

South Sudan, Republic of

Executive Summary

The lives of children in South Sudan in 2014 were shaped by the grave consequences of the political conflict which broke out in Juba in December 2013 and spread to Jonglei, Upper Nile and Unity States. Nearly 750,000 children were displaced by fighting, food insecurity and a lack of basic services. The estimated number of children suffering from severe acute malnutrition doubled from a pre-crisis estimated of 108,000 to 235,000. A cholera outbreak further threatened the lives of children. It is estimated that 400,000 children left school due to the conflict, while 12,000 were recruited and used by armed forces and groups.

UNICEF refocused its country programme to prioritize the humanitarian response, including establishing a dedicated nutrition section to respond to nutrition crisis. A Field Operations section was also established, and hubs in conflict-affected Bentiu and Bor became fully-fledged field offices. A Level 3 Corporate Emergency was declared in February which continued throughout the year. A variety of strategies were adopted to scale up the response, both inside Protection of Civilian (PoC) and internally displaced persons (IDP) sites and expanding throughout the year to respond to IDPs in hard to reach areas. Through these efforts, 880,000 conflict-affected children were reached with lifesaving health, nutrition, water, sanitation and hygiene (WASH), education and child protection interventions.

A key strategy was the innovative rapid response mechanism (RRM) developed in partnership with the World Food Programme (WFP). These missions included technical specialists from UNICEF and partners who assessed and immediately responded to the situation on the ground, reaching otherwise inaccessible locations with few or no non-government organisations (NGOs) present. Thirty-four RRM missions were undertaken, reaching 603,000 people, including 132,000 children under five, often in contested or opposition-controlled areas. Rapid family tracing and reunification (RapidFTR) was another innovation introduced to expedite the reunification of separated and unaccompanied children.

Mass displacement, destruction of infrastructure and reduction in basic services exacerbated the high disease burden in South Sudan. A cholera outbreak began in May, resulting in 6,421 cases, including 167 deaths. UNICEF set up the first Cholera Treatment Centre in Juba, with UNICEF staff taking a direct role in case management and training of health workers. Over 689,000 malaria cases were treated through UNICEF support, and 780,000 insecticide-treated nets distributed. A decline in measles cases was observed since April, after integrated campaigns by UNICEF, the World Health Organisation (WHO) and partners, with 2.4 million children vaccinated across the country.

These results were achieved through increased operational and strategic partnerships. Close collaboration with WFP resulted in the establishment of the RRM as well as the Nutrition Scale Up Action Plan. The Action Plan accelerated efforts in response to the nutrition crisis, with 93,204 children treated for severe acute malnutrition by the end of the year. On-going work with the Ministry of Health (MoH), Ministry of Electricity, Dams, Irrigation and Water Resources and the Carter Centre reduced cases of Guinea Worm from 113 to 77, with the goal of eliminating

Guinea Worm from South Sudan by the end of 2016.

Advocacy based on the Monitoring and Reporting Mechanism (MRM) was used to gain commitments from Government and opposition leaders to end grave child rights violations. UNICEF supported the provision of birth notifications to 131,000 children under five. In conflict-affected areas, UNICEF lobbied Government to allow NGOs providing health services to deliver birth notifications, including in areas outside Government control. Through the Global Partnership for Education, UNICEF supported the development of South Sudan's first national curriculum, mainstreaming essential peace building elements.

In order to provide the humanitarian response to scale, all partners – UN agencies, NGOs, Government and donors – prioritized the immediate lifesaving response over creating an enabling environment to realize the rights of children. Decreased Government resources were available for children: 64 per cent of the latest budget was allocated to security, leaving seven per cent for education and five per cent for health. UNICEF's major shortfall for 2014 was the development agenda, with policy and capacity development work slowed to focus on the emergency. Budget Sector Working Groups were not convened, preventing UNICEF's participation in the 2014/15 budget planning processes.

Towards the end of the year, the policy agenda was revived, with the Convention on the Rights of the Child signed and waiting to be deposited in New York. The Social Protection Policy Framework, prepared in 2013, was passed in November 2014, paving the way for increased engagement on social protection in 2015. Throughout 2015, the UNICEF South Sudan will adopt a combination of interventions along the traditional humanitarian to development spectrum to realize the rights of children across the country.

Humanitarian Assistance

One year after the conflict began in December 2013, children are still under daily threat in South Sudan. Over 1.9 million people, over half of whom are children, have fled their homes. This includes 102,336 people in PoCs and 488,500 people who have fled to neighbouring countries.

Over 90 per cent of IDPs are in host communities, whose own resources have been depleted. Many gains made since Independence, including increased access to immunization, nutrition treatment and safe drinking water, have been lost. Basic services are still not functioning in most of the conflict-affected areas. Amongst the major concerns:

- Rates of severe acute malnutrition (SAM) have doubled from a year ago, from an estimated 108,000 to 235,000 children;
- The health system was weakened, with 184 health facilities in conflict-affected areas non-functional;
- Forty per cent of WASH facilities in the conflict-affected states have been destroyed;
- An estimated 400,000 children are no longer in school due to the conflict;
- More grave child rights violations were recorded in 2014 than in the two previous years, including 12,000 children, mostly boys, who are believed to have been recruited and used by armed forces and groups.

The complexity of the operating environment in South Sudan constrains the humanitarian response. Shifting frontlines and insecurity affected the delivery of services. A third of RRM missions were delayed or cancelled due to insecurity. There are counties in affected areas only reached in December 2014, a year after the start of the conflict due to chronic insecurity. Fighting has also had an impact on UNICEF's response inside the PoCs, in Bentiu and Malakal

in particular. The ethnic dimension of the conflict directly affected national staff of humanitarian organizations, complicating their deployment as harassment intensified and the number of ethnically-motivated attacks increased in the second half of 2014. The rainy season hampered service delivery and transportation, with roads impassable making prepositioning of supplies impossible and transportation very costly. UNICEF relied on air assets, increasing the cost of operations.

Despite these challenges, and in response to the acute needs in the conflict-affected states, UNICEF scaled up its interventions in 2014, and in particular since the activation of the Level 3 Emergency in February 2014. To date, UNICEF and partners have:

- Treated 93,204 children for severe malnutrition;
- Through the integrated vaccinations campaign and RRM, 879,865 children in the conflict-affected states have been vaccinated against measles and 837,645 children against polio;
- Provided safe water to 495,750 people and safe sanitation to 273,650 people;
- Supported 77,750 children in receiving a basic education, including supplies;
- Provided 139,767 children with critical child protection interventions, including psychosocial support and family tracing.

These achievements were made through a gradual and strategic shift from life-saving assistance inside PoCs to the delivery of services throughout the conflict-affected states. Diversified implementation modalities increased the outreach of UNICEF interventions including the expansion of field presence and traditional partnerships, and investing in direct implementation by UNICEF teams where there was limited to no partner presence. A Nutrition Scale Up Plan was developed with WFP and partners to accelerate the nutrition response. Priority was given to creating a protective environment for children who bear the brunt of the crisis. As global Cluster Lead agency, UNICEF led and coordinated the Nutrition, WASH, Education clusters and the Child Protection Sub-Cluster throughout the crisis; as well as providing key leadership in the area of Health, supplying 90 per cent of the vaccines in South Sudan. UNICEF also provided consistent supply pipelines for the entire Education, Nutrition and WASH core pipelines.

These interventions were critical to reduce the vulnerability of children, and in particular to:

- Avoid excess child mortality, in particular in overcrowded settings, by reducing the prevalence of water-borne diseases;
- Mitigate the risk of major disease outbreaks;
- Lower rates of acute malnutrition with the resumption of nutrition services;
- Reduce the psychosocial distress of children by providing safe, community-level recreation spaces;
- Support the resumption of learning activities in remote areas affected by the conflict, though the challenge of the non-payment of teachers' salaries remains.

In 2015, UNICEF will sustain the gains made in 2014, and scale up lifesaving humanitarian interventions for affected populations, balancing continued support to IDP sites while reaching out to vulnerable and underserved areas. UNICEF is maximizing the dry season to preposition supplies; increase coverage of services; and improve PoC and IDP sites. Cross border supply corridors, cross line movements and diversified transportation modalities, including barges, are being scaled up.

Equity Case Study

The Rapid Response Mechanism was launched in March 2014 as an innovative approach to provide immediate humanitarian assistance to affected populations in hard to reach locations. As of March 2014, 800,000 people had been internally displaced since the crisis started with close to 100,000 people sheltered in UN Mission in South Sudan (UNMISS) PoCs and IDP sites. Ninety per cent of those in need were living outside these sites, in locations extremely difficult to access due to security, logistical and human resources constraints.

Guided by the South Sudan 2014 Crisis Response Plan, UNICEF's response plan and the mandate of UNICEF as captured in the Core Commitments to Children in Humanitarian Action, UNICEF developed the RRM to address critical gaps in humanitarian needs of affected populations beyond PoCs and IDP sites where the situation was fluid and the population difficult to reach. The RRM was developed jointly with WFP, and implemented in coordination with the UN Office for the Coordination of Humanitarian Affairs (OCHA) and partners.

Considering the volatility of the situation, the severity of logistical and access constraints, the operating mode of the integrated RRM is highly flexible. The RRM missions are mobile teams of technical specialists including WASH, Health, Nutrition, Child Protection and Education who assess and respond to the situation on the ground. The multi-sector response is designed to adapt to a fast changing environment, ensuring immediate actions are taken along with assessments using a "no regret approach", and whilst ensuring risk mitigation measures are taken, including deploying international security and logistics staff.

The RRM has proven to be a highly successful response model. In 2014, UNICEF conducted 34 missions in hard to reach locations in Jonglei, Unity and Upper Nile - Akobo, Melut, Nyal, Mayandit, Haat, Kodok, Pagak, Pochalla, Lankien, Old Fangak, Walgak, Jiech, Wau Shilluk, Lul, Leer, Koch, Nihaldu, Duk, Gorwai, New Fangak, Kaldak, Keich Kon, Ngop, Wathjak, Pathai, Kamel, Gum, Pagil, Ulang, Kadet, Mading, Buaw, Tuarkei and Panyikang County. The RRM is an example of equity in humanitarian action, supporting particularly disadvantaged groups in hard to reach geographic areas and areas which are contested or under opposition control.

Through these missions, UNICEF is reaching children who would not otherwise be reached. The missions are also used to generate information on the nutrition situation which inform the Integrated Phase Classification analysis and are used to encourage partners to move into areas with high rates of malnutrition and no services available. UNICEF is also conducting follow up missions to the same areas through teams comprising field-based and Juba-based colleagues, linking up to equity programming at the state level.

Through these missions, 603,000 people have been reached including 127,000 children under five, including:

- 128,000 children under 15 vaccinated against measles and 98,500 ;
- Close to 78,000 children under five screened for malnutrition and 2,800 new SAM cases admitted;
- 253,600 people received WASH supplies and 72,700 people were provided with access to safe drinking water;
- 2,900 unaccompanied, separated and missing children registered and tracing commenced, and 3,300 children reached critical child protection services;
- 30,000 children and adolescents benefited from access to education in emergency.

With the on-going crisis, access to essential services was severely curtailed due to insecurity,

large-scale displacement, destruction or closure of health facilities and schools, withdrawal of implementing partners, and relocation of health, education and social workers. The rain further aggravated the situation of affected populations, as well as efforts to reach these populations with humanitarian services. In this challenging operating environment, the RRM was critical to:

- Expand UNICEF's outreach beyond the PoCs– from reaching 90,000 people in March to 603,000 in December 2014;
- Provide immediate life-saving assistance to IDPs and host communities in locations that had not yet been reached;
- Support the re-establishment of partners' presence and the resumption of basic services;
- Collect data on the nutritional status of children as part of the joint WFP/UNICEF scale up plan;
- Identify, register and trace unaccompanied and separated children, with 38 per cent of the total caseload of unaccompanied and separated children have been identified through RRM missions;
- Build the capacity of community-based networks – rapid training of community workers; establishment of networks (Parent-Teacher Association, Child Protection etc.); and orientation of teachers.

These achievements were made possible as the RRM was tailored to take into account issues of security, the shifting frontline and logistics which slow the deployment of staff and delivery of supplies. The rapid response model has now been adopted by the wider humanitarian community in South Sudan. Pooled funding, such as the Common Humanitarian Fund, has allocated support for the creation and expansion of mobile teams. The RRM was recognized by the humanitarian community as an implementation modality that played a critical role in scaling up the response in 2014, and was fully adopted for the Strategic Response Plan for 2015.

In 2015, the RRM will continue to be used to reach affected populations. Medium term sustainability will be key, with a focus on follow-up missions and extending partnerships in areas already reached through previous RRM missions. UNICEF will increase its remote field presence, in particular during the dry season, where the security situation allows. Field Offices will support RRM missions within their respective state to decentralize coordination and response. Should the conflict escalate, the RRM will be the main response model to access areas close to the frontline and where there are pockets of affected populations that are otherwise inaccessible. In this regard, negotiations with parties to the conflict will be key to sustain the gains made in terms of access, and in particular to increase cross line missions by road.

Summary Notes and Acronyms

ACT - Artemisinin-based Combination Therapy
BMO Beneficial microorganism
BtL - Back to Learning
C4D - Communication for development
CEDAW - Convention on the Elimination of all Forms of Discrimination against Women
CHSS - County Health System Strengthening
CLTS - Community-Led Total Sanitation
CMAM - Community Management of Acute Malnutrition
COHA - Cash on Hand Accounts
CoP - Community of Practice
CPMP - Country Programme Management Plan
CPWG - Child protection working groups

cVDPV - Circulating vaccine derived polio virus
DCT - Direct cash transfer
DFAM - Division of Financial and Administrative Management
EiE – Education in emergencies
EMIS – Education Management Information System
e-PAS – electronic Performance Appraisal System
FAO - Food and Agriculture Organization
FSNMS - Food Security and Nutrition Monitoring System
FTR - Family tracing and reunification
GAM - Global acute malnutrition
GBV - Gender-based violence
GPE- Global Partnership for Education
iCCM - integrated community case management
ICT - Information and communication technology
IDP - Internally displaced person
IEC - Information, education and communication
IMCI - Integrated management of childhood illnesses
IMEP – Integrated Monitoring and Evaluation System
iMNCS - integrated Maternal, Newborn and Child Survival
IMSAM - Integrated management of severe acute malnutrition
IPC - Integrated Phase Classification
IYCF - Infant and young child feeding
LLITN - Long-lasting insecticide treated net
MAM - Moderate acute malnutrition
MEDIWR - Ministry of Electricity, Dams, Irrigation and Water Resources
MoEST - Ministry of Education, Science and Technology
MoH - Ministry of Health
MRM - monitoring and reporting mechanism
NGO - Non-governmental organization
NID - National immunization day
NISSP - National Information System for Social Protection
NIWG - Nutrition Information Working Group
OCHA - Organization for the Coordination of Humanitarian Affairs
ODF - Open defecation free
OTP - Outpatient therapeutic feeding programme
PBR - Programme Budget Review
PCA – Programme Cooperation Agreement
PEP - Post-Exposure Prophylaxis
PER – Performance Evaluation on Review
PMTCT - Prevention of mother to child transmission
PoC - Protection of Civilian
PPE - Property, Plant and Equipment
PTA - Parent-Teacher Association
RapidFTR – Rapid family tracing and reunification
RCC - Restorative community conferencing
RRM - Rapid response mechanism
RUSF - Ready-to-use supplementary food
RUTF - Ready-to-use therapeutic food
SAM - Severe acute malnutrition
SPLA - Sudan People's Liberation Army
SMART - Standardized Monitoring and Assessment of Relief and Transitions

sMoH - State Ministry of Health
SOP - Standard Operating Procedure
SSDA - South Sudan Democratic Army
SSOP - Simplified Standard Operating Procedure
SWA – Sanitation and Water for All
ToA - Table of Authority
TT - Tetanus-Toxoid
UNDP – United Nations Development Programme
UNMISS - United Nations Mission in South Sudan
USAID – United States Agency for International Development
WIMS - Water information management system
WFP - World Food Programme

Capacity Development

In 2014, progress was halted in terms of capacity development in conflict-affected areas. Thousands of trained professionals have been displaced; other staff cannot work in affected areas due to the ethnic dimension of the conflict. UNICEF shifted from sustainable capacity development for communities and the Government to scaling up training and technical assistance to ensure partner capacity to provide basic services. This included on-the-job training for service providers through RRM.

Directly, or with the Government and NGO partners, UNICEF trained 159 health workers on prevention of mother to child transmission of HIV; 2,200 teachers and education personnel to provide education services to conflict-affected children; 800 people on child protection in emergencies; and 126 people to monitor and report grave child rights violations. As part of the cholera response, UNICEF and partners trained 30 chlorinators; 50 health workers on cholera case management; and 1,612 volunteers, teachers and social mobilizers to disseminate lifesaving messages, contributing to a slowing of the spread of the disease. A community hygiene promoter programme was launched in Eastern Equatoria to integrate routine hygiene promotion with cholera preparedness, strengthening local health offices.

A capacity mapping of nutrition partners showed poor capacity remained to deliver quality nutrition services. UNICEF staff and partners trained 1,865 government and partner staff on severe acute malnutrition (SAM) treatment, Infant and Young Child Feeding (IYCF) and nutrition surveys. UNICEF supported the formation of technical working groups on Community Management of Acute Malnutrition, Nutrition Information and IYCF to sustain capacity gains in these areas.

Twenty partner staff were trained in gender-based violence (GBV) prevention and response, who will train other partners in 2015. UNICEF and partners provided basic training on GBV to 165 social workers and community mobilizers.

Education officials, teachers and community members were trained to incorporate life skills and peace education into students' learning, promoting a culture of peace and resulting in the integration of these materials into the first national curriculum.

UNICEF supported the National Bureau of Statistics on specific surveys (Malaria Indicator Survey, IDP Survey) and overall capacity strengthening. Enhancing local monitoring and statistics will contribute to sustained evidence-based planning and policymaking.

Evidence Generation, Policy Dialogue and Advocacy

Policy dialogue was curtailed as partners – the Government, UN agencies, NGOs and donors – focused on the humanitarian crisis. The National Social Protection Framework, awaiting approval at the end of 2013, was passed only in November. The Youth Development Policy, drafted in 2013, was delayed throughout the year.

A detailed Advocacy Strategy was developed focused on ending grave violations of children's rights and child recruitment; meeting critical humanitarian needs, especially nutrition; protecting humanitarian access; and promoting tolerance and peacebuilding. Advocacy continued throughout the year with all parties to the conflict to protect the rights of civilians, including children, and to ensure safe and unhindered humanitarian access.

UNICEF advocacy resulted in the signing of 'Learning Spaces as Zones of Peace' communique increasing the awareness of education stakeholders on their accountability to protect children. Following advocacy with MoH, UNICEF and partners were delegated the authority to issue birth notifications in IDP areas.

Evidence generation was key to the humanitarian response. UNICEF supported the National Bureau of Statistics, including financial and technical support for an IDP Survey to generate information on IDPs including an understanding on potential areas of return, to increase services in these areas.

UNICEF increased in-house expertise to coordinate evidence generation on the nutrition crisis. Through the Nutrition Information Working Group, chaired by UNICEF, available data was improved by: increasing the number of standardized monitoring and assessment of relief and transition (SMART) surveys; introducing small-scale SMART surveys to provide data where full-scale surveys are not possible; and the integration of nutrition data into the World Food Programme - Food and Agriculture Organisation (FAO) Food Security and Nutrition Monitoring System. Improved nutrition information contributed to the Integrated Phase Classification (IPC) analysis and the calculation of caseloads allowing accurate prepositioning of supplies.

An innovative online data platform was introduced to conduct a Knowledge, Attitudes and Practices survey on social cohesion.

An Education Management Information System (EMIS) Unit was re-established in the Ministry of Education, and staff trained in advance of the 2015 Annual Education Census.

To strengthen the WASH sector data management and evidence for the mobilization of additional resources, UNICEF strengthened the Water Information Management System (WIMS) in four states.

Partnerships

To support lifesaving humanitarian services, UNICEF scaled up operational partnerships with community-based organizations and national and international NGOs from 64 to 88. UNICEF used its technical expertise and Cluster leadership to increase the capacity of these partners to provide quality services within relevant global standards for humanitarian situations. Close coordination with partners with pre-crisis presence RRM target areas, or willingness to set up services, maximized the impact of missions by ensuring sustained services.

To ensure the quality of nutrition information, UNICEF collaborated with the United States

Centres for Disease Control and Prevention to validate survey protocols and results. UNICEF also continued its partnership with the Carter Centre and National Guinea Worm Eradication Directorate to eradicate Guinea Worm from South Sudan by the end of 2016.

UNICEF partnered with academic institutions to study the role of education in peacebuilding (led by the University of Sussex) and the role of counselling in promoting peacebuilding (with the University of Winnipeg), both also engaging the University of Juba. Together with the John Hopkins University, UNICEF and partners established a baseline to understand social norms related to sexual violence.

Strategic private sector partnerships included Vestergaard, a life straw water filter producer for promotion and supply of household water filters for Guinea Worm affected areas and Vodafone along with the National Committee of the United Kingdom for the rollout of RapidFTR to trace separated and unaccompanied children. In collaboration with the Government, the private sector, NGOs and local merchants, UNICEF organized the country's first-ever career fairs to provide information on career opportunities to over 300 young persons.

UNICEF's support for the inter-ministerial committee of Ministries of Education, Science and Technology and Culture, Youth and Sport resulted in a pool of master trainers on conflict sensitive programming to improve the resilience of education systems.

As a result of the emergency, the SUN (Scaling Up Nutrition) initiative was put on hold. Discussions have restarted and a forum will be held in early 2015 to bring together the Government, civil society, UN agencies and the private sector to establish a way forward.

External Communication and Public Advocacy

Immediately following the outbreak of the conflict in December 2013, UNICEF began and sustained throughout 2014 highly proactive media relations and outreach in order to raise awareness about the needs of children and women affected by the conflict and what UNICEF is doing to meet those needs. Despite significant competition for news coverage, UNICEF South Sudan's communications products and media outreach, including more than 30 press releases, over 100 interviews and frequent presence at UN media briefings in Geneva, resulted in extensive positive coverage of its work and has ensured that issues surrounding children and the rights of children have remained prominent.

The Advocacy Strategy was adjusted to focus efforts on supporting resource mobilization and advancing UNICEF South Sudan's key advocacy priorities: ending grave violations of children's rights, in particular child recruitment; meeting critical humanitarian needs, especially nutrition; protecting humanitarian access; and promoting tolerance and peacebuilding. UNICEF South Sudan's communication and advocacy maintained recruitment of children and child malnutrition in particular as high priorities on the national and international agendas.

UNICEF South Sudan as a steadily growing social media presence, with nearly 47,000 Facebook fans and close to 3,000 Twitter followers with whom the office communicates regularly, advocating on the on-going needs of the children of South Sudan. The office engaged with UNICEF National Committees, developing multi-media products to support their advocacy and resource mobilization efforts. UNICEF National Committee visits and a Goodwill Ambassador visit were also supported.

The communication response to the crisis shifted some activities away from priorities that had

been planned for 2014: building and strengthening partnerships to advocate for improved rights of children and strengthening media capacity to report on children's issues. Despite this, UNICEF worked with partners to organize celebrations around traditional advocacy opportunities such as the Day of the African Child and the International Day of the Girl Child, in addition to briefings, press conferences, and numerous media events.

South-South Cooperation and Triangular Cooperation

As the Global Partnership for Education (GPE) Managing Entity, UNICEF provided technical assistance to Ministry of Education, Science and Technology (MoEST) officials to represent South Sudan in two Africa Regional GPE constituency meetings in Kigali, Rwanda in May and in Bujumbura, Burundi in November where nine East and West Africa member countries discussed GPE progress as well as sector performance. This South-South engagement has contributed to increased recognition of the accountability not only to stakeholders within South Sudan but also accountability of sector performance to peer countries that make up the GPE constituency. A good example of this is the persistent lobbying by the MoEST for at least 10 per cent of the national budget to education.

UNICEF supported the Government of South Sudan's systematic engagement in initiatives such as Sanitation and Water for All (SWA) and the National Planning for Result Initiative (NPRI). This support has enabled the participation of national counterparts in the above initiatives which will help the country to gain funding and share experience from other countries. The Government's participation and reporting back to SWA ensures accountability to country commitments in accelerating coverage.

UNICEF also supported the participation of Government officials in the Africa Community of Practice (CoP) on Cash Transfers, held in Zambia and co-facilitated by UNICEF and the World Bank. The CoP is a strategic platform aims to promote the exchange of experiences on social protection among African countries. The CoP meetings also allow participating countries to showcase their respective best practices and lessons learned on social protection.

The Zambia CoP Meeting allowed the Government authorities working in social protection to exchange experiences, covering challenges and lessons learned on the scale up of cash transfers programmes, as well as on the adoption of a systems approach to social protection in their respective countries. The meeting also included cash transfer programme site visits in Zambia and Zimbabwe. The South Sudan team benefited from the presentations and discussions; this experience is expected to enrich the South Sudan Social Protection Agenda, more so as the country rolls out its first Safety Net and Skills Development Project in 2015.

Identification Promotion of Innovation

UNICEF and partners adopted RapidFTR, an open-source mobile phone application and data storage system to collect, sort and share information about unaccompanied and separated children so they can be more quickly registered for services and reunited with their families. The longer children are separated from their families, the more vulnerable they are to violence, economic and sexual exploitation, and trafficking. RapidFTR streamlines and speeds up family reunification and tracing (FTR) efforts. UNICEF and 14 partners are now deploying RapidFTR at scale in one of the most complex family tracing environments in the world. While reunification rates remain low, the upcoming dry season offers an opportunity to enable more reunifications in 2015.

The use of Rapid SMART assessments where full scale SMART surveys could not be

undertaken allowed nutrition information to be gathered in insecure areas with a shortened time on the ground. The Rapid SMART has a reduced sample size and measures only anthropometric indicators, with at least one round including mortality data. Priority counties with high levels of food insecurity and no nutrition information such as Fashoda, Leer and Mayandit were assessed during two to three rounds of Rapid SMART to better plan the response in these areas.

Connect.Teaching was introduced to overcome challenges related to lack of training opportunities, distance to training centres and lack of teaching resources. In partnership with War Child Holland, Norwegian Refugee Council and the Ministry of Education, UNICEF tablet-based teacher training is currently being piloted for 150 teachers and 45 schools in Eastern Equatoria and Northern Bahr el Ghazal. In 2014, two Information, Communication and Technology (ICT) Centres have opened and teachers commenced training.

UNICEF and partners supported the establishment of pump mechanic associations in Northern Bahr el Ghazal, which will create livelihoods for the mechanics while providing sustainable operations and maintenance for communities, local government and NGOs. A local solution to minimize odours and decrease sludge in pit latrines was introduced using Beneficial Microorganisms (BMOs) produced with locally available materials and used for both household and communal pit latrines. BMOs were tested in emergency latrines in IDP camps and PoCs, and found to be highly effective.

Support to Integration and cross-sectoral linkages

In 2014, UNICEF prioritized its humanitarian response within its cross-sectoral work, coordinated through the Emergency Country Management Team, which met weekly.

RRM missions deployed multi-sectoral teams, increasing complementarity of the response. The teams targeted a variety of underlying causes of malnutrition: providing safe water supply, deworming, and counselling on IYCF and good hygiene practices.

In response to high under five mortality in Bentiu PoC, UNICEF and partners trained and incentivized 140 community volunteers who undertook 115,968 household visits, screening children for malnutrition, providing key lifesaving messages and making 23,000 referrals of children under five to health facilities. The volunteers were key to lowering under five mortality below the emergency threshold. The model is being scaled up to other IDP sites.

UNICEF provided a comprehensive response to the cholera outbreak. UNICEF set up the first Cholera Treatment Centre, with UNICEF staff taking a direct role in case management and training of health workers. UNICEF provided WASH supplies to 970,000 people and supported cholera vaccination for over 120,000 people in PoCs. Social mobilization reached over a hundred thousand households through visits and various media channels, relaying lifesaving messages and encouraging early treatment.

In partnership with state Ministries of Health (sMoHs) social mobilization was also used to identify and refer children with acute malnutrition in high-burden non-conflict-affected states. In the first phase in Central Equatoria State, 57,000 households were reached with key messages on IYCF and hygiene practices.

The Education in Emergencies response provided cross-sectoral services including psychosocial support and dissemination of key lifesaving messages in learning spaces, which

are inclusive of WASH facilities.

Advocacy with the GBV, WASH and Camp Coordination and Camp Management Clusters resulted in minimum standards for latrines and the introduction of solar lighting in Malakal PoC.

Birth notifications were provided to 131,000 children under five through the collaboration of UNICEF health and child protection colleagues, along with the Government and partners. UNICEF and partners implementing health services in IDP areas successfully advocated for authorization to issue birth notifications on behalf of the Government. UNICEF and the Government of Northern Bahr el Ghazal provided notifications through health facilities and outreach.

Service Delivery

Pre-crisis, 80 per cent of social services in South Sudan were delivered by NGOs. UNICEF advocated for increased budget allocations to the social sectors while developing government capacity to deliver services at the national, state and county levels. Due to the scale and urgency of humanitarian needs, UNICEF reoriented towards an immediate life-saving response, increasing the delivery of supplies and services with partners and direct implementation.

The back-to-basics strategy of the RRM allowed UNICEF to respond where NGOs were not present. RRM missions assessed and immediately delivered an integrated package of services. Wherever possible, partners were supported to re-establish services, with on-going accountability through the Cluster and partnership agreements. Based on mission recommendations, follow-up missions to support sustainability of interventions were conducted. In areas with no partners, community networks were mobilized for follow up. A Rapid Vulnerability Assessment was introduced to monitor vulnerability indicators after RRM missions. If results pass thresholds, UNICEF acted to re-intervene or strengthen partners' response. Over 603,000 people, including 132,000 children were reached jointly based on this approach.

Many NGOs fled during the worst of the violence, and were unable to re-establish services in conflict-affected states. UNICEF scaled up operational partnerships from 64 to 88, working with Clusters to identify gaps in coverage and encourage partners to fill them.

UNICEF and partners reached:

- 93,204 children with SAM admitted to therapeutic care;
- 879,865 children vaccinated against measles;
- 495,750 people were provided with access to water;
- 139,767 children with emergency child protection services;
- 77,750 children with access to education in emergencies.

UNICEF analysed data from partners on a weekly or monthly basis, through the programme, the Clusters and OCHA. Monitoring visits and spot checks were used to assess the quality of partner interventions. Recommendations for improvements were made, including further trainings tailored to specific needs.

In 2015, UNICEF will continue life-saving service delivery. However, given extremely low indicators across the country, focus will also be directed to state-building efforts, including increasing capacity for state-delivered services. Community capacity to initiate and sustain services – such as Community-Led Total Sanitation – will be scaled up.

Human Rights-Based Approach to Cooperation

The current conflict is a protection crisis. Through the Humanitarian Country Team, using MRM data, UNICEF and other agencies advocated for the expansion of the UNMISS mandate to cover not only PoCs, where children are the majority of residents, but to expand patrols outside of PoCs where most IDPs live, and to proactively de-escalate conflict. UNICEF and UNMISS, as co-chairs of the MRM Country Taskforce, collaborated through joint trainings, field monitoring and advocacy efforts, expanding the network of MRM partners and strengthening the MRM to further inform programme and prevention efforts.

UNICEF advocated with all parties to the conflict for an end to violations and for humanitarian access. In May, Opposition Forces committed to ending grave child rights violations. In June, during a Special Representative of the Secretary General for Children and Armed Conflict visit, the Minister of Defence and the Sudan People's Liberation Army (SPLA) recommitted to end grave child rights violations. In September 2014, a Revised Action Plan was endorsed. In November, UNICEF and the Minister of Defence launched the "Children Not Soldiers" campaign which brings together donors, partners and UN agencies to support the Government's Action Plan. MRM data analyses were consolidated and published in the Secretary General's first Country Report on grave child rights violations in South Sudan in December 2014.

The integration of the South Sudan Democratic Army (SSDA) Cobra Faction into the SPLA is expected to release up to 3,000 children in Pibor. UNICEF will support the Government to provide comprehensive, rights-based socioeconomic reintegration, in line with the Paris Principles.

UNICEF implements its humanitarian response in line with the Core Commitments for Children. All possible efforts are made to ensure the participation of affected communities in the design and implementation of interventions. Communication for development methods help affected populations be aware of their rights and able to demand basic services.

The Bill to ratify the Convention on the Rights of the Child was signed; in 2015 UNICEF will support the completion of the ratification process. Following sustained advocacy, Parliament passed the bill to ratify the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) which the President has signed.

Gender Mainstreaming and Equality

UNICEF in South Sudan mainstreams the unique needs of girls, boys, women and men into all of its programming, with an equity focus to ensuring that girls are able to access services which cultural and social norms often deny them.

1. The Communities Care programme addressed the social norms which perpetuate gender inequality, transforming communities to uphold the rights of girls and women and to prevent sexual violence through structured community dialogue. The end goal of the programme is to create safer communities for girls and women. Three UNICEF staff members are involved in this three year global pilot programme, currently in its second year of implementation. The annual budget is US\$1 million, covering two counties in two states (Yei County, Central Equatoria State and Gogorial West County, Warrap State). The first set of research on social norms related to sexual violence was completed in 2014. Training for partner staff and service providers began in the last quarter of the year on topics including research ethics, sexual violence, survivor-centred response to GBV and facilitation of community discussion. Community dialogues will start in February 2015.

2. Menstruation has been identified as one of the key barriers to girls' school attendance and attainment. Studies cite poverty, lack of menstrual hygiene management awareness and unavailability of sanitary items as major reasons for girls' absenteeism averaging over four days per month. In partnership with WFP, SNV and other education partners, UNICEF provided 8,400 vulnerable adolescent girls with sanitary kits and knowledge on menstrual hygiene management, and trained female community members to make low-cost reusable sanitary wear. This initiative resulted in improved girls' attendance and health status as well empowering girls to stay safe and manage their bodies in Eastern Equatoria State and the conflict-affected states of Jonglei, Upper Nile and Unity. Additionally, women in Eastern Equatoria State are able to sell low-cost reusable sanitary wear increasing community awareness for sustainable menstrual management and demand for the low-cost products. The pilot project, using available UNICEF funds and staff, ended in 2014 but will be scaled up through the Back-to-Learning initiative to be launched in January 2015.

Environmental Sustainability

To mitigate the impact of drilling and construction activities, all UNICEF-supported drilling activities are supported by detailed geophysical and hydrogeological studies as well as pump testing of the wells to ensure the water pumping is not exceeding the optimum yield and not damaging aquifers. Sanitation facilities are designed to minimize deforestation by using plastic sheeting and other prefabricated materials for super structures and using plastic latrine slabs. The locations of sanitation facilities are selected to prevent contamination of groundwater.

Support was provided to the Municipality of Juba to improve waste management and reduce the risk of disease outbreaks. Discussions are ongoing with the United Nations Environment Programme (UNEP) and the Mayor's Office to support an integrated waste management programme for Juba.

UNICEF also ensured the environmental sustainability of school construction, undertaking Environmental Impact Assessments as part of the Feasibility Study conducted to identify schools as part of the GPE programme. This will ensure that construction activities are designed and executed in an environmentally sound manner. UNICEF-supported schools have water pumps for drinking water to avoid reliance on bottled water. Boreholes are constructed so that wastewater is channelled to nearby vegetable gardens. School construction is based on the use of cement blocks, unlike baked soil blocks that degrade the alluvial soils that would otherwise be used for farming. Environmental education is one of the six themes within the life skills and peace education curriculum.

In collaboration with Plan International, UNICEF conducted environmental awareness and education among adolescents and youth that resulted in the distribution and planting of 2,625 tree seedlings in government county headquarters, schools and communities in Eastern Equatoria State.

Effective Leadership

UNICEF South Sudan Country Programme Management indicators and VISION Performance Management reports were compiled and discussed at monthly Country Management Team (CMT) meetings. The CMT examined and addressed key management issues, reviewed progress against the Management Plan and analysing progress and constraints. Regular Emergency Management Team meetings and action matrices improved the coordination of the Level 3 UNICEF emergency response between Headquarters, Regional Office and the Country

Office. Weekly Heads of Sections meeting ensured regular follow up on programmatic bottlenecks, with actions regularly tracked. Office statutory committees including the CMT, Zonal Management Team, Contract Review Committee, Programme Cooperation Agreement Review Committee, Central Review Body and the Local Human Resources Development Committee continued to function effectively. The Joint Consultative Committee met four times during the year to further enhance a participatory and enabling work environment.

Following the declaration of Level 3 emergency in 2014, UNICEF South Sudan used the Simplified Standard Operating Procedures (SSOPs) in number of areas such as the process to enter into programme cooperation agreements (PCAs), financial management, premises management and recruitment. The SSOPs expedited the signing of shorter-form PCAs; the procurement of supplies and services through ad-hoc Contract Review Committee meetings; the establishment and managing guesthouses; and the recruitment of experienced staff to provide humanitarian support.

The Office reviewed its governance structure in the country, zone and field office levels as well as the membership of office statutory committees. A Vision Table of Authority (ToA) and a VISION Roles Mapping Table were developed and briefing sessions held on Segregation of Duties and ToA to increase staff awareness and understanding in the application of the new Internal Controls Policy in the day-to-day business process. The Delegation of Authority Memos were been signed and documented.

UNICEF South Sudan reviewed, updated and circulated 16 Standard Operational Procedures (SOPs) regarding the operationalization of VISION. Forty-nine briefing sessions, each attended by an average of 15 staff members, were held on UNICEF rules and regulations and application of newly developed SOPs to increase staff capacity and knowledge. Other management and operation priorities for 2014 included the implementation of the new VISION programme and financial management system. These priorities were monitored through monthly CMT meetings, weekly senior management meetings and monthly Operations and Programme meetings.

The Regional Office Operations and Programme team conducted a peer review of programme and operations areas in view of the country office preparing for the internal audit in February 2015. Recommendations and observations from Peer Review Reports were reviewed and an action plan prepared. The implementation of recommendations is ongoing. UNICEF also conducted a self-assessment of the Wau Office with the aim of strengthening its control environment.

The Business Continuity Plan (BCP) and ICT Disaster Recovery Plan were reviewed, approved and tested and changes in the internal and external operating environment were discussed. The BCP was uploaded to the global website and a copy shared with the UNICEF Kenya Country Office which is a host country for South Sudan. An Enterprise Risk Management session was held and the Risk and Control Library update is on-going.

Financial Resources Management

UNICEF South Sudan monitors funding to comply with donor conditionalities and maximize utilization. During CMT meetings, funding status, expiring grants, planned/funded amounts, commitments, actual amounts and unutilized balances were reviewed, alerting on arising issues and allowing proactive management. As of end 2014, implementation rates were: Other Resources-Emergency (ORE) 100 per cent; Other Resources-Regular (ORR) 100 per cent; and Regular Resources (RR) 99 per cent.

Audit peer review recommendations were implemented including training for staff on recommended topics and a Delegation of Authority checklist developed.

A bank optimization project supported the replenishment of the office bank accounts. UNICEF South Sudan maintained enough funds just in time to meet programmatic demands for payments. The office worked closely with the UNICEF Division of Financial and Administrative Management (DFAM) to ensure proper month-end, mid-year and year-end closure of activities and updating the SharePoint system with the green mark status ranked by DFAM.

Financial resources in the form of cash at bank and Cash on Hand Accounts were safeguarded. Accurate and timely bank reconciliation statements were prepared, approved and submitted to DFAM for all accounts. In November, UNICEF signed an agreement with Galaxy Star International to deliver cash transfers to Field Offices. Previously, staff were carrying cash, exposing them to attack and UNICEF resources to loss, and delaying fund availability causing cancellation or deferral of interventions.

A Direct Cash Transfer (DCT) Task Force chaired by the Deputy Representative monitored liquidation of DCTs. The high proportion of long outstanding DCTs, some over three years, required advocacy with national and state governments to liquidate funds. A system was developed to send reminder letters to partners to liquidate DCTs or refund unutilized funds at three months, six months and nine months marks. Outstanding DCTs were reduced from May-December 2014: six to nine month DCTs from 48 to 5.4 per cent; and over nine month DCTs from 18 to 5.1 per cent of total DCTs. This ensured UNICEF did not lose expired funds and restored partners to implement essential activities.

Fund-raising and Donor Relations

As a result of the large-scale humanitarian crisis, resource mobilization efforts were greatly increased to respond to lifesaving emergency needs of the affected population, with a focus on both traditional and non-traditional donors. Multiple disease outbreaks, including cholera, coupled with a devastating nutrition crisis demanded sustained comprehensive emergency response programmes.

Against the 2014 country programme budget, UNICEF South Sudan raised US\$156,088,065. Of this, US\$8,592,925 was RR, US\$27,868,745 was ORR and US\$119,626,396 was ORE.

Development funding declined as donors responded to the humanitarian crisis and put on hold major development financing, with the majority of the development funding received against previously signed agreements. With the nature of humanitarian funding being largely short-term, and highly earmarked in nature, this made longer-term systems building more challenging.

The majority of humanitarian funding was from public sector donors, as well as the Common Humanitarian Fund. Other key donors included the Government of the United States of America (US\$46.4 million), the Government of the United Kingdom (US\$17.8 million) and the European Commission/ECHO (US\$20.5 million). Increased engagement with UNICEF National Committees also yielded critical support, raising the profile of the crisis in South Sudan with seven visits, and raising approximately US\$6 million.

The majority of development funding was received from the Governments of Qatar, Canada, the Netherlands, and the European Union.

UNICEF South Sudan placed great emphasis on donor visibility and developed visibility plans for key contributions. Signing ceremonies took place for two multi-year contributions from the USA Government. In addition to traditional visibility practices, UNICEF also strengthened its donor recognition in online media outlets for sustained engagement with an international audience.

Evaluation

After the Country Programme extension (January 2014-June 2016), UNICEF revised the Integrated Monitoring and Evaluation Plan (IMEP) to ensure it was comprehensive and strategic, addressing knowledge gaps for the remainder of the Country Programme. Thirty-five studies, surveys and evaluations were identified to provide key data and information towards improving the design, implementation, accountability and advocacy of programmes.

The IMEP was discussed regularly with sections, including during programme meetings and reviews. On a quarterly basis, the IMEP was discussed in CMTs, which served as a platform to share overall progress; major bottlenecks were also discussed.

Given the conflict in 2014, many studies and evaluations had to be rescheduled or cancelled – for example, the Maternal Mortality+ Survey planned for early 2014 to provide key data on Millennium Development Goal reporting was cancelled. The Population and Housing Census, for which UNICEF was providing technical and financial support, was postponed indefinitely.

Small-scale emergency related studies were prioritized to provide key data for the emergency response, such as the 50 SMART nutrition assessments conducted by UNICEF and other partners to as a basis for the nutrition response.

Along with the World Bank, UNICEF is supporting the IDP Survey which will be rolled out in 2015 to generate critical information on displaced children and women in PoCs and the host communities, as well as their intentions on possible voluntary return, to support the return of basic services in these areas.

The UNICEF South Sudan programme sections included in the terms of reference how the results from studies and evaluations were to be used. In 2014, a management response was prepared for the only evaluation finalized in 2013 – ‘Evaluation of UNICEF programmes to protect children in emergencies’. This evaluation received an overall quality rating of “Highly Satisfactory” by the Global Evaluation Reports Oversight System, and results are being used to enhance child protection in emergency programming.

Efficiency Gains and Cost Savings

UNICEF South Sudan took steps to apply the “Effectiveness and Efficiency” approach in 2014, saving over US\$1.01 million in annual operations and programme costs, which were instead used to response to the needs of children and women. The following examples provide an indication of measures taken to improve efficiency and save costs:

- A reduction in the number of Thuraya phones to fill only critical office needs, from 112 phones (US\$40,364) to 42 phones (US\$8,064), saving US\$32,256 on annual subscriptions;
- Generator and vehicle repair and maintenance contract negotiations with the service provider AAH-I saved US\$171,342;

- A lump sum accommodation grant for long-term consultants was introduced that saved US\$708,000;
- Harmonization and standardization of mobile phone use with Vivacell resulted in calling amongst UNICEF staff at a minimum subscription fee;
- Closure of Wau Guest House saved US\$100,000.

To leverage the resources and optimise resources of the UN system in South Sudan, the UN Operations Management Team undertook a number of initiatives to manage common services and Long Term Agreements including travel services, banking, telecommunications, security and the UN Clinic. These initiatives resulted in annual saving of approximately US\$200,000.

Supply Management

The consolidated UNICEF supply plan for 2014 was US\$44.8 million and the throughput US\$43.9 million including institutional contracts of US\$13.75 million; US\$27.93 million of emergency supplies; and US\$2.3 million of cross sectoral supplies. This represents a significant increase from 2013 due to the humanitarian response. UNICEF benefitted from a limited number of Level 3 emergency SSOPs, including the waiver of competitive bidding. Fewer SSOPs were used compared to other operations functions.

Procurement included: offshore US\$21.3 million; regional US\$2.13 million; and local US\$4.5 million. The quality and delivery time of offshore supplies reached a target arrival date of 90 per cent. Pre-inspection companies were contracted to inspect regionally and locally procured supplies.

US\$28.93 million in supplies were dispatched from the five UNICEF warehouses to partners leaving US\$7.48 million stock on hand. UNICEF collaborated with Logistics Cluster to store and move supplies by road, air and river. During 2014, the heavier than usual flooding and insecurity rendered large areas of the country inaccessible by road. Supplies were moved by air including pre-fabricated living and office accommodation. RRM missions were provided with prompt supply and logistics support.

The main challenges were the destruction of warehouses and looting of supplies during fighting; aging supplies which have accumulated due to the change in programmatic focus; inaccessible roads; limited Logistics Cluster resources; high costs of air transport; and insecurity. Supplies are being distributed as new areas become accessible with the dry season.

UNICEF participates in the UN Inter Agency Procurement Group. The main achievements are data consolidation; piggybacking on existing in-country long term agreements; and common solicitations to streamline procurement through a sustainable and transparent system. A planned Inter Agency market survey was delayed to the first quarter of 2015.

Security for Staff and Premises

The outbreak of hostilities on 15 December 2013 raised the risk level of all staff working in South Sudan. When fighting subsided, UNICEF took urgent steps to enhance the safety and security of staff and premises throughout the country. UNICEF enhanced the security in the most affected, destroyed and vandalized field offices in Bentiu, Malakal and Bor. Operations were re-established in shared Humanitarian Hubs within UNMISS safe locations. Security assessments were conducted in all locations and gaps rectified, including the replacement of tent accommodations with pre-fabricated units and the replacement of old vehicles with

Minimum Operation Security Standards-compliant vehicles.

UNICEF increased its dedicated security staff from three to six. All staff were required to complete Basic Security in the Field II; staff traveling to the field must have completed the Safe and Secure Approaches in Field Environments (SSAFE) training. The security staff regularly monitored the security environment and advised staff on necessary precautions.

Special considerations were put in place to allow UNICEF to extend its programming to remote and contested areas of the conflict-affected states. Contact was established with all parties to the conflict for security assurances to expand humanitarian operations. Joint security assessment missions were conducted with WFP, UNDSS and other partner organizations to expand programming outside of state capitals in affected States, including for RRM. These joint assessment missions allowed UNICEF-specific Programme Risk Assessments to be factored into the UNDSS Security Risk Assessments and Quick Security Field Assessment Reports for the RRM missions.

Risk mitigation measures for missions to remote, otherwise off-limit areas included acquiring security assurances from key officials in opposition controlled areas and preparing mission members for worse case scenarios. UNICEF is collecting best practices from RRM and organizing trainings including Table Top Exercises to simulate real situations and to test the UNDSS Extraction Plan from the field.

The recruitment of three RRM Security Officers will provide onsite assessment and security support to RRM team members according to the situation on ground allowing UNICEF to further scale up direct implementation.

Security enhancements implemented for the country office in Juba due to higher level of risk included:

- Renewal of the contract with Security Services for continued provision of 24-hour security for the compound;
- Construction of a concrete perimeter wall and security guards' room;
- Installation and maintenance of additional security lighting systems;
- Installation and maintenance of CCTV system, Vehicle Underside Scanning System, Pedestrian Walk-through Scanner and Central Smoke Detection System;
- Expansion of the Safe Room with the reinforcement of the Security Office building to accommodate all staff in case of emergency as the current sub-surface bunker is prone to flooding;
- Security surveys on two self-contained separate apartment blocks in Juba to concentrate international staff accommodations for ease of security support during emergencies.

Outstanding issues include the installation of a baggage scanner due to delayed delivery from overseas and construction of a new surface bunker. Additional security measures will include electronic individual access control to all offices and a GPS based car-logging and tracking system.

Human Resources

In response to the Level 3 Emergency, supervisors assessed gaps in their response and sourced profiles through consultants, temporary appointments or surge capacity to rapidly scale up programmes. UNICEF South Sudan benefitted from 164 support missions, including 97 from Headquarters and Regional Office; 38 from other UNICEF offices; and 29 secondments and

stand-by partners. By March 2014, 94 per cent of 2013 Performance Evaluation Reports (PERs) and ePAS (electronic Performance Appraisal System) were finalized despite the emergency, and 85 per cent of 2014 ePAS and PAS Phase I were finalized.

All staff, including field staff represented by the Chiefs of Field Office and the Staff Association, contributed to Country Programme Management Plan (CPMP) revision. The process began in April, assessing country programme results and the Level 3 emergency response, and recommended structural changes for the Programme Budget Review (PBR), including adequate staff presence in all states to ensure timely delivery of country programme results. There were changes in reporting lines and duties of 68 posts to ensure capacity building of the national staff across sub-offices.

Seventy per cent of general service staff and 76 per cent of national professional staff are male. Six Peer Support Volunteers are available to provide counselling to staff. In November, a P3 Staff Counsellor post was established to improve staff welfare, especially in remote duty stations where living conditions are extremely difficult.

Challenges encountered include constrained international staff mobility resulting in more than 13 staff completing their tour of duty. Given the emergency nature of the duty station and current Level 3 emergency, this exerted enormous pressure on these staff members, who have served in the country for over two years under stressful circumstances. Efforts were made with Regional Office and Headquarters to facilitate reassignment of affected staff.

UNICEF continued as a member of the UN Human Resources Working Group and participates in the common UN agenda including UN Cares. Male and female condoms were available in all offices. One joint learning session was conducted in October for 30 staff members on HIV/AIDS. The office had three UN Cares focal points and seven Post-Exposure Prophylaxis (PEP) Kit custodians. PEP Starter kits were available in all offices. UNICEF participated actively and contributed financial resources to the joint UN World AIDS Day Commemoration, where staff had access to information about HIV/AIDS and voluntary counselling and testing.

The Joint Consultative Committee (JCC) met four times to discuss staff wellbeing, including work/life balance, especially for staff based in the field offices, and improving office space and living conditions in sub offices. Frequent and open communication was essential ensuring the Country Management Team and JCC responded to all staff concerns. A Compressed Work Schedule was introduced in August for the four most affected field offices (Bentiu, Bor, Malakal and Mingkamen).

Participation of the Staff Association in office committees and management teams provided staff with additional assurance that their voices were being heard. The Staff Association contributed actively to the revised CPMP exercise and the submission of the November PBR.

Effective Use of Information and Communication Technology

The major information and communication technology initiative in 2014 was the office-wide shift to Microsoft Outlook. This shift simplified email synchronization for staff members in field offices, including in emergency-affected areas. No additional software was required for these staff to access their email on smartphones and tablets. However, as Outlook is internet-based, bandwidth requirements have increased in a country without ICT infrastructure, especially in emergency-affected and remote areas. The bandwidth remains too narrow, greatly slowing internet use, and constraining Vision transactions. The office is preparing to upgrade bandwidth

at the start of 2015. Lync was used to bring field office staff together for presentations, discussions and training. For example, Lync was used to demonstrate to staff in various field offices the innovative use of BMOs in latrines to improve access to safe sanitation.

Technical support was provided for innovations, including configuring and testing of tablets for Connect.Teaching and smartphones for RapidFTR. Connect.Teaching is assisting teachers in developing coherent and coordinated coursework for their students and RapidFTR to expedite the reunification of separated and unaccompanied children. These projects have cloud-based databases; no servers were installed in the office, as a result reducing the office ICT footprint. Technical support was also extended to implementing partners to resolve technical problems and provide technical guidance in a context of little to no ICT infrastructure.

Social media (Facebook, Twitter, YouTube and UNICEF South Sudan Website) has grown tremendously in terms of people reached with key messages on what UNICEF South Sudan is doing. There are 46,000+ fans on Facebook and 3,000 on Twitter. Videos were shared on YouTube while reports, photos, videos, media releases and stories with different audiences are shared through website. Donors such as the United States Agency for International Development (USAID), Government of Japan and ECHO monitor social media pages and share with their audiences.

Programme Components from RAM

ANALYSIS BY OUTCOME AND OUTPUT RESULTS

OUTCOME 1 Improved and equitable use of health, nutrition and HIV/AIDS services by infants, children, adolescents and pregnant women, especially the poor and marginalized.

Analytical Statement of Progress:

The current emergency has greatly affected the health status of children, doubling the rates of malnutrition and increasing the risk of disease, including vaccine-preventable diseases. An estimated 184 health facilities in the three conflict-affected states have been either destroyed, are occupied, or are no longer functioning. The cold chain was also destroyed across the three States; by the end of the year it had been partially re-established in Jonglei. Many health development partners put their work on hold, with humanitarian health partners taking the lead in the provision of health services under the overall coordination of the Health Cluster. Most health funding was redirected to humanitarian health interventions, including immunization campaigns; provision of life-saving health services for IDPs in Protection of Civilian (PoC) sites and hard to reach locations; and responses to cholera, measles and polio outbreaks as well as to seasonal increases in malaria and kala-azar.

UNICEF shifted its health priorities from policy development and county health systems strengthening towards life-saving emergency health interventions, while continuing to support the cold chain countrywide and procuring all vaccines for South Sudan. UNICEF split its Health and Nutrition response, creating a dedicated section to focus on the nutrition crisis.

The Health section provided an immediate response to the acute emergency, providing supplies; training of health workers; technical and financial support to partners and social mobilization around key lifesaving practices. UNICEF was a key player in the response to the cholera outbreak, which resulted in 6,421 cases including 167 deaths. This included a direct role in training and case management as well as provision of essential medical supplies and

establishing oral rehydration points. Immediately following the confirmation of circulating vaccine-derived poliovirus in Bentiu PoC, UNICEF along with MoH and WHO, began polio vaccinations, reaching 19,381 children under 15, or 84 per cent of the target. In response to the high levels of mortality in Bentiu PoC, UNICEF supported 125 community volunteers who have undertaken 115,968 household visits and referred 11,800 children under five to health facilities with diarrhoea; 4,110 children with cough; and 5,134 with high fever, lowering mortality below the emergency threshold.

In May, UNICEF started Rapid Response Mechanism missions providing multi-sectoral services for hard to reach locations hosting IDPs. Health services provided consisted of immunization and distribution of long-lasting insecticide treated nets (LLITNs), scaling up to add curative consultations for adults and children, distribution of clean delivery kits, treatment of malaria and tetanus immunization to women of childbearing age.

UNICEF provided vaccines and undertook social mobilization in support of measles, polio, and tetanus toxoid vaccination campaigns reaching over three million children and 166,000 women of child bearing age along with WHO, the Ministry of Health (MoH) and partners. These campaigns have boosted the immunity of children, with no measles outbreaks in the seven States reported after the April campaign in these areas. In conflict-affected areas where campaigns were incomplete, outbreaks continued. The Pentavalent vaccine was introduced in July with UNICEF distribution of vaccines, while routine immunization services were supported in the seven stable states as well as in PoCs and through partners working in accessible locations in the three conflict-affected states.

Support to the 10 focus counties in stable states continued during 2014; health facilities in the focus counties in conflict-affected states were not supported due to on-going fighting. UNICEF continued to be a key player in malaria prevention and response; 689,000 children under five were treated with UNICEF supplies and 780,000 LLITNs were dispatched. UNICEF continued mentoring for staff at 42 maternal and newborn health and prevention of mother to child transmission (PMTCT) sites across the country, as well as supporting 19 mother to mother support groups, training, outreach and community work to lower the transmission of, and support those living with, HIV. Community engagement is a key component of those interventions, despite the lack of coordination at the county level.

Chronic constraints in the health care system include the weak financial and human resource capacity of the MoH (central, state and at the county level); the proliferation of partners and coordination mechanisms in the health sector (80 per cent of health services are provided by NGOs); poor roads countrywide to transport and preposition health supplies; a very long rainy season further complicating access; and the lack of a regulatory health framework (a National Health Policy is still under discussion).

New challenges also arose as a result of the conflict, including: a lack of access to populations residing in contested areas; no health partners in some counties in the three conflict-affected states; new epidemics arising (cholera and polio) plus unexpected seasonal increases of endemic diseases like malaria and kala-azar; several new health coordination forums (health cluster, emergency preparedness and response, cholera and Ebola tasks forces); and new coordination mechanisms required for rapid response missions. UNICEF adapt to these changes by taking an active role in most coordination groups including those for rapid response. UNICEF's comparative advantage in prepositioning and dispatching life-saving supplies (immunization, primary health care, maternal health, malaria and PMTCT) to partners was key to quickly respond to epidemics and health needs arising across the country throughout the

year.

In 2015, UNICEF will focus on strengthening routine immunization and the cold chain as its flagship health programme. In terms of primary health care, county health systems strengthening will be renewed and community case management will be operationalized in 14 focus counties through the Boma Health Initiative.

OUTPUT 1 Immunisation systems and provisions strengthened to deliver routine and supplementary immunisation services across the country.

Analytical Statement of Progress:

Nationwide integrated campaigns were conducted with MoH, WHO and partners covering all stable states and accessible areas of the three conflict-affected states through mass campaigns and direct implementation through RRM, the latter reaching children in areas cut off by conflict. Four rounds of polio national immunization days (NIDs) were conducted in the stable states as well as Tetanus Toxoid (TT) campaigns for women of child bearing age in Lakes State as per the Maternal and Neonatal Tetanus Elimination Plan of Action. Campaigns improved the immunity of children, resulting in no measles outbreaks in stable areas.

These activities reached:

- 2,445,129 children with measles vaccination (67 per cent of target);
- 3,095,641 children with polio vaccination (65 per cent of target);
- 166,201 women of child bearing age with TT vaccination (64 per cent of target).

During 2014, interventions were largely campaign focused, weakening the already fragile routine immunization system as financial and human resources were diverted towards emergency activities. DPT3 coverage (January – November) dropped from 60 to 45 per cent for DPT3/pentavalent in the same period in 2013. The cold chain was destroyed in the three conflict-affected states. UNICEF is operating localized stores in PoCs and supported the reestablishment of the cold chain covering parts of Jonglei. UNICEF managed the vaccine pipeline for all immunization activities with no stock outs reported from state level; supported the cold chain across the country and introduced the pentavalent vaccine in the stable states with rollout on-going in areas with access constraints.

Due to low immunity profile in the conflict-affected areas where routine immunization was interrupted and campaigns/RRMs are not reaching everywhere, in late October a circulating vaccine derived polio virus (cVDPV) outbreak was confirmed in Bentiu. The on-going response includes three rounds of short interval additional dose campaigns targeting children under 15 in conflict-affected states.

In 2015, campaigns will continue, including: integrated campaigns if access improves; cVDPV outbreak response activities; four rounds of polio NIDs; TT campaigns; and a Meningitis A campaign. UNICEF will strengthen routine immunization; a cold chain improvement plan will be implemented including an innovative real time functionality system and improved vaccine management. Inactivated Polio Vaccine will be introduced to improve immunity and prevent vaccine-associated outbreaks. UNICEF will ensure the effectiveness of its contributions by focusing on evidence based advocacy to identify gaps in service and influence the wider pool of health actors to increase coverage in underserved areas.

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

Analytical Statement of Progress:

Malaria transmission occurs throughout the year and is a leading cause of morbidity and mortality across the country. During 2014, UNICEF procured and distributed 780,000 LLITNs to partners while 689,000 children under five were treated with supplies from UNICEF. UNICEF distributed malaria supplies (LLITNs, malaria kits, rapid diagnostic tests and drugs) to partners in time for the seasonal malaria peak.

UNICEF was one of the first responders to the cholera outbreak which started in May 2014. UNICEF opened the first Cholera Treatment Centre in Juba; provided training and case management; distributed 12 diarrheal disease kits (enough to treat 6,000 cases); and established 52 oral rehydration points for early community-based response to cholera cases. Two doses of Oral Cholera Vaccine were provided to 120,176 IDPs in PoCs contributing to the relatively small number of cholera cases in these areas.

Technical assistance was provided through a national consultant to the MoH to improve the management and coordination of child health programmes for the integrated management of childhood illnesses (IMCI) and integrated community case management (iCCM). Fifty staff were trained on IMCI and iCCM. Support is being provided to develop national IMCI and iCCM plans, guidelines and protocols; progress was made but both documents still remain as drafts.

UNICEF continued to support MoH to complete the development and operationalization of strategies and guidance on IMCI and iCCM. The systematic introduction and implementation of IMCI was supported in the 10 accessible focus counties. UNICEF continues advocacy with MoH to scale up iCCM in the 10 focus counties, integrating child health interventions with hygiene promotion and nutrition. UNICEF established and managed a network of 140 community volunteers in Bentiu PoC who were instrumental in keeping mortality below emergency thresholds and to increase demand for health care.

The main bottlenecks for scaling up iCCM have been: inadequate national policies and guidelines to foster harmonized implementation; minimal ownership of MoH; lack of coordination among implementing partners; inadequate linkages between health facilities and community based provisions; poor capacity of health facilities to manage referral cases from iCCM providers as well as inadequate supervision by the health facility staff. The MoH continues to keep iCCM on the agenda through the Boma Health Initiative (Operationalization of Home Health Promoters Strategy and Plan) and UNICEF will use this as an opportunity to scale up iCCM in all 14 focus counties.

OUTPUT 3 Nutrition systems and provisions strengthened to deliver essential nutrition services package including nutrition in emergency to the targeted children, pregnant women and lactating mothers.

Analytical Statement of Progress:

Targets were fully achieved with a total of 76,114 (75 per cent) admitted cases (children six to 59 months with severe acute malnutrition) to therapeutic care centres and treated by the programme. The programme was also able to maintain the global Sphere standards of 85 per cent cure rate and one per cent death rate.

UNICEF supported the establishment and operations of 51 Stabilizing Centres and 352 Outpatient Therapeutic-feeding Programme (OTP) centres across the country. A total of 668 government and non-government staff were trained on the Integrated Management of Severe

Acute Malnutrition (IMSAM). A total of 23 pre-harvest SMART surveys between Jan and June 2013 in seven high risk states were conducted. The validated results of those surveys indicated Global Acute Malnutrition (GAM) rate ranges from 5.4 per cent to 35.6 per cent and Severe Acute Malnutrition rates from 0.6 per cent to 13.4 per cent. UNICEF also supported to strengthen both national and state level coordination of nutrition programme using the platform of Nutrition Cluster. A total of 12 central and 32 state coordination meetings in eight states took place during the reporting period.

The programme focused to only the treatment component of IMSAM programme by administering ready-to-use therapeutic food (RUTF). There was inadequate focus on the promotion of optimal Infant and Young Child Feeding and caring practices by integrating IYCF in emergency and other preventative nutrition and food security interventions. The inadequate linkage between the therapeutic care and supplementary feeding remains a challenge due to lack of implementing partners (NGOs/CBOs) on the ground, particularly in hard to reach and conflicting areas to implement both therapeutic and supplementary feeding programmes.

There was increased awareness and commitment of both the emergency nutrition cluster and the nutrition sub-sector towards integrated approach of programming in line with global SUN movement. The integration of preventative interventions are already spearheaded by the longer-term consolidated appeal by the humanitarian cluster with a mix of humanitarian and development approach. Expanding inter-agency coordination and collaboration among WHO, UNICEF, WFP and FAO would facilitate the integration of therapeutic care, supplementary feeding and food security interventions.

In 2015, UNICEF will support maintaining the existing scale and depth of programme integrating curative and preventative interventions while further expansion will be made to provide services to IDPs created by the conflict and violence. The OTP treatment centres will be established in all IDPs centres across the country within and outside the UN bases as per needs, and optimal emergency IYCF interventions will be integrated in all OTP sites. UNICEF will also continue to support the surveillance, monitoring and reporting of the situation.

OUTCOME 2 Improved, equitable and sustainable use of WASH service and facilities Guinea Worm endemic areas, schools and health facilities as well as underserved communities.

Analytical Statement of Progress:

Significant progress was made in 2014 in terms of equitable and sustainable access to WASH services despite the conflict, which led to mass displacement and forced the prioritization of the humanitarian response over on-going development work. Human and financial resources were focused increasingly on the immediate delivery of WASH facilities and services to save lives. Through this response 495,750 emergency-affected people were provided with safe drinking water and 273,650 with sanitary facilities (latrines and bathing units) designed to mitigate GBV risks. Solid waste collection and hygiene promotion were conducted in the PoCs and learning spaces as providers of last resort. While the immediate WASH response focused on lifesaving activities, as the emergency became more protracted, sustainable systems were put in place. Internally displaced people and host communities participate in the management of facilities and UNICEF is strengthening their capacity in operations and management.

UNICEF provided 75 per cent of core pipeline supplies to WASH Cluster partners, allowing Cluster partners to promptly respond to humanitarian needs of 1.5 million people, including in hard to reach conflict-affected areas. As Cluster lead, UNICEF ensured the effectiveness of the WASH Cluster Coordination system at national and state levels engaging 72 partners in the

WASH cluster activities. The Cluster led assessments, supported training initiatives and promoted innovation. The coordinated WASH emergency response by UNICEF and partners resulted in the reduction and control of diseases outbreaks such as cholera and Hepatitis E.

Frontline activities through RRM missions allowed UNICEF and partners to reach 72,764 people with safe water and 253,605 people with emergency WASH supplies including soap, water purification products, water containers and hygiene promotion messages. The RRM were an effective way to reach people in remote conflict-affected areas, and will continue to be a key strategy for 2015.

Outbreaks of cholera (6,421 cases including 167 deaths) and Hepatitis E (128 cases including four deaths) compounded the emergency situation. Cholera prevention and control supplies and interventions were streamlined through the WASH core pipeline and WASH NGO Cluster activities respectively. UNICEF provided leadership in establishing WASH facilities in Cholera Treatment Centres; trained chlorinators and hospital support staff; and provided over 1,000MT of WASH supplies for 970,000 people. The Ebola crisis required further intensified epidemic preparedness and response activities. UNICEF supported Ebola preparedness by upgrading sanitation facilities at the Juba Teaching Hospital isolation ward; training health workers; and providing water and hand washing facilities at the Juba International Airport screening centre. Recurrent flooding, intertribal clashes and cattle raiding further displaced communities; UNICEF responded with emergency supplies and rehabilitation of water points.

Timely procurement, distribution and prepositioning of supplies was constrained by high operating costs, driven by rising fuel prices and deteriorating security, as were construction and rehabilitation activities. An extended rainy season, compounded with poor infrastructure, limited access to affected locations. The ethnic dimension of the conflict constrained active participation of local civil society, NGOs and some UNICEF staff in affected locations, which limited the implementation in these locations.

A key lesson learned was the need for proper preparedness and contingency planning for supplies, human resources and partnerships. Based on these lessons, UNICEF prepared a dry season contingency plan, with implementation starting in late 2014. This includes the procurement and transportation of supplies to strategic locations; construction and rehabilitation of WASH facilities; mapping of strategic partnerships; and long term agreements for key supplies and construction work.

UNICEF continued WASH interventions in areas less affected by the current conflict, providing access to safe water for 226,500 people through the construction and installation of 48 new boreholes; upgrading of 15 existing facilities and rehabilitation of 56 water points in Guinea Worm endemic villages, schools, health facilities and vulnerable communities. This contributed to the reduction of Guinea Worm cases in endemic areas from 113 in the January to November 2013 period to 77 cases in the same period in 2014.

Through UNICEF's lead role in the WASH Sector, significant progress was made in building strong alliances among WASH sector institutions (government and non-government) and increasing the leadership role of the Ministry of Electricity, Dams, Irrigation and Water Resources (MEDIWR) in sector planning and monitoring. UNICEF strengthened the Water Management Information System in four states (Northern Bahr el Ghazal, Lakes, Central Equatoria and Eastern Equatoria), a key data source on water facilities and system operations.

To identify and address bottlenecks, UNICEF, MEDIWR and implementing partners revisited the

WASH Bottleneck Analysis Tool first conducted in 2013. One bottleneck identified was the slow pace of enacting legislation, particularly the Water Bill, which is expected to be ratified by Cabinet by June 2015. The Water Act will guide the overall humanitarian, early recovery and development WASH response.

Increased uptake of Community-Led Total Sanitation (CLTS) for rural sanitation resulted in more open defecation free (ODF) communities in Central, Eastern and Western Equatoria States and Northern Bahr el Ghazal with 91 communities certified ODF this year. As a result of CLTS initiatives, 8,800 household toilets were constructed benefiting 52,800 people. Partnerships with NGOs and community-based organizations have seen an uptake of demand driven approaches in sanitation and hygiene improvement through CLTS.

An additional 15,200 students were provided access to school WASH in 51 schools through the construction of water points and sanitary facilities in Central Equatoria, Jonglei and Warrap States. Improved hygiene promotion and awareness creation were conducted during the cholera outbreak and the Global Hand Washing Day reaching three million people, contributing significantly to controlling the spread of cholera.

OUTPUT 6 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:

UNICEF prioritized Guinea Worm endemic areas for WASH service provision outside the emergency response. South Sudan remains one of four Guinea Worm-endemic countries in Africa, with 77 (63 per cent) of 122 global cases reported in 2014. UNICEF plays a central role in the Guinea Worm Eradication programme, along with the Carter Centre, MoH and MEDIWR.

In 2014, UNICEF and implementing partners constructed and installed 48 new boreholes; upgraded 15 existing water facilities; and rehabilitated 56 existing water points reaching 226,500 people with access to safe water in Guinea Worm-affected and underserved communities, helping reduce new cases from 113 to 77. Despite this overall reduction, there were cases reported in new geographic locations due to the mass displacement in the country. To contain these cases, and prevent further spread, UNICEF, the Carter Centre and the MoH Guinea Worm Directorate are following up cases in IDPs locations and carrying out eradication interventions such as awareness creation and provision of safe water.

In 2014, 15,200 students in 51 schools (51 per cent of target) were provided with new water points, sanitary facilities and hygiene promotion in Central Equatoria, Jonglei and Warrap States. Support was provided to three health facilities (15 per cent of the target) through the construction and rehabilitation of water supply systems and sanitation facilities in Yambio Hospital, Al-Shabah Children's Hospital and Juba Teaching Hospital. UNICEF also supported the construction and management of sanitation facilities in one Cholera Treatment Centre and seven oral rehydration points in Eastern Equatoria. In 2015, UNICEF will scale up the institutional and school WASH, and a school WASH technical standard will be developed with the Ministry of Education, Science and Technology (MoEST) and MEDIWR.

To ensure the sustainability of WASH facilities, 119 (19 per cent of target) WASH Committees were trained; the establishment of sustainable WASH Committees were constrained by on-going population movement. Trained committee members and government water officers were displaced, affecting the overall operation and maintenance of water facilities and creating a need to re-establish management systems and structures in these locations, a key focus for

2015. A Pump Mechanic Association was established with UNICEF support in Northern Bahr el Ghazal. The Association takes operation and maintenance contracts from communities, local government offices and NGOs, ensuring the sustainability of services. They also provide technical services to WASH Committees, strengthening the capacity for long term operation and maintenance of water points.

OUTPUT 7 Communities in UNICEF selected counties that adopt ODF-free and good hygiene practices

Analytical Statement of Progress:

In South Sudan, sanitation coverage is less than 14 per cent with over 76 per cent of the population either practicing open defecation or using unimproved sanitation facilities. UNICEF continued its support to eliminate open defecation through interventions rooted in behaviour change and generating community demand for sanitation services. The institutionalization of CLTS to scale up rural sanitation and increase the number of ODF villages gained momentum in Central, Eastern and Western Equatoria States as well as Northern Bahr el Ghazal, resulting in 91 ODF-certified villages and 8,800 household toilets constructed through community initiative. This is a result of CLTS triggering which includes intensive social mobilization and awareness creation activities which result in households constructing their own latrines and adopting improved sanitation practices. Slower progress was recorded in Western Bahr el Ghazal, Lakes and Warrap States due to strong cultural beliefs and taboos as well as the process of CLTS being very labour intensive. To reinforce hand washing, UNICEF promoted setting up of basic hand-washing amenities in households in focus counties. Twenty-five per cent of households in CLTS programme counties have hand washing facilities.

UNICEF supported the review of the CLTS with all partners which highlighted the need for the development of CLTS protocols and a delinking of the sanitation sub-sector from the current Water Policy in 2015. UNICEF will set up a National CLTS Steering Committee to provide guidance and leadership for CLTS activities. A major bottleneck was competing priorities and lack of funding due to the ongoing emergency. Intensive advocacy is ongoing with both national and state governments for additional budgetary allocation for sanitation, as well as the mobilization of funding from donors.

Three million people were reached with key hygiene messages through Global Hand Washing Day and cholera prevention efforts. Intensive hygiene promotion and awareness creation campaigns were conducted during the cholera outbreak, including the distribution of hygiene items including soap to 970,000 people. UNICEF launched a community hygiene promotion programme that links routine hygiene promotion activities with cholera prevention interventions in Eastern Equatoria, by strengthening home health promoters at community level and capacity building of Payam and county health offices.

In 2015, in addition to scaling up CLTS, UNICEF will strengthen community hygiene programmes; build the capacity of community based organizations specializing in WASH services; and strengthen local sanitation marketing capacity to sustain demand for safe sanitation.

OUTPUT 8 Improved enabling environment (legislation, policy, budget and information) at national and state level for WASH decisions making and planning.

Analytical Statement of Progress:

UNICEF continued to provide technical and financial support to shape WASH-related policy, strategic frameworks and investment plans of South Sudan. Slow progress was made in 2014 in the enactment of policy and legislation as a result of the Government focus on emergency response. Major bottlenecks at the national level were experienced with delays in tabling the Water Bill to the Council of Ministers for ratification; the Bill is expected to be endorsed by June 2015. The Water Act will serve as the guiding document for all policy and legislation related to the water sector of South Sudan.

UNICEF supported the establishment of WASH Information Management Systems in four states (Northern Bahr el Ghazal, Lakes, Central Equatoria and Eastern Equatoria States) through completion of an inventory of water facilities and data entry. The system is being used for planning by Government, UN agencies and implementing partners. The evidence base created by WIMS will also strengthen monitoring and evaluation across the WASH sector.

Austerity measures introduced at the national and state levels in mid-2012 as a result of the shutdown of oil production and the reorientation of public expenditure towards the conflict continue to pose challenges to the routine operation of WIMS, and the dissemination of information generated through WIMS, as limited or no financial and human resources have been allocated to the units. The roll out of WIMS in Warrap, Western Equatoria and Western Bahr el Ghazal States is planned for 2015.

Systematic engagement with Government, for partnership and collaboration for the Sanitation and Water for All and other global initiatives such as the National Planning for Results Initiative is ongoing. Support from the UNICEF Regional Office and Headquarters enabled the participation of national counterparts in these initiatives: this will assist the country to obtain the support of global initiatives and share experiences from other countries. The dialogue on the budgetary allocation for sanitation in the MEDIWR's budget is underway, and will be a major point of focus for the programme in 2015.

OUTPUT 9 Increased national, state and county level capacity to prepare and respond to emergencies in line with CCCs.

Analytical Statement of Progress:

The conflict that began in December 2013 resulted in mass displacement and destruction of WASH facilities, increasing the risk of water-borne disease outbreaks. A cholera outbreak in May compounded the on-going emergency, with 6,421 cases, including 167 deaths. UNICEF and partners reached 495,750 people with safe water and 273,650 with safe sanitation, improving services over the year to reach international Sphere standards. UNICEF took a lead role in Bentiu PoC, contracting the drilling of six boreholes equipped with solar pumps to ensure sustainable water supply during periods of insecurity. Sanitation facilities were designed to mitigate the risk of GBV. This response contributed to a reduction of water borne diseases and major outbreaks in the PoCs and IDP camps.

As a core pipeline manager, UNICEF procured, transported and distributed supplies for 50 WASH partners, reaching 1.5 million emergency-affected people. As Cluster lead, UNICEF ensured the effectiveness of WASH Cluster at national and state levels, engaging 72 partners in Cluster activities.

UNICEF interventions focused on PoCs, IDP settlements, IDPs in hard to reach areas and areas affected by cholera. UNICEF established 21 new implementing partnerships to provide

water trucking; rehabilitate boreholes; construct latrines and bathing units; train hygiene promotion volunteers; ensure waste disposal; and construct water facilities.

In hard to reach locations, UNICEF used RRM missions to distribute emergency WASH supplies including soap, water purification products and hygiene kits; rehabilitate broken water points; and conduct training of hygiene promoters and hygiene promotion activities providing 72,764 people with safe water supply and 253,605 people with supplies and hygiene promotion.

Timely procurement, distribution and repositioning of supplies was constrained by high operating costs, driven up by rising fuel prices and deteriorating security, as were construction and rehabilitation activities. An extended rainy season, compounded by poor infrastructure, limited access to affected locations. UNICEF constructed innovative elevated, semi-permanent latrines in Tomping PoC in Juba during the rainy season to avoid the spread of cholera. Bentiu PoC was worst-affected by flooding, which collapsed latrines and contaminated the environment. UNICEF contracted heavy equipment to support drainage works and provided 12 trash pumps to ease flooding. UNICEF and the Dutch Embassy contracted drainage expertise to provide short-term, and plan longer-term, specialized technical interventions, further stretching available resources.

UNICEF is currently implementing a Dry Season Contingency Plan including the procurement and transportation of supplies to strategic locations; construction and rehabilitation of WASH facilities; mapping partners; and preparing long-term service agreements.

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:

Despite the Government's commitment to provide free and compulsory education to all primary school-aged children, major challenges persist. Key indicators remain unchanged with 58 per cent of primary school-aged children out of school, while the net enrolment rate is 41 per cent (35 per cent for girls). Whereas in 2009 there were 1,380,580 students, this decreased to 1,365,767 in 2012 and again to 1,311,467 in 2013, indicating a decreasing trend over three years. Few children (less than 10 per cent) complete a full primary cycle. In 2012, Primary 1 and Primary 8 enrolments were 394,573 and 32,597 while in 2013 Primary 1 decreased to 368,096 and marginally increased to 33,036 for Primary 8.

There are insufficient schools, overcrowded classrooms and lack of learning resources. In 2012, there were 125 students per class, 52 students per teacher and five students shared one mathematics textbook. In 2013, the situation slightly improved with 100 students per class, 47 students per teacher and two students sharing a book. Pre-service teacher education is still limited with few education colleges, the majority of which remain non-functional due to funding constraints and conflict. Efforts are underway to address this support.

The first comprehensive school curriculum was developed through the GPE programme with technical assistance from UNICEF. The curriculum covering early childhood development, Primary 1-8 and Secondary 1-4, is competency-based and mainstreams life skills and peace education into all levels. UNICEF's Child Friendly School project funded by DFID constructed 33 schools while 6.9 million textbooks have been distributed nationwide, also through DFID support.

The planned major thrust during the 2014-2016 period was the Global Partnership for Education (GPE) programme implementation, including systems strengthening; community/school-based education service delivery; and education research. However, due to the changed situation in the country, education in emergencies support was the focus in 2014. This was particularly crucial as the conflict pushed 400,000 learners out of school. As over 200,000 children have fled to neighbouring countries, their education status is not known. Those in refugee camps are likely to be enrolled in education in emergencies programming. UNICEF provided 77,750 children with education through the provision of technical assistance, supplies and operating costs to partners as well through RRM direct implementation. To enhance the safety and protection of learners, a communique on Learning Spaces as Zones of Peace was signed, signalling high-level Government commitment to safeguard the education of children. The GPE programme was complemented by Girls Education South Sudan funded by the Government and DFID through capitation grants and girls cash transfers. National Systems Strengthening was supported by GPE, the “Improved Management of Education Delivery” programme funded by EU, as well as “Room to Learn” funded by USAID, particularly for improving literacy and numeracy and in developing an early grade learning assessment system.

Although the Government’s leadership and commitment to education is high, funding constraints continued. The national budget allocated to education has yet to reach the 10 per cent commitment set in the 2012 Education Act. The allocation for Fiscal Year 2013/14 was less than seven per cent while for Fiscal Year 2014/15 it fell to five per cent. Through the Joint Sector Review, stakeholders agreed that the issue of budget allocations should be taken up by the Parliamentary Committee on Education based on the analysis done by the MoEST Directorate of Planning and Budgeting of what could be done if the missing financial resources were made available to the Education Sector.

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

Analytical Statement of Progress:

In line with the General Education Strategic Plan 2012-2017, the curriculum development process, initiated in November 2013, was completed for ECD, Primary 1-8 and Secondary 1-4. The curriculum was produced by 141 (15 per cent females) trained curriculum developers, teachers, education experts and university lecturers. Life skills and peace education were comprehensively integrated. Classroom “assessment for learning” guides were developed to facilitate effective learning.

Baseline data was collected in 15 schools in three states identified for GPE support. Data for the remaining 10 schools in two other states will be collected by the second quarter of 2015 once the school mapping exercise was completed. The GPE Steering Committee was constituted and then transformed into a Joint Steering to provide coherent management oversight of GPE and three other education flagship programmes (Girls Education South Sudan, Improved Management of Education Delivery and Room To Learn).

Due to the conflict, the 2014 annual EMIS Census was deferred and the focus shifted to prepare for the 2015 EMIS annual Census. An EMIS Baseline Survey identified over 800 “missing schools” and verified the school list.

The MoEST drafted the Inclusive Education policy, while the Girls’ Education Strategy was finalized by MoEST through the Directorate of Gender with technical support from UNICEF. UNICEF is supporting MoEST and partners to develop a Private School Policy, expected to be

completed in the first quarter of 2015.

In November, the first ever Joint Education Sector Review was conducted, involving 150 participants from the national and state MoESTs and sector partners, including both development and humanitarian actors. The review strengthened partnerships; advocated for increased public expenditure for education; and improved coordination between humanitarian and development programming.

While the Government is committed to a budget allocation of 10 per cent for education in the Education Act (2012), due to austerity measures in 2013/14 the allocation was only 6.9 per cent, falling to 5 per cent in 2014/15. However, the Government did disburse over US\$21 million in grants to approved schools. UNICEF facilitated the Government participation in the GPE Developing Country Partners Constituency, which served to provide positive peer pressure for continued internal government lobbying for increased budget allocation. In addition, the Ministry of Finance and the Parliamentary Committee on Education participated in the 2014 Joint Sector Review to better understand sector programmes and funding. This resulted in a renewed commitment statement “Education Cannot Wait” recognizing the importance of providing education services to all children, even in emergencies.

OUTPUT 3 Improved capacity for humanitarian response, preparedness and resilience in line with South Sudan Minimum Standards for Education in Emergencies.

Analytical Statement of Progress:

In 2014, 20 partnerships were developed with NGOs to ensure increased access to education for out-of-school children in conflict-affected areas. UNICEF provided technical support and learning materials through implementing partners as well as direct implementation in RRM missions. A total of 77,750 children and adolescents were provided with learning opportunities, or 79 per cent of targeted children. This included 19,429 children aged three to six reached with early childhood development activities. To provide safe spaces to learn, UNICEF and partners established or rehabilitated 1,462 classrooms, including temporary learning spaces, in conflict-affected areas. UNICEF provided technical and financial assistance for Cluster Coordination at the national and sub-national levels. Overall, in 2014 the Education Cluster supported a total of 255,187 children with learning opportunities in conflict-affected areas.

UNICEF and its implementing partners trained 1,600 (20 per cent female) teachers and education personnel to strengthen their capacity to provide Education in Emergencies (EiE). This enhanced the skills of teachers to attend to psychosocial needs of children. Furthermore, 273 education actors (22 per cent female), including national and state MoEST officials and teachers were trained on Crisis Management and Conflict Sensitive Programming. Key education actors from the Government and NGO partners were trained to implement EiE minimum standards in all 10 states. They now have strengthened capacities to mainstreaming minimum standards into planning, response and monitoring.

The number of conflict-affected children and adolescents without EiE support is increasing due to the protracted conflict. The IDP movement is fluid, with the majority of IDPs sheltering outside of PoC. In response to this situation, in 2015, UNICEF will roll out a Back-to-Learning (BTL) strategy to provide access to education opportunities to 400,000 out-of-school children and adolescents across the country. A BTL planning committee was established within MoEST and has met weekly to finalize the overall workplan that will be implemented from January 2015.

Throughout 2014, UNICEF’s EiE response was constrained by lack of access to conflict-

affected states due to insecurity and the rainy season. To access these children, education staff participated in 24 RRM missions reaching 30,144 children with education services. In 2015, the RRM will continue to be used to rehabilitate or set up safe and protective temporary learning spaces; distribute essential education supplies; and increase the quality of education services, through the training of teachers and Parent-Teacher Association (PTA) members.

OUTPUT 6 Improved capacity of the Government and partners to implement Life Skills and Peace Education Programmes for children and youth.

Analytical Statement of Progress:

UNICEF supported the development and mainstreaming of life skills and peace education into the new national curriculum. Both topics were mapped for pre-primary, primary and secondary education, as well non-formal education for out-of-school children. Two periods per week have been allocated to these as co-curricular activities. The life skills and peace education curriculum is awaiting MoEST endorsement before printing in quarter one of 2015.

Through the Peace-Building, Education and Advocacy (PBEA) project, 300 education personnel (25 per cent female) from four conflict-affected states have improved knowledge and skills in conflict-sensitive programming and conflict prevention and management. These include PTA members in 32 schools and education centres who were trained to support life skills and peace education to promote peace, impacting over 8,000 students. To counteract the impact of the conflict on children and youth, UNICEF mainstreamed PBEA components into the emergency response focusing on psychosocial support, conflict mitigation, and community mobilization to increase resilience against conflict, and protection of vulnerable populations, especially children.

In an effort to engage, develop skills and empower young persons, UNICEF organized Sports for Peace events for 600 youth. UNICEF supported youth groups to develop social cohesion messages which were aired on SSTV and during World Cup for Peace activities during the International Day of Peace. As young people have little knowledge of career options aside from government employment and agriculture, UNICEF organized South Sudan's first two career fairs showcasing over a dozen career opportunities and participated by over 250 secondary school students. A total of 412 young persons (51 per cent female) have been trained in entrepreneurship skills. UNICEF partnered with the UN Office for Project Services and NGOs to establish and operate three youth centres offering youth a forum to seek and receive youth-oriented social services such as family planning, life skills and vocational skills training. Accelerated learning programmes were established and supported 6,540 (54 per cent female) out-of-school adolescents and youth in remote and conflict-affected areas access to learning opportunities.

Technical and vocational education opportunities for out-of-school children and adolescents remain constrained by fiscal policies and availability of service providers. Though some initiatives were successfully piloted to demonstrate education's role in promoting social cohesion, budgetary allocations for education have been severely constrained thus donor-funded pilots have yet to be scaled up. Chronic insecurity in Tonj East and Nassir have delayed the PBEA project implementation. In order to adapt to the constraints, additional and alternative project sites have been selected.

OUTPUT 7 Strengthened community and school based education service delivery for equitable access to quality basic education.

Analytical Statement of Progress:

Only 49 per cent of classrooms in South Sudan are permanent. Under the school construction component of the GPE programme, no schools were constructed or rehabilitated in 2014. However the criteria for equitable and conflict-sensitive identification of potential sites for construction or rehabilitation were developed and 15 learning spaces identified with the baseline enrolment of 8,102 learners (52 per cent girls) and 196 teachers (28 per cent female). Ten more schools will be identified in two additional states in early 2015.

A design for a 'model' school, which is girl- and disability-friendly, with WASH, school garden and administrative blocks, was developed and approved by the Ministry of Housing and will be used for the 25 GPE schools beginning in 2015.

Social and cultural practices are major barriers to girls' education. With few female teachers (less than 13 per cent of primary teachers) and an overall literacy rate of 27 per cent (16 per cent female), the value of girls' education is low. UNICEF led technical support to the MoEST and the Gender Thematic Working Group which finalized the national Girls' Education Strategy.

Cultural norms, taboos and lack of information and access to sanitary items impede education for adolescent girls. UNICEF piloted an initiative to sensitize girls, teachers and community members on menstrual hygiene and the production of re-usable sanitary pads. Sanitary kits and menstrual hygiene education were provided to 8,400 adolescent girls, which improved enrolment and retention and will be scaled up in 2015.

A total of 409 education managers were trained on education management while 100 Parent Teacher Association members and 220 teachers now have strengthened capacities to provide education using Child-Friendly School approaches. Additionally, 490 teachers and caregivers were trained to provide improved early childhood development services, while 24 ECD centres were established for 11,400 children aged three to six years.

With the aim to contribute to equitable access to basic education, UNICEF provided technical support to MoEST to draft the Inclusive Education Policy. Education in Emergencies training was provided to teachers and PTAs which mainstreamed gender-appropriate and inclusive approaches, as well key information on how to prevent and address gender-based violence.

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

Analytical Statement of Progress:

Large scale displacement affecting almost 750,000 children coupled with violence, food insecurity and a series of disease outbreaks left many children separated from their families, in psychosocial distress and vulnerable to further violence, abuse and exploitation. In response to this increased vulnerability, UNICEF focused increasingly on child protection in emergency related activities, including family tracing and reunification, psychosocial support and efforts to prevent and respond to gender-based violence, grave child rights violations and renewed risks of injury from mines and unexploded ordnances.

Child protection services helped child survivors of violence, abuse and exploitation to deal with the consequences of their experience; and supported children and their caregivers to minimize the risk of future harm. In 2014, UNICEF supported 310,759 children to receive child protection services, 179,759 of whom were reached as part of the child protection in emergencies response (exceeding funded targets). More than 50,000 people received GBV-related

prevention and response services and 363,336 adults have increased knowledge of child protection risks and how to respond to them.

These results were achieved through both direct implementation by UNICEF and in partnership with United Nations Mission in South Sudan, UN agencies, and NGO partners from the Child Protection and GBV sub-Clusters. The accelerated response also benefited from surge support from standby partners, regional and headquarters specialists. Innovative partnerships with the WASH, Education and Health Clusters contributed to both results and greater access to direct and indirect financial resources.

The reach of these child protection services remained far short of the estimated 500,000 children in psychosocial distress. Efforts to scale up services remain hampered by the conflict and consequent insecurity. Even in areas where access remained more open, many partners were implementing child protection programmes for the first time and required significant technical support. UNICEF, the lead agency for the Child Protection Sub-Cluster, invested 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. The Sub-Cluster has already reached out to UNICEF to provide a greater technical role in 2015, as new partners seek to join and expand the network of child protection actors. As the country moves into a more protracted conflict, strategic shifts are also planned for 2015, including a focus on improving the quality of services; a greater emphasis on case management and increasing reunifications; and advocacy to expand emergency responses to less visible children, such as those outside of PoC and those in lesser affected states.

The 475 verified grave child rights violations reported through the Monitoring and Report Mechanism (MRM) since December 2013 amount to more than 2012 and 2013 combined, with at least 14,537 children affected. This information, managed by UNICEF, together with high level advocacy undertaken by UNICEF and UNMISS and the global community has contributed to the securing of commitments from the President and the leader of the opposition to end these violations. The first report of the Secretary-General on Children and Armed Conflict in South Sudan was released in December, and the MRM data and the subsequent analyses continued to be used throughout the year for advocacy, to inform programmatic responses to grave child rights violations and to guide efforts to prevent new grave child rights violations. The integration of the SSSA Cobra Faction into the SPLA is expected to facilitate the release of up to 3,000 children from the armed group in the Greater Pibor Administrative Area. This Area lacked basic social services before the conflict, and will be a challenging environment in which to develop a community-based socioeconomic reintegration programme. Sustained advocacy with the SPLA led to the signing of a re-commitment to end grave child rights violations and it is expected that the large scale release from SSSA Cobra Faction will result in other smaller releases across the country.

Despite the constrained operating environment and delay in passing of the Civil Registration Bill, key priorities in birth registration also progressed, with over 131,000 children under five receiving a birth notification. Justice for children and upstream policy work were adversely affected by the prioritization of the emergency response. Efforts in 2015 will focus on small scale trials and maintaining basic institutional capacity to enable programmes to scale up when the security situation stabilizes.

The conflict and the subsequent focus on the Greater Upper Nile States also led to reduced attention on less-affected states. Government financing of state social welfare and justice for

children services was low before the crisis but became even more limited in 2014. Coupled with reduced access to development funding, child protection system building was largely suspended in 2014. In 2015, subject to funding, UNICEF will focus on assisting the Ministries of Social Development in three states to develop their strategic plans on child welfare.

OUTPUT 6 The Ministry of Gender, Child and Social Welfare and state Ministries of Social Development are able to lead and coordinate the implementation of child protection services

Analytical Statement of Progress:

In 2013, UNICEF provided funding and technical support to the Ministry of Gender, Child and Social Welfare to conduct a nationwide mapping and assessment of both formal and informal child protection systems; this process was completed in early 2014. Following the completion and dissemination of the mapping exercise, seven state Ministries are now using the findings and recommendations to inform programming for child welfare, address identified gaps; and plan future work and budgets. In Warrap State, the Ministry of Social Development, assisted by UNICEF, was able to use the mapping report to develop the Ministry of Social Development's five-year Strategic Plan. The plan, passed by the State Parliament, will be used to advocate for additional resources from the state government during the budgeting process and to mobilize child protection partners to use the Strategic Plan to inform their programming. This will bring coherence to the child protection programming in Warrap State and increase the geographical coverage of services.

State-level child protection working groups (CPWGs) led by the Ministries of Social Development with support from UNICEF Field Offices continued in all 10 states. The states directly affected by the conflict benefitted from additional support from the Child Protection Sub-Cluster at the national level. This coordination enabled greater coherence in responding to child protection risks as well as improving the quality of child protection programming through the continued capacity development of the members of the CPWG and the Child Protection Sub-Cluster on minimum child protection standards.

UNICEF supported a visit by the African Committee of Experts on the Rights and Welfare of the Child in August. Advocacy during the visit and technical support to the relevant Parliamentary Committees following this visit led to the passing of a Bill which will enable the Government of South Sudan to ratify the African Charter on the Rights and Welfare the Child in 2015.

Other key upstream policy work, while stalled for much of 2014 due to the emergency situation, will recommence next year. The Convention on the Rights of the Child was signed and requires depositing in New York. UNICEF is providing technical support on the National Policy on Children without Primary Caregivers, which is expected to be finalized in the first quarter of 2015. This policy will guide child protection agencies and Ministries of Social Development to design and implement programmes that respond to children without parental care including children separated from their families during emergencies.

OUTPUT 7 The Ministry of Health, health facilities and community institutions are able to provide birth registration services.

Analytical Statement of Progress:

Prior to Independence in July 2011, birth registration was available only in Juba, Wau and Malakal. Birth certificates were processed in Khartoum, which severely limited access to birth registration. Following Independence, the Government of South Sudan embarked on strengthening the birth registration system with the support of UNICEF. Much of the ground

work was done in 2013 and by December 2014, despite the conflict, 131,000 children under five had received a birth notification. Birth notification is the first step in the process of acquiring birth certification and can be used to access certain services such as school registration.

To enable these notifications to be issued, institutional support, including funding, printing of birth registries and provision of notification forms and office equipment, together with training, was provided to the MoH in the pilot state of Northern Bahr-el Ghazal where birth notifications were provided at health centres and outreach. Following a negotiation between UNICEF and the MoH, UNICEF and other partners, including the International Organisation for Migration and civil society organizations were delegated the authority to issue birth notifications in IDP areas. UNICEF provided forms and training to direct implementers, both government and non-government, who are now regularly issuing notifications to all newborn children in the PoCs.

Through an institutional consultancy funded by UNICEF, a national digital database is currently under construction. When finalized in early 2015, all new notifications will be centrally recorded. It will enable the MoH and the Ministry of Interior to issue birth certificates more efficiently by eliminating the need for age assessments, which are a time and labour intensive service, and place an additional financial burden on families and the Government. This database will be linked to the National ID database under the Ministry of Interior, and will enable the Ministry to use the birth registration records to inform the issuance of national identification.

One key challenge affecting the progress in achieving full birth registration of children is that the Civil Registration Bill has not been passed by Parliament. This means that institutions remain unable to issue birth certification. In 2015, UNICEF will redouble advocacy efforts to get this key legal framework passed by Parliament to allow full birth registration which can be used as proof of age and can allow access to certain services such as education and for protection against child marriage, recruitment and child labour.

OUTPUT 8 Formal and informal justice systems are able to protect children in contact with the law in line with justice for children standards.

Analytical Statement of Progress:

The justice system in South Sudan does not treat children in conflict with the law in line with international and national standards. Children stay in pre-trial detention for prolonged periods and are subsequently imprisoned together with adults in poor conditions. They face justice delivered by professionals who have limited access to training about child rights and justice for children.

The current crisis continues to foster an environment in which access to justice is unavailable for the vast majority of children in conflict with the law. UNICEF has supported the Ministries of Justice and Gender, Child and Social Welfare to strengthen their internal capacity through formal training, mentoring and coaching of staff in the Juvenile Justice Unit and the Child Welfare Directorates, in preparation for a period which is more conducive to justice for children programming.

Drawing on financial and technical support from UNICEF, the Ministry of Social Development in Western Bahr el Ghazal State was assisted to initiate a programme which diverts children in conflict with the law from the formal justice system, reducing the numbers of children in pre-trial detention facilities. The diversion scheme is designed to build on the strengths of customary restorative justice traditions - the process of rehabilitation of children in conflict with the law through reconciliation with victims and the community. A team of 15 restorative community

conferencing (RCC) facilitators from the Ministries of Social Development and legal administration and community members were trained, and more than 75 traditional leaders, justice providers and other influential community members were also sensitized on restorative justice.

Efforts were made to introduce RCC in Bentiu PoC, with UNICEF mobilizing UN Police, the UNMISS Child Protection Unit, civil society organizations and community leaders for a trial run of an adaptation of the RCC model. However, this was interrupted by renewed insecurity. The implementation in Bentiu PoC and the broader justice for children programme remain stalled and will be revisited in 2015, although the scope of the programme will be scaled back and will focus on small scale trials of restorative justice in areas less affected by the conflict. UNICEF will advocate with the United Nations Development Programme (UNDP) to include elements of justice for children in their rule of law programmes.

OUTPUT 9 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 reached 179,759 children with specialized child protection services (over 100 per cent of target) including psychosocial support and case management provided by partners technically and financially supported by UNICEF. This contributed to these children experiencing less psychosocial distress and reducing their risk of further rights violations. Mine risk education reached 51,000 people (65 per cent children), enabling them to avoid injuries from landmines and other unexploded ordnances. Psychosocial support was delivered largely through child friendly spaces: efforts will be made in 2015 to use community based models to increase both reach (especially to adolescents) and quality.

Over 6,800 children were registered as separated, unaccompanied or missing (38 per cent identified through RRM). Family tracing and reunification efforts are ongoing. UNICEF introduced RapidFTR, and co-funded the Child Protection Information Management System. This expanded FTR networks to 32 counties. Reunifications remain low at 630, hampered by inaccessibility and insecurity; the low capacity of partners; the complexities of cross border information sharing; and frequent population movement. In the interim, children have been supported to enter alternative care. As the number of registered unaccompanied and separated children is expected to rise in 2015, UNICEF will enhance tracing processes within the country and in neighbouring countries.

The 475 verified grave child rights violations reported through the MRM since December 2013 amount to more than all of 2012 and 2013 combined, with 14,537 children affected. This information, managed by UNICEF, together with high level advocacy undertaken by UNICEF and UNMISS and the global community contributed to securing commitments from the President and the leader of the opposition to end violations. A revised workplan was also signed by the Government and with preparations now in advanced stages, the UN expects to support the release of at least 3,000 children associated with the armed forces and groups in 2015.

Gender-based violence prevention and response services reached 50,083 people in Central Equatoria, Western Equatorial, Upper Nile, Unity and Jonglei States through funding, training and technical support to partners. Women and girls were equipped with skills to minimize the risk of sexual violence. Survivors were provided with clinical management, counselling, referrals and hygiene kits. The Communities Care programme addresses harmful social norms, prevents sexual violence and strengthens community based care for survivors and is now entering its

second year. Under this programme, partner staff were trained, a baseline survey conducted and specialized community discussions commenced, and will continue in 2015.

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, Jonglei, Upper Nile and Warrap.

Analytical Statement of Progress:

The policy environment in South Sudan, which had gained strong momentum after Independence, was slowed in 2014 as the Government, along with NGOs and other partners, reoriented themselves towards the humanitarian response. The preoccupation of the National Parliament with emergency issues halted policy deliberations. This resulted in a lack of equity-based analysis and poor planning from the side of Government, with little space for UNICEF and other development partners to influence the policy agenda for children. There were limited budgetary allocations to the social sector institutions, mainly due to the 'security-focus' budget process employed in the 2013/14 fiscal year, further exacerbating the effects of the 2013 austerity measures initiated after the oil production shut down.

In terms of social protection, the Government passed the Social Protection Policy Framework in November, which will pave the way for the development of an operational plan for implementation of social protection programming in the country. The finalization of this Framework was indicative of Government's return from emergency priorities to those of development. UNICEF and the World Bank lobbied for the creation of the Social Protection Framework, a crucial process towards the roll-out of the Government's Safety Net and Skills Development Project.

The National Consortium on Child Rights and Social Protection remained inactive. This Consortium, comprising 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 the country. Weak government institutional and human capacity also hampered the planning and development of social protection programmes at all levels. The halting of the 'formalization' processes for the Petroleum Revenue and Management Act has meant that no fiscal space exists for the operationalization of Child Support Grant and related social safety net programmes.

Additionally, the absence of a functional Social Protection System and Social Protection Registry, and the failure to operationalize the 'HELP4Children' Concept, further hindered the roll-out of Social Protection activities across the country, including the Cash Transfer Programme proposed under the Social Protection Framework. The HELP4Children Concept, referred to as Health, Education, Livelihood and Protection for Children, is a UNICEF initiative that calls for a comprehensive integrated social protection system with a particular focus on children as a universal tangible peace dividend. This concept would not only effectively raise broad public policy acceptance but also contribute toward building a national identity by linking highly visible social support to its citizens rather than tribal allegiance. It would also help establish South Sudan's credibility with the international community, as it will be a practical measure to build human capital commensurate with its available fiscal envelope.

While advocacy continued for legislative and policy changes on social protection, UNICEF also provided technical and financial support to the State Government of Northern Bahr el Ghazal to roll out a pilot Social Protection activity targeting 150 children without appropriate parental care in the state capital, Aweil. UNICEF also supported Government participation in a Community of

Practice Meeting on Cash Transfers in Zambia in October as well as in a Social Protection Meeting in Cape Town in March. The Community of Practice Meeting allowed Government to gain insight on some of the key operational issues pertaining to the Zambian Conditional Cash Transfer programme and related information on social protection. The Cape Town Social Protection meeting provided Government with the necessary exposure and learning experience on Social Protection issues in Africa. Collectively, these efforts and support by UNICEF helped Government sustain the momentum of National Social Protection amidst the humanitarian environment in the country.

Evidence generation for advocacy was slowed as funds were shifted to the humanitarian response as well as the practical impact of security. This made it impossible to undertake the Census, and the Maternal Mortality Survey+ (MICS), and other large scale studies and surveys, including the Child Poverty Study and an equity-focused Situation Analysis, which have been postponed to 2015/16.

UNICEF provided financial and technical support for the IDP Survey and DevInfo Initiatives. The IDP Survey preparations are now complete; the survey will be implemented in 2015 to generate critical information on displaced children and women in PoCs, IDP locations and the host communities, as well as their intentions on possible voluntary return, supporting programmes in these areas for the wider humanitarian community. The Dev Info Initiative will facilitate the updating of “South Sudan Info”, thus ensure availability and free access of socio-economic information on South Sudan, online and through CDs.

In 2015, UNICEF will work with Government and partners to revive the progress on the policy environment, particularly as Government, the National Parliament, and humanitarian and development partners gradually re-orient their programming back towards recovery and development. This will include operationalizing the National Framework on Social Protection; collaborating with Government and the World Bank in the roll-out of the Safety Net and Skills Development Project; lobbying for the revival of the National Consortium on Child Rights and Social Protection; and advocating for the Government to create fiscal space for social protection, potentially through the Petroleum Revenue and Management Act. The small-scale social protection activity will continue in Aweil, as will the IDP Survey in the country. Collectively, these will allow UNICEF to work closely with Government to improve the policy environment and systems for vulnerable and excluded children in South Sudan.

OUTPUT 6 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:

In November, the President signed the bill to ratify the Convention on the Rights of the Child and the Optional Protocols on the involvement of children in armed conflict and on the sale of children, child prostitution and child pornography. The ratification instruments are yet to be deposited at UN Headquarters in New York. In 2015, UNICEF will provide the Ministry of Foreign Affairs with the technical support to complete the ratification process.

The National Social Protection Policy Framework was passed by the Council of Ministers in November 2014 following advocacy and technical and financial support from UNICEF, UNDP and the World Bank throughout the drafting process.

Major pieces of legislation were stalled due to the Government’s focus on the conflict and humanitarian response. UNICEF and partners, including UNDP, has advocated for and

supported the drafting of the Youth Development Policy, which was endorsed by the Council of Ministers in 2013. However, it was not enacted in Parliament. UNICEF is continuing to support the finalization of the Policy. Once in place, it will address issues affecting young people, setting out key priority programmes for youth in the country.

Technical inputs towards the finalization and operationalization of the Civil Registration Act and the Petroleum Revenue and Management Act did not materialize due to the changes in Government priorities towards the current crisis. Policy deliberations in Parliament were halted and the environment was not conducive for policy and development related activities. Advocacy for the creation of an independent Child Commission to implement the 2008 Child Act did not take place. These have collectively hindered the creation of an enabling environment for child rights and social protection, particularly birth registration and the Child Support Grant, due to lack of fiscal space for social protection.

In 2015, UNICEF will work with Ministries and the Committee of Gender, Child, Social Welfare, Religious Affairs, Youth and Sports of the National Parliament to push for the amendment and passing of the Civil Registration Act and the Petroleum Revenue and Management Act. These will contribute to the creation of an enabling environment for child rights and social protection.

Due to the emergency, Budget Sector Working Groups were not convened in 2014, preventing UNICEF's participation in the 2014/15 budget planning processes. Consequently, no child sensitive budgeting approach was employed, as evidenced in the poor budgetary allocation to the social sectors. UNICEF will work to engage Government in the 2015/16 budget processes.

OUTPUT 7 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:

Limited progress was made in 2014 in terms of supporting the Government in evidence generation and planning, monitoring and evaluating programmes. Most activities require peace and stability across the country, which unfortunately was not the situation in 2014. In addition, the achievement of this output also requires Government and donor funding assessments, studies, surveys and censuses which were not available in 2014 due to the prioritization of the humanitarian response.

Activities which were stalled included: a Participatory Poverty and Vulnerability Assessment, and the mapping of the vulnerable populations in the country, down to lower administrative levels; the Situation Analysis of Children in South Sudan; the National Population and Housing Census, and the Maternal Mortality Survey + (MICS).

Despite the numerous constraints, UNICEF provided financial support to the National Bureau of Statistics for activities related to the South Sudan Info (Dev Info) and the IDP Survey. The Dev Info Users' Module training was attended by 15 staff members, provided basic skills on how to use South Sudan Info. The Administrative Module training was attended by five staff members (the best performers of the Users' module training), and enabled the updating of the South Sudan Info, which will provide an evidence base for government planning and policymaking.

Preparations were finalized for the IDP Survey which will provide the humanitarian community with a basis of information on vulnerable, displaced women and children. It will also allow agencies to plan to scale up basic services in areas of potential voluntary return. UNICEF

secured the funding to conduct the survey in opposition-controlled areas

UNICEF is expected to resume support to selected activities in 2015, dependent on the security situation. Critical activities for 2015 will be the Participatory Poverty and Vulnerability Assessment and the Situation Analysis of Children. These will provide the evidence on the situation of women and children in the country to act as a basis for UNICEF, Government and development partner programme planning and implementation.

OUTPUT 8 The most vulnerable children and women access a minimum social protection package.

Analytical Statement of Progress:

The on-going conflict shifted Government attention and human and financial resources away from social protection efforts. Most members of the South Sudan Social Policy Network left the country, limiting efforts to lobby for social policy issues. The National Parliament was inactive on issues pertained to policy and development, focusing instead on the emergency. The country was also still affected by the austerity measures caused by the oil-shutdown in 2013, eliminating prospects to create fiscal space for social protection.

The National Consortium on Social Protection was put on hold due to the conflict. This high level advocacy group would have helped the Ministry of Gender, Child and Social Welfare promote the rights of vulnerable children. The consortium, financially supported by UNICEF, is tasked with building the capacity of the Ministry, as well as advocating for the social protection agenda. Peace prevailing, the HELP4Children Concept will be initiated in 2015 to operationalize the Child Benefit Cash Transfer Programme.

Several activities were delayed, including technical support to develop cost-effective parameters for the Child Benefit Programme, including initial age group selection, graduation age and benefit cash amount. A feasibility study for optimal payment mechanisms to reach the most vulnerable was also delayed. In 2015, UNICEF will draft a Social Protection Strategy Document to form the basis of the social protection agenda for the country programme cycle 2014-2016.

Technical support for the development of the National Information System for Social Protection (NISSP) was also delayed. When fully operational, the NISSP will be a registry of individuals eligible for Social Protection and employ a proxy means test for inclusion in the programme.

The National Social Protection Policy Framework, passed in November 2014, will provide the political framework for the Cash Transfer Programme. UNICEF provided technical support to the Social Protection Technical Working Secretariat as well as financial support for Government attendance at international conferences, notably in the Community of Practice on Cash Transfer in Zambia and the Social Protection meeting in Cape Town, South Africa.

In 2014, UNICEF provided funding and technical support to start a small-scale Social Protection Initiative in Northern Bahr al Ghazal State for 150 children which will begin in 2015 and be scaled up to a further state. The initiative aims to strengthen the capacity of parents and other caregivers to provide better care for all children in their families, thereby reduce the phenomenon of children without appropriate parental care.

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

Analytical Statement of Progress:

Strategic Communication in collaboration with the Government and other partners focused: on creating platforms for involvement of children and youth and to include their voices in key policies, strengthening capacities of already-established media and social mobilisation networks across the country for effective reporting and to promote behaviour change.

With 65 trained journalists from Bentiu and Juba this year, South Sudan now has a media network of 300 journalists advocating for children and youth issues and influencing public dialogue on issues affecting children. A total of 1,854 social mobilizers in 10 states were trained on interpersonal communication skills for supplementary immunization activities to reach more than 4 million caregivers with messages on immunization services, especially vaccination against polio. Over 150 partners were oriented on behaviour and social change communication, development and implementation of evidence-informed C4D strategies, through a mix of mass media, mid-media, and interpersonal communication activities.

Significant progress was made in institutionalizing national level coordination mechanisms to ensure uniformity in communication initiatives for improved behavioural outcomes. UNICEF led the UN Communication Group on Social Media; co-led the Behaviour Change Communication Technical Working Group with the Ministry of Health and WHO; and jointly led on ICT for Development with the Ministry of Telecommunications, promoting innovations for improved service-delivery and platforms for community mobilization and decision-making.

Local C4D interventions reached 100,000 people in disaster prone areas, facilitating discussion, disseminating information, and promoting behaviours and services critical for child survival, HIV prevention, prevention of violence and abuse against girls.

Communication is seen as an essential component in development and humanitarian programming. Integrated initiatives and convergence yielded better impact on programming and services. However, due to limited infrastructure, access and human resources for communication, the Government systems were dependent on ad hoc staff and activities, which have not been effective in achieving the desired results. Moreover, low capacity and limited presence of partners affected strategic communications interventions.

OUTPUT 2 Children and youth have increased opportunities and platforms for participation and dialogue on key issues concerning them.

Analytical Statement of Progress:

In collaboration with the Youth Lead program, over 400 young people were engaged in peace building and media development activities in conflict prone areas of Eastern Equatoria State, Jonglei State and Unity State through three Youth Summits and exchange programmes to promote dialogue and peace building.

A peace building manual was developed and pre-tested among policy makers, but is yet to be endorsed by the Government. If endorsed, it could have a variety of uses: in curriculum development and advocacy as well as being a useful tool that would complement the Government's Youth Policy (under the Ministry of Youth & Sports).

Increased participation and capacity development of children and youth during Theatre for Development activities, media and commemorative events, especially using the children's parliament and the debate group forums resulting in promotion of children rights among children, media, the public and policy makers.

OUTCOME 8 Improved and equitable provision of evidence-based nutrition interventions for children, women of child-bearing age, including pregnant and lactating women by 2016.

Analytical Statement of Progress:

The conflict which began in December 2013 disrupted lives and livelihoods, driving a country with already high levels of malnutrition into a nutrition crisis. The conflict displaced 1.9 million people, deteriorating the health and nutrition status of vulnerable populations, particularly children. The estimated number of children suffering from severe acute malnutrition rose from 108,000 pre-crisis to 235,000 in 2014.

This deteriorated nutrition status was due to food insecurity, displacement and the destruction of health, water and sanitation facilities along with underlying issues of suboptimal infant and young child feeding practices. The majority of health and nutrition services, managed by state Ministries of Health in conflict-affected areas have been non-functional since the start of the crisis due to the displacement of health personnel and a lack of essential supplies. There was also a shortage of implementing partners in these areas. NGOs had provided up to 80 per cent of basic services in South Sudan before the conflict commenced in late 2013. When the conflict started, many NGOs fled and have been slow to re-establish services in conflict-affected areas. Almost half of the 336 outpatient therapeutic programmes countrywide closed due to the conflict.

As of December 2014, most parts of the country remain above emergency levels (GAM above 15 per cent); including the conflict-affected states and parts of Northern Bahr Ghazal and Warrap. From the 2014 SMART surveys, the highest GAM rates were recorded in Leer, Panyijar and Akobo counties, which are classified as Very Critical (GAM above 30 per cent) with SAM rates at 10 per cent. In Lakes and Central Equatoria States, the malnutrition rates are at Serious levels (GAM 10-14.9 per cent).

This dire situation required a major shift from prevention and development programming to an immediate, life-saving response. UNICEF, WFP, the Government of South Sudan and partners scaled up services for women and children in conflict-affected and high burden states. The scale up plan included several strategies: expanding partnerships with existing partners and engaging new partners in areas where services are not available; reaching women and children through RRM missions to provide services in hard to reach areas in conflict-affected States; ensuring the pipeline of essential SAM treatment supplies; social mobilization to identify and refer children in high-burden, non-conflict areas; developing the technical capacity of partners to deliver quality services; and conducting surveys to ensure the response is evidence informed.

UNICEF led the Nutrition Cluster which identified gaps in interventions, mobilized partners to fill gaps and coordinated with pipeline managers, Logistics Cluster and other clusters. Increased coordination and mapping of the response improved the coverage and decreased duplication.

The total number of new admissions by UNICEF and Nutrition Cluster partners to the therapeutic feeding programme for SAM management was 93,204 children under five, or 53 per cent of targeted children. Seventy-seven per cent of these children were discharged as cured against the Sphere standard of 75 per cent. The death rate for children admitted to therapeutic feeding remained below the global standard of 10 per cent. UNICEF, through donor support, procured, prepositioned and delivered supplies to treat children with SAM including ensuring the

pipeline of ready-to-use therapeutic food. UNICEF provided technical guidance to all Nutrition Cluster partners, and operating costs to 39 implementing partners. These partners increased nutrition treatment centres from a low of 183 in early 2014 to 409 at the end of year. The scale-up in nutrition services is believed to have contributed to a reduction in malnutrition-related mortality in children aged under five. Together with food aid distributions, nutrition services also contributed to an improved nutrition situation in four of the worst-affected counties in Unity and Upper Nile States.

Thirty-four UNICEF-WFP and partner RRM missions were conducted in remote and contested areas of Upper Nile, Unity and Jonglei States. Through RRM, 77,999 children were screened for malnutrition with 4,619 identified with SAM. Children with SAM not already admitted to a programme received treatment.

In the high-burden, non-conflict-affected states, an innovative partnership was established whereby sMoH social mobilizers were trained to identify children with malnutrition and refer them for treatment, as well as deliver IYCF and WASH best practice messages to caregivers. In Juba, 39,756 households were reached and 74,168 children screened. The proxy moderate acute malnutrition and severe acute malnutrition rates were very low at 1.1 and 0.3 per cent respectively, which is expected in urban settlements such as Juba, a non-conflict and low burden county. The exercise is ongoing in Northern Bahr el Ghazal, with 22,022 children under five from 17,482 households screened, and their caregivers given comprehensive messaging. Proxy MAM and SAM rates as of end of 2014 was 8.1 per cent and 3.7 per cent. The proxy GAM of 11.8 per cent shows a substantial number of children with acute malnutrition are being reached.

Information from 25 county-level SMART surveys and five small-scale SMART surveys, as well as Food Security and Nutrition Monitoring System (FSNMS) nutrition data for seven states, informed the August/September Integrated Phase Classification analysis. A further eight SMART surveys, data from 11 RRM and the FSNMS data from nine out of 10 states contributed to the IPC update in December 2014. Both sets of IPC analyses showed that the nutrition situation remains dire. As such, in 2015, UNICEF will focus on continuing to improve the coverage and quality of SAM treatment services, particularly in hard to reach areas of high burden and conflict-affected states.

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:

UNICEF and WFP developed a joint Scale Up Action Plan to reach 75 per cent of affected children with severe acute malnutrition treatment. UNICEF improved its technical capacity, increasing from three to 25 nutrition staff; increased operational partnerships from 30 to 39; provided technical assistance to 1,865 partner staff to improve the quality of nutrition services; and ensured the pipeline of supplies for SAM treatment. UNICEF undertook 34 rapid response mechanism missions along with WFP to remote areas of Upper Nile, Unity and Jonglei States screening 77,999 children for malnutrition with 4,619 identified with SAM. All children with SAM not already admitted to a nutrition programme received treatment. These missions allowed partners to re-establish nutrition services disrupted by the conflict in nine counties.

UNICEF, Government and Nutrition Cluster partners treated 93,204 children with SAM, 53 per cent of the target. This included 58 per cent of the caseload in the three conflict-affected states. UNICEF-supported partners met the Sphere standards, with a cure rate of 77.3 per cent and a

death rate of 0.8 per cent. Outpatient therapeutic feeding programme centres increased from 183 to 409 by the end of the year.

Results were constrained by a lack of access due to insecurity and the rainy season which required all movements from April through November to be done by air, greatly increasing financial costs. The technical capacity of partners to scale up in conflict-affected areas is an ongoing challenge. UNICEF has undertaken intensive capacity building, brought new partners into the Nutrition Cluster, and is working with the Cluster to map services, identify gaps and encourage partners to move into these areas.

As there remains an absence of services for children with moderate acute malnutrition, UNICEF and WFP partnered with MoH to expand the Community Management of Acute Malnutrition (CMAM) criteria. A CMAM Technical Working Group was established, which reviewed and approved the Expanded Criteria Operational Guidelines which were endorsed by the Nutrition Cluster. Under the expanded criteria, moderate acute malnutrition is treated with a smaller amount of RUTF and non-complicated SAM treated with an increased amount ready-to-use supplementary food where appropriate treatment is unavailable. The expanded criteria will reduce mortality associated with malnutrition by ensuring early detection and treatment; preventing children with moderate acute malnutrition from deteriorating to severe acute malnutrition; and scaling up coverage of treatment services.

OUTPUT 2 Infant and Young Child Feeding

Analytical Statement of Progress:

Infant and young child feeding practices in South Sudan were poor even prior to the onset of the conflict. Lack of awareness and strong social norms and beliefs have affected optimum IYCF practices and greatly impacted the nutritional status of children resulting in poor growth and development. This was demonstrated by pre-crisis GAM rates as high as 36 per cent. Displacement, poor access to health services and destruction of social services has further impacted mothers' ability to optimally feed and care for their children. Funding also shifted from supporting development and prevention programming to the emergency humanitarian response.

In 2014, 230,698 women were counselled on IYCF during national immunisation days, through rapid response mechanisms in PoCs and IDP sites and through social mobilization, with a focus on high burden and conflict-affected states. State MoH social mobilizers and partners reached 117,278 households with IYCF messages and promote optimal care and hygiene practices; while RRM missions were used to reach 20,479 women in remote areas of the conflict-affected states.

Through vaccination campaigns and RRM, 1,933,604 children received at least one round of Vitamin A supplementation, an estimated 97.7 per cent of children under five, above the planned target of 90 per cent. However, only 13 per cent of targeted children received deworming tablets, which was not a main component of the vaccination campaigns. In 2015, deworming tablets will be systematically distributed during campaigns and through RRM, along with Vitamin A.

As the cultural norms and beliefs that affect optimum IYCF practices are deeply engrained, having a policy in place is essential to support activities related to behaviour change communication, community empowerment and to enable the development of a country-specific IYCF Strategy. In 2015, UNICEF will work with MoH to support the assessment of current practices and develop a new evidence-informed plan adapted to the local context to address

barriers including cultural norms. IYCF counselling will also continue through the social mobilizers who have proven to be effective in reaching households.

An IYCF Technical Working Group was formed including MoH, UNICEF and other partners, holding their first meeting in December. A draft Terms of Reference for the Technical Working Group was shared and it was agreed that IYCF strategies from neighbouring countries will be shared with the group to be adapted to the context of South Sudan, taking into consideration the situation analysis which will take place in early 2015.

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

Analytical Statement of Progress:

In the first quarter of 2014, available data sources proved inadequate as a basis for the scale up of the nutrition response or for the Integrated Phase Classification. UNICEF and the Nutrition Information Working Group (NIWG) increased the quantity and quality of available data by: increasing the number of SMART surveys; introducing small-scale SMART surveys where it was not possible to undertake full scale surveys; integrating nutrition data into the WFP-FAO FSNMS; and using the Centres for Disease Control and Prevention experts to support survey validation.

The NIWG, chaired by UNICEF, improved the coordination of nutrition surveys, reviewed reporting tools, streamlined the validation of datasets, and identified nutrition information gaps, which were then filled by Cluster partners. Fifty SMART surveys were completed in 2014, compared to 40 in 2013. UNICEF funded 16 of the surveys.

Increased availability of reliable information has improved targeting of areas of greatest need and contributed to work plans at the national and state levels, resulting in better prepositioning of nutrition supplies to ensure sustainability of programming.

SMART training was conducted in collaboration with ACF-Canada for 55 staff from international NGOs and sMOHs. Further training is planned for 2015. The NIWG will be decentralized to the state level to provide hands on guidance. Sixty-four SMART surveys are planned for 2015, 19 to be funded by UNICEF. UNICEF will continue technical support through the NIWG as well as directly implementing surveys in six counties with high levels of food insecurity and no nutrition data.

Nutrition data was integrated into two rounds of the FSNMS, both in time for the IPC. The second round had improved data quality as compared to the first, due to increased partner and sMOH capacity and participation, improved training of survey teams, and adequate field supervision.

To improve the quality of nutrition services, UNICEF conducted a training needs assessment in early 2014 and rolled out training based on partner needs: 1,161 participants were trained on IYCF; 119 on inpatient therapeutic care; and 306 on outpatient therapeutic programmes. Further training is planned in 2015 based on an updated training needs assessment. Insecurity and access remained the main challenges to capacity building. The limited capacities of sMOH also remained a challenge to integrating nutrition into health programmes. The dry season will be used to implement the state-level training, monitoring and supervision, as well as further nutrition assessments.

OUTCOME 9 Cross Sectoral

Analytical Statement of Progress:

The sudden outbreak of hostilities on 15 December 2013 raised the risk level of all staff living and working in South Sudan. When fighting subsided, the office took urgent steps to enhance the safety and security of staff and premises throughout the country. Operations were re-established in shared Humanitarian Hubs within UNMISS safe locations, procuring new equipment and furniture for the affected offices. This allowed UNICEF staff to remain present in field locations to respond to the escalating humanitarian needs. Discussions were established with all parties to the conflict for security assurances to expand humanitarian operations to remote and contested areas of the conflict-affected states. Joint security assessment missions were conducted with WFP, UNDSS and other partner organizations to expand programming outside of state capitals in affected states, including for RRM.

During the conflict, the UNICEF offices, guesthouses and warehouses in Bentiu, Bor and Malakal were looted and vandalized during several rounds of fighting. UNICEF lost US\$3.5 million worth of assets, including property, plant and equipment (PPE) and programme supplies. Active fighting meant the country office was not able to conduct a full physical verification exercise of PPE and inventory until July-August 2014. Following the Property Survey Board review and recommendations, UNICEF submitted an approval to the Comptroller to write-off the PPE and supplies. The entire write-off was approved and the adjustment in VISION is ongoing.

Throughout 2014, support to field offices was enhanced, in particular to those in Greater Upper Nile affected by conflict. As UNICEF teams had to both work and live in humanitarian hubs inside UNMISS bases, the priority was to ensure staff were working and living in decent conditions. This was challenging due to insecurity as these locations were attacked repeatedly; logistics constraints, particularly during the rainy season; and the limited space available inside these hubs. New containers have been erected in Malakal, Bor and Bentiu to accommodate the increased staffing structure and these efforts will continue during the 2015 dry season, with the objective to ensure all offices in the 10 states are adequately equipped.

Following the declaration of the Level 3 emergency in 2014, UNICEF used the Simplified Standard Operating Procedures such as the process to enter into programme cooperation agreements, financial management, premises management and recruitment. The SSOPs expedited: the signing of PCAs; the procurement of supplies and services; the establishment and managing guesthouses; and the accelerated recruitment of experienced staff to provide humanitarian support.

Despite a highly constrained logistical environment, including inaccessible roads; limited Logistics Cluster resources; high costs of air transport; and insecurity, US\$28.93 million in supplies were dispatched to partners and for UNICEF's direct implementation via RRM missions. As the dry season sets in, supplies are being distributed to newly accessible areas using roads and barge movements, rather than relying only air assets. The timely prepositioning of supplies is critical given the challenging operating environment during the rainy season, and as UNICEF is the core pipeline manager for key sectors.

Leadership support was provided for effective programme management and guidance, operations management and oversight control, country programme advocacy, planning, monitoring and evaluation. The Country Management Team remained the central management body for advising the Representative on policies, strategies, programme implementation and to

keep human and financial resources focused on planned results. The Business Continuity Plan was updated, equipment installed and two tests carried out during 2014. The Biennium Management Plan was updated and reviewed, clearly defining and providing guidance on office priorities.

Efficient and improved financial management systems are in place through the implementation of International Public Sector Accounting Standards; application of new revised administrative and finance policies; and Vision implementation. A series of training sessions were conducted for UNICEF staff on Direct Cash Transfers internal controls, the Table of Authority, roles mapping, sound financial management, and payment checklists. Standard Operating Procedures were developed, shared with staff and briefings provided. The increased staff knowledge on UNICEF policies has improved their efficiency and built their capacity.

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 has signed an agreement with Galaxy Star International for cash delivery services, to minimize the risks of having staff carrying cash. UNICEF will continue to use Galaxy Star in 2015.

The office migrated to the use of Microsoft Outlook as part of the global initiative during the year. However, as Outlook is internet-based, bandwidth requirements have increased, making internet use, including for VISION transactions, extremely slow. The office is preparing to upgrade bandwidth at the start of 2015.

UNICEF South Sudan took steps to apply the “Effectiveness and Efficiency” approach in 2014, saving over US\$1.01 million during 2014 in annual operations and programme costs that were instead used to respond to the needs of children and women.

OUTPUT 1 Financial Resources and Stewardship

Analytical Statement of Progress:

Country Programme Management indicators and VISION Performance Management reports were compiled each month and discussed at the monthly Country Management Team meetings. The CMT examined and addressed key management issues, reviewed progress against the Management Plan and analysed progress and constraints. Office statutory committees continued to function effectively. The Programme Management Team and Operations Management Team continued to provide inputs to the CMT agenda. The Joint Consultative Committee met four times during the year to further enhance a participatory and enabling work environment.

A Vision Table of Authority and a VISION Roles Mapping Table were developed. Briefing sessions were held on Segregation of Duties and ToA to increase staff awareness and understanding in the application of the new Internal Controls Policy in the day-to-day business process. The Delegation of Authority Memos were signed and documented.

Forty-nine briefing sessions, each attended by an average of 15 staff members, were held on UNICEF rules and regulations and application of newly developed SOPs to increase staff capacity and knowledge. Other management and operation priorities for 2014 included the implementation of the new VISION programme and financial management system. These priorities were monitored through monthly CMT meetings, weekly senior management meetings and monthly Operations and weekly Programme meetings.

The Regional Office Operations and Programme team conducted a peer review of programme and operations areas in advance of the internal audit in February 2015. Recommendations and observations from Peer Review Reports were reviewed and an action plan prepared. Implementation of recommendations is ongoing. UNICEF South Sudan also conducted a self-assessment of the Wau Office with the aim of strengthening its control environment.

The BCP and ICT Disaster Recovery Plan were reviewed, approved and tested and changes in the internal and external operating environment were discussed. The BCP was uploaded to the global website and a copy shared with the UNICEF Kenya Country Office, a host country for South Sudan. An Enterprise Risk Management session was held and Risk and Control Library update is on-going.

OUTPUT 2 Human Capacity

Analytical Statement of Progress:

UNICEF has, throughout 2014, ensured the availability of sufficient liquidity to make timely cash transfers to government counterparts and implementing partners. All received DCTs with proper documentation were liquidated on time. As of 31 December, no outstanding unliquidated DCTs remained, which ensured smooth operation of programme intervention.

UNICEF prepared and submitted accurate financial information on time DFAM. Monthly bank reconciliation statements, cash on hand accounts and petty cash accounts were accurately prepared and submitted on time. The office maintained sound cash forecasting which enabled UNICEF to maximize investment income and minimize holding large volumes of unnecessary liquidity.

A series of trainings were conducted for UNICEF staff on DCTs, internal controls, the Table of Authority, roles mapping, sound financial management and payment checklists. SOPs were developed, shared with staff and briefings provided. This increased staff knowledge on UNICEF policies, improved their efficiency and built their capacity.

Periodic budget monitoring was carried out to ensure 100 per cent utilization of institutional and cross sectoral budgets. The Finance Manager circulated to Operations Unit Heads and Field Office Heads regular grant financial statement reports, maximizing the utilization of funds.

Timely completion of monthly, interim, and year-end closure activities was shown through healthy status reports received from DFAM, allocating green marks to UNICEF South Sudan. The office was compliant with the implementation of IPSAS which regulates the recording of financial transactions in UNICEF. Improved financial management systems are in place through implementation and application of new revised administrative instructions and policies.

Self-Assessment exercises were conducted in both the Country Office and Wau Zonal Office to strengthen internal controls. Risks and errors identified were discussed and are being addressed.

The weak banking infrastructure in South Sudan remains the largest challenge for UNICEF in terms of financial management. The accounting system in the Central Bank has not been computerized and recipient banks of remittance instructions exhibit undue delay in applying funds to beneficiaries' bank accounts. Closely related to this is the fact that in some areas reached by the RRM, there are no banking facilities, forcing staff to carry cash. UNICEF signed

an agreement with Galaxy Star International for cash delivery services. UNICEF will continue to access their services in 2015.

OUTPUT 3 Cross Sectoral

Analytical Statement of Progress:

UNICEF South Sudan submitted a proposal to the mail poll PBR in April to strengthen the office's capacity to respond to the outbreak of the emergency. A comprehensive PBR was held in November to review UNICEF South Sudan's vision for 2015/16, and balance the humanitarian and development response, resulting in staffing structure adjustments. The emergency response was also supported by 164 surge visits which provided additional technical expertise. The staff association contributed to the revised CPMP exercise and the submission of the November PBR. Participation of the Staff Association in office committees and office management teams provided staff with additional assurance that their voices are heard.

In response to high stress levels, especially in remote field offices, a P3 Staff Counsellor post in November was created. Thirteen international staff completed their tour of duty: given the demands of the Level 3 emergency, this exerted enormous pressure on these staff. Efforts were made together with Regional Office and Headquarters to facilitate reassignment of affected staff members. The current emergency, coupled by a depressed national labour market, resulted in several vacancies being re-advertised, thereby negatively impacting on ability to quickly fill critical positions as well as gender imbalance at national level.

A Peer Review was conducted giving the office an opportunity to strengthen its human resources systems, including improved documentation for consultants; monitoring of attendance and leave; and ensuring staff files are fully complete.

The Joint Consultative Committee met four times in 2014, meetings focused on staff well-being issues, including work/life balance especially for staff based in the field offices, and improving the office and living conditions in sub offices. A Compressed Work Schedule was introduced in August for the most affected field offices (Bentiu, Bor, Malakal and Mingkamen). Work continues to transport containers for accommodation and work. Frequent and open communication was essential ensuring the CMT and JCC responded openly to all staff concerns. UNICEF South Sudan has identified an in-country third party to transfer cash to staff members in the field to ensure salaries are paid to staff members on time. Staff members are supported in getting their spouses and dependents transferred to Juba for medical purposes.

The office has six Peer Support Volunteers; three UN Cares focal points and seven PEP-Kit custodians. PEP Starter kits are available in all UNICEF offices. UNICEF participated actively and contributed financial resources to the joint UN World AIDS Day commemoration where staff had access to information about HIV/AIDS, voluntary counselling and testing.

Document Centre

Evaluation

Title	Sequence Number	Type of Report
Interagency Operational Peer Review of the Response to the Crisis in the Central African Republic	2014/001	Review

Lessons Learned

Document Type/Category	Title
Lesson Learned	Birth Registration Initiative in South Sudan