

# **Republic of South Sudan**

## **Country programme document 2012-2013**

The draft country programme (CPD) document for the Republic of South Sudan (E/ICEF/2012/P/L.1 and Corr.1) was approved in accordance with decision 2011/16, on an exceptional basis, by the Executive Board at its 2012 first regular session (7-10 February 2012).

The draft CPD was discussed at an informal consultation on 19 December 2011 and subsequently revised. This final version was approved at the 2012 first regular session of the Executive Board on 10 February 2012.

Basic data<sup>†</sup>  
(2010 unless otherwise stated)

Child population (millions, under 18 years)	4.3 <sup>a</sup>
U5MR (per 1,000 live births)	125 <sup>a</sup>
Underweight* (% , moderate and severe)	28
(urban/rural, poorest/richest)	..
Maternal mortality ratio (per 100,000 live births, reported, 2004-2006)	2 054 <sup>b</sup>
Primary school attendance (% , net male/female)	32/25
Survival rate to last primary grade (% , 2009)	26 <sup>c</sup>
Use of improved drinking water sources (%)	69
Use of adequate sanitation facilities (%)	13 <sup>d</sup>
Adult HIV prevalence rate (% , 2009)	3.2
Child labour (% , 5-14 year olds)	..
Birth registration (% , under 5 years)	..
(male/female, urban/rural, poorest/richest)	..
GNI per capita (US\$)	984
One year olds immunized against DPT3 (%)	13 <sup>e</sup>
One year olds immunized against measles (%)	20 <sup>e</sup>

<sup>†</sup> More comprehensive country data on children and women can be found at [www.childinfo.org/](http://www.childinfo.org/).

\* Underweight estimates are based on the WHO Child Growth Standards adopted in 2006.

<sup>a</sup> Unofficial estimates from the United Nations Population Division.

<sup>b</sup> This maternal mortality ratio (MMR) is the reported estimate for Southern Sudan from the 2006 Sudan Household Health Survey (SHHS) and pertains to the years 2004-2006. This estimate should be interpreted with caution, as data collection did not follow standard procedures and thus may be subject to considerable non-sampling in addition to sampling error. An adjusted United Nations inter-agency MMR estimate for South Sudan has not been calculated yet.

<sup>c</sup> This estimate reflects survival to the last grade of primary school as defined by the International Standard Classification of Education (ISCED), which includes primary grades 1-6. Using the national definition of primary school (grades 1-8), the survival estimate drops to 8%.

<sup>d</sup> This estimate represents the use of improved types of sanitation facilities, which includes the use of shared facilities of an improved type as per the government definition of access. This is different from the Millennium Development Goals definition, which excludes the users of shared sanitation facilities from its estimates. Doing so would lower coverage estimates for the use of improved sanitation facilities to 7%.

<sup>e</sup> These estimates of immunization coverage are from preliminary household survey data. The country-reported data suggest higher levels of coverage.

## Summary of the situation of children and women

1. The Republic of South Sudan was established on 9 July 2011, after more than five decades of near continuous war that displaced about 4 million people, disrupted socio-economic services and systems, and imposed a heavy toll on the survival and well-being of the South Sudanese population, especially children. The 2005 Comprehensive Peace Agreement (CPA) had enabled a period of relative stability with an Interim Constitution providing the basis for future State building. Following a near-universal vote in favour of secession in the referendum of January 2011, the National Legislative Assembly was reconstituted and a new Government was

formed, committed to forging national unity among its diverse population of over 8 million people, comprising over 60 tribes speaking as many languages.

2. The new republic faces many challenges. Some critical provisions of the CPA have not been implemented and continue to cause tensions with Sudan. Since October 2010, over 350,000 South Sudanese have returned home; around 300,000 people were displaced due to conflict in 2011. Children in South Sudan are exposed to an environment prone to conflict, ignited by communal strife over access to land, grazing grounds and water sources. Decades of armed conflict have affected cultural values and norms, led to widespread possession of small arms, weakened community-based systems and resulted in inadequate institutions for conflict resolution and diminished economic opportunities.

3. Despite a gross national income (GNI) per capita of \$984, over half (51 per cent) of the population<sup>1</sup> survives under the poverty line, among which 93 per cent live in rural areas. High levels of disparity are evidenced by a Gini coefficient of 0.455. Over one third of the population is food insecure and 56 per cent has suffered from drought or floods over the last 5 years. The oil sector generates 98 per cent of government revenue but little employment or revenue for average households.

4. The 2010 Household and Health Survey (HHS) showed considerable improvements in the situation of children during the period 2006-2010. Infant and under-five mortality rates decreased during that period, down from 102 to 84 per 1,000 live births and 135 to 106 per 1,000 live births, respectively, while recorded measles cases decreased from nearly 2,000 to below 100. South Sudan has been polio free since 2009. The proportion of pregnant women receiving at least two doses of tetanus toxoid vaccine increased from 22 per cent to 50 per cent. Stunting rates dropped from 33.4 per cent to 25 per cent. Primary school enrolment numbers rose from 0.8 million to 1.4 million and secondary education from 15,000 to over 44,000 over the same period. Access to improved sources of drinking water increased from 48.3 per cent to 68.7 per cent and to improved sanitation facilities from 6.4 per cent to 12.7 per cent.

5. South Sudan has the highest global burden of dracunculiasis, despite the significant progress that has been made, reducing the 2006 caseload of over 20,500 to below 1,000 in 2011.

6. The maternal mortality rate is the highest in the world, reaching 2,054 per 100,000 live births, with only 14.7 per cent of women delivering with the help of skilled attendants. Birth registration is low, only 5.8 per cent of children are fully immunized and malnutrition remains above the emergency threshold. Nationwide HIV/AIDS prevalence is estimated at 3 per cent among pregnant women.

7. Close to 1,250,000 children eligible for primary school do not have access, with many existing schools not conducive to learning. Only 45 per cent of the 3,349 primary schools in South Sudan have access to safe water, and only 17 per cent have adequate latrines for both girls and boys.

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<sup>1</sup> Poverty in South Sudan — Estimates from National Baseline Household Survey (NBHS) 2009 — Southern Sudan Centre for Census Statistics and Evaluation.

8. Children face a multitude of risks, such as abductions, early marriage, recruitment into armed groups, violence, separation from families, and unexploded ordnance. Thousands of children are orphans and lack appropriate care. Inadequate education and job opportunities fuel youth involvement in conflicts.

9. South Sudan likely has the biggest capacity gap in Africa. Only 13 per cent of primary schools provide the full complement of grade 1-8, and the qualified teacher-to-pupil ratio is 1:117. The doctor-population ratio is roughly 1:80,000; there are only 12 qualified midwives for 340,000 women who give birth every year. The severe deficiencies of capacity and infrastructure are noted across all sectors, including access to markets and the provision of law and order.

10. The Republic of South Sudan presents a unique State-building challenge that cannot be addressed as a classic transition or post-conflict recovery situation.

## **Key results and lessons learned from previous cooperation, 2009-2011**

### **Key results**

11. UNICEF supported the Accelerated Child Survival Initiative in 7 out of 10 States with vaccines, vitamin A capsules and communication materials, whereby 555,000 children under the age of five accessed primary health care services targeting malaria, pneumonia and diarrhoea. UNICEF assistance was complemented by the World Health Organization (WHO) and the United States Agency for International Development (USAID). These joint efforts resulted in significant progress in combating measles and polio. Over 45 per cent of estimated severely malnourished children were treated annually at stabilization centres and outpatient treatment programmes through UNICEF support. UNICEF contributed to the development of the 2010-2012 Health and Nutrition Sector Medium-Term Expenditure Framework and the establishment of a Health Management Information System in 5 out of 10 States. Technical support for the formulation of standards included prevention of mother-to-child transmission (PMTCT) of HIV/AIDS guidelines to enhance routine testing of pregnant women at antenatal care (ANC), contributing to acceptance of the service by 65 per cent of pregnant women visiting ANC sites offering it.

12. UNICEF leadership, technical assistance and partnership with other stakeholders resulted in the successful “Go to School” campaign, credited with a doubling in enrolment between 2005 and 2009. UNICEF assistance led to improvements in the Education Management Information System providing data for management and the payroll, and the initiation of ongoing programmes, such as life skills education, education in emergencies, alternative education and girls’ education, which have continued to grow in scope and quality.

13. UNICEF support to construction and rehabilitation of water points and latrines has resulted in increased access to drinking water for 600,000 and sanitation for 55,000 people, respectively. Joint action with the Carter Foundation, WHO and the Ministry of Health has resulted in a reduction of dracunculiasis by 95.4 per cent since 2006. Partnerships with Plan International and Population Services International (PSI) have been developed for rapidly expanding community sanitation and hygiene promotion activities. UNICEF has constructed 200 improved water sources and 125 latrine blocks in primary schools and has reached about

1.7 million people with key hygiene messages. These combined interventions have contributed to the decrease in the prevalence of diarrhoea from 44.2 per cent in 2006 to 32.4 per cent in 2010.

14. UNICEF advocacy and technical assistance resulted in the enactment of the 2008 Child Act — a significant milestone towards protecting and promoting the rights of children in South Sudan. Nearly 250,000 community members, police and social workers have been sensitized on the Child Act, contributing to ensuring child-sensitive justice procedures to more than 3,000 children in contact with the law. Over 800 children have been released from the Sudan People Liberation Army (SPLA) following its signing of the Action Plan with the United Nations. Community-based approaches have enabled close to 170,000 children and young people affected by armed-conflict, violence, exploitation and abuse to benefit from family tracing, reunification, and psychosocial care services, life skills and vocational training.

15. The capacity of the South Sudan National Bureau of Statistics (NBS) in Juba was strengthened to establish the South Sudan Info database, which is fully functional and accessible online, allowing government and development partners to monitor progress on development priorities, including the Millennium Development Goals. The NBS further received UNICEF assistance in South Sudan in support of the 2008 national population census, the 2009 household poverty survey and two health household surveys resulting in the availability of data on social indicators to inform planning and decision-making.

16. UNICEF has managed high expectations and challenges as cluster lead agency for water, sanitation and hygiene (WASH), nutrition, education and child protection, requiring intense contingency planning and pre-positioning especially for the referendum. This has been critical in ensuring a timely and children-focused response to recent displacements of about 100,000 from the Abyei area, in managing the transition of over 350,000 returnees, and the conflict-related displacement of nearly a million people over the past three years.

### **Lessons learned**

17. UNICEF future investment in capacity-building of public service provision will need to be based on a systematic gap analysis, with an emphasis on the State level. Nevertheless, the development of institutional capacity needs to be balanced with consideration for the existing human resources scarcity. UNICEF will need to increase interim measures, such as embedding technical assistance in ministries for direct delivery, advisory services and coaching.

18. UNICEF support to information management systems (IMS) for social sectors has been instrumental. Critical success factors included provision of comprehensive support (training, funding, technical support and high-level advocacy); political commitment and coordination of the Government; and a widely shared need for credible data among the Government, donors and other partners. Sustainable collection and utilization of data will require further emphasis on building capacity within concerned ministries at the national level, and increase in support to IMS at the State level.

19. UNICEF support to improvements in health, nutrition, WASH and education service coverage has largely resulted from “campaign” modality, which will need to continue as systems for delivery of basic services are taken to scale. Inputs to basic service delivery and emergency response have been intensively supported by supply

assistance that amounted to a third of the total investments of \$200 million made over the past three years.

## The country programme, 2012-2013

### Summary budget table

<i>Programme</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Health and nutrition	2 118	21 936	24 054
Water, sanitation and hygiene	1 128	17 420	18 548
Basic education and gender equality	1 128	18 494	19 622
Child protection	1 020	7 528	8 546
Policy advocacy and social protection	2 114	3 226	5 340
Strategic communication	922	2 152	3 075
Cross-sectoral	2 106	17 204	19 311
<b>Total</b>	<b>10 536</b>	<b>87 960</b>	<b>98 496</b>

*Note:* An estimated \$50 million in emergency funding will be received in support of the Humanitarian Appeal Process.

### Preparation process

20. The country programme has been informed by four key building blocks: (a) intensive UNICEF participation in national strategic planning exercises, including the 2011-2013 South Sudan Development Plan (SSDP), health, education and water and sanitation sector strategic plans; (b) the UNICEF Strategic Reflection Exercise (SRE), which defined a medium and long-term strategic vision for maximizing and sustaining results for children in South Sudan and identified key initiatives and priorities required for the new country; (c) the United Nations Development Assistance Framework (UNDAF) 2012-2013; and (d) concluding observations of the Committee on the Rights of the Child on the report for the Sudan.

21. The above processes have included intensive consultations with key line ministries, national commissions, non-governmental organizations (NGOs), United Nations agencies and development partners. The SRE in particular drew on a series of children and youth consultations, and a qualitative survey among external stakeholders. The UNDAF and the CPD were also discussed in joint strategic meetings and all principles of greater efficiency, minimum transaction costs and results focus were observed in development of the UNDAF and CPD.

### Programme component results and strategies

22. This first country programme builds on gains made following the CPA and responds to the unique requirements of the new country. It aims to lay the foundation for rapid acceleration of sustainable delivery of services for children in the new State, in realization of their rights. Special attention is paid to vulnerabilities of children and women affected by conflict and emergencies and to

gender and geographical inequities. The situation of girls and young women will receive particular attention through a focus on education, early marriage and maternal mortality.

23. By 2013, the following programme component results will be achieved:

(a) Infants, children, adolescents and pregnant women access life-saving, high-impact health, nutrition and HIV/AIDS services;

(b) Sustained access to community-managed improved WASH services contributes to a reduction of morbidity, a break in transmission of dracunculiasis, and peacebuilding;

(c) South Sudan is on course to achieve universal participation and increased and equitable completion of quality primary education, with parity among boys and girls;

(d) Children and adolescents, particularly those affected by conflict and emergencies, access quality child welfare services in a strengthened protective environment;

(e) Investment and social protection for children in their early years are enhanced;

(f) Strategic partnerships and systems are fostered for behavioural development and community transformation to advance children's rights;

(g) Programmes for children are adequately supported by effective operational and logistical support functions.

24. The country programme strives to accompany the new nation in its stabilization, transition and State-building efforts by striking the right balance between humanitarian and development assistance. It recognizes the continuing fragility in the country **and** the transitional needs between emergency, recovery and development, and will build in the agility and flexibility necessary for programmes to remain relevant.

25. The country programme strategy responds to key dimensions of the State-building process and focuses on interventions that are transformative and at scale. This includes (a) systems-building support to preventing and resolving conflict in society (equitable and conflict-sensitive provision of health, education and water services while strengthening justice and community protection systems for children); (b) managing State revenue to meet people's expectations (cash transfer and basic service delivery); and (c) legitimizing the State in the eyes of the population (strengthening State institutions and systems, engaging the community and youth in critical processes, and monitoring performance).

26. UNICEF will maintain its strong capacity to deliver on the Core Commitments for Children (CCCs) in Humanitarian Action, and its leadership in cluster coordination. It will strive to mainstream minimum standards for emergencies into government policies, plans and budgets, and strengthen partners' accountabilities.

27. Initiatives around innovations and new technologies for development and humanitarian action will be built into relevant programmes to improve access to information, delivery of essential services and monitoring of services and the situation of children.

#### **Relationship to national priorities and the UNDAF**

28. The country programme is closely linked to the outcomes of the UNDAF 2012-2013, which is designed to put in place building blocks of statehood, in order to tackle one of the most challenging development contexts in Africa. Through initiatives that are transformative and at scale the United Nations will significantly contribute to the SSDP and its four pillars. The UNICEF country programme will contribute to all four UNDAF outcomes: (a) core governance and civil service functions are established and operational; (b) chronic food insecurity is reduced and household incomes increase; (c) key service delivery systems are in place, laying the groundwork for increased demand; and (d) violence is reduced and community security improves

### **Relationship to international priorities**

29. The Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child embody the guiding principles for the country programme. In addition, *A World Fit for Children*, the Convention on the Elimination of All Forms of Discrimination against Women, the Millennium Declaration and the Millennium Development Goals, as well as the Paris Declaration on Aid Effectiveness and the CCCs in humanitarian action, have guided the strategic focus on the priority programme components.

### **Programme components**

30. The six programme components — health and nutrition; water, sanitation and hygiene; basic education and gender equality; child protection; policy advocacy and social protection; and strategic communication — will synergistically address the core gaps in the rights of children. Interventions for addressing HIV/AIDS, peacebuilding, youth empowerment and humanitarian action will be integrated into each of the programmes. Strategic convergence of programmes will be promoted around schools.

31. UNICEF will continue to provide strong leadership for the nutrition, education, WASH and child protection clusters. Focus will be on managing the supply pipeline, coordination, performance reporting and ensuring that clusters are effectively functioning at the State level to meet gaps in coverage and to respond in a timely manner.

32. **Health and nutrition.** South Sudan is one of the riskiest places in the world for women to get pregnant and children to be born. Even when children survive, the high rates of acute malnutrition result in children being deprived of their capacity to thrive optimally. The aim is to: (a) strengthen immunization systems and “reach every county” for delivering an expanded package of services at the community level; (b) enhance management of acute malnutrition and strengthen practices for infant and young child feeding preventing undernutrition; (c) expand PMTCT and treatment of paediatric HIV/AIDS in high-prevalence areas; (d) strengthen family care practices through intense communication for development; (e) establish signal functions for emergency obstetric and neonatal care, laying the foundation for strengthening health facility systems and improving community responsiveness.

33. UNICEF will continue to support health systems strengthening through bottleneck analysis, evidence-based planning and budgeting, promoting innovations in service delivery strategies, in-service training for facility and community-based health and nutrition professionals, and strengthening referral linkages.



34. The programme will be implemented by the Ministry of Health and NGOs delivering health and nutrition services. There will be a strong collaboration with the HIV/AIDS Commission. Technical assistance provided by the WHO and the United Nations Population Fund (UNFPA) will contribute to the results related to maternal and child health, and the World Food Programme (WFP) to nutrition.

35. **Water, sanitation and hygiene.** Limited access to water and sanitation has contributed to poor child health and is frequently a trigger for local conflicts. Site selection for WASH services will take into account factors reducing conflicts over sharing of water resources to support peacebuilding.

36. The programme will aim to: (a) catalyse an increased allocation of funding through investment plans aligned to a WASH Strategic Framework and the SSDP; (b) strengthen the WASH Information Management System (WIMS), ensuring smoother bidirectional data exchange among State-level information hubs and the central WIMS unit; (c) establish sustainable supply chain systems to support longer-term water-point rehabilitation; (d) accelerate access to sanitary latrines and promote hygienic behaviour practices; (e) develop recognition systems to stimulate local sanitation innovations and mobilize individuals and communities to address their own sanitation problems; and (f) improve WASH services for vulnerable communities, schools and health centres.

37. The programme will be implemented by the Ministry of Water Resources and Irrigation, in partnership with Plan International, PSI and the Netherlands Development Cooperation (SNV). Partnership with county-level governments and key WASH cluster actors will be emphasized.

38. **Basic education and gender equality.** South Sudan will require strategic investment in primary education. The paucity of trained teachers, the poor supervision and management, the overcrowded and inadequate learning facilities means that little learning takes place, even for the 1.4 million children in school. Girls are particularly deprived of their right to education.

39. Using a child-friendly approach, the programme will aim to: (a) finalize the education act and policy; (b) strengthen the IMS at school and State levels; (c) review the curricula and develop materials that include life skills education with an HIV-AIDS component; (d) accelerate training of education managers, teachers and parent-teacher associations; (e) accelerate access and retention of girls; (f) undertake strategic school rehabilitation and construction; (g) provide greater coverage of quality alternative education; and (h) provide protective education services for girls and boys affected by humanitarian crisis.

40. Promising new partnerships will be pursued with the Fast Track Initiative (FTI), the Association for the Development of Education in Africa, the Institute of International Education and relevant education institutes. The programme will be implemented by the Ministry of General Education and Instruction and the Ministry of Culture, Youth, and Sports. A joint programme with the United Nations Office for Project Services (UNOPS) managing school construction will continue.

41. **Child protection.** Children in South Sudan face multiple protection risks, which mostly stem from decades of conflict that destroyed the social fabric of communities and eroded the protective environment for children surrounded by violence.

42. The programme will aim to: (a) develop policies, legislative frameworks and child protection systems; (b) develop the civil registration system with emphasis on

birth registration; (c) promote a child-sensitive justice system with emphasis on restorative justice; (d) scale-up community-based reintegration services for children released from armed-groups, rescued from abduction and separated from their families; (e) provide psychosocial and other services to children affected by violence and HIV/AIDS; and (f) empower boys and girls against harmful traditional practices, such as early marriage and abduction, through social transformation and advocacy for child rights.

43. The programme will be implemented by the Ministries of Gender, Child and Social Welfare; Justice; Interior; and the Commission for Disarmament, Demobilization and Reintegration. Based on the recommendations of the Civilian Capacity Review, a new collaboration with the United Nations Mission in South Sudan (UNMISS) is envisaged to contribute to the professional development of relevant institutions.

44. **Policy advocacy and social protection.** In an oil producing country where the majority of the population lives under the poverty line, allocations to the social sector amount to only 9 per cent of the total national budget in 2011, with a highly inequitable geographical distribution.

45. The programme will aim to: (a) generate quantitative and qualitative evidence and deepen the knowledge of the situation of children in both development and humanitarian contexts; (b) conduct strategic studies and research, including budget analysis, and facilitate international knowledge networking for an evolving policy environment; (c) strengthen South Sudan Info as a major repository and source of key data for the country; (d) develop a social protection framework and set up a child benefit cash transfer programme; (e) develop an effective accountability and coordination framework among national humanitarian institutions; and (f) advocate the creation of an independent child commission for the implementation of the Child Act.

46. The programme will be implemented by the Ministry of Gender, Child and Social Welfare and the Ministry of Finance and Economic Planning, in collaboration with other relevant ministries, the NBS and the Relief and Rehabilitation Commission. Results will be achieved through collaboration with the United Nations Development Programme (UNDP), UNFPA, and WFP on data collection, analysis and dissemination; UNDP and the World Bank on poverty reduction and cash transfers; and the International Organization for Migration (IOM), the Office of the United Nations High Commissioner for Refugees (UNHCR), the United Nations Office for Coordination of Humanitarian Assistance and other members of the humanitarian country team on emergency preparedness and response.

47. **Strategic communication.** The communication environment in South Sudan is extremely challenging with limited channels. Information and guidance are largely delivered face-to-face by community and religious leaders, although increasingly relayed by radio. Strategic partnerships to foster capacities for bottom-up approaches to consultative and participatory communication with households and communities will be the cornerstone of the programme, which will provide sustainable platforms for positive behaviour development and community transformation. Advocacy and communication for development strategies will draw on evidence and consultation with children and communities.

48. The programme aims to: (a) provide access and knowledge to vulnerable groups and households of life-saving information to maintain and protect their families during emergencies; (b) establish communication systems for social

mobilization and interpersonal communication from State to community levels; (d) strengthen capacity of civil service, media and NGOs at all levels to implement communication interventions; (e) increase children and youth participation and dialogue with decision makers; and (f) develop a national policy for guiding child survival communication for development efforts.

49. UNICEF will forge strong partnerships — with the Ministries of Gender, Child and Social Welfare; Health; General Education and Instruction; Culture, Youth, and Sports; national commissions; faith-based organizations (FBOs); civil society organizations; and media associations — to advance advocacy for child rights.

50. **Cross-sectoral costs.** The cost of programme delivery in South Sudan is very high, driven by poor local markets for goods and services, inflation, mobility costs, security compliance requirements and entitlements. The aim is to ensure that programmes for children are adequately supported by effective human resources, operational and logistical support functions, and, risk management. This is particularly relevant for the management of a high volume of financial transactions and an anticipated volume of close to 10,000 metric tonnes of supplies per year, especially in execution of the humanitarian mandate.

### **Major partnerships**

51. Collaboration with United Nations agencies will be at the core of the country programme, in the context of the UNDAF, as well as with UNMISS in the area of child protection, protection of civilians, and operations support. UNICEF will participate in joint programmes on Youth, HIV/AIDS, and Education and Social Protection. Further collaboration with the Food and Agriculture Organization of the United Nations (FAO) will be sought in health and WASH in pastoralist and peacebuilding contexts.

52. Private-sector involvement will be critical to achieving the results, including banking and mobile phone service providers for cash transfers, birth registration, and social communication. Strategic partnerships will be forged with regional institutions, universities and research institutions for knowledge generation and capacity development, local media and civil society, including FBOs, in critical areas for advocacy and raising awareness. Cooperation with international media will be key in placing issues of South Sudanese children on the international agenda.

53. A resource mobilization strategy will be developed to strengthen partnerships with the National Committees for UNICEF; existing donors, (Australia, Belgium, Canada, Denmark, Italy, Japan, Korea, Netherlands, Norway, Spain, Sweden, Switzerland, the United Kingdom, the United States of America and the European Union); the World Bank and other emerging donors. UNICEF will continue to be active in soliciting donor funding through the Common Humanitarian Fund, the Central Emergency Relief Fund and other multi-donor pool funds.

54. Stand-by partner support for humanitarian action will continue to play an important role, including the Norwegian Refugees Council, the Swedish Development Corporation, the Canadian Department of Foreign Affairs, and Register of Engineers for Disaster Relief (REDR). Strategic partnerships for effective operational and logistical support will be continued with the German Agency for International Cooperation (GIZ), UNHCR, WFP and IOM.

55. Within the framework of the SSDP and sector plans, UNICEF will support the harmonization and alignment initiatives under way in the country, including the

National Aid Strategy, as well as global mechanisms such as the GAVI Alliance, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and Roll Back Malaria.

### **Monitoring, evaluation and programme management**

56. A two-year workplan will be developed, and annual reviews will be jointly undertaken with the United Nations agencies with unequivocal commitment to **Delivering as One**. Programming for cross-sectoral priorities and convergence will be strengthened through appropriate coordination structures.

57. UNICEF South Sudan has put in place an elaborate monitoring framework aimed at providing accountability for implementation of programmes according to the workplans, improving programme implementation and achievement of results by responding to findings and recommendations of field monitoring missions and by making use of surveys, studies and evaluations for effective planning and evidence-based decision-making.

58. Managing the country programme in the current challenging situation will be relying on a high level of flexibility and maintaining a decentralized presence in 10 States. UNICEF is actively addressing operational challenges, including high costs and difficulty to attract qualified staff to work in South Sudan.

59. UNICEF will be closely involved in the development of the 2014-2018 SSDP and UNDAF, drawing additionally from the SRE, which reflected against a 2020 time horizon. Lessons will be drawn at the end of the current short cycle and the possibility of a Common Country Programme **Document will be** assessed.