four studies were featured in the 2018 edition of UNICEF's *Knowledge for Children in Africa* publications catalogue. The C4D team strengthened its social mapping in hard-to-reach areas with the help of geospatial, demographic, logistic, movement and other related data. In addition, 400,000 households are

being surveyed through ICMN every month to inform service delivery and C4D activities.

Part 3: Lessons learned and constraints

Resilience and development

The operating context in South Sudan is ever evolving and measures that require a continuum of care, such as education and some vaccination programmes, are particularly vulnerable. This requires an agile approach to programme design, implementation and monitoring, such as by prepositioning health and other critical supplies during the dry season to ensure continuity of essential services and preparedness for outbreaks occurring in the rainy season, when roads are impassable and airlifting costs are exorbitant. To reduce high operational costs, integrated delivery of health and nutrition services was advanced, such as joint screening of malnutrition and malaria among children and providing malaria and diarrhoea treatment through OTPs. Programmatic responses have been severely impeded by weak governance, a lack of qualified health workers and a dearth of data. In response, UNICEF will continue to focus on improving coverage by strengthening the quality of basic interventions. Moreover, UNICEF will build the capacity of community health workers, faith-based and community-based organizations, while ensuring that a parallel core supply chain system is in place that can be triggered in the event of an acute crisis to ensure that basic services are delivered to children and that core commitments are met.

This agile approach needs to run in parallel with a move towards longer-term, risk-informed development, which supports equity and human rights and breaks the cycle of recurrent crisis and dependence on humanitarian support. The preventive agenda needs to be given equal priority with the responsive agenda. UNICEF needs to focus on building resilience and capacity at the sub-national and household levels to achieve equitable results for children and women. For instance, by using community volunteers to expand the reach of birth notification beyond static health facilities.

Due to ongoing insecurity and large-scale displacement there is demand for life-saving services, but no sustainable community engagement, which compounds regressive socio-cultural behaviours. Community engagement is also problematic due to the disintegration of local structures, a lack of suitable implementing partners and difficulty in measuring the impact of behaviour-change communication. Efforts will be made to address these issues through, for example, mainstreaming evidence-informed, gender-responsive C4D methods to engage with households and communities in support of behavioural and social change.

UNICEF will increasingly emphasize community-based protection and comprehensive case management services. Community social groups with a traditional care function – such as teachers, PTAs/SMCs, social workers, caregivers and child protection volunteers – will be reactivated and strengthened. Referral mechanisms and supportive programmes will be established to enhance protection of children and adolescents in communities. UNICEF will prioritize community participation to increase the likelihood of sustainability when projects end or access is interrupted.

Vital to enhancing development prospects is the need to continue to strengthen national information management systems for enhanced planning and good governance, including: civil registration and vital statistics and operationalization of the district health information system II to support decentralized health care service delivery. Meanwhile, investment in evidence-

generation and innovative data collection methods will continue, with priority given to new systems such as those for sentinel monitoring and digital field programme monitoring. UNICEF will explore the use of innovative mobile phone technology to transmit data in real-time to inform programming, as well as standardization of data collection tools and verification protocols.

Partnerships

Partnership with CSOs is critical to delivering results in South Sudan. In line with Grand Bargain commitments, UNICEF is the largest supporter of national CSOs in the country, with 45 per cent of implementing partner resources transferred to national partners in 2018, exceeding the UNICEF Strategic Plan target of 31 per cent. UNICEF South Sudan is working on an innovative approach to developing multiyear agreements with partners, especially in nutrition and education, to improve predictability and continuity in response delivery and build strong, longer-term partnerships.

Programme reach could be broadened through investing in UN joint recovery and resilience initiatives that develop capacities of communities and local institutions and strengthen linkages between development and humanitarian programming. In partnership with Global Health Partnership members, the Gavi Alliance and other development and humanitarian actors, UNICEF will prioritize agile, integrated, and coordinated approaches to reaching SDG 3 targets, allowing some of the inextricably linked determinants influencing MNCH outcomes to be addressed. The World Bank's famine action mechanism, for example, could strengthen partnerships in food security and nutrition.

Donor support was actively acknowledged through the production of more than 10 visibility plans and 28 donor field visits to showcase UNICEF's work, resulting in improved funding and interest in South Sudan. Successful GPE, World Bank and German Development Bank proposals have solidified partnerships for UNICEF's work in South Sudan.

Multi-sectoral and cross-cutting strategies

The myriad inter-dependent deprivations call for linkages between sectors and closely harmonized cross-sectoral prevention and response packages to achieve efficiency and impact at scale. Integrated programming, advocacy and monitoring have proven effective in producing shared outputs, increasing the reach and quality of services, reducing costs and improving funding opportunities.

For example, there are major cross-sectoral drivers of food and nutrition insecurity in South Sudan and UNICEF is the only agency that can integrate all vital sectors to address malnutrition, particularly stunting. Immunization will be used as a nationwide platform, under which other life-saving child health interventions will be offered. Other integrated service delivery platforms will be optimized, such as treatment of common childhood illnesses and services related to birth registration and gender-based violence, in the nutrition OTP. UNICEF will continue to embed nutrition interventions in school programmes, as well as in ECD activities at nutrition facilities.

The WASH section will continue to place a strong emphasis on joint work with UNICEF's nutrition, health, education, child protection and C4D sections, to maximize its contribution to reducing child morbidity and mortality, stunting and malnutrition and to support the prevention of gender-based violence. Humanity & Inclusion is working closely with UNICEF's partners on social inclusion of persons with disabilities at Bentiu and Juba PoC sites. WASH initiatives

include support from partner Solidarités International to provide disability-friendly latrines. However, mapping on disability needs and gaps is required as is investment in programming on disability and inclusion, through an integrated approach across sectors.

In 2018 the importance of integrating child protection services into other sectors was demonstrated through the successful integration of birth registration and clinical management of rape in programming for gender-based violence, health, nutrition, WASH, and IRRM, as well as the integration of psycho-social support in education services. The education programme will incorporate and complement child protection, C4D and gender-sensitive WASH facilities to deliver a comprehensive package of services. The provision of gender-sensitive WASH facilities and child protection services help make the school environment more child-friendly, while C4D activities mobilize communities in support of education. GPE and education-in-emergencies interventions will continue as complementary for access and quality education through common strategies and resources.

Relatively small investments that address the underlying and root causes of gender inequality can bring about a gender dividend, as seen with contributions to the Girl's Education Policy and SNAP. It is crucial to invest time and resources on gender and adolescent nutrition programming, to strengthen the decision-making capacity of adolescent girls and women, especially on issues related to spending on child care and child care practices.

Finally, UNICEF needs to take steps to make the resilience agenda actionable and measurable within and across sectors.

Emerging areas

It is imperative to train and empower young people and youth to be the 'champions of change' in society, providing them with opportunities to engage and advocate on issues that are pertinent to them and to shape national and local dialogues and agendas that recognize their potential and needs. Youth-led CSOs and peacebuilding and conflict-prevention interventions at the national and local levels are integral to resilience systems that can contribute to increased social cohesion. UNICEF has developed a youth investment case and will continue to engage with Government and the UN on youth policies and programmes. Young people will be supported to develop their potential and to obtain new knowledge and practical skills for the delivery of WASH services in communities. The reintegration programme for children associated with armed forces or groups serves as an important entry point for youth and adolescent programming.

The public finance for children (PF4C) agenda is nascent, but has been quickly expanding since 2018. UNICEF used the initial entry point of the open budget survey to engage in targeted, high-level advocacy on budget transparency and citizen engagement with MoFEP. The role of trained OBS champions within the Ministry was critical in broadening the scope of the PF4C agenda. In 2019 UNICEF will finalize its first-ever education budget brief, supporting MoGEI with an upcoming public expenditure review and public expenditure tracking survey through the GPE programme, and launching a national capacity-building programme on PF4C. Moreover, UNICEF signed a first-ever multi-year 2019–2021 work-plan with MoFEP, laying the foundation for more strategic and formal engagement in South Sudan's public finance landscape.

Efforts to support the strengthening of child justice systems were significantly constrained. However, UNICEF has the experience and capacity to expand a small-scale diversion

programme designed to build on the strengths of customary restorative justice traditions, and is in a strong position to support justice for children at the national level, in terms of policy, advocacy and upstream work, including complementary support for state- and county-level administrations.

In South Sudan the focus has increasingly shifted from development to humanitarian assistance. In this context, the United Nations provided support for the national dialogue and began work on a combined effort to build resilience and support recovery, particularly in areas where there is sufficient stability to lay the groundwork for durable peace and, ultimately, sustainable development. UNICEF is committed to working jointly with sister agencies to adopt this approach, which is reflected in the United Nations cooperation framework and humanitarian response plan. WASH initiatives in Aweil, Yei, Torit and Yambio aim to improve the health and well-being of women and children – specifically vulnerable groups, epidemic-prone locations, malnourished children and their communities – through the provision of safe water, improved hygiene and sanitation services.

While various activities were undertaken in 2018 in support of the environment, more needs to be done to mitigate climate change and reduce the country office's carbon dioxide footprint. Key issues to be addressed include: awareness-raising, reducing staff travel and dependence on helicopters for IRRMs, the use of renewable energy and the sustainability of solar-powered infrastructure.

Next steps

The new 2019–2021 country programme continues the transition towards a two-pronged approach of delivering basic lifesaving supplies and services while working in more stable areas for longer-term recovery and resilience of affected communities. Recommendations from the L3 emergency response evaluation and audit of the country programme were used to develop the country programme management plan and the annual management plan for 2019. Key L3 evaluation and audit recommendations included: greater emphasis on preventive approaches; a shift towards more outreach and sustained community engagement; stronger and more mutual partnerships; strengthening the evidence base; enhancements to support programme monitoring and evaluation; a continued push to better integrate and streamline the nutrition, health and WASH responses; and a continued and strengthened supply role.

In 2019 UNICEF will provide life-saving humanitarian assistance in South Sudan through a timely and effective integrated package of nutrition, health, WASH, child protection and education services delivered through interconnected, complementary responses. The response will expand in 2019 to include recovery and resilience programming in selected field locations, including basic social service delivery, community-based system-strengthening and accountability to affected populations. UNICEF will invest in increasing the localization of aid in South Sudan through developing a localization strategy for rolling out tailored capacity-building support to high-potential local CSOs, as part of Grand Bargain commitments. Following the peace deal, UNICEF will also further invest in building the capacity of central and sub-national state authorities.

UNICEF's leadership of the nutrition and WASH clusters and the child protection area of responsibility, as well as its co-leadership of the education cluster, will enable strategic planning, coordinated response, capacity building of partners and advocacy, at both the national and state levels. Efforts will be made to ensure that sectors mainstream protection and

the 'do no harm' principle. Emergency cash programming will be implemented through UNICEF's strong existing collaborations and inter-agency mechanisms, such as the cash working group.

Looking forward, the revitalized peace agreement has the potential to encourage the formation of static communities, facilitating the expansion of sanitation interventions. As a demand-led sanitation approach, community-led total sanitation can easily lead to socio-economic stimulation in a recovering community. Therefore, development of protocols for handling community-led total sanitation in a post-emergency context will be explored. As identified during the WASH bottleneck analysis, UNICEF will support capacity building among sector stakeholders and the monitoring and evaluation systems of sector agencies, to enable the generation and analysis of data necessary to identify and target the institutional causes of service delivery failures. UNICEF will also place more efforts and resources into reviewing and updating WASH legal frameworks and strengthening the capacity of local structures for sustainable delivery of WASH services.

Decentralization of programme implementation and monitoring functions to field offices will continue to: enhance effectiveness and efficiency in programme delivery, manage programme and operational level risks and further develop counterpart capacity in equity and resilience-based programming. In line with L3 evaluation recommendations, UNICEF will assess the cost effectiveness of field office structures and delivery systems and review the IRRM to institute a rapid deployment mechanism with the required resources. There will be deepened risk assessment for specific activities, in consultation with local communities and relevant stakeholders, to better understand specific bottlenecks and adapt programmes to the unique circumstances of affected communities. Three new field offices will be established: in Abyei, Pibor and Yei.

Donor funding is declining as South Sudan competes with other global emergencies for support. A key priority is to advocate for and secure sustained funding for programmes such as child protection, nutrition, health and WASH, which continue to face funding challenges. UNICEF will work harder to maintain media coverage of the humanitarian response in light of declining interest.

Creativity, innovation, programme integration and business process improvement will be fostered to increase effectiveness and efficiency in logistics and operational support, building on existing practices while learning from other countries in the region. UNICEF actively participates in the development and refinement of the United Nations business operations strategy, which will serve as a guiding framework to increase and enhance common services, streamline operational practices and reduce duplication. Efforts will be made to strengthen the culture of results to facilitate planning, monitoring, evaluation and reporting on child rights and to ensure a culture of value for money, integrity, accountability and transparency. Finally, UNICEF South Sudan will develop alternative methodologies to attract high-calibre national professional staff to ensure sustainability over time.

END/