EXECUTIVE SUMMARY

Evaluation of the UNICEF Response to the Humanitarian Crisis in South Sudan

Part 1: Child survival – WASH, health, nutrition and related issues
EVALUATION OF THE UNICEF RESPONSE TO THE HUMANITARIAN CRISIS IN SOUTH SUDAN

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SUMMARY

In December 2013, a political power struggle broke out in South Sudan between the President and his former deputy. This was followed by the onset of a civil war, which has continued to the present. Despite the signing of a peace agreement in August 2015, the violence that erupted in Juba in July 2016 led to a marked escalation in the pace and scale of displacement. As of December 2018, the number of people uprooted since the start of the conflict has reached more than 4.1 million, including nearly 1.9 million people who are internally displaced and nearly 2.3 people who have taken refuge in neighbouring countries.

UNICEF activated the Level 3 corporate emergency procedure in South Sudan in May 2014 (downgraded to a Level 2 emergency in 2018) and over the years has continued to provide humanitarian assistance to children, women and communities in different parts of the country. In line with the UNICEF Evaluation Policy, the Evaluation Office undertook this independent evaluation of UNICEF’s response to the South Sudan humanitarian crisis. This part of the evaluation focuses on the child survival sectors – nutrition, health and water, sanitation and hygiene (WASH) – for the period January 2016 to May 2018.

Overall, the evaluation found that UNICEF and its partners performed well during the evaluation period, in an often hostile and challenging environment. Some areas of programming – notably nutrition – were stronger than others. Despite the best efforts of UNICEF and its partners, the concern remains that child survival and basic development indicators have continued to worsen, and the related caseloads have continued to grow. Mass displacement, insecurity and access constraints continue to challenge the organization’s ability to assist children and their families; and UNICEF and its partners will need to adapt their approaches to address these challenges.

UNICEF is already testing or proposing several new initiatives and course corrections; and this evaluation has attempted to identify additional opportunities and necessary improvements. These include extending and enhancing UNICEF’s nutrition and health programmes and ensuring the quality and sustainability of the WASH programme; reviewing UNICEF human resource capacity in supply and logistics; addressing the balance between camp, static and outreach programmes; reviewing Integrated Rapid Response Mechanism targeting, effectiveness, follow-up and reporting; strengthening the sector and programmatic evidence bases; increasing efficiency through combined processes; strengthening accountability to beneficiaries; reviewing partnership models; and making the resilience agenda actionable and measurable within and across sectors.
1 INTRODUCTION AND CONTEXT
UNICEF has worked in South Sudan since the country gained its independence in 2011, and for many years prior to that in what was then the southern part of the Sudan. When the South Sudanese people voted overwhelmingly to form an independent nation, the new country of South Sudan was created in a mood of great optimism, which was matched by a large investment of international funds and political backing.

That optimism did not last. While the civil war that began in December 2013 was principally a conflict between the Sudan People’s Liberation Movement in Government and the Sudan People’s Liberation Movement in Opposition, fighting also broke out between several factions on multiple fronts across the country. Growing insecurity and violence across the country has affected all communities, with both government and opposition parties engaging in ethnically-targeted killing, rape, torture and forced displacement. In addition to armed hostilities, criminal activity and banditry present other sources of insecurity that long pre-date the present conflict and can be difficult to distinguish from it.

Mass displacement is a defining feature of the conflict. More than 4.1 million people are now displaced from their homes, or about one third of the entire population of 12.5 million. Half of the displaced have fled to neighbouring countries as refugees. For both displaced and non-displaced people, the threat of violence is very real: fear tactics have been central to how the conflict has been waged and there have been strong age and gender aspects to the violence. Girls are increasingly at risk of sexual violence, child marriage and exploitation. Recruitment of child soldiers continues despite assurances from parties to the conflict, though there have also been some recent (limited) releases of children.¹

South Sudan is also one of the most dangerous environments in the world for aid workers, particularly for civil society organizations. According to the 2018 Humanitarian Response Plan, between January and October 2017, 19 aid workers – most of whom were South Sudanese – were killed (24 were killed in 2016). There were also 451 reported attacks on aid workers and aid assets and 503 aid staff had to be relocated. Aid worker abductions, including of UNICEF staff, appear to have increased in 2018.

In addition to the impact of insecurity on aid programming, the denial of access to humanitarian assistance is also a major protection concern. At different points during the evaluation period, secure access to conflict-affected areas of South Sudan was very difficult to achieve. The constraints on access to humanitarian assistance appear, at least in part, to be a deliberate strategy, which is in itself a major protection concern.

In February 2017, famine was declared in some counties in Greater Unity, and other counties were declared at high likelihood/risk of famine. By May 2017, the end of famine had been declared. However, the situation remained worrying in 2018. The number of people in Integrated Food Security Phase Classification (IPC) 3 (crisis) and 4 (emergency) continued to rise in 2018, and the previously stable region of Greater Equatoria became increasingly food insecure. Across the country, large numbers of people became highly vulnerable and were on the brink of acute food insecurity.

The threats to children and their families in South Sudan derive from both the direct and indirect effects of conflict. South Sudan has been at war for most of the past 60 years, with no history of stable governance and little investment in infrastructure or systems. The effects of the current conflict

have to be seen against this backdrop, as service providers, the Government and its ministries have limited reach and capacity. Donors are not willing to provide development assistance in a context of weak and unstable governance, characterized by high levels of corruption and widespread human rights abuses. Opportunities for development are correspondingly few, despite the potential for agricultural expansion, and the country’s economy has largely collapsed. Traditional livelihoods are being lost as a result of insecurity and displacement of farmers. The result is that millions of South Sudanese are now destitute and acutely food insecure.

Much of what constitutes the current humanitarian agenda could be framed in terms of basic development deficits. However, the severity, extent and immediacy of the related threats to well-being demand an emergency approach. The 2017 cholera outbreak highlighted this in regard to health. In the context of such a protracted crisis, however, questions about sustainability and resilience inevitably arise; and many of the criteria for what constitutes appropriate humanitarian response also reflect good development practice.

The distinction between humanitarian and development approaches is often characterized by differences in the relationship between the international aid effort, the Government and national policy agendas. Prior to 2016, UNICEF and other United Nations actors had closely aligned their strategies with the United Nations Development Assistance Framework agreed to in 2011, which proved unworkable in the context of South Sudan’s civil war. Furthermore, the budget allocation to the social sectors has continued to decline. The Interim Cooperation Framework that replaced the UNDAF in January 2016 set a more tentative development agenda, emphasising resilience and social services for the most vulnerable. This was intended to consolidate and build on the 2015 peace agreement, in anticipation of a full-scale development framework based on the Sustainable Development Goals. But with the resumption of conflict, that has proven largely unworkable.

In the two years following the resumption of hostilities in July 2016, the humanitarian situation became progressively worse. While some agencies such as UNICEF have maintained strong links with the relevant ministries and local authorities, most of the humanitarian effort has bypassed government authorities altogether; and much of UNICEF’s role during the evaluation period has been concerned with filling critical gaps in core state services.

Underlying this is a history that includes the consistent failure of the rule of law, chronic under-investment in development and lack of state service provision. Since independence, the Government has been unable to fulfil many of the basic functions of the State. The result is a low development base coupled with high levels of risk to children and their families.

This combination of limited development and extreme vulnerability makes it difficult – and even unhelpful – to draw a distinction between development programming and emergency response.
2 EVALUATION SCOPE, PURPOSE AND APPROACH
A. PURPOSE AND SCOPE

This evaluation of UNICEF’s response to the humanitarian emergency in South Sudan was commissioned by the UNICEF Evaluation Office in New York. It considers the UNICEF response to the South Sudan crisis between January 2016 and May 2018 and was designed to fulfil two functions:2

a. A summative accountability function, reflecting the need to account internally and externally for one of UNICEF’s largest and most life-critical country programmes, and an emergency designated a corporate Level 3 priority and now entering its sixth year;3 and

2. A formative learning function, reflecting the need to capture lessons from a programme of this duration and significance, to inform the country programme and UNICEF’s global programming and practice.

Though the focus of the evaluation is on the humanitarian components of the UNICEF programme, it also considers resilience and the reduction of vulnerability in the medium term. The overall guiding question for the evaluation is therefore: How well did UNICEF respond to the short- to medium-term threats to children’s well-being and development in South Sudan between January 2016 and May 2018? How well placed is the organization now to respond to future threats?

Adequately fulfilling both the accountability and learning functions proposed in the terms of reference posed a challenge for this evaluation – particularly as each seemed to require a different approach. The accountability function suggested a relatively broad review of UNICEF's response as a whole during the evaluation period, judged against certain basic criteria. Learning required a narrower focus on specific sectors and topics of interest or concern, allowing greater depth of analysis. Given the time and resource constraints associated with the rapid and timely evaluation approach, it was decided to focus the learning component on the sectors most directly related to child survival. Much of the focus of the evaluation is therefore on the nutrition, health and WASH components of UNICEF’s response to the Level 3 crisis.4

In addition to this child survival agenda, the evaluation explores a number of cross-cutting issues, including the balance of UNICEF’s emergency programmes between different groups and areas; efforts to promote the resilience of families, communities and systems; related attempts to localize the programme, working closely with communities and civil society organizations; the relationship between emergency and development agendas and approaches; and the current partnership model that UNICEF is using to deliver the bulk of its programming. Related process issues are also explored, including UNICEF’s vital supply and communications roles, partnership processes and its coordination role within the cluster system.

Although the evaluation considers the UNICEF emergency response between January 2016 and May 2018, emphasis is placed on the recent and current response, including the question of whether lessons learned over the past two years are currently being applied. The recommendations

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2 See evaluation terms of reference, provided in Annex A to the main evaluation report; and Darcy, James, ‘UNICEF South Sudan L3 Evaluation – Inception Report’, 9 July 2018, for an interpretation of the terms of reference.

3 As of June 2018, the situation has been re-designated as a Level 2 priority. This reflects a judgment about the increased capacity of UNICEF South Sudan rather than any amelioration of the humanitarian situation.

4 The scope of the evaluation was originally intended to include education and child protection, but it proved impossible to find specialist evaluators in the necessary timeframe. Part two of the evaluation will cover these topics.
made are based on the team’s understanding of the future challenges likely to face UNICEF and the wider humanitarian system in South Sudan.

Following the presentation of the provisional findings and conclusions of the evaluation at UNICEF South Sudan in Juba in August 2018, it was agreed that a second part of the evaluation would be commissioned to extend the evaluation scope to cover the education and child protection components of the emergency response. This second part of the evaluation is also intended to broaden and deepen the analysis of cross-cutting issues contained in part one. Part two will be primarily conducted in early 2019 and a synthesis report will be produced (covering parts one and two) once the second part of the evaluation is substantially completed.

B. APPROACH AND METHODOLOGY

The evaluation was conducted in line with the Evaluation Office’s new rapid and timely approach to humanitarian evaluations, under which the standard evaluation process is accelerated to produce real-time results that can feed directly into programme decision-making. Under this approach, the intention is that the period from commencement to completion of the full evaluation report should be approximately four months. In order to achieve results in this timeframe, some of the standard phases of evaluation need to be merged, shortened or undertaken simultaneously. In the case of the present evaluation, the inception phase and main fact finding mission ran simultaneously. The evaluation team drew on the results of phase one of the evaluation to expedite some of its more factual and descriptive elements. A discussion on the provisional results of evaluation (based on the first draft report) was held at UNICEF South Sudan in Juba on 30 August 2018.
The evaluation approach has been primarily qualitative, using key informant consultations to identify lessons and ways forward in collaboration with the staff involved in the response. Wherever possible, this qualitative approach was supplemented with quantitative analysis, though relevant data for such analysis was sometimes lacking. While the overall approach was consultative and participatory, the evaluation team took care to maintain independence of judgement and a willingness to challenge accepted wisdom. The accountability dimension of the evaluation demanded such independence. The evaluation was conducted in accordance with the United Nations Evaluation Group ethical guidelines for evaluation,\(^5\) and the protocols and questions for the field component (community-level focus group discussions) were cleared through UNICEF’s ethical review process.\(^6\) As a rule, views expressed by informants are not attributed to the individuals or organizations concerned, other than to distinguish views expressed by UNICEF sources from those expressed by other sources.\(^7\)

**Limitations**

The evaluation’s two main limiting factors were the lack of relevant outcome data, which made effectiveness hard to evaluate; and the time constraints posed by the evaluation format itself. The lack of reliable data is considered in the following sections, both in relation to specific sectors and to the limits of programme monitoring. The relatively short timeframe for the field-level fact finding component of the evaluation allowed for only a limited degree of programme observation and consultation with communities, local partners and field staff.

The nature of the evaluation and its object (three years of a complex, country-wide programme), and the requirement that accountability and learning be given equal attention, demanded a more extended process than allowed by the standard rapid and timely approach. The decision to conduct a second part of the evaluation (together with a synthesis report) reflects this and should help to remedy at least some of the limitations of part one.

**Methodology**

Following the approach outlined above, the primary methods used in the evaluation have been key informant interviews, both with UNICEF staff and with staff of other organizations; and document review, using mainly UNICEF materials. These methods were supplemented by field observations and limited consultations with affected communities and local partners. Altogether, six field locations were visited beyond Juba: Ihlong (Eastern Equatoria) as part of an Integrated Rapid Response Mechanism (IRRM) mission, Pibor town (Jonglei), Kapoeta, Koch and Bentiu.

Short online surveys were conducted with UNICEF South Sudan staff and in-country partners, and the results helped inform the evaluation’s conclusions. A validation workshop was held at the UNICEF South Sudan office in Juba to discuss the findings and provisional recommendations of the evaluation, based on the first draft report.

Some 70 interviews were conducted with individuals internal and external to UNICEF who were judged as best placed to answer the evaluation’s

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\(^5\) In accordance with these guidelines, the evaluation team has striven to remain independent and impartial, to ensure the credibility of the evaluation findings, to avoid conflicts of interest, and to abide by the other principles set out in the guidelines. United Nations Evaluation Group, ‘UNEG Ethical Guidelines’, UNEG, June 2008, <www.unevaluation.org/document/detail/102>, accessed 11 February 2019.


\(^7\) One exception to this general rule is in the reporting of feedback from donors, where it was felt that the identification of the relevant donor bodies was appropriate and essential to understanding the issues involved.
CHAPTER 2       EVALUATION SCOPE, PURPOSE AND APPROACH

guiding questions. The majority of key informants were UNICEF staff involved in the South Sudan response directly or indirectly from the UNICEF South Sudan Juba office and field offices, the Eastern and Southern Africa Regional Office and UNICEF Headquarters. Implementing partner organizations, both national and international (i.e., those with which UNICEF has concluded programme cooperation agreements) were interviewed, as were staff from other United Nations bodies, including WFP, FAO, the World Health Organization (WHO), the Office for the Coordination of Humanitarian Affairs (OCHA), the United Nations High Commissioner for Refugees (UNHCR) and the International Organization for Migration (IOM), and the deputy special representative of the secretary-general/resident coordinator/humanitarian coordinator, the OCHA deputy representative and a representative from the humanitarian coordinator’s office. Relevant government ministries and departments were also consulted. The team leader also met with major donors based in Juba.

As part of the recruitment process, the Evaluation Office ensured that the evaluation team was familiar with the United Nations Evaluation Group (UNEG) Code of Conduct for Evaluation in the United Nations System, and UNICEF’s procedures, guidelines and tools to ensure the human dignity of children is honoured and that their rights and well-being are respected in all research, irrespective of context. These include the International Charter for Ethical Research Involving Children, the Ethical Research Involving Children (ERIC) compendium, UNICEF’s Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis, and the working paper on ethical research involving children in humanitarian settings.

Also, the evaluation team members signed the United Nations Evaluation Group Code of Conduct for Evaluation in the United Nations System, which commits signees to independence, impartiality, proper disclosure of conflicts of interest, honesty and integrity, among other principles. Because this evaluation included data collection from vulnerable groups, the inception report and the data collection tools were reviewed and approved by an external review board. This ensured proper protocols were in place for informed consent, data protection, safeguards to protect the rights of vulnerable subjects, etc. See Annex 8 for the official evaluation ethics approval.


3KEY FINDINGS OF THE EVALUATION
During the evaluation period, UNICEF largely met its output targets in the child survival sectors, though some significant deficits occurred. In 2016, UNICEF and others struggled to meet the needs of children and their mothers, largely due to the period of political instability, insecurity and constrained access that followed the resumption of armed hostilities in July of that year. In 2017 and 2018, UNICEF’s performance was much stronger, particularly in nutrition, in part because it found more flexible means of service delivery. Yet despite concerted efforts in the food security and nutrition sectors, given the threats facing the South Sudanese people and the challenges facing the humanitarian system in South Sudan, levels of acute malnutrition remain critically high; young children remain extremely vulnerable to disease; and the underlying issues related to water access and sanitation (in particular) have changed little.

A. NUTRITION

While coverage remains a challenge, UNICEF and its partners have focused on the right interventions and achieved impressive output results in a very difficult operating environment. Where targets were not achieved (e.g., in the treatment of severe acute malnutrition in 2016), this can largely be explained by the outbreak of conflict and the reduced access.

![FIGURE 1 Self-reported output status at the end of 2017](image)

Source: Analysis by the evaluation team using data from the results assessment module.
CHAPTER 3       KEY FINDINGS OF THE EVALUATION

The evaluation suggests that the life-cycle approach to nutrition highlights some critical points of intervention that are currently underserved.

The evaluation identified some areas for improvement, including the need for:

- More ambitious target setting in infant and young child feeding programmes;
- An increased effort to prevent cases of moderate acute malnutrition from becoming severe;
- The inclusion of adolescent and school-aged children (particularly girls) in nutrition programmes; and
- The development of approaches to address chronic malnutrition.

Many of these agendas require concerted effort across agencies, particularly between WFP and UNICEF. To date, collaboration with WFP and FAO has been strong, and appears to have worked well. This collaboration should continue to be built and leveraged for nutrition and resilience programming more broadly.

B. HEALTH

South Sudan’s health indicators are among the worst in the world. High levels of vulnerability are compounded by multiple factors, including conflict and displacement, multiple causes of morbidity, weak or absent health services, poor nutrition, inadequate water supply and sanitation and the more general effects of poverty. Children under 5 years, particularly infants, are especially vulnerable to the effects of malaria, diarrhoea and pneumonia, which are the main causes of under-five mortality. Given the low immunization coverage, the measles threat is high. Maternal mortality rates are among the highest in the world.

While UNICEF’s role in the health sector is relatively modest, the organization plays a central role in immunization and cold chain provision, as well as supporting the core pipeline for supplies. With its partners, it also played a significant role in preventing the wider spread of cholera in 2017 through targeted WASH interventions and support to oral vaccination campaigns.
The evaluation conclusions on health include the following:

- Coverage of routine immunization is low, and increasing coverage is a clear priority. A more regular mobile outreach solution – such as that proposed in the integrated outreach initiative – is required.
- Only a small proportion of adolescent girls are currently accessing antenatal care. UNICEF should explore ways to increase this proportion.
- The delivery of health promotion at the community level needs to be expanded. The potential expansion of coverage through the proposed consolidation of community nutrition, health and WASH volunteers would address this to some extent.
- The prevention and treatment of malaria should be a priority for UNICEF. In particular, UNICEF should explore all available means for increasing the distribution of treated bed nets.

C. WASH

During the evaluation period, UNICEF’s strategy and approach to WASH was somewhat at odds with the demands of the situation. The Country Programme Document 2016–2018 reads more like a recovery plan than a humanitarian plan, and includes some approaches (e.g., to community-led sanitation) that have proven to be unrealistic. Perhaps more importantly, given the circumstances, the separation between development and humanitarian WASH appears artificial and counter-productive since the same basic principles apply to both. In its 2019–2021 strategy, UNICEF is moving in the right direction, towards better integration of development and humanitarian WASH approaches.
The evaluation conclusions on WASH include the following:

- During the evaluation period, UNICEF achieved its targets on access to water but fell short on its targets on access to sanitation, which were perhaps over-ambitious given the structural and developmental deficits involved. New approaches to community engagement appear to be needed here.

- Based on observations made by the evaluation team, the quality of work delivered by UNICEF WASH partners is of some concern. UNICEF needs to invest more in technical oversight and quality assurance.

- Engagement with REACH on WASH baseline assessments is essential and should be prioritized.

## D. CROSS-CUTTING ISSUES

### Coordination and the clusters

UNICEF has generally coordinated well with its peers in the United Nations Country Team and the Humanitarian Country Team, establishing a particularly strong working relationship with WFP – both on the IRRM and more generally. Cluster lead functions are also present in all key field hubs. Cluster partners interviewed for the evaluation were generally positive about UNICEF leadership of the Nutrition Cluster and its role in the Health Cluster. The WASH Cluster has been more problematic, though reports indicate that UNICEF leadership of the WASH Cluster is currently working well. Across each of these sectors, UNICEF’s role in managing the core pipeline for supplies was particularly appreciated.
Supply and logistics
Overall, the UNICEF South Sudan supply and logistics team works as efficiently as possible in a highly challenging environment. At the same time, evidence points to some challenges, including a time-consuming focus on following up on permits at the cost of more productive tasks. The difficulty reaching bed net distribution targets suggests supply and logistics constraints, and internal studies suggest that the unit is relatively short staffed. Given the central importance of UNICEF’s role in managing the core pipeline, this should be reviewed and additional capacity should be established as needed.

Communication for Development (C4D)
The C4D element of UNICEF’s response was strengthened significantly in 2017 and 2018, notably through the creation of a large network of community mobilizers. C4D is playing both a mobilizing and a ‘pulse check’ function, giving UNICEF and its partners a window into the evolving attitudes, behaviours and priorities of communities and households. That said, the degree to which sustained behaviour change has been achieved is difficult to assess, and doubts were expressed by informants, particularly regarding the impact of C4D hygiene messaging. More precise approaches may be needed to gauge the effectiveness of behaviour change approaches.

Programme balance
Although limited data on programme balance was available to the evaluation team, it appears that roughly equal effort goes into the Protection of Civilians/displacement camps, static programmes and outreach programmes, including the IRRM. UNICEF should review the balance of its programming for Protection of Civilians/camp populations and more remote (and generally underserved) populations, with a view to shifting more resources to the latter through outreach programmes, and thereby increasing overall coverage and equity. More generally, UNICEF and other international agencies working in South Sudan should be wary of the tendency to become ‘bunkered’ in Juba and urban centres and privilege the relatively easier programme targets over the more challenging ones. The evaluation team found some evidence of this, for example regarding the limited field monitoring conducted by UNICEF staff.

The IRRM
The IRRM modality is essential for UNICEF and delivers multiple benefits, including the ability to reach otherwise unserved populations. However, UNICEF needs to be clearer with itself and others about the specific value and inherent limitations of direct service delivery through the IRRM. Its value needs to be more carefully articulated and the claims made for it should be more nuanced, particularly regarding its effectiveness and coverage.

FIGURE 4 South Sudan IRRM missions, 2017

Source: Data from the UNICEF South Sudan RRM database, 2017.
UNICEF should aim to monitor the actual, rather than presumed, effects of its interventions, as a basis for planning follow-up missions and adapting the IRRM approach and planning framework as necessary over time.

Monitoring and reporting
Field observations made by the evaluation team suggest that UNICEF monitoring is not as strong as it should be. Several clear quality control issues were observed, notably in relation to WASH construction (e.g., poorly built latrines). Staff suggested that more direct field observation was needed, in conjunction with other methods of supervision (including third-party technical monitoring, where appropriate). Greater use of peer-to-peer monitoring may be appropriate, and could encourage greater cross-sector learning.

Efficiency
While the evaluation was unable to make valid cost comparisons regarding the delivery of different programme components, it was able to draw broader conclusions on efficiency. Some of these were already clear to UNICEF and its partners: for example, the urgent need to replace expensive water trucking with more sustainable alternatives, including piped water supply to camps and urban centres. Others have emerged from opportunities for streamlining processes, such as the agreement between WHO and WFP to use general food distributions as a basis for simultaneously distributing treated bed nets. The evaluation team suggests that there may be many such opportunities for streamlining both within UNICEF’s own programme (e.g., multi-sector programme cooperation agreements) and in collaboration with other actors.

Accountability to affected populations
Regarding accountability to affected populations (AAP), UNICEF has been slow to adopt a formal policy framework, though its practice in South Sudan appears to have been reasonably consistent with accepted principles. This is an aspect of the programme that needs strengthening. Rather than being treated in isolation, AAP should be part of a wider concerted effort to enhance community engagement and community mobilization that includes standard two-way AAP communication approaches. While responsibility for AAP lies with C4D, wider responsibility for community engagement needs to be shared across the entire programme, with community mobilization treated as a shared modality. UNICEF South Sudan is rightly moving in this direction.

While accountability to donors through reporting is relatively strong, UNICEF’s own monitoring processes are not yet robust enough to warrant full confidence in the results reported. Claims about UNICEF beneficiary outcomes need to be based on stronger evidence. As noted above, it is important that UNICEF does not lose sight of the overarching political accountabilities for people’s safety and welfare, and that its advocacy and work with government authorities help to maintain and build a sense of state responsibility for the provision of related services.
4 CONCLUSIONS AND RECOMMENDATIONS
A. OVERALL CONCLUSIONS

Despite the recent internal re-classification of the situation in South Sudan from a Level 3 to a Level 2 emergency, the situation remains one of the most serious humanitarian crises in the world – and one that continues to pose major challenges for UNICEF and its partners. The relevant indicators for children’s health and nutrition have been declining steadily since the onset of the civil war in December 2013. The indicators were already alarming before that date, following decades of conflict and under-development; and many of the related challenges are essentially developmental in nature. Since the conflict began, the typical annual cycles of acute malnutrition have shown a continuous downward spiral – to the extent that localized famine occurred in 2017 and should be expected to recur, possibly on a wider scale. Likewise, the 2016–2017 cholera outbreak, which was serious enough in its own right, may be a warning of worse epidemics to come, particularly if the trend of population movement to urban centres continues. More generally, a range of factors – including generalized insecurity and exposure to violence, mass displacement, a collapsing economy, loss of livelihoods and a lack of government services – combine to form a context of extreme vulnerability for millions of children and their families. The aid agenda has become predominantly humanitarian and reactive, and constrained by limited access, limited funding and high levels of aid worker insecurity. Meanwhile the development agenda, at least at the national level, has stalled since 2013.

The August 2018 peace agreement does not change the immediate humanitarian outlook; though if the ceasefire holds, it may at least provide a window of opportunity in terms of access for needs assessment, service delivery and local capacity building. It may also provide an important advocacy opportunity, and allow for the release of increased numbers children associated with armed forces or groups. If the peace lasts, there is room for optimism for a sustained cessation of conflict and violence against civilians, particularly gender-based violence against women and girls; the potential return of the millions displaced within South Sudan and beyond its borders; and a period of economic recovery. There might also be a re-orientation of the budget from military spending to development priorities, including desperately needed investment in education and health.

Past experiences make us wary of such projections, however. The potential for conflict is partly structural in South Sudan, past agreements have failed to last and there are armed elements that are not party to the peace agreement. Even if the peace holds, South Sudan is so damaged and chronically under-invested in that it will take many years for the country to recover – politically, socially and economically. Establishing good governance is a long-term project, and establishing social and ethnic harmony is an even longer one. Regarding displaced people and refugees, the perception of security is key: people will no doubt look for tangible evidence of stability – and the prospect of a viable livelihood and access to services – before committing themselves to returning home. It must be anticipated that many or most of those currently displaced or in exile may remain so for the foreseeable future. Those living in PoC sites may face particular challenges in returning home, given the political and security context.

The distinctions between humanitarian action and development programming start to break down in a context such as South Sudan, where the development base is so low and access to basic services is so limited. While tackling the most immediate threats to children and their families remains a priority, UNICEF and others are rightly concerned with building resilience – the ability of people and systems to withstand and recover from shocks.
Resilience-building bridges the humanitarian and development agendas but is too abstract a concept to be operationally useful, and needs to be better defined. Resilience is closely linked to concepts of quality, adaptability, ownership, localization and sustainability; and its measurement depends on reliable data from monitoring, surveillance and reporting.

The evaluation team found that UNICEF needed a more clearly defined, actionable and measurable resilience agenda, in close collaboration with the relevant clusters and other agencies. It noted that resilience in one domain (e.g., WASH) resulted in greater resilience in other domains (e.g., nutrition and health). It also noted that household economic resilience was linked to resilience in the child survival sectors. Household resilience also depended on families being equipped with the knowledge and understanding to keep children safe, well-nourished and healthy.

South Sudan represents an important test case for UNICEF in its ability to deliver on its stated commitment to risk-informed programming, in a particularly high-risk environment. In this regard, the preventive and responsive agendas need to be given equal priority. This is true both of short-term prevention, such as ensuring moderately malnourished children do not become
severely malnourished; and longer-term prevention, such as averting developmental problems due to chronic malnutrition. Closely harmonized prevention/response packages across related fields – including those within UNICEF’s responsibility – are essential to achieving efficiency and impact at scale. Progress has already been made towards this end but more remains to be done, and the target is (literally) a moving one. As the new Country Programme Document 2019–2021 makes clear, flexibility will be essential, as will a sustained focus on linking interventions in areas of high vulnerability, building on the current ‘hotspot’ approach.

UNICEF is appropriately working to localize its response by increasing its work with local civil society organizations. Yet there are potential trade-offs in terms of the quality of the response and accountability. The evaluation team suggests that the partnership model be revisited, including issues of monitoring, oversight and capacity building.

The partnership model also needs to move away from the current instrumental approach – which is heavily transactional and designed solely to deliver on UNICEF’s programme commitments – to something that reflects genuine collaboration. This also applies to UNICEF’s partnerships with international non-governmental organizations, the potential of which are only partially realized. More use of consortium-based approaches might be part of such a shift. However, the shortage in local capacity is a real constraint, and one that can only be addressed by investing in capacity over time. In this regard, there is often little difference between the staff of local organizations and the local staff of international organizations – both of which face capacity challenges.

As the Country Programme Document 2019–2021 recognizes, all of this demands better data and evidence – about the baseline situation, including existing infrastructure, capacities, behaviours and attitudes; about priority needs and vulnerabilities; and about which approaches work best. UNICEF and its partners are currently operating blind in too many areas. For example, data on water and sanitation coverage in South Sudan are outdated and generally seen as unreliable. Nutrition information is better, but its reliability is often questionable and there are significant gaps. Health information (e.g., on immunization coverage) is inconsistent and often based on out-of-date child population estimates. UNICEF needs to devote more attention to this aspect of its role – both to inform its own programming and to inform the wider response. But it cannot do so alone. Its role in this respect is as much as convenor as it is implementer; and as a leader and promoter of best practice, through the clusters and in its own programming.
B. TOPIC-SPECIFIC RECOMMENDATIONS

The recommendations presented below follow from the evaluation’s findings and conclusions. They outline the main priorities for improving UNICEF’s response to this humanitarian crisis and, where relevant, UNICEF’s response to emergencies more generally.

**Recommendation 1: Nutrition**
Extend and enhance the nutrition programme, including:

a. Ensure that target setting is more ambitious without compromising quality; advocate with partners, particularly WFP, to increase supplementary feeding coverage; and include school-aged children and adolescents, particularly girls, in the nutrition programme.

b. Improve the quality of sanitation facilities at feeding centres; consolidate the various cadres of community volunteers that work multi-sectorally; and integrate nutrition into mobile health outreach.

c. Advocate for addressing chronic malnutrition (with partners, particularly WFP and FAO), across sectors; and explore more strategic partnerships to address training and capacity building, among other areas.

**Recommendation 3: WASH**
Ensure the quality and sustainability of UNICEF’s WASH programme, including:

a. Integrate humanitarian and development approaches, ensuring minimum standards of implementation; and where possible, ensure the sustainability of WASH facilities, in terms of the quality of construction, operation and maintenance, including the full implementation of planned engineering supervision.

b. Transition from hygiene campaigns to behaviour change work where possible; and work with other sectors to consolidate the cadres of community volunteers that work multi-sectorally.

c. Strengthen water source data collection and sharing through contractual obligations and advocacy.

d. Strengthen operation and maintenance through contractual obligations by more systematic teaching water committees about the value of water source data and management plans.

**Recommendation 2: Health**
Extend and enhance the coverage of UNICEF’s health programme, including:

a. Increase immunization coverage through mobile outreach; and explore other distribution mechanisms to increase the reach of insecticide-treated bed nets.

b. Work with other sectors to incorporate nutrition into mobile outreach and to consolidate the cadres of community volunteers that work multi-sectorally.

c. Increase the targeting of adolescent girls and better address their specific vulnerabilities.

**Recommendation 4: Supply and logistics**
Review and supplement UNICEF’s human resources capacity in supply and logistics as necessary.

**Recommendation 5: Programme balance**
Review and progressively address the balance between camp, static and outreach programmes.
Recommendation 6: IRRM
Review IRRM targeting, effectiveness, follow-up and reporting, including:

a. Review missions more consistently and schedule follow-up missions of partner visits to ensure continuity.
b. Systematically collate and share situational data from IRRMs.
c. Review how the results of IRRM missions are reported to ensure more coverage information can be substantiated; and undertake a comprehensive stock take that analyses and learns from the specific model pursued in South Sudan.

Recommendation 7: Sector evidence base
Strengthen the sector evidence base, specifically in WASH and nutrition, including by investing in a WASH baseline (also as part of the REACH initiative) and strengthening nutrition information and analysis.

Recommendation 8: Monitoring and reporting
Strengthen the programmatic evidence base, including through stronger monitoring and oversight processes, by further increasing the regularity and coverage of field monitoring visits by UNICEF staff and considering alternatives for triangulation that go beyond third-party systems.

Recommendation 9: Efficiency
Take additional steps to increase efficiency through combined processes, both internal and shared, including through joint PCAs and a common cadre of community volunteers.

Recommendation 10: Accountability to affected populations
Take additional steps to strengthen accountability to beneficiaries and support claims of programme effectiveness.

Recommendation 11: Partnership model
Review the current partnership model and strengthen related business processes, including pursuing multi-year agreements where rules permit and accelerating internal review processes to reduce delays in contracting.

Recommendation 12: Resilience in practice
Take steps to make the resilience agenda actionable and measurable within and across sectors, starting with clearly defined criteria for what constitutes resilient households, communities and systems in each area of intervention.
Link to the full evaluation report:

https://www.unicef.org/evaldatabase/index_103550.html