Country Programme Evaluation of the 2019-2022 & 2023–2026 UNICEF South Sudan Country Programmes of Cooperation

Final Report

Evaluation Object	Country Programme Evaluation of the 2019-2022 & 2023–2026 UNICEF South Sudan Country Programmes of Cooperation
Period	2019-2025
Country	South Sudan
Evaluation team	Dr Ngozi AKWATAGHIBE, Evaluation Team leader Dr. Nyasha MADZINGIRA, Health, Nutrition and Policy specialist Dr Zana SOMDA, Senior Health Economist & Financial Specialist Cristina Dana Repede, Evaluation Expert Temitope ERINFOLAMI Data Analyst Andy Charles MILTON MAMARA, National Consultant Corine MINE PONDJA, Project Coordinator Hubal PFUMTCHUM, Quality Assurance
Duration of the evaluation	15 September 2024 – 31 August 2025
Version of document	Final

Oversee Advising Group (OAG)
info@myoag.org | www.myoag.org

December 2025

CONTENTS

Annexes

LIST OF TABLES

List of figures

ACKNOWLEDGEMENTS

This Draft Evaluation Report of the 2019-2022 & 2023-2026 UNICEF South Sudan Country Programmes Evaluation was developed by the Oversee Advising Group (OAG) evaluation team, comprised of Dr Ngozi Akwataghibe, Evaluation Team Leader; Dr. Nyasha Madzingira, Health and Nutrition Expert; Cristina Dana Repede, Evaluator, Dr Zana SOMDA, Senior Health Economist / Financial Specialist; Temitope ERINFOLAMI, Data Analyst, Andy Charles MILTON MAMARA, National Consultant; Corine MINE PONDJA, Project Coordinator; and Hubal Pfumtchum, Quality Assurance. We acknowledge the contributions of Natalie Bockel, Senior Evaluator / WASH Specialist; Simone MENICOCCI, WASH Expert during the inception phase; and the support of Justin DJIOGAP, Audrey NINTIDEM TALA, Projects Assistants,

The evaluation team appreciates the excellent support received from the UNICEF Eastern and Southern Africa Regional Office (ESARO). We are particularly grateful to Ashley WAX, Regional Evaluation Advisor and Mayeso ZENENGEYA, Evaluation Specialist at the UNICEF Eastern and Southern Africa Regional Office, for their invaluable guidance, technical support, incisive direction, and oversight throughout the evaluation.

The Evaluation Team extends its sincere appreciation to UNICEF South Sudan Country Office for the exemplary support provided throughout the evaluation process. We are particularly grateful to the UNICEF Country Representative, Ms Noala SKINNER and the Deputy Representative Dr Obia ACHIENG, for their strategic guidance, and insightful contributions during discussions, the participatory appraisal workshop and interviews. Their leadership enhanced the rigor and relevance of the evaluation. Our profound appreciation also goes to Modi Charles Victor MOINI, Monitoring and Evaluation Officer and CPE focal point at the UNICEF South Sudan Country Office, and Jessica Kaku Joseph SULLA for their steadfast support and astute guidance throughout this phase.

We also express our sincere gratitude to all the UNICEF, Government, Donor, UN, INGOs and NGO stakeholders who dedicated their time and provided valuable insights and direction in the Key Informant Interviews and the Perception Survey.

Hubal Pfumtchum
Co-Founder, Oversee Advising Group (OAG)
info@myoag.org | www.myoag.org

ABBREVIATIONS	
ACF	Action against Hunger
ACT	Artemisinin-based combination therapies
AES	Alternative Education System
AFD	Agence Française de Développement/ French Development Agency
AFENET	African Field Epidemiology Network
AVSI	Association of Volunteers in International Service
BCV	Breaking the Cycle of Violence
BHI	Boma Health Initiative
BTL	Back to Learning
CEA	Cost-Effectiveness Analysis
CBA	Cost-Benefit Analysis
CCC	Core Commitments for Children
CCRI	Children's Climate Risk Index
CFC	Child-Friendly Communities
CMA	Christian Mission Aid
CMD	Christian Mission for Development
CMMB	Catholic Medical Mission Board
CMOC	Context-mechanism-outcome configurations
COAR	Country Office Annual Report
CO	Country office
CLTS	Community-Led Total Sanitation
CNV	Community Nutrition Volunteers
CP	Country Programme
CPD	Country Programme Document
CPE	Country Programme Evaluation
CRPD	Convention on the Rights of Persons with Disabilities
CRC	Convention on the Rights of the Child
CSOs	Civil Society Organizations
CSV	Comma Separated Values
DAC	Development Assistance Committee
DHIS2	District Health Information Software 2.
DRC	Democratic Republic of Congo
ECD	Early Childhood Development
ECE	Early Childhood Education
EGMA	Early Grade Mathematical Assessments
EGRA	Early Grade Reading Assessment
ENAP	South Sudan Every Newborn Action Plan
EPI	Expanded Programme on Immunisation
ERG	Evaluation Reference Group
ESARO	Eastern and Southern Africa Regional Office
ET	Evaluation Team
FAO	Food and Agriculture Organisation
FGD	Focus Group Discussion
FSNMS	Food Security and Nutrition Monitoring System
FY	Fiscal Year
GAM	Global Acute Malnutrition
GAP	Gender Action Plan
GAVI	Global Alliance for Vaccines and Immunization
GBV	Gender-Based Violence

GEROS	Global Evaluation Reports Oversight System
GESS	Girls' Education South Sudan
GEWE	Gender Equality and Women's Economic Empowerment
GoSS	Government of South Sudan
GPE	Global Partnership for Education
HCD	Human-Centred Design
HIV/AIDS	Human Immunodeficiency Virus /Acquired Immunodeficiency Syndrome
HR	Human Resources
ICESCR	International Covenant on Economic, Social, and Cultural Rights
ICCM	Integrated Community Case Management
ICCPR	International Covenant on Civil and Political Rights
IDPs	Internally Displaced Persons
IMC	International Medical Corps
IP	Implementing Partners
IRC	International Rescue Committee
ITN	Insecticide-treated Net
KRC	Key Result for Children
MUAC	Mid-Upper Arm Circumference
MGCSW	Ministry of Gender, Child and Social Welfare
MICS	Multiple Indicator Cluster Survey
MoGEI	Ministry of General Education and Instruction
MoH	Ministry of Health
MSH	Management Sciences for Health
MTCT	Mother-T-Child Transmission
MWRI	Ministry of Water Resources and Irrigation
NDS	National Development Strategy
NDP II	National Development Plan II
NGOs	Non-governmental Organization
NSPPF	National Social Protection Policy Framework
OAG	Oversee Advising Group
OCHA	Office for the Coordination of Humanitarian Affairs
OHCHR	Office of the United Nations High Commissioner for Human Rights
OECD	Organisation for Economic Co-operation and Development
OLAP	Online Analytical Processing
OPDs	Organizations of Persons with Disabilities
PBF	UN Peacebuilding Fund
PFM	Public Financial Management
PHC	Primary Health Care
PHD	Peace, Humanitarian, and Development
PMER	Programme Monitoring Evaluation and Reporting
PMTCT	Prevention of mother to child transmission of HIV
PTAs	Parents and Teacher Associations
PTSD	Post-Traumatic Stress Disorder
PWD	Persons With Disabilities
RAM	Results Assessment Module
R-ARCSS	Revitalized Agreement on the Resolution of Conflict in South Sudan
RMNCAH	Reproductive Maternal New-born Child and Adolescent Health
R-NDS	Revised-National Development Strategy
RRT	Rapid Response Teams
SARA	Service Availability and Readiness Assessment

SBC	Social and Behaviour Change
SCI	Save the Children International
SFE	French Evaluation Society
SDGs	Sustainable Development Goals
SMCs	School Management Committees
SRHR	Sexual and Reproductive Health and Rights
SSCO	South Sudan Country Office
SSDP	South Sudan Development Plan
SSHF	South Sudan Humanitarian Fund
SSNDS	South Sudan National Development Strategy
SSUWC	South Sudan Urban Water Corporation
SSP	South Sudanese Pounds
STIs	Sexually Transmitted Infections
SUN	Scaling Up Nutrition
ToC	Theory of change
TOR	Terms of Reference
UN	United Nations
UNICEF	United Nations Children's Fund
UNDAF	United Nations Development Assistance Framework
UNIDOR	Universal Intervention and Development Organization
UNEG	United Nations Evaluation Group
UNFPA	United Nations Fund for Population Activities
UNIDOR	Universal Intervention and Development Organization
UNMISS	United Nations Mission in South Sudan
UNSCR	United Nations Security Council Resolution
UNSDCF	United Nations Sustainable Development Cooperation Framework
USAID	U.S. Agency for International Development
VAC	Violence against children
VfM	Value for Money
WASH	Water, Sanitation and Hygiene
WUG	Water User Groups
WCAR	West and Central Africa
WFP	World Food Programme
WHO	World Health Organisation

1. EXECUTIVE SUMMARY

In line with UNICEF's revised Evaluation Policy (https://undocs.org/E/ICEF/2023/27), which requires at least one evaluation every two programme cycles, the Oversee Advising Group (OAG) was commissioned to conduct an independent evaluation of the UNICEF–Government of South Sudan Country Programmes of Cooperation (2019–2022 and 2023–2026).

Object of Evaluation

The UNICEF South Sudan Country Programmes (2019–2022 and 2023–2026) are comprehensive frameworks addressing child survival, development, and protection through seven components: Health, Nutrition, WASH, Education, Child Protection, Social Policy, and Programme Effectiveness. Both Programmes share the objective of expanding access to quality social services. The 2019–2022 Programme emphasized service delivery, particularly in health and education, while the 2023–2026 Programme adopts a broader approach by integrating service delivery and system strengthening across all sectors.

Purpose, Objectives and Scope of Evaluation

The evaluation serves two operational goals—**accountability and organizational learning**—to enhance the use of results by stakeholders while addressing emerging needs and the evolving programmatic landscape. Its overarching purpose is to assess the **relevance, effectiveness, efficiency, coherence, sustainability, connectedness, coverage, and orientation toward impact** of UNICEF's strategies under the 2019–2022 and 2023–2026 Country Programmes. The evaluation will also identify corrective actions to strengthen the implementation of the current CPD and inform the design and delivery of the next CPD. The main objective is to distil **lessons learned** from past and current Programmes to inform both the ongoing and the next CPD, and guide what must be done differently to help South Sudan progress toward the **SDGs by 2030**. **Thematically,** it covers the full CP portfolio, including development and humanitarian interventions, cross-cutting issues, and inter-sectoral support (SBC, data/child rights monitoring, gender). **Geographically**, it reviews interventions nationwide, with focus on priority locations. **Chronologically**, it spans **January 2019 to June 2025**.

The findings will primarily support UNICEF South Sudan Country Office (SSCO) and the Government of South Sudan in refining strategic priorities and shaping the implementation of both the current and the next Country Programme Document (CPD).

Evaluation Design and Methodology

The evaluation followed a **non-experimental, utilization focused design and a theory-based approach.** A **convergent (concurrent) design** for the systematic use of **mixed methods** was employed. The primary quantitative and qualitative data were collected in parallel, within the same time frame. Quantitative methods include a comprehensive perception survey and secondary quantitative data analysis of programme monitoring data. The qualitative methods include an extensive desk review, key informant interviews (KIIs) with UNICEF staff, other UN agencies, government representatives, and implementing partners (IPs), and donors, and a participatory appraisal workshop with UNICEF, government, and IP stakeholders.

Key Findings and Conclusions

Relevance

The Country Programme remains highly relevant in South Sudan's fragile and conflict-affected context. It is strongly aligned with national priorities, legislative frameworks, and the UN Sustainable Development Cooperation Framework (2023–2026). **UNICEF's three-pronged approach of policy engagement, systems strengthening, and direct service delivery was appropriate, enabling critical**

access where government systems remain weak. The programme's **theory of change (ToC) was structurally sound and plausible** but did not incorporate mitigation measures for when assumptions failed. **Systems strengthening remains uneven:** while capacity gains are visible in some sectors, financing and ownership at subnational levels are limited, and pilots such as social protection lack consistent government uptake. **Stakeholders consistently identified UNICEF's field presence, supply chain management, and surge capacity as its main comparative advantages,** yet the predominance of short-term donor funding and the absence of predictable, multi-year financial commitments undermines the programme's ability to embed sustainable practices and support systemic reform.

Coherence

UNICEF South Sudan Country Programme demonstrates strong strategic coherence and alignment with global, regional, and national frameworks, including UNICEF's Strategic Plan (2022–2025), the Core Commitments for Children (CCC), the Convention on the Rights of the Child (CRC), the SDGs, and humanitarian-development-peace nexus commitments. The CCC and Gender Action Plan were embedded in planning, but implementation gaps persisted at county level. **UNICEF was widely recognized as a central convener in inter-agency coordination, particularly in the Nutrition, WASH, and Education clusters, where its credibility was reinforced by its embedded field presence and technical support to government.** Coordination platforms facilitated rapid, integrated responses during floods, cholera outbreaks, and the Sudan refugee influx. **However, the sustainability of coordination platforms is fragile, particularly at the subnational level,** where many mechanisms rely heavily on donor funding and UNICEF's convening role. The risk of collapse once external support is withdrawn is especially acute in hard-to-reach and post-crisis contexts with limited government presence and weaker partner networks, threatening continuity of coordination and service delivery. Gender strategies were widely referenced in policy documents, but sex-disaggregated monitoring, gender analyses, and staff competencies were inconsistently applied in practice.

Effectiveness

The Country Programme achieved notable results at the output level despite operating in a fragile, resource-constrained environment. In health, immunization coverage and maternal and child health services were maintained, with DTP3 coverage improving from 52 percent in 2017 to 91 percent in 2025. This increase was attributed to integration of Vitamin A supplementation and deworming (VASD) into National Immunisation Days (NIDs); partnership cooperation agreements with CSOs; and improved coordination and supervision of activities at the field level.[1] Training of frontline and community health workers also continued throughout the period and skilled birth attendance rose from 10 percent in 2016 to 18 percent in 2022, and increased further to 30 percent in 2025. Child protection interventions expanded CPIMS+ and GBV case management and established adolescent safe spaces, but gains were limited by community worker turnover and funding shortfalls. WASH interventions rehabilitated and expanded water systems such as the Torit pipeline, increasing storage capacity by 50 percent, but sanitation coverage at the national level remains critically low, with only 15 percent of the population having access to improved sanitation. In education, radio-based distance learning during COVID-19 and accelerated enrolment campaigns enabled UNICEF, in partnership with the Ministry of General Education and local implementing partners, to exceed its emergency education targets by 136 percent in 2022, while securing new financing through the Global Partnership for Education. Persistent quality concerns, however, included overcrowded classrooms and shortages of qualified teachers and learning materials. In social policy, the programme increased social sector spending on the poorest children from 4.7 percent to 23 percent between 2019 and

[1] UNICEF South Sudan Office. Combined Outcome/Output Reports and End-Year Summary Narrative 2019 - 2022

2022, though overall child poverty remains high at 70 percent. **Equity and inclusion were evident in the outreach to displaced populations, adolescent girls, and remote communities. However, disability inclusion and climate adaptation were inconsistently addressed** and remained project-specific rather than systematized. Feedback mechanisms existed but were underutilized for adaptive programming.

Efficiency

Efficiency performance was mixed. Between 2019 and 2022 budget absorption was consistently above 100 percent, indicating strong delivery despite fragility. From 2022 onwards, however, budget absorption declined sharply, with health falling from 76 percent to 43 percent, education from 71 percent to 46 percent, and WASH from 69 percent to 40 percent. By the second CPD, weighted execution fell to 50 percent overall. Support functions such as logistics and field operations consistently over-executed, while core programme sectors underperformed, raising concerns about balance. Preventive interventions exhibited lower unit costs per beneficiary within their own categories, while treatment of severe acute malnutrition was costlier per case (≈ $18.92) but lifesaving and appropriate to need. These statements are not cross-intervention value for money judgments; rather, they describe within intervention cost-efficiency.

Impact

The Country Programme contributed to tangible local impacts in child survival, nutrition, education, and protection, particularly in high-need humanitarian contexts. However, these local-level achievements did not translate into system-wide national gains. Progress was concentrated in specific states such as Upper Nile, Unity, and Jonglei, where sustained humanitarian operations coincided with UNICEF investments. Upstream contributions were visible in reforms in public finance for children and in data systems that strengthened accountability. **Community engagement was a critical factor in building trust and localized resilience,** particularly through school management committees and water user groups. **The heavy reliance on NGOs for frontline delivery, while effective in the short term, risked entrenching parallel systems and delaying government ownership.**

Sustainability

The Country Programme contributed to important systems-strengthening efforts, including DHIS2, EMIS, CPIMS+, and community-based WASH structures. These investments improved technical competencies and coordination frameworks, **but sustainability remains fragile due to negligible domestic financing, limited institutional integration, and heavy donor dependency.** Partial sustainability is evident where urban utilities managed to maintain WASH infrastructure, SMCs helped sustain education services, and child protection systems continued to operate in humanitarian settings. While gender and equity priorities are embedded in programme design, their integration into national systems such as education curricula and social protection frameworks remains uneven. **Sector evidence shows gaps in disability-inclusive planning and uneven gender-tagged budget execution across ministries**.

Connectedness

UNICEF strengthened preparedness systems by embedding capacity-building and partnerships in emergency response. Simulation exercises, training of frontline staff, and the deployment of mobile teams enhanced community resilience. In practice, mobile health and nutrition units, community water committees, and school governance structures were able to sustain some services during crises. However, recurrent conflict, climate shocks, and limited government capacity repeatedly undermined continuity. The humanitarian–development–peace nexus was embedded across programme design, but stronger government coordination and fiscal accountability are needed to consolidate gains.

Coverage
The principle of leaving no one behind was evident in-service delivery to marginalized groups, including displaced children, adolescent girls, and populations in hard-to-reach areas. Child protection was the sector most consistently cited for effectively reaching vulnerable groups, while education and nutrition also achieved broad coverage. Equity financing was prioritized in planning, but execution rates fell short in several years. Gender-sensitive budgeting improved between 2021 and 2024, especially in child protection and WASH, but integration was less systematic in health and nutrition.

Lessons learned

Relevance and sustainability depend on institutional capacity, not alignment alone. Strategic alignment and adaptive delivery strengthen credibility and continuity, but durable results require realistic planning, subnational capacity, domestic financing, and explicit transition pathways.

Effective delivery models must be embedded within systems to avoid dependency. Delivery-led and partner-based approaches are essential for life-saving response, yet sustained impact depends on deliberate institutionalization, principled government engagement, and accountability mechanisms.

Equity, gender, and behaviour change outcomes require intentional system integration. Inclusive outcomes are achieved when equity, gender, and SBC are embedded in theories of change, sector strategies, monitoring frameworks, and resourcing, supported by disaggregated data and sustained reinforcement.

Efficiency and learning are strengthened through integration, flexibility, and agility. Integrated and preventive approaches improve value for money, while multi-year and flexible financing and embedded, low-cost learning mechanisms enable adaptive decision-making under conditions of volatility and constrained resources.

Key recommendations

Based on the evidence from this evaluation, the evaluation team shared a series of recommendations to be considered for future UNICEF interventions. Most are summarized below**:**

1. **Strengthen Government ownership across all administrative tiers.** UNICEF South Sudan Country Office should expand structured and systematic capacity development for government institutions at national, state, and county levels, with a focus on health, nutrition, WASH, child protection, education, and social policy. This should include scaled capacity-building for planning, supervision, supply management, and financial accountability, complemented by the embedding of long-term technical advisors within key ministries to bridge policy and implementation gaps. Direct service delivery should continue in life-saving sectors where capacity remains insufficient, while services are progressively embedded within government and community structures through jointly developed accountability frameworks that promote ownership and sustainability.

2. **Adopt a multi-faceted strategy to enhance financial sustainability and promote greater government ownership.** UNICEF should adopt a multi-faceted approach to address donor dependency and short funding cycles by diversifying the funding pool and gradually transitioning its role from implementer to facilitator. Flagship programmes such as the Health Sector Transformation Programme should be used to support regular public financial management analysis, tracking allocations, disbursements, and spending to inform more efficient and government-led financing.

3. **Improve programme cost-efficiency through realistic planning and decentralized delivery.** UNICEF should strengthen planning realism by better aligning budgets and targets with demonstrated absorptive capacity, particularly during CPD transitions or funding surges. Early disbursement and integrated procurement planning should be prioritized to reduce implementation delays, while decentralized partnerships and field presence should be expanded, given their demonstrated contribution to cost-efficiency and responsiveness.

4. **Pilot an integrated, cross-sectoral programming model.** UNICEF should move from ad hoc coordination toward a systematic convergence model integrating health, nutrition, WASH, and education through shared logistics, pooled outreach, and harmonized partner agreements. Performance-linked resource allocation should be applied to channel additional resources toward consistently high-efficiency sectors, while parallel delivery structures are phased out.

5. **Mainstream disability inclusion across all sectors.** UNICEF should transition from policy recognition to operationalization of disability inclusion by allocating dedicated resources, deploying specialized technical expertise, and integrating disability-disaggregated data into monitoring systems across health, education, WASH, and child protection. Sector-wide coordination mechanisms should be strengthened to avoid siloed approaches, while systematic engagement with organizations of persons with disabilities and communities should be institutionalized to ensure culturally appropriate, accountable, and sustainable inclusion.

6. **Strengthen equity-focused and gender-responsive programming.** UNICEF should institutionalize inclusive programming by systematically applying gender equality and women's empowerment tools, strengthening disaggregated data systems, and embedding equity metrics across planning and monitoring frameworks. Capacity building for government counterparts and partners should be reinforced, alongside partnerships with organizations of persons with disabilities and marginalized groups, to ensure culturally responsive and participatory programme design and accountability.

7. **Improve sector effectiveness through targeted system strengthening.** UNICEF should strengthen sustainability of WASH infrastructure through improved maintenance systems and disability-inclusive design standards, enhance evidence-based decision-making in social policy through routine use of disaggregated data and strengthened national data systems, and reinforce child protection systems by supporting government-funded staffing, supervision frameworks, standardized training, and expanded reintegration and psychosocial support services integrated with community-based initiatives.

8. **Maintain direct service delivery with phased transition.** UNICEF should continue direct service delivery in life-saving sectors where government capacity remains insufficient, while embedding services within government and community structures over time. Scaling back should be carefully sequenced and risk-assessed to prevent service disruption and reversal of gains or erosion of community trust.

2. COUNTRY CONTEXT

2.1. General country situation

South Sudan is the youngest nation in Africa, having gained independence from Sudan in 2011 following a prolonged civil war and a subsequent referendum that supported secession.[2] With an estimated population of 14,746,496,[3] South Sudan is characterized by its youthful demographic (74.2 percent under the age of 30), abundant natural resources, and largely agricultural economy. Women constitute 49 percent of the total population.[4] It is classified as a low-income country, with 63% of the population living below the national poverty line,[5] and approximately 85% engaged in subsistence farming.[6] The administrative structure of South Sudan comprises 10 states and three administrative areas (Ruweng, Greater Pibor and Abyei). These states are further subdivided into Counties, Payams, and Bomas (see figure 1).

Figure 1 Map of South Sudan

Despite more than a decade of independence, the nation remains entrenched in fragility, economic stagnation, and instability. The signing of the Revitalized Agreement on the Resolution of the Conflict in the Republic of South Sudan (R-ARCSS) in September 2018[7] and the formation of the Transitional Government

[2] ISPI working paper https://land.igad.int/index.php/documents-1/countries/south-sudan/conflict-5/974-post-independence-south-sudan-the-challenges-ahead/file
[3] 2023 National Bureau of Statistics (NBS) Estimation
[4] South Sudan UN Common Country Analysis (CCA)
[5] South Sudan Poverty Profile, World Bank, 2015
[6] UNICEF Country Programme Document (2019-2021)
[7] IGAD South Sudan Office 2018. Signed Revitalized Agreement on the Resolution of the Conflict in South Sudan

of National Unity in February 2020 have contributed to incremental stability.[8],[9] The Agreement on the R-ARCSS signed by the parties to the agreement on 4 August 2022 extended the transitional period of the Revitalized Agreement until February 2027.[10]

Poverty is evident in multiple dimensions, including lack of access to life-saving information, clean water, healthcare, education, and the absence of a safety net to support the most vulnerable populations. However, the modest economic recovery observed post-peace agreement has been significantly disrupted by the COVID-19 pandemic, unprecedented flooding, the conflict in Sudan, and public financial management challenges.[11],[12],[13] Despite active peace processes, South Sudan remains highly volatile and faces a humanitarian crisis of significant magnitude, particularly affecting the lives of numerous children.[14],[15] Two principal challenges exacerbating the response efforts are restricted humanitarian access and the inadequate availability and reliability of data.[16] In 2017, humanitarian organizations reported 1,159 access incidents in South Sudan, a substantial increase from the 908 incidents in 2016 and 909 incidents in 2015.[17]

South Sudan has a human development index (HDI) of 0.385 and is ranked 191/191(2021) globally[18]. With 7 in 10 people living in extreme poverty this has been exacerbated by inflation, low agricultural production, rising food commodity prices and currency depreciation. In addition, climatic shocks have escalated in frequency and severity, with concurrent occurrences of extensive droughts and significant flooding. According to the UNICEF Children's Climate Risk Index, South Sudan is ranked as the seventh most at-risk country globally.[19] Since 2019, large-scale floods have occurred almost annually, submerging agricultural land, destroying homes and basic infrastructure, and displacing hundreds of thousands of people. In 2022 alone, floods affected more than 1 million people and displaced over 400,000, many of whom were already living in protracted displacement.[20] Drought conditions, often occurring concurrently with floods in different regions, further compound food insecurity and livelihood loss.[21]

2.2. Government policies and priorities

[8] Accord. Conflict Trends. The Formation of the Revitalized Transitional Government of National Unity in South Sudan. Available from URL: https://www.accord.org.za/conflict-trends/the-formation-of-the-revitalized-transitional-government-of-national-unity-in-south-sudan/

[9] African Center of Strategic Studies. Taking Stock of the Revitalized Agreement on the Resolution of the Conflict in South Sudan. Available from URL: https://africacenter.org/spotlight/taking-stock-of-the-revitalized-agreement-on-the-resolution-of-the-conflict-in-south-sudan/

[10] https://igad.int/igad-executive-secretarys-statement-on-the-extension-of-south-sudans-transitional-period-and-call-for-renewed-efforts-in-implementing-the-revitalised-peace-agreement/

[11] The World Bank in South Sudan. 2025. Available from URL: https://www.worldbank.org/en/country/southsudan/overview

[12] United Nations Human Rights Office of the High Commissioner. Emerging Impacts of COVID-19 on the Human Rights Situation and Peace Process in South Sudan. 2020. Available from URL: https://www.ohchr.org/en/news/2020/06/emerging-impacts-covid-19-human-rights-situation-and-peace-process-south-sudan

[13] International Monetary Fund. African Dept. and International Monetary Fund. Strategy, Policy, & Review Department. Republic of South Sudan: 2022 Article IV Consultation And Second Review Under The Staff-Monitored Program. Available from URL: https://www.elibrary.imf.org/view/journals/002/2022/266/article-A001-en.xml

[14] UNICEF. Evaluation of the UNICEF Response to the South Sudan Humanitarian Crisis (2016-2019)

[15] UN OCHA. 2023 The Sudan crisis exacerbates humanitarian suffering in South Sudan. Available from URL: https://reliefweb.int/report/south-sudan/sudan-crisis-exacerbates-humanitarian-suffering-south-sudan

[16] Food Security Cluster. Humanitarian Programme Cycle 2022. Humanitarian Needs Overview South Sudan. Available from URL: https://fscluster.org/sites/default/files/documents/ssd_hno_2022_26feb2022.pdf

[17] UNICEF South Sudan Country programme document 2018

[18] South Sudan Demographics 2023 (Population, Age, Sex, Trends) - World meter. https://www.worldometers.info/demographics/south-sudan-demographics/

[19] United Nations Children's Fund (UNICEF), *The Climate Crisis is a Child Rights Crisis: Introducing the Children's Climate Risk Index*, New York, August 2021

[20] OCHA. (2023). South Sudan humanitarian needs overview. https://www.unocha.org/south-sudan

[21] Food and Agriculture Organization. (2022). South Sudan: Climate change and food security analysis.

South Sudan has progressively articulated its national development vision through successive strategies. The South Sudan Development Plan (SSDP, 2011–2016) sought to establish the foundations for governance, prosperity, and quality of life. It was later replaced by the South Sudan National Development Strategy (SSNDS, 2018–2021), and subsequently by the Revised National Development Strategy (R-NDS, 2021–2024), developed in line with the Revitalised Agreement on the Resolution of Conflict in South Sudan (R-ARCSS). The R-NDS serves as the current development blueprint, reinforcing Vision 2040 and aiming to consolidate peace, stabilize the economy, and advance sustainable development. It emphasizes human capital development, protection of vulnerable populations, and alignment with both the SDG 2030 Agenda and Africa Agenda 2063. The R-NDS incorporates lessons from the SSDP and SSNDS and follows the R-ARCSS roadmap to guide the Revitalised-Transitional Government of National Unity (R-TGoNU) until elections in December 2026 after which the National Development Plan II (NDP II, 2024–2028) will take over.[22]

Gender equality and women's empowerment (GEWE) are prioritized through gender mainstreaming in the R-ARCSS and Roadmap,[23] with a constitutional commitment to 35% women's representation. However, political will and enforcement remain weak, and as of 2023 women continue to be underrepresented in executive, state, and legislative bodies.[24] In preparation for the SDG Summit (September 2023), the Government, with UN support, developed an SDG Rescue Plan[25] focused on seven priority targets (SDGs 16.6, 8.5, 9.2, 2.4, 3.3, 4.7, and 13.1).

South Sudan ratified the UN Convention on the Rights of Persons with Disabilities (CRPD) and its Optional Protocol in February 2023, committing to non-discrimination, dignity, and full participation of persons with disabilities (PWDs).[26], [27] In 2020, the National Inclusive Education Policy for Children with Disabilities was introduced to ensure equitable access to quality education, anchored in equality and human rights.[28] Complementing these, the 2018 National Adaptation Programme of Actions for Climate Change and the Initial National Communication to the UNFCCC highlight the strategic importance of WASH in climate change programming.[29]

2.3. Status of Children in South Sudan

South Sudan's demographic profile is characterised by an exceptionally young population, with children under 18 years constituting approximately 59% of the population and adolescents aged 10–19 accounting for about 22% , underscoring the centrality of child and adolescent focused analysis in understanding vulnerability and deprivation.[30] While women represent roughly 49% of the population, gender- and age-based inequalities intersect with conflict, poverty, displacement, and climate shocks to produce systematically differentiated risks across social sectors.

Health. Children and women experience disproportionate health risks, reflecting both structural fragility and gendered barriers to access. The under-five mortality rate is among the highest worldwide at 98.7 deaths

[22] United Nations. 2023. South Sudan Critical Country Analysis
[23] Government of South Sudan. (2021). Revised-National Development Strategy (R-NDS) 2021-2024.
[24] United Nations. 2023. South Sudan Critical Country Analysis (CCA)
[25] South Sudan SDG Rescue Plan, SDG Summit September 2023
[26] https://southsudan.iom.int/stories/disability-rights-are-human-rights-ratification-implementation-crpd#
[27] United Nations Convention on the Rights of Persons with Disabilities and Optional Protocol
[28] The Ministry of General Education and Instruction. 2020. The National Inclusive Education Policy for Children with Disabilities.
[29] UNICEF South Sudan Programme Strategy Notes 2023-2025
[30] National Bureau of Statistics (NBS). (2020). Population estimates. Juba.

per 1,000 live births[31] and the maternal mortality ratio, though reduced from 2,054 in 2006 to 1,223 per 100,000 live births in 2020, is still the highest globally.[32] Health service coverage is severely constrained, with only 40% of births attended by skilled personnel, 31% of women accessing at least four antenatal visits, and 8% receiving timely postnatal care.[33]

Nutrition. Acute malnutrition persists at emergency levels. The global acute malnutrition (GAM) prevalence among under-fives stands at 16.1%, affecting about 1.4 million children in 2022, with 303,000 suffering severe wasting.[34] Stunting prevalence is 16.3%, reflecting medium public health significance. Infant and young child feeding practices remain suboptimal, with only 51% of infants breastfed within one hour of birth and 62% exclusively breastfed to six months.[35] Food insecurity, worsened by climate shocks and conflict, is the main driver of malnutrition,[36] Nutrition outcomes further illustrate gender-specific deprivation - adolescent girls and women of reproductive age face elevated risks of micronutrient deficiencies and maternal malnutrition, exacerbated by early pregnancy and inadequate dietary diversity.[37],[38]

Water, Sanitation and Hygiene (WASH). South Sudan has some of the lowest WASH indicators globally. Access to basic drinking water has stagnated at 41% since independence, while open defecation remains widespread, with approximately 75% of households practicing it.[39] Only 16% of households use private improved sanitation facilities, and just 5.6% report functional handwashing facilities. WASH-related deprivations disproportionately affect children and women, both biologically and socially. Poor WASH conditions contribute directly to high child morbidity, with diarrhoeal disease prevalence at 31% among under-fives.[40] Women and adolescent girls face additional gender-specific burdens, including increased exposure to gender-based violence when accessing distant water points and limited menstrual hygiene management facilities, particularly in displacement and emergency settings.[41]

Education. Over 2.8 million school-age children are out of school, more than half of them girls.[42] Gender disparities remain stark, with a Gender Parity Index of 0.95 at pre-primary, 0.89 at primary, and 0.77 at secondary levels.[43] Early marriage affects 52% of girls aged 15–18, contributing to dropout and a high adolescent birth rate, with one-third of girls aged 15–19 already mothers.[44] While education spending has risen to 17% of the national budget,[45] infrastructure, qualified teacher shortages, and insecurity continue to impede access and learning. Foundational skills are low: EGRA/EGMA results show that most early grade

[31] UNICEF. (2022). South Sudan: Situation analysis of children and women. Juba.
[32] WHO. (2021). *Trends in maternal mortality 2000 to 2020*. Geneva: World Health Organization.
[33] UNICEF. (2022). South Sudan: Situation analysis of children and women. Juba.
[34] WHO. (2022). Global database on child growth and malnutrition. Geneva.
[35] UNICEF. (2022). South Sudan: Situation analysis of children and women. Juba.
[36] UNICEF South Sudan. (2022, October 6). *Hunger and malnutrition are driven by climate crisis and conflict in South Sudan* [Press release]. UNICEF.
[37] South Sudan Humanitarian Situation Report, End-of-Year 2023
[38] Siddiqui, F. (2020). The intertwined relationship between malnutrition and micronutrient deficiencies. International Journal of Nutritional Studies,
[39] WHO/UNICEF Joint Monitoring Programme (JMP). (2021). Progress on household drinking water, sanitation and hygiene. Geneva/New York.
[40] UNICEF. (2022). South Sudan: Situation analysis of children and women. Juba.
[41] OCHA. (2023). South Sudan humanitarian needs overview. https://www.unocha.org/south-sudan
[42] Ibid
[43] UNICEF South Sudan. (2023). Country Office Annual Report 2023
[44] World Bank. (2022). World Development Indicators: Education and literacy data. Washington, DC.
[45] Government of South Sudan (GoSS). (2022). National Budget 2021/2022. Juba.

learners lack basic skills in literacy and numeracy.[46],[47] Climate shocks have compounded the crisis, with floods in 2022 closing 877 schools and disrupting education for over 427,000 children.[48]

Child Protection. Children in South Sudan face severe and intersecting protection risks driven by protracted conflict, displacement, poverty, climate shocks, and weak social and justice systems. Since the outbreak of conflict in 2013, more than 13,000 grave violations against children, including killing and maiming, recruitment and use by armed actors, sexual violence, abduction, and attacks on schools and hospitals, have been verified.[49],[50] Widespread displacement has intensified family separation and exposure to exploitation, child labour, and early marriage; girls are particularly affected, with over half married before age 18 and more than 50% of women exposed to intimate-partner violence.[51]

Social Protection. Despite a 2015 National Social Protection Policy Framework, coverage remains minimal and heavily donor-dependent, with over 99% of financing from external sources.[52] Programmes such as Girls' Education South Sudan, school feeding, and safety nets reach some vulnerable groups, but overall needs far outstrip resources. Weak coordination, inadequate financing (0.06% of the 2018–2019 budget), and lack of identification documents limit effective targeting and access.[53]

Public Financing. Financing for the CP is mostly external, with limited domestic co-financing, an arrangement that heightens sustainability risks. CPE budget evidence shows that in 2019–2022, donor ("Other Resources") accounted for $539.31M versus $29.17M from domestic/regular resources - ~94.9% donor of a $568.48M total. In 2023–2024, donors provided $546.45M compared to $19.96M domestic—~96.5% donor of a $566.41M total. Donor share rose from roughly 95% in CPD1 to ~97% in CPD2.

Girls and women. Gender inequality is pervasive and remains a structural driver of vulnerability across all sectors. South Sudan ranks 185 of 189 countries on the Gender Development Index.[54] Early marriage, gender-based violence (experienced by 65% of women and girls), and adolescent pregnancy (158 births per 1,000 girls aged 15–19) are widespread.[55] Although the Revitalized Peace Agreement mandates 35% women's representation, actual political participation remains substantially lower, estimated at around 21% in the reconstituted transitional legislative assembly.[56],[57]

More details of the status and needs of the rightsholders/beneficiaries are in Annex 2

[46] UNESCO South Sudan: Education Country Brief, 2024
[47] Montrose, "South Sudan Early Grade Reading and Mathematics Assessment Report", September 2016.
[48] UNOCHA (2022). Impact of Flooding on Education in South Sudan
[49] United Nations. (2023). *Report of the Secretary-General on children and armed conflict*. United Nations.
[50] UNICEF. Child Protection in South Sudan Briefing note. 2021
[51] Ibid
[52] Government of South Sudan (GoSS). (2021). Revised National Development Strategy (R-NDS) 2021–2024. Juba.
[53] UNICEF & World Bank. (2020). Towards Inclusive Social Protection in South Sudan: Assessment of Systems and Financing Gaps. New York/Washington, DC.
[54] UNDP. (2021). Human Development Report 2021/2022. New York: United Nations Development Programme.
[55] UNICEF. (2022). South Sudan: Situation analysis of children and women. Juba.
[56] Government of South Sudan. (2022). Revitalized Transitional Government of National Unity: Status of Implementation Report. Juba.
[57] UN Women. (2023). Women's political participation in South Sudan: Progress and challenges. UN Women South Sudan.

3. OBJECT OF THE EVALUATION – UNICEF Country Programmes of Cooperation

Table 1 Presentation of the Programmes

Title of the programme	UNICEF South Sudan Country Programmes of Cooperation (2019 – 2022 & 2023-2026)
Country	South Sudan
Budgets	2019-2022 – 147, 838, 000 USD 2023-2025 - 518, 650, 000 USD
Duration	2019 – 2022 & 2023-2025
General objective	The programme's goal is to ensure that all children, including those with disabilities, and women, particularly the most vulnerable, are protected and can fully enjoy their rights. The initiatives aim to strengthen systems to provide access to high-quality and resilient services. Furthermore, the programmes address the structural causes of fragility and vulnerability through a combination of humanitarian assistance and development cooperation. It should be noted that the 2023-2026 Country Programme of Cooperation was originally scheduled for the 2023-2025 period but was subsequently extended.
Components	- Health - Nutrition - Water, sanitation and hygiene - Education - Child protection - Social policy - Programme effectiveness
Partners	Line Ministries, United Nations organizations, including the United Nations Mission in South Sudan (UNMISS), the World Bank, AfDB, local and international civil society organizations, and global initiatives such as the Global Partnership for Education (GPE), Gavi, the Vaccine Alliance, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and the Scaling Up Nutrition (SUN) Movement

3.1. Overview

The UNICEF Country Programmes for South Sudan (2019–2022; 2023–2026) address child survival, development, and protection challenges. The current Country Programme Document (CPD 2023–2026), structured around seven outcome areas—health, nutrition, climate-resilient WASH, education, child protection, social policy, programme effectiveness—aligned with UNICEF's Global Strategic Plan (2022–2025). Developed under the *Delivering as One* approach, it supports the National Development Strategy (2021–2024), South Sudan Vision 2040, the UNSDCF (2023–2026), the SDGs 2030, UNICEF's Strategic and Gender Action Plans (2022–2025), and continental frameworks such as the AU Agenda 2063 and Agenda for Children 2040, emphasizing the principle of *Leaving No One Behind*.

3.2. Expected results of the Programmes (2019 – 2022 & 2023-2026)

Both Programmes are organized around seven components: health, nutrition, WASH, education, child protection, social policy, and programme effectiveness, with outcomes focused on expanding access to

quality social services. The 2019–2022 Programme emphasized service delivery, particularly in health and education. In contrast, the 2023–2026 Programme integrates service delivery and system strengthening across all components, extending what was previously concentrated mainly in health and education. Tables 2 and 3 display the expected outcomes and outputs of the two country programmes.

Table 2 Expected outcomes and outputs of UNICEF South Sudan country programme, 2019–2021

Expected outcomes	Outputs
1. Health Children under five years and pregnant women use more equitable and better quality essential maternal, newborn and child health services	1.1 Government and other partners have increased capacity to deliver routine and supplementary immunization and respond to disease outbreaks
	1.2 Front-line health and community workers have increased capacity to provide quality, essential maternal and neonatal care
	1.3 Front-line health and community workers have increased capacity to provide flexible, integrated case management services for common childhood illnesses
2. Nutrition Girls and boys under age five, young girls and women in South Sudan increasingly use more equitable and better-quality nutrition services	2.1 Girls and boys under age five, school-age children, young girls and women have increased and more equitable access to quality preventative nutrition services
	2.2 Girls and boys under age five have increased and more equitable access to better quality nutrition services for early detection and treatment of severe acute malnutrition
	2.3 Girls and boys under five years old and caregivers affected by humanitarian crises have increased and timely access to quality nutrition services in line with UNICEF Core Commitments for Children in Humanitarian Action (CCCs)
	2.4 Government and non-governmental actors have improved capacity in governance, nutrition information systems and knowledge-generation to facilitate scale-up of nutrition interventions
3. WASH Vulnerable people, particularly children in conflict-affected, underserved and epidemic-prone communities in South Sudan, use improved, equitable and sustainable WASH services	3.1 Vulnerable and emergency-affected people have access to basic sanitation facilities
	3.2 Vulnerable and emergency-affected people have access to safe drinking water
	3.3 Target communities have increased capacity for effective emergency preparedness and response for WASH, aligned with the CCCs
4. Education Children and young people aged 3–18 years affected by conflict and emergencies use increased and equitable life-saving quality education services, resulting in improved learning outcomes	4.1 Government and other national partners have increased capacity at national and subnational levels for improved implementation, monitoring and inclusive sector planning
	4.2 Children and young people in humanitarian situations have access to protective, quality basic education services
5. Child protection Children and young people at risk of violence, exploitation and abuse, in emergency and non-emergency settings, use integrated basic social services	5.1 Government and national partners have laws, regulatory frameworks and service delivery systems in place to improve children's access to justice and birth registration services
	5.2 Key actors are able to provide improved core child protection and gender-based violence services for children at risk of or exposed to violence, exploitation and abuse in emergency and non-emergency settings
6. Social policy South Sudan increasingly implements child-sensitive	6.1 Government and partners have enhanced capacity to generate equity-focused data, evidence and analytical studies on children

policies and social protection programmes	6.2 Government and partners have enhanced capacity to design and implement child-sensitive social protection programmes
7. Programme effectiveness: Country programmes are efficiently designed, coordinated, managed and supported to meet quality standards in achieving results for children	7.1 Staff have enhanced capacity to provide timely assistance to programmes in line with office key performance indicators.
	7.2 Staff have enhanced capacity to effectively communicate on child rights
	7.3 Communities have access to information on positive behaviours and life-saving practices and an inclusive feedback mechanism for informed decision-making and resilience

Source: 2018- UNICEF- Country programme document

Table 3 expected outcomes and outputs of UNICEF South Sudan country programme 2023 - 2026

Expected outcomes	Expected outputs
Health More neonates, infants, children, adolescent girls and women survive and thrive, benefiting from improved access to and use of quality and equitable health services and practices, including in emergencies.	Front-line health and community workers demonstrate improved capacity to provide flexible, integrated services for management of common childhood illnesses
	Front-line health and community workers demonstrate improved capacity to provide quality, essential maternal and neonatal care to pregnant women and adolescent girls and their babies
	Government and other partners demonstrate increased capacity to deliver routine and supplementary immunization and respond to disease outbreaks
Nutrition More children, including adolescents, and women have improved nutrition, benefiting from increased access to and use of quality services and practices, including in emergencies.	The Government, at national and state levels, has strengthened capacities to deliver a quality multi-system approach to reduce all forms of malnutrition
	More children, adolescent girls and women benefit from equitable access to integrated and quality preventive nutrition services and adopt positive nutrition practices, including in emergencies
	More children benefit from equitable access to quality services for the management of wasting, including in emergencies
WASH More children, women and their families, particularly the most vulnerable populations, have equitable and sustainable access to and use safe and climate-resilient water and sanitation services and practice safe hygiene behaviours, including in emergencies.	The Government, at national and state levels, has strengthened institutional capacity to improve and sustain access to safely managed WASH services.
	More children and their families affected by humanitarian crisis have access to safe water, good sanitation and improved hygiene services
	More children and their families living in rural communities have more resilient WASH infrastructure and services and are better prepared to withstand disasters and climate change impacts.
	Improved WASH services access for urban populations
Education More children aged 3–18 years, particularly girls and the most vulnerable, access equitable, inclusive and quality education with improved learning outcomes, including in emergencies.	The education sector is better able to deliver inclusive and quality early learning
	More children, including adolescents, and particularly girls, access basic-quality formal, non-formal or alternative learning opportunities
	The education system is better able to transform the delivery of quality basic education that rapidly improves learning outcomes and the development of foundational skills
Child protection Children and women are safe and protected from violence,	The national and local governments have enhanced capacities to develop and manage a sustainable shock-responsive system for the delivery of preventive and responsive child protection services.

exploitation, abuse and harmful practices.	More women, children, including adolescents, and their caregivers in humanitarian situations are safer and access better-quality protection services
Social policy More children and families benefit from better government services that reduce monetary and multidimensional poverty and strengthen resilience.	The Government has enhanced capacity to measure and monitor child vulnerability and use evidence to design appropriate policies, plans and budgets
	National and state governments have enhanced capacity to mobilize, allocate, spend and report on resources for social services
	The Government has enhanced capacity to design, coordinate, implement and monitor child-sensitive and shock-responsive social protection policies and programmes
Programme effectiveness	Programme Coordination External relations and communications Planning, monitoring and reporting Field Coordination and Emergency Response Social and Behaviour Change Donor Relations Evaluations Communications Advocacy and Partnership

Source: 2022- UNICEF- Draft country programme document

3.3. Implementation strategies of the programmes

While the expected outcomes of both the 2019–2022 and 2023–2026 Country Programmes focus on expanding access to improved social services, their strategies differ markedly. The 2019–2022 Programme prioritized flexible, targeted service delivery, including mobile outreach to adapt to shifting security conditions.[58] In contrast, the 2023–2026 Country Programme[59] shifts from a primarily service-delivery approach to one centred on system strengthening and capacity building. It focuses on enhancing service delivery in sectors with limited government capacity, such as nutrition and protection, while maintaining direct provision in emergencies, e.g., lifesaving nutrition interventions[60] and alternative education models for children in pastoralist, nomadic, or conflict-affected communities.

The 2023-2026 Country Programme also adopted the humanitarian-development-peace nexus approach.[61] The approach combines humanitarian response with efforts to strengthen government and community capacity, ensuring timely assistance while meeting cluster coordination commitments. It integrates risk-mitigation measures to build resilience and places greater emphasis on addressing climate-related challenges, particularly strengthening communities' capacity to withstand shocks and disasters. Both Programmes retain social and behaviour change, coordinated service delivery, and the use of technological innovations to improve effectiveness.

3.4. The Theory of change reconstruction

A programme theory of change (ToC) was reformulated during the inception phase, based on an analysis of the type of interventions planned in each component and the expected product categories. The ToC was further refined in collaboration with UNICEF Country and Regional Offices' stakeholders via a ToC Validation Workshop. The illustration of the ToC (see figure 3) displays the following:

- The expected impact

[58] 2018 UNICEF Country programme document
[59] 2022 UNICEF Draft country programme document
[60] UNICEF South Sudan Programme Strategy Notes 2023-2025
[61] Ibid

- The expected results (outputs/outcomes)
- The assumptions and risks
- The strategies and approaches
- The cross-cutting themes
- The enablers

Theory of Change Statement

The ToC articulates a results-based causal pathway linking UNICEF's programming inputs and approaches to clearly defined outputs, outcomes, and impact, using explicit *if/then* logic. The intended impact is that all children, adolescents and women, particularly the most vulnerable, are safer and enjoy their rights, with systems strengthened to enable access to high-quality and resilient services, while humanitarian assistance and development cooperation address the structural causes of fragility and vulnerability. The programme has established structures, approaches and implementation strategies to achieve the expected outputs that should lead to expected outcomes and generate the expected impact. The approaches adopted are:

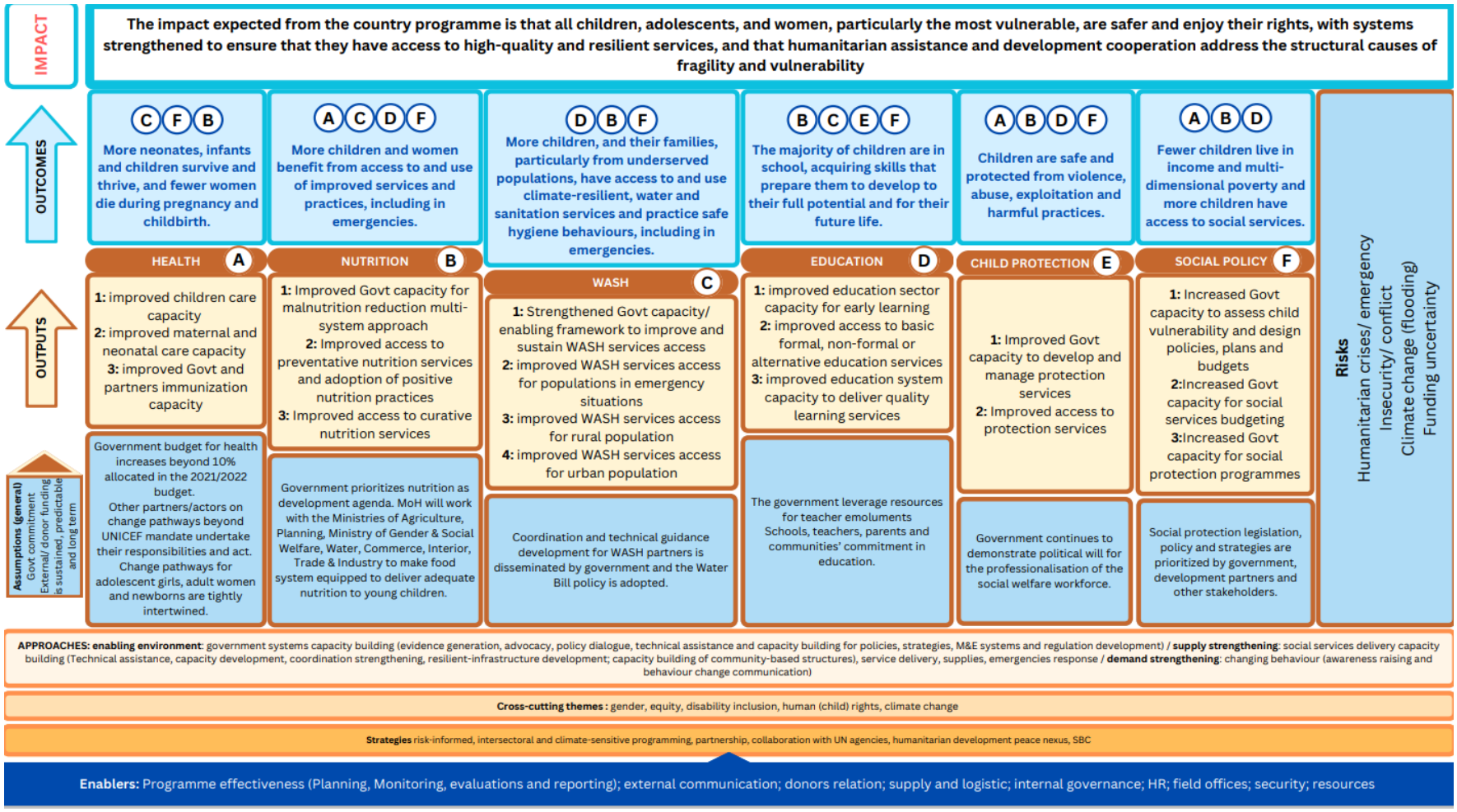
- Promoting an enabling environment by convincing the government, using evidence generation, advocacy and policy dialogue, to adopt adequate policies and strategies; and supporting the development of legal framework and M&E systems through technical assistance and capacity building.
- Strengthening the social services supply through social services delivery capacity building; resilient infrastructure development; capacity building of community-based structures; coordination strengthening; as well as, when required, service delivery, supplies and emergencies response.
- Promoting demand for social services through SBC evidence generation, building institutional SBC capacity, implementing people centred approaches (Human Centred Design), community engagement, building partnerships and establishment of community feedback mechanism to understand service experience

If UNICEF strengthens the enabling environment through evidence generation, advocacy, policy dialogue, and technical assistance to improve legal frameworks, coordination, and monitoring at national and subnational levels, then government institutions will demonstrate improved capacity and governance for social service delivery **(Output 1: Strengthened institutional capacity and enabling framework).** *If* UNICEF strengthens the supply of services through systems strengthening, resilient infrastructure, coordination, community-based structures, and emergency response—complemented by direct service delivery where systems are weak—then the availability, quality, and reach of basic social services will improve **(Output 2: Improved and more accessible social services).** *If* UNICEF promotes demand through social and behaviour change approaches, community engagement, partnerships, and feedback mechanisms, then communities will have increased knowledge, agency, and empowerment to seek and use services, including during emergencies **(Output 3: Improved knowledge and empowerment of the target population)**.

If Outputs 1–3 are achieved through risk-informed, intersectoral, climate-sensitive, and HDP-nexus programming—integrating gender, equity, disability inclusion, and human rights—then this will result in the intended outcome: increased access to and use of improved basic social services, including in emergency situations, contributing to sustainable, system-level impact.

The detailed narrative of the TOC is elaborated in Annex 3.

Figure 2 Theory of change diagram



3.5. Key stakeholders and partners of the programmes

To implement the country programmes, UNICEF established partnerships with South Sudan ministries at the national and state levels, government agencies, international organizations, NGOs, CSOs, academic institutions, donors, media organizations and private sectors. Table 4 presents the different stakeholders per categories. Detailed description of stakeholders is presented in Annex 10.

Table 4 Stakeholders of the programme

Stakeholder Category	Key Actors	Primary Roles in CPD Implementation
National Government Institutions	Ministry of Health (PHC, Preventive Health, Nutrition, EPI, Reproductive Health, Community Health, Malaria, Supply Chain); Ministry of General Education and Instruction; Ministry of Gender, Child and Social Welfare; Ministry of Water Resources and Irrigation; Ministry of Agriculture and Food Security; Ministry of Finance and Planning; Ministry of Humanitarian Affairs	Policy leadership; sector coordination; service delivery oversight; systems strengthening (health, nutrition, education, WASH, child protection, social protection); emergency preparedness and response; monitoring and use of administrative data
Statutory and Knowledge Institutions	National Bureau of Statistics; South Sudan National Bureau of Standards; University of Juba	Data production and analysis; monitoring child poverty and vulnerability; standards and regulatory support; surveys and research; food system and nutrition evidence
UN Agencies and International Organisations	WFP, WHO, FAO, UNFPA, OCHA, IOM, UNESCO, UNAIDS, OHCHR, UNDP, UN Women	Joint programming; technical assistance; humanitarian–development–peace nexus; sectoral coordination (health, nutrition, WASH, education, food security)
International and National NGOs (Implementing Partners)	World Vision, Save the Children, IRC, NRC, ACF, CARE, Plan International, IMC, Medair, BRAC, Malaria Consortium, Light for the World, and others	Service delivery; community-based programming; capacity building of frontline workers and volunteers; last-mile delivery in hard-to-reach and emergency contexts
Private Sector Service Providers	Construction and engineering firms; WASH service providers; suppliers	Infrastructure development (WASH, schools, health facilities); logistics and service provision
Community-Based Structures	School Management Committees, PTAs, WASH Committees, ICCM networks, Community Nutrition Volunteers, Mother-to-Mother Support Groups, Integrated Community Mobilization Network (ICMN), Boma Health Workers (BHWs)	Community mobilisation; local service delivery support; accountability; behaviour and social change; operations and maintenance of services
Donors	FCDO, USAID/BHA, EU, World Bank, Germany, Crown Agents, Japan, Kingdom of the Netherlands and others.	Programme financing; strategic oversight; accountability and results reporting
Diverse Population Groups	Children, adolescents, women, vulnerable households, displaced and crisis-affected populations[62]	Access to health, nutrition, education, WASH, child protection and social

[62] Direct numeric beneficiary targets are defined within sector-specific programme frameworks and monitoring systems; aggregation at CP level is constrained by differing sectoral units of measurement and reporting cycles. The evaluation therefore assesses beneficiary reach and equity primarily through contribution pathways, linking institutional and system-level strengthening to downstream population-level outcomes.

		services; resilience and wellbeing outcomes

3.6. Geographical coverage

The CP's sectoral and cross-sectoral interventions under the 2019-2022 and 2023-2026 CPs in South Sudan has been implemented in all the ten states, in the two administrative areas and one area with special administrative status.

3.7. The Country Programmes' budgets

The country programme budget has two main funding sources: UNICEF and various donors. Table 5 presents the budgets for the two programme periods, and by components.

Table 5 Country Programmatic-only budgets

Period	**Budget 2019-2022**			**Budget 2023-2026**		
Programme component	**Regular resources (M)**	**Other resources (M)**	**Total (M)**	**Regular resources (M)**	**Other resources (M)**	**Total (M)**
Health	2 162	21 195	**23 357**	2 162	296 440	**298 602**
Nutrition	2 003	8 196	**10 199**	2 003	29 000	**31 003**
Water, sanitation and hygiene	2 003	21 764	**23 767**	2 003	69 000	**71 003**
Education	2 003	30 000	**32 003**	2 003	40 000	**42 003**
Child protection	2 525	17 149	**19 674**	2 525	16 000	**18 525**
Social policy	3 516	2 048	**5 564**	950	8 050	**9 000**
Programme effectiveness	14 960	18 314	**33 274**	16 014	23 500	**48 514**
Total	**29 172**	**118 666**	**147 838**	**27 660**	**490 990**	**518 650**

Source: Country Programme Document 2019-2022 and 2023-2026
Note: Figures in the table reflect pre-revision / programmatic-only scope.

The total planned budget for the 2023-2026 Country Programme is $518.65 million, with a strong reliance on external donor funding (94.7%), and only 5.3% from UNICEF's core resources.

4. EVALUATION PURPOSE, OBJECTIVES AND SCOPE

4.1. Purposes of the evaluation

The overarching purpose of the evaluation is to assess the relevance, effectiveness, efficiency, coherence, sustainability, connectedness, coverage, and impact of UNICEF's implementation strategies in achieving the Country Programme Document (CPD) results for the periods 2019–2022 and 2023–2026. The evaluation examines the extent to which intended results were achieved, the factors influencing performance, including adaptability to shocks such as COVID-19 and the 2023 Sudan refugee influx, and the appropriateness of programme design and delivery modalities (e.g., theory of change, change strategies, and partnerships), with a view to informing the design of the next CPD.

The evaluation serves two operational goals: **accountability** and **organizational learning**. For accountability, it provides UNICEF and stakeholders with credible, evidence-based assessments of programme performance and results across sectors and cross-cutting priorities, demonstrating the extent to which resources were used efficiently and equitably to deliver results for the most vulnerable populations.

For learning, the evaluation systematically identifies what has worked, what has not, and why, by documenting effective approaches, innovations, and implementation bottlenecks. It generates actionable lessons and forward-looking recommendations to strengthen strategic positioning, adaptive programming, and systems-level performance across Child Protection and other sectors, as well as cross-cutting areas including ECD, HIV, climate-sensitive programming, adolescents and youth, communication, gender, disability inclusion, equity, and human rights.

4.2. Objectives of the evaluation

The **main objective** of the evaluation is to distil lessons from the 2019–2022 and 2023–2026 Country Programmes of Cooperation to inform the design of the next programme and guide adjustments needed for South Sudan to advance toward the SDGs by 2030.

Specific objectives of this evaluation as clearly stated in the ToR are to:

- Assess the relevance, effectiveness, efficiency, coherence, sustainability, connectedness, coverage, and orientation towards impact of the previous and current South Sudan Country Programmes, with particular focus on the programme and operational strategies and UNICEF's positioning within the development community; with national partners, and field presence to respond to South Sudan's development and humanitarian needs.
- Identify and document key lessons from the 2019-2022 and 2023-2026 Country Programmes to make the best use of UNICEF's change strategies, good practices, and innovations.
- Provide a set of forward-looking and actionable recommendations to contribute towards course correction of the current Country Programme, strengthen programmatic and operational strategies in the design of the next South Sudan Country Programme, taking into consideration national and regional development priorities and the 2030 Agenda for Sustainable Development in the country.

4.3. Potential users of the evaluation

Lessons learned and strategic recommendations gained from this rigorous independent evaluation will be useful to the Government of South Sudan, UNICEF, implementing partners and development partners to reshape approaches, adopt responsive interventions, which can be used to influence design and implementation of the next CPD. Table 6 summarizes the categories of users of the evaluation.

Table 6 Users of the evaluation

Evaluation Users	Uses of the evaluation (how the findings and recommendations will be used)
UNICEF ESARO	▸ To inform the design of the next South Sudan Country Programme ▸ To inform the scope and scale of future assistance to the South Sudan Government ▸ The evaluation adds to the knowledge base regarding the strategic contribution of the Country Programmes in advancing the agenda of SDGs in the country including in the vulnerable areas
UNICEF SSCO	▸ The evaluation has generated recommendations that will strengthen programmatic and operational strategies in the design of the next South Sudan Country Programme ▸ To provide insight into potential corrective actions of the current Country Programme. ▸ Draw lessons on best practices to inform future programming
Government Level Stakeholders	▸ To identify progress and areas to strengthen within the current programme ▸ The evaluation will enable evidence-based programming of strategic interventions to possibly inform future National Development Plans ▸ The recommendations can be used for evidence-based public advocacy to leverage large scale public-private partnerships and adequate investment to different sectors

	▸ To scale up innovative strategies and approaches revealed by the assessment and accelerate progress towards the SGDs. ▸ Draw lessons on best practices to inform future programming
Donors / Joint UN and Development Partners	▸ To inform future programming and investments. ▸ Enable better realignment of programme support and accountability at all levels.
INGO, NGO partners	▸ Identify progress and areas to strengthen ▸ Draw lessons on best practices to inform future implementation
Rightsholders	▸ Improve accountability to the beneficiaries ▸ Dissemination, youth engagement, feedback in communities to add value to how the CPs can be used

4.4. Scope of the evaluation

4.4.1. Thematic scope

This independent evaluation focused on the **totality of the CPs portfolio**, including development and humanitarian interventions, cross-cutting issues and inter-sectoral support involving Social and Behaviour Change, data generation/child rights monitoring and gender. As a country-level evaluation of UNICEF, the CPE examined the Government of South Sudan–UNICEF Country Programme Documents (CPDs) approved by the Executive Board, including revisions introduced during implementation. Its scope covered the full range of UNICEF's engagement in South Sudan—across all funding sources, development, humanitarian, and emergency preparedness and response—while focusing primarily on outcome-level results and the contribution of programmes and change strategies, rather than assessing the entire results framework or individual projects. The evaluation further examines emerging and cross-cutting priorities, such as gender, equity, disability inclusion, children on the move, innovation, and child rights monitoring, and assesses how these strategies collectively contribute to outcome-level results and sustainable impact for children.

4.4.2. Geographical scope

The evaluation concentrated on the CPs sectoral and cross-sectoral interventions in South Sudan's geographical areas with a particular focus on locations identified as priority areas under the 2019-2022 and 2023-2026 CPs due to their strategic importance for achieving results for the most vulnerable populations. While the evaluation conceptually covers all of South Sudan, primary data collection focused on five purposively selected counties—Aweil East, Juba, Kapoeta East, Pibor, and Malakal. These counties were prioritized based on transparent criteria, including high intensity of multi-sectoral UNICEF interventions; persistent insecurity combined with high potential for learning; exposure to recurrent shocks ; representation of both rural and urban contexts; continuity of programming across both CP cycles; recent child protection results; and the presence of IDP and refugee populations.

4.4.3. Chronologic scope

This independent evaluation covered the CP's period from **January 2019 to June 2025**, in alignment with UNICEF's 2019-2022 and 2023-2026 CPs.

4.5. Evaluation Criteria and Questions

The evaluation questions were guided by the Terms of Reference (Annex 1) and the OECD/DAC criteria. In total, there are eight evaluation criteria encompassing sixteen evaluation questions. Four of the evaluation questions were not included in the TOR - they were incorporated during the inception phase by the evaluation team and subsequently ratified by regional and country-level UNICEF stakeholders. Table 7 displays the evaluation criteria and questions.

Table 7 Evaluation criteria and questions

Evaluation Criteria	Evaluation Questions
Relevance	1.1 To what extent has the Country Programme remained relevant and aligned with national priorities, legislative frameworks, plans and strategies, UNICEF's Strategic Plan, and the UN joint programme in South Sudan? 1.2 How responsive and adaptive has the Country Programme been to the changing context and emerging needs of children (including adolescents, young people, and the most marginalized, including persons with disabilities), particularly in view of the COVID-19 pandemic, the leaner funding landscape and shift from direct service delivery? 1.3 To what extent has UNICEF's positioning as a strategic partner contributed to the programme's achievements?
Coherence	2.1 To what extent were meaningful partnerships or coordination mechanisms established with other key actors e.g. government at national and local levels, other UN agencies, civil society, NGOs, private sector, academia, etc. and how have they contributed towards addressing the predefined bottlenecks and contributing to the results at scale? 2.2 To what extent have key UNICEF strategies and international commitments been consistently integrated in all aspects of SSCO programming and implementation, including policy and advocacy, particularly vis-a-vis the Core Commitments for Children in Humanitarian Action and UNICEF's Gender Action Plans (2018–2021, 2022-2025)?
Effectiveness	3.1 To what extent has the Country Programme achieved its intended results, or is likely to achieve them, including any differential results across gender, disability inclusion, social behaviour change, income, ethnicities, etc.? 3.2 To what extent has the programme relied on government and local NGOs in its implementation and how has that influenced the achievement of expected outputs and outcomes? What were the main challenges how was this managed? 3.3 What are the major factors influencing the achievement (or not) of the programme outcomes, including equity, behavioural and gender-related results? What were the main challenges and how were they managed?
Efficiency	4.1 To what extent have the programme and the office structures supported the cost-effective and timely delivery of the Country Programme? 4.2 Were resources (funds, human resources, time, expertise etc.) allocated and utilized strategically to track and achieve results, including equity and gender-related objectives?
Impact	5.1 What positive and negative (intended and unintended) long-term outcomes/impact are likely to be produced by the South Sudan CP interventions? 5.2 To what extent did the preceding Country Programme (or Country Programmes) contribute to positive long-term change on children, particularly the most marginalized and vulnerable?
Sustainability	6.1 To what extent has the country programme contributed to improving government systems, service delivery mechanisms, and service integration in a manner that the benefits for children would extend after the termination of UNICEF programmes? 6.2 To what extent have the programme strategies, plans, and tools, particularly those with an equity and gender focus, been institutionalised in systems, policies, mechanisms and strategies among government, NGO/civil society, and other partners and stakeholders?
Connectedness	7.1 To what extent has the UNICEF response to humanitarian issues contributed to strengthening national preparedness and response efforts, including the humanitarian, development, and peace linkages?
Coverage	8.1 How effectively has UNICEF managed to reach the most vulnerable populations, such as children, women, and those with disabilities?

Annex 4 details the evaluation matrix with the questions, sub-questions, indicators, methods of data collection and analysis including the sources of information.

5. METHODOLOGY

5.1. Evaluation approach

The evaluation design was guided by the ToR and adopted a **participatory, consultative approach** to ensure meaningful stakeholder engagement and relevance for future interventions and decision-making. This began at inception with the development of a theory of change, validated with UNICEF, and scoping interviews with UNICEF and government personnel to refine evaluation questions, the matrix, and sampling strategies. A comprehensive stakeholder analysis informed inclusive data collection, ensuring representation of all key partners.

5.2. Evaluation design

The evaluation employed a **non-experimental, utilization-focused design with a theory-based** approach, in line with the ToR's emphasis on assessing outcome-level results and the contribution of programme and operational strategies to those results. Given the ethical and practical constraints of experimental designs in fragile and humanitarian contexts, **contribution analysis** was used to examine how UNICEF's CPs and operational strategies plausibly contributed to observed outcomes. The analysis drew on the ToC as an explicit causal framework and systematically tested contribution claims using evidence from multiple data sources, rather than attempting to attribute outcomes through counterfactual comparisons.

A **convergent mixed-methods design** was employed, with quantitative and qualitative data collected in parallel and integrated during analysis. Secondary quantitative data provided the primary evidence base for assessing trends, coverage, and performance, while qualitative data were used to explain observed patterns, explore causal mechanisms, and contextualize results. Areas of convergence and divergence across data sources were examined to strengthen validity and reduce bias (e.g., social desirability or recall bias). Narrative causal accounts from UNICEF and government stakeholders, collected through KIIs and participatory methods, were used to identify perceived drivers of change and to refine contribution pathways within the ToC.

5.3. Evaluation methods

The evaluation drew on multiple **secondary and primary data sources**, triangulated to strengthen validity and causal inference. Secondary data constituted the primary quantitative evidence base and included: UNICEF administrative and monitoring data; sectoral routine data from line ministries (e.g., DHIS2); available population-based surveys (FSNMS, DHS, MIS); programme evaluations and studies; humanitarian situation reports; and strategic and policy documents at national and UN system levels. These sources were used to assess trends, coverage, and performance across sectors and over time. Primary data was collected to contextualize secondary findings, explore causal mechanisms, and fill evidence gaps. Primary data sources included a stakeholder perception survey, key informant interviews (KIIs), and participatory appraisal workshops. A full list of secondary sources is provided in the bibliography (Annex 9), while primary data instruments are included in Annex 5.

Quantitative methods

Perception Survey - A structured perception survey (N = 123) was administered to institutional stakeholders directly engaged in, overseeing, or partnering with UNICEF's Country Programme. Respondents included UNICEF staff, government ministries and departments, UN agencies, international and national NGOs/CSOs, donors, academia, and private-sector partners. Stakeholders were further categorized by **type of engagement** (implementing, advocacy, technical support, coordination, donor), **sectoral focus** (health, nutrition, WASH, education, child protection, social policy, climate), and **geographic coverage** (national and subnational). The survey generated quantitative evidence on relevance, coherence, effectiveness, efficiency,

sustainability, and UNICEF's positioning. Background characteristics of respondents are summarized in Annex 7. The questionnaire is detailed in Annex 5.

Secondary Quantitative Data Analysis - Routine monitoring data (UNICEF, line ministries such as DHIS2, and implementing partners), complemented by population-based surveys (MICS, FSNMS, DHS) and programme reports, were analysed to identify trends and assess coverage and effectiveness.

Qualitative Methods

Desk Review - A structured review of programme documents, government reports, and relevant literature was conducted to reconstruct programme logic, clarify stakeholder roles, and identify assumptions and risks. The desk review informed the ToC, evaluability analysis, and methodology development, and provided secondary data for answering evaluation questions.

Key Informant Interviews (KIIs) - Semi-structured interviews with UNICEF, government, implementing partners, and donors gathered in-depth evidence across evaluation criteria, including connectedness, gender, equity, and human rights. A total of 106 KIIs were conducted across five purposively selected counties (Aweil East, Juba, Kapoeta East, Pibor, and Malakal). Interviewees represented **distinct stakeholder groups**, including: (i) UNICEF senior management, sector specialists, and field staff; (ii) national and state-level government officials (health, education, gender, finance, water, social welfare); (iii) international and national NGOs implementing UNICEF-supported interventions; (iv) UN agencies and donors; and (v) civil society and community-based organizations. Annex 7 (Stakeholders Interviewed) presents a detailed breakdown by county, institution, and role. Informed consent forms and topic guides are provided in Annex 5.

Inclusion of Beneficiary Perspectives: While the evaluation did not include direct household-level beneficiary interviews due to scope, security, and feasibility constraints, **beneficiary perspectives were indirectly captured** through: (i) implementing partners and frontline service providers with direct beneficiary engagement; (ii) community-based organizations; (iii) perception survey respondents working with children, adolescents, parents, and service users; and (iv) secondary sources such as MICS, FSNMS, and programme assessments reflecting user experiences and outcomes. This approach ensured ethical and practical inclusion of beneficiary perspectives through triangulated evidence.

Participatory Appraisal Workshops: Two structured participatory workshops were conducted in Juba to support collective reflection, validation, and learning:

- ***1-2-4-All Method*[63]:** This facilitated group sense-making by progressing from individual reflection(1), to paired discussion (2), to small-group synthesis (4), and finally plenary discussion (All). Applied with 17 participants from UNICEF, government, and NGOs (28 May 2025), the method was used to systematically surface perspectives on programme strategies, financial sustainability, and implementation constraints, ensuring inclusive participation and reducing dominance bias.
- ***After-Action Review (AAR)*[64]:** The AAR applied a structured learning framework to retrospectively examine the 2019–2022 CP cycle by asking: *What was expected to happen? What actually happened? Why were there differences? What can be improved?* Stakeholders jointly identified successes, challenges, contextual influences, and practical lessons to inform adaptive management and implementation during the 2023–2026 CP cycle.

[63] Liberating Structure developed by Henri Lipmanowicz and Keith McCandless https://www.liberatingstructures.com/1-1-2-4-all/
[64] https://www.betterevaluation.org/methods-approaches/methods/after-action-review

5.4. Sampling strategy

Selection of the counties - While the CPE covered all of South Sudan conceptually, primary data collection was limited to five purposively selected counties—Aweil East, Juba, Kapoeta East, Pibor, and Malakal—in collaboration with the UNICEF Country Office. Selection criteria included: (i) intensity of interventions across sectors ; (ii) security status, prioritizing insecure but high-impact areas; (iii) accessibility and vulnerability to shocks (floods, drought, epidemics, food insecurity); (iv) rural–urban mix; (v) continuity of interventions across both CP cycles; (vi) recent child protection results; and (vii) presence of IDP/refugee camps.

Sampling of respondents for the qualitative interviews and the perception survey - Purposive sampling, informed by stakeholder analysis (Annex 11), guided the selection of interviewees for KIIs and the perception survey, ensuring representation by function, interaction with the CP, and inclusion of organisations serving persons with disabilities and marginalized groups. Vulnerable populations were partly captured through counties with high IDP/refugee presence. A consultative approach engaged a broad spectrum of stakeholders, triangulated perspectives, and complemented the initial Country Office list with snowball sampling. A log of interviewees was regularly reviewed to ensure balance (internal vs. external, policy vs. implementing, sectoral coverage, government vs. partners). In total, 106 KIIs were conducted across the five counties (see Table 8; Annex 7), and 123 stakeholders participated in the perception survey (see Annex 7 and Figure 3).

Table 8 Key Informant Interviews carried out across five focal counties

No.	State	Counties	Achieved
1	EES	Kapoeta East	13
2	WBeG	Aweil East	27
3	CES	Juba	33
4	PAA	Pibor	17
5	Upper Nile	Malakal	16
Total			**106**

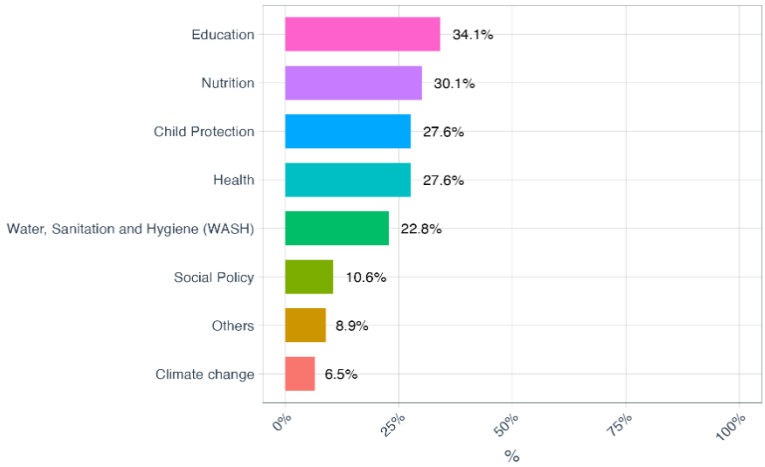


Figure 3 Perception survey respondents - sectors or thematic areas of engagement

5.5. Data analysis

Quantitative data analysis

Secondary and primary data were analyzed primarily in Stata. Mobile-phone data were exported as CSV/Excel files and processed to generate descriptive statistics (frequencies, central tendency, dispersion, and cross-tabulations) and simple inferential tests. Efficiency analysis covered four dimensions: (i) budget execution (planned vs. actual spending); (ii) cost-efficiency and unit costs (e.g., immunization, maternal health, nutrition); (iii) gender budget analysis (allocation by gender marker and sector responsiveness); and (iv) strategic resource allocation (alignment of resources with results). Given data gaps, proxy models estimated costs per percentage-point change in selected outcome indicators, with attribution assumptions applied across outputs. Limitations—such as incomplete gender tagging and evolving results frameworks—were mitigated through triangulation, sensitivity analysis, and stakeholder validation.

Qualitative Analysis

KIIs were audio-recorded, transcribed, and coded thematically using an inductive approach. Analysis followed a "noticing, collecting, thinking"[65] cycle, guided by the evaluation matrix and realist principles to explore *how, why, for whom, and under what conditions* interventions worked.[66] This approach provided contextualized causal insights, triangulated with quantitative results, and highlighted the integration of gender equality, equity, and child rights perspectives. Stakeholders identified gaps, drivers of change, and the extent to which gender-transformative approaches enhanced programme effectiveness and sustainability.

5.6. Quality assurance

The CPE is guided by and is consistent with the United Nations Evaluation Group (UNEG) Norms and Standards[67], the UNEG "Ethical Guidelines[68] and UNEG Code of Conduct[69], as well as with the UNICEF Procedure on Ethical Standards in Research, Evaluation and Data Collection and Analysis[70], UNICEF corporate guidance for equity focused evaluations[71], UNICEF guidance on integrating gender in evaluations[72], and the UNICEF Adapted UNEG Evaluation Reports Standards[73]. Quality assurance included: (i) continuous feedback loops with UNICEF ESARO, the Regional Evaluation Manager, and Adviser; (ii) data triangulation across sources and methods; (iii) intensive training of supervisors, data collectors, and facilitators on interviewing, ethics, and quality control; (iv) pre-testing of tools and piloting of KII guides; and (v) a three-level OAG QA mechanism spanning preparation, fieldwork, and reporting. Weekly coordination calls with UNICEF, field supervision by international and local experts, and iterative product reviews further strengthened rigor.

5.7. Ethical Considerations and Evaluation Principles

Ethical approval was obtained from the South Sudan Ministry of Health Research Ethics and Review Board (MOH/RERB/P/07/36/03/3025), alongside required government authorizations. The evaluation applied a human right–based, disability-inclusive, and gender-responsive lens across design, data collection, analysis, and interpretation, integrating the principles of participation, non-discrimination, inclusion, accountability, and do-no-harm. While direct household-level beneficiary consultations were not feasible due to scope and security constraints, beneficiary perspectives were ethically incorporated indirectly through interviews with frontline service providers, implementing partners, community-based organizations, and government counterparts, complemented by population-based surveys and prior assessments. Gender and disability considerations were embedded in qualitative analysis by examining differential access, barriers, and outcomes. The evaluation team demonstrated full compliance with UNEG ethical principles. Informed consent, confidentiality, anonymity, and data protection were strictly upheld, ensuring respect for participants' rights and dignity. Data were anonymized, securely stored, and accessible only to the evaluation team.

In line with the strategic scope of the evaluation, the depth and nature of the gender analysis reflect a **programmatic and institutional focus rather than a beneficiary-level assessment**. Primary data collection tools prioritized stakeholders' roles, functions, and interactions with the CPs, rather than the

[65] Seidel J.V Qualitative Data Analysis 1998 http://eer.engin.umich.edu/wpcontent/uploads/sites/443/2019/08/Seidel-Qualitative-Data-Analysis.pdf
[66] Pawson R., Tilley N. (2004). *Realist evaluation*. England, London: Sage
[67] United Nations Evaluation Group (2016) "Norms and Standards for Evaluation."
[68] UNEG (2008) "UNEG Ethical Guidelines for Evaluations."
[69] UNEG (2008) "UNEG Code of Conduct for Evaluation in the UN system."
[70] UNICEF (2015) "UNICEF Procedure for ethical standards in Research, Evaluation, Data Collection and Analysis"
[71] UNICEF (2011)" How to design and manage equity focused evaluations. UNICEF (2011)" How to design and manage equity focused evaluations."
[72] UNICEF (2019)" UNICEF Guidance on Gender Integration in Evaluation."
[73] UNICEF (2017) "Adapted UNEG Evaluation Reports Standards."

gender distribution of stakeholders themselves. Consequently, gender-related analysis draws primarily on secondary data sources, programme documentation, and perspectives of service-delivery stakeholders with direct engagement with beneficiaries. This approach enables assessment of how gender considerations are integrated into programme design, resourcing, and implementation practices, while necessarily limiting the granularity of analysis on lived experiences and gender-transformative change at individual or household level. These methodological implications were considered acceptable and proportionate to the evaluation's purpose and scope.

5.8. Limitations and constraints of the evaluation

Table 9 Limitations and Proposed Mitigation Strategies

Limitation / Constraint	Implications for the Evaluation	Mitigation Measures Applied
Limited evaluative evidence at sector and outcome levels	Constrained ability to draw longitudinal comparisons or assess sustained outcomes and impact across all sectors	Conducted an evaluability assessment to identify gaps; synthesized evidence from multiple studies and evaluations; complemented secondary data with primary qualitative data and contribution analysis
Limited availability and quality of secondary data from government and partners	Incomplete trend analysis and uneven data coverage across sectors and geographies	Close collaboration with UNICEF programme staff to access internal datasets; triangulation with population-based surveys (FSNMS, DHS) and programme reports; use of proxy indicators where necessary
Data gaps and inconsistent indicators across programme cycles	Challenges in assessing continuity and comparability of results between CPD periods	Alignment of indicators through the Theory of Change; sensitivity analysis; validation of findings with long-term stakeholders familiar with both programme cycles
Incomplete gender tagging and evolving results frameworks	Limited precision in assessing gender responsiveness and resource allocation efficiency	Use of qualitative gender analysis to complement financial data; triangulation with programme narratives and stakeholder perspectives; explicit acknowledgement of limitations in gender-budget analysis
Limited participation in the perception survey	Potential response bias and reduced generalizability of perception-based findings	Active follow-up through the Country Office and ERG; purposive sampling to ensure institutional diversity; triangulation with KIIs and document review to validate findings
High staff turnover among government and partner institutions	Loss of institutional memory affecting recall of programme design and early implementation	Substitution with delegated officials and long-serving staff; validation of interview data against documentary evidence
Recall bias due to evaluation spanning two programme cycles (2019–2026)	Risk of inaccurate reporting on earlier programme phases	Prioritization of documentary evidence; triangulation across sources; emphasis on recent data where appropriate
Incomplete or unavailable contact details for some stakeholders	Delays and potential gaps in stakeholder representation	Extended data collection period; engagement of a national consultancy firm leveraging local networks
Absence of key stakeholders during scheduled field visits	Partial coverage of intended respondent groups in some locations	Repeat visits and remote interviews where feasible
Security constraints, weather-related risks, and poor road conditions	Restricted physical access to some counties and communities	Use of appropriate vehicles and motorbikes; prioritization of accessible but high-impact locations

Limited direct inclusion of beneficiaries (household level)	Reliance on proxy perspectives rather than direct user voices	Indirect capture through implementing partners, frontline service providers, community-based organizations, and secondary surveys; recommendation for direct beneficiary sampling in future evaluations
Limited systematic inclusion of persons with disabilities and minority groups	Risk of under-representation of specific equity dimensions	Explicit integration of disability and equity lenses in qualitative analysis; targeted stakeholder interviews; recommendation for more disaggregated sampling in future evaluations

6. FINDINGS AND PRELIMINARY CONCLUSIONS[74]

6.1. Relevance[75]

Summary of key findings: The UNICEF South Sudan Country Programme (2023–2026) is has remained highly relevant and is aligned with national priorities and the United Nations Sustainable Development Cooperation Framework (UNSDCF) 2023–2026 utilizing a three-pronged approach of policy engagement, systems strengthening, and direct service delivery to foster resilience. Its primary comparative advantage lies in its extensive field presence and robust supply chain, which enable effective operations in remote and crisis-affected areas. While the programme successfully delivers essential services across health, WASH, education, and social protection, it faces significant challenges including limited subnational government capacity, a need for deeper strategic integration between UN agencies, and inconsistent gender mainstreaming in certain sectors due to a lack of disaggregated data. Furthermore, while the Theory of Change is contextually robust, it currently lacks specific mitigation strategies for when its context-specific assumptions fail

6.1.1. Alignment of the Country Programme with national priorities, legislative frameworks, plans and strategies, UNICEF's Strategic Plan, and the UN joint programme in South Sudan

1. **The Country Programme has remained relevant and aligned with national priorities, legislative frameworks, plans and strategies, UNICEF's Strategic Plan, and the UN joint programme in South Sudan.** While legislative gaps and implementation constraints persist nationally, UNICEF's role as a technical advisor, systems builder, and equity advocate has positioned its programmes as integral components of South Sudan's recovery and resilience-building trajectory.
2. The evaluation finds that UNICEF's Country Programme demonstrates strong alignment with South Sudan's national priorities; this conclusion is supported by documented policy engagement, sector strategies, and triangulated stakeholder evidence rather than perception alone. Concrete examples of alignment include UNICEF's technical leadership and financial support to the development, validation, or operationalization of key national frameworks, notably the Revised National Development Strategy (R-NDS) 2021–2024,[76] and the Revitalised Agreement on the Resolution of Conflict in South Sudan (R-

[74] For the overall findings, an **evidence map table** linking claims → data sources → sections is included in Annex 9
[75] *According to the OECD, the DAC criteria of relevance address the "extent to which the intervention objectives and design respond to beneficiaries, global, country, and partner/institution needs, policies, and priorities, and continue to do so if circumstances change."*

[76] Government of South Sudan. *Revised National Development Strategy (R-NDS) 2021–2024*.

ARCSS).[77] The R-NDS adopts a Humanitarian-Development-Peace Nexus to strengthen resilience, focusing on governance, economic growth, social service delivery, infrastructure, and gender and youth empowerment. UNICEF South Sudan's 2023–2026 Country Programme aligns with these priorities by: (i) investing in education, health, nutrition, WASH, and child protection to support human capital development; and (ii) prioritizing social sector support in line with the R-NDS services cluster, including teacher training, school infrastructure, inclusive curricula, health systems strengthening, and child-sensitive social protection. Through these interventions, UNICEF advances the R-NDS social development cluster by expanding equitable service access, protecting vulnerable populations, and contributing to the national financing strategy and implementation—positioning itself as a key partner in South Sudan's recovery and development.

3. The R-ARCSS provides the political framework underpinning the R-NDS. It mandates governance reform, transitional justice, and the formation of the R-TGoNU.[78] The R-ARCSS promotes gender equity through a 35% women's representation quota, though implementation has been uneven. UNICEF aligns with these principles by: (i) strengthening institutional accountability in line with SDG Target 16.6 through capacity-building of ministries and local governance structures; (ii) advancing Gender Equality and Women's Empowerment (GEWE), consistent with the R-NDS and the SDG Rescue Plan; and (iii) supporting inclusive governance and local peacebuilding, particularly in conflict-affected and high-risk areas.
4. **Throughout both programme cycles, UNICEF has been a key actor in delivering essential health and nutrition services while supporting the development and operationalization of national health and nutrition strategies**. The Government of South Sudan is committed to reducing maternal and child morbidity and mortality by improving access to the Basic Package of Health and Nutrition Services (BPHNS). To this end, the Ministry of Health developed the RMNCAH Strategy (2026–2029) and updated the National Health Policy (2016–2026), Health Sector Strategic Plan (2023–2027,, National Immunization Strategy 2023-2027, National Malaria Strategic Plan 2020/21-2025, the National HIV Strategic Plan (2023-2027), School Health Policy, and the Boma Health Initiative (BHI, 2016), which provides the framework for harmonizing the health system and establishing a community health platform.
5. **Between 2019 and 2022, UNICEF supported**: (i) expanded immunization including cold chain systems across all 10 states and 3 Administrative Areas; (ii) revitalization of primary healthcare, including maternal and child health services through fixed and mobile clinics; (iii) community-based service delivery under the BHI; and (iv) health system strengthening through supply chain improvements, health worker training, and emergency preparedness. These priorities were closely aligned with the BPHNS, the RMNCAH strategy, and the BHI's focus on equitable community outreach. **The 2023–2026 Country Programme deepens this engagement by:** (a) strengthening system resilience and workforce development in line with MoH institutional priorities; (b) investing in digital health, cold chain infrastructure, and disease surveillance, particularly post-COVID-19; (c) supporting emergency health services in conflict- and flood-affected areas, advancing the humanitarian–development nexus; and (d) advocating for increased government health financing, aligned with the emerging Health Financing Strategy (draft) and MoH's budget advocacy agenda. The programme is explicitly aligned with the RMNCAH Strategy (2019–2023) and its successor of 2025-2029, while supporting reforms in financing efficiency and public–private partnerships.
6. The Maternal, Infant, and Young Child **Nutrition** (MIYCN) strategy (2017 to 2025) and guidelines[79] provide the government and its partners a broad menu of strategic actions and interventions, that once

[77] Revitalised Agreement on the Resolution of Conflict in South Sudan (R-ARCSS), 2018.

[78] Revitalised-Transitional Government of National Unity

[79] Ministry of Health Maternal, Infant and Young Child Nutrition. MIYCN Strategy 2017 - 2025. (2017)

implemented, will contribute to the prevention of malnutrition and the reduction of maternal and child mortality and morbidity in the country. With partners, UNICEF supported the GoSS in the development of the South Sudan National Nutrition Policy (2024-2034)[80], whose goal is to ensure that people in South Sudan have optimal nutrition at all stages of life, enabling them to contribute to the economic growth and prosperity of the country.

7. UNICEF has provided leadership in managing acute malnutrition (SAM and MAM) through the implementation of IMAM protocols, promotion of Infant and Young Child Feeding (IYCF), micronutrient supplementation, and nutrition surveillance via FSNMS to strengthen data-driven decision-making. These interventions are closely aligned with the multi-sector nutrition strategy's emphasis on cross-sector coordination and community-based treatment, the Food and Nutrition Security Policy's focus on vulnerable children and women, and national efforts to localize nutrition services through the BHI.[81] **Between 2023–2025, UNICEF led the scale-up of community nutrition interventions** (IYCF, micronutrient supplementation, and acute malnutrition treatment), supported national coordination platforms and the NIWG, and advocated for finalizing and costing the National Nutrition Policy in line with the 2021 Food Systems Pathways. **Greater emphasis was placed on multi-sectoral governance—linking WASH, health, agriculture, and education—and strengthening national ownership of nutrition monitoring systems.**
8. Both Country Programmes prioritized equitable access to safe water, improved sanitation, and hygiene promotion, particularly in humanitarian and flood-affected settings. **The 2023–2026 programme advances climate-resilient WASH infrastructure, aligning with the National Adaptation Programme of Action for Climate Change (2018)[82] and reinforcing the WASH–climate link articulated in national policies.** UNICEF's leadership in WASH cluster coordination and service delivery supports the strategic intent of the National Sanitation and Hygiene Policy (2012)[83] to improve sector governance and behavioural change and the Draft Water Bill (pending enactment). Furthermore, UNICEF's support for community-led sanitation and hygiene mirrors the national emphasis on decentralized, community-based approaches such as Community-Led Total Sanitation (CLTS), the core sanitation marketing initiative, and the training of Water Management Committees for operation and maintenance at the village level.
9. **UNICEF's education interventions in both programme cycles focus on access, equity, quality, and inclusiveness -** core priorities of the General Education Strategic Plan (GESP) 2017–2022[84] and the General Education Act (2012).[85] **The 2019–2022 programme emphasized emergency education (EiE), school supplies, and teacher training,** consistent with the humanitarian priorities under the GESP. **The 2023–2026 programme builds on this by focusing on inclusive education** in line with the National Inclusive Education Policy for Children with Disabilities (2020),[86] targeting marginalized groups such as children with disabilities, girls, and children in pastoralist or conflict-affected areas.
10. **UNICEF's work in South Sudan aligns with the Interim National Social Protection Strategy (2012)[87]** particularly in systems development, child sensitivity, and evidence-based policy reform. **UNICEF played a pivotal role in the design and validation of the revised National Social Protection Policy**

[80] Government of Soth Sudan. South Sudan National Nutrition Policy (2024-2034).
[81] Ministry of Health. (2017). Boma Health Initiative Policy Framework

[82] National Adaptation Programme of Action for Climate Change (2018)
[83] Government of South Sudan. (2012). *National Sanitation and Hygiene Policy*.
[84] Ministry of General Education and Instruction. (2017). *General Education Strategic Plan 2017–2022*. Government of the Republic of South Sudan.
[85] Government of South Sudan. (2012). General Education Act.
[86] Ministry of General Education and Instruction. (2020). *National Inclusive Education Policy for Children with Disabilities*.
[87] Government of the Republic of South Sudan. (2012). *Interim national social protection strategy*. Ministry of Gender, Child and Social Welfare.

Framework (draft 2023-2024).[88] The 2019–2022 programme piloted cash-based transfers and shock-responsive social protection, generating evidence and informing policy. The 2023–2026 programme builds on this through systems strengthening, financing strategies, and linking social protection with child-focused safety nets, humanitarian response, and resilience building, while UNICEF's support to institutional architecture and policy costing underpins the sustainability of the national strategy.

11. **UNICEF's social policy portfolio supports public financial management (PFM) reforms, data for children, and equity-focused budgeting, which directly respond to R-NDS priorities and constitutional obligations for equitable service provision**.[89] The 2023–2026 programme also contributes to the HCT framework's operationalization,[90] supporting national dialogue on human development investments. UNICEF's efforts in child poverty measurement (as in the ongoing MICS in South Sudan) and public expenditure tracking enables evidence-based policymaking. In addition, UNICEF supports the integration of disability inclusion, consistent with the National Disability and Inclusion Policy[91] and South Sudan's ratification of the United Nations Convention on the Rights of Persons with Disabilities (CRPD)[92] in 2023**.**
12. **The 2023–2026 Country Programme is closely aligned with the United Nations Sustainable Development Cooperation Framework (UNSDCF) 2023–2026[93] in its vision, strategic outcomes, and operational approaches.** The UNSDCF (2023–2026) is the UNCT's primary strategic framework in South Sudan, supporting national priorities and international commitments, including the SDGs, R-ARCSS, and R-NDS. Of its four priorities, UNICEF aligns most strongly with Priority III (social services and protection), followed by Priority I (governance and accountability) and Priority IV (empowerment and rights), while contributing indirectly to Priority II through climate adaptation in WASH, health, and education. Under Priority I, UNICEF strengthens child protection and legal frameworks, CRVS systems and community engagement, while also supporting national statistics and digital innovations such as real-time monitoring and digital birth registration. Contributions to Priority II include climate-resilient WASH, nutrition, and community health systems that reduce vulnerability to shocks, alongside complementary school feeding and skills initiatives. Priority III is at the core of UNICEF's mandate, with investments in health, nutrition, education, child protection, and WASH

6.1.2. Appropriateness of the theory of change

13. **The programme ToC is contextually coherent and robust – structurally sound and plausible.** It balances service delivery with systems transformation, promotes inclusive development, and acknowledges the fragility and complexity of the operating environment. The plausibility of the ToC was largely supported by the stakeholders' common understanding and adhesion to the programme objectives, and in part due to some integration of the programme across some sectors (Health, Nutrition, WASH etc.). The integration of risk-informed, intersectoral, and climate-sensitive programming makes the ToC more aligned with the operational realities in South Sudan, and the focus on community feedback mechanisms, human-centred design, and demand-side empowerment increases the realism

[88] Government of the Republic of South Sudan. (2023). *Revised national social protection policy framework (2023–2024)* [Draft]. Ministry of Gender, Child and Social Welfare.
[89] Government of the Republic of South Sudan. (2021). *Revised National Development Strategy (R-NDS) 2021–2024: Consolidating peace, stabilizing the economy, and laying the foundation for sustainable development*. Ministry of Finance and Planning.
[90] Government of the Republic of South Sudan. (2024). *Human Capital and Transformation (HCT) Framework* [Validated draft, pending ministerial approval]. Ministry of Cabinet Affairs.
[91] Government of the Republic of South Sudan. (2013). *National disability and inclusion policy*. Ministry of Gender, Child and Social Welfare.
[92] Government of the Republic of South Sudan. (2023). *Ratification of the United Nations Convention on the Rights of Persons with Disabilities (CRPD) and its Optional Protocol*. Ministry of Gender, Child and Social Welfare.
[93] United Nations Country Team South Sudan. (2022). *United Nations Sustainable Development Cooperation Framework (UNSDCF) 2023–2025*. https://southsudan.un.org

of uptake and sustainability. **The ToC is anchored by a clear impact statement and defines three strategic approaches (enabling environment, service delivery, and demand generation) that logically underpin the outputs and outcomes**. The explicit mapping of **cross-sectoral influence** (e.g., WASH on nutrition, education on child protection) demonstrates a recognition of interdependencies. The assumptions are well-articulated and sector-specific, reflecting deep contextual understanding. **There is a credible alignment between the strategic approaches (e.g., policy advocacy, SBC, resilience building) and the systemic challenges in South Sudan**. The inclusion of high-level risk analysis strengthens strategic foresight and realism.

14. **However, the ToC has some limitations**. For instance, while the assumptions are detailed, there is no accompanying mitigation strategy or adaptive plan for when assumptions fail—an element which is especially important given South Sudan's fragility. Also, the systems approach is emphasized but not clearly detailed—particularly in how systems strengthening will transition from direct service delivery over time.
15. **Overall, the evidence-based criteria in the design of the Country Programme ToC proved relevant and appropriate though some of the assumptions did not hold.** During the Participatory Appraisal Workshop in Juba on the 28th March 2025, UNICEF, Government and implementing partners reviewed the assumptions of the CP theory of change using an Assumption Validation Matrix including a traffic light system (Annex 12). While some progress is noted in the validation of policy frameworks for social protection and the finalization of Social Behaviour Change strategies, several cross-cutting assumptions face significant risks. Specifically, political stability and predictable donor funding are challenged by shifting priorities, while macro-economic volatility threatens sustained growth. Within specific sectors, budget execution remains a primary hurdle; for example, health funding is currently at 2% compared to a 10% target, and teacher emoluments in education are inconsistently disbursed despite formal reprioritization. Consequently, while many sectoral policies and multi-sectoral strategies are being developed, their effective implementation and the mobilization of necessary financial resources remain critical pending actions.

6.1.3. Appropriateness of the programme design and approaches to respond to beneficiaries, country, and partner/institution needs, policies, and priorities?

16. **Stakeholders across government, UN agencies, and implementing partners in the qualitative interviews affirmed that the programme addressed the most pressing needs of vulnerable populations, particularly in humanitarian settings.** The programme's objectives in education, health, child protection, WASH, and nutrition were co-developed with government partners, embedded in national and sectoral plans, and tailored to address persistent drivers of fragility, including conflict, displacement, and weak service infrastructure. In WASH, this collaboration was reflected in alignment with the National Sanitation and Hygiene Policy and ongoing co-leadership of the WASH Cluster, while in social policy it contributed to government-led cash transfer pilots and the expansion of child-sensitive budgeting frameworks.
17. **Stakeholders widely agreed that the programme's combination of upstream policy engagement, systems support, and direct service delivery is well-suited to the operational realities of South Sudan.** UNICEF's responsiveness to crises, such as adapting delivery models during disease outbreaks or floods, was viewed as evidence of context-sensitive implementation. These adaptations aligned with the programme's intent to promote access to services and resilience in volatile environments. **There is evidence of strong alignment between UNICEF South Sudan's programming and national resilience priorities, alongside demonstrated institutional capacity to recalibrate programme delivery in response to evolving contextual and regulatory conditions.** During the education programme cycle, UNICEF demonstrated adaptability when the Government of South Sudan introduced

a policy requiring climate-resilient school construction to address recurrent flooding. Midway through implementation, UNICEF revised designs and budgets to meet the new standards, despite higher unit costs and adjusted output targets. Stakeholders viewed this as a necessary and responsive shift, underscoring UNICEF's flexibility and commitment to national policy alignment while maintaining continuity in education service delivery.

18. **Several implementation challenges continue to affect the relevance of the Country Programme** and call into question assumptions in the ToC. A key assumption that subnational institutions have the absorptive capacity to operationalize technical assistance has often proven unrealistic, as ministries such as Gender, Child and Social Welfare face persistent human resource gaps, logistical constraints, and weak infrastructure that limit translation of policy into effective service delivery. **Geographic disparities in programme coverage were also noted as a persistent concern**. Despite targeting high-vulnerability areas, access to remote and insecure counties such as Akoka and Baliet remains constrained by insecurity, logistics, and staffing shortages. These barriers undermine equity objectives and limit the programme's ability to reach the most marginalized, reducing its potential impact on inclusive service delivery (see Annex 13 for sectoral differences).
19. Overall, implementation challenges related to institutional barriers, limited capacity, resource constraints, and geographic disparities are substantiated by convergent qualitative and quantitative evidence. Key informant interviews with county-level officials and implementing partners consistently highlighted chronic human resource shortages within line ministries, particularly the Ministry of Gender, Child and Social Welfare and county health departments, alongside limited logistical assets (vehicles, fuel, cold-chain equipment) and weak infrastructure. These constraints were most pronounced in remote and flood-prone counties, including parts of Upper Nile and Eastern Equatoria, where insecurity and access limitations disrupted programme continuity. Perception survey data further corroborate these findings, with only 64.4% of government respondents agreeing that programmes consistently reached the most vulnerable populations, compared to higher agreement among UNICEF staff and long-standing implementing partners. Together, these data indicate that relevance at design level is frequently undermined by operational and capacity constraints at subnational level.

6.1.4. Appropriateness of the mix of policy advice, systems strengthening and service delivery intensification

20. There is strong convergence among stakeholders—including government ministries, implementing partners, and UNICEF personnel**—that the programme's three-pronged approach of policy engagement, systems strengthening, and direct service delivery is appropriate and necessary in South Sudan's fragile and conflict-affected context.** This model reflects the realities of operating in a capacity-constrained environment, where state institutions are often absent or unable to meet basic service delivery requirements. 91.1% of respondents in the perception survey affirmed that UNICEF's Country Programme is aligned with national priorities, validating its strategic approach in balancing normative and operational roles. **Stakeholders widely endorsed UNICEF's strategy of combining high-level policy dialogue with on-the-ground service delivery, particularly in sectors such as health, nutrition, education, and child protection**. This approach was seen as especially relevant in geographically inaccessible or conflict-affected areas, where government presence is limited.

> *"In this context, the combination of service delivery and systems support isn't optional—it's essential." – National Government Official*

However, stakeholders also noted that the systems built in various sectors are considerably dependent on UNICEF and partners support and lack sustainability in the absence of public financing. For instance, in different places WASH infrastructure and health services are dependent on UNICEF/donor support and could collapse if these were to phase out.

21. **While UNICEF has made notable contributions to national coordination mechanisms and sectoral frameworks—particularly in child protection, health, and nutrition—progress on systems strengthening remains fragile, especially at subnational levels.** Stakeholders highlighted gaps in human resources, logistical support, and financial autonomy in counties and local facilities. Many government actors at the local level continue to rely on UNICEF and NGOs for service delivery, raising concerns about the long-term sustainability of interventions and the pace of national ownership. These concerns were echoed in the perception survey, where respondents acknowledged UNICEF's system-building efforts but noted limited institutional capacity at the county level, particularly in health and education.
22. **UNICEF's role in direct service delivery was viewed as critical, especially in high-risk and underserved regions.** This includes emergency health services, WASH interventions, education in emergencies, and protection of vulnerable children. However, stakeholders cautioned that continued reliance on external service delivery risks creating dependency, potentially disincentivizing national investment and delaying transitions to government-led systems. **This duality—necessity versus dependency—was a recurring theme, particularly in WASH and child protection, where local government systems remain weak**.

> *"UNICEF fills a vital gap—but we need to see more transfer of responsibility to state actors." – Subnational Education Official*

23. **UNICEF was widely credited for rapid and effective adaptation during emergencies**, including during the COVID-19 pandemic, widespread flooding, and conflict-induced displacement. Flexibility in programme design, such as use of mobile teams and supply pre-positioning, enabled continuity of services in acute crises. **However, mechanisms to systematically incorporate feedback from communities and local actors into programme adjustments remain underdeveloped**. Only 47.2% of perception survey respondents agreed that feedback mechanisms function effectively at subnational and community levels.
24. **Stakeholders noted a disparity in the depth and consistency of government engagement across sectors and levels of the public administration.** While national ministries are typically well-integrated into planning and policy processes, local departments and county-level officials often report limited consultation, ownership, and resource allocation. This disconnect was especially evident in social protection, SBC, and WASH, where coordination gaps and fragmented delivery models were frequently cited by subnational actors. For WASH, the gap is especially pronounced in remote and fragile regions such as Unity and Kapoeta East, while engagement appears comparatively stronger in Upper Nile, Warrap, and Jonglei.

6.1.5. Changes in Government strategies and priorities in the current (2023-2026) programme cycle

25. Government strategies have increasingly emphasized inclusive, community-based service delivery and responsiveness to humanitarian and developmental needs, with UNICEF playing a catalytic role through technical assistance, operational models, and policy engagement. However, institutional barriers, limited

capacity, resource constraints, and geographic disparities, continue to constrain depth, equity, and sustainability.

26. **Evidence of contribution to policy change is strongest in social policy, nutrition, and education**, where UNICEF support extended beyond implementation to agenda-setting, costing, and systems design. For example, document review confirms UNICEF's role in piloting shock-responsive cash transfers and PF4C analyses that directly informed revisions to the national social protection framework, while nutrition stakeholders cited UNICEF's leadership of the Nutrition Information Working Group (NIWG) and FSNMS as critical inputs into policy formulation and prioritization. These findings are corroborated by perception survey data (n=123), where 91.1% of respondents, particularly government MDAs and UN agencies, affirmed alignment with national policies, and by KIIs with line ministries that referenced specific policy instruments rather than general strategic fit.
    a) *Child Protection*: Shift from institutional to family- and community-based models (case management, tracing, reintegration), supported by UNICEF's technical and operational inputs. This includes efforts to enhance government oversight of alternative care and scale up community-based referral and mediation mechanisms. Yet, implementation capacity remains weak, especially in conflict-affected and remote areas, with heavy reliance on NGOs partners where government-led delivery structures are not yet fully functional.
    b) *Education*: Stronger focus on girls' enrolment, protection-sensitive access, and improved planning/budgeting through MoGEI–UNICEF collaboration. Persistent county-level disparities (e.g., Maban, Akoka) and occasional delays in UNICEF adaptation due to slow communication of evolving priorities.
    c) *Health*: Improved emergency responsiveness and adoption of community-based, integrated approaches, but progress is uneven, with subnational systems under-resourced and heavily dependent on partners.
    d) *Nutrition:* Remains a priority with strong UNICEF alignment, though services are largely partner-delivered and government ownership is limited.
    e) *WASH*: No major strategic shift; the sector remains emergency-focused, donor-dependent, and weakly integrated into national frameworks, with minimal domestic financing or sustainability mechanisms.
    f) *Social Policy/PF4C:* Greater government engagement in child budgeting and planning, supported by UNICEF's technical assistance. However, gaps in political will, coordination, and subnational capacity constrain follow-through, with budget recommendations inconsistently translated into allocations.

6.1.6. Responsiveness and adaptability of the Country Programme to the changing context and needs of vulnerable groups

27. **The Country Programme has demonstrated strong responsiveness and operational adaptability to external shocks such as COVID-19, floods, and economic volatility**. Across sectors, UNICEF maintained essential services through flexible delivery models and targeted outreach, particularly benefiting women, children, and displaced populations. However, equity-focused implementation and systematic inclusion of persons with disabilities remain inconsistent.
28. **The Country Programme is broadly responsive to the needs of vulnerable groups, though stakeholder perceptions suggest gaps in visibility, communication, and feedback loops.** While cross-cutting principles like equity, gender, and rights-based approaches are embedded in programme design, stakeholders reported limited mainstreaming of disability and inconsistent data disaggregation.

Short funding cycles especially in the education sector, limited geographic reach, such as limited, annualized funding prevents sustained presence or expansion into underserved counties. Combined with a weak post-pandemic focus on adolescent vulnerabilities constrain reach and sustainability. Social and behavioural drivers influencing outcomes are acknowledged but not consistently integrated into sectoral strategies or theory of change models. Despite operational agility, structural inclusion gaps and limited subnational engagement weaken the CP's long-term impact for the most marginalized.

29. **Across sectors and locations, qualitative data from key informant interviews reveals a strong appreciation of UNICEF's responsiveness to the needs of children and other vulnerable groups.** UNICEF demonstrates high operational responsiveness by tailoring outreach for vulnerable populations, such as displaced families and malnourished children. By utilizing community-based approaches and collaborating with local leaders, programs successfully reach remote areas to address urgent needs. Notable achievements include re-engaging out-of-school youth through gender-responsive messaging and delivering rapid cholera and maternal care interventions
30. **While qualitative feedback indicates a strong perception of UNICEF's alignment with the needs of vulnerable populations, this sentiment is not consistently reflected in the quantitative data.** Stakeholder perception survey results reveal slightly lower levels of agreement regarding the Country Programme's responsiveness to the most vulnerable groups: 64.4% of government stakeholders, 76% of national NGOs/CSOs, and 73% of international NGOs affirmed that the programme effectively addresses these needs. Interestingly, UNICEF also ranked its responsiveness lower (66%) quantitatively. Disaggregated analysis by sector showed more uniformity across sectors with health ranking responsiveness to vulnerable groups lowest (67.6%). **This slight divergence between qualitative and quantitative findings suggests a perception gap between those directly engaged in programme implementation and broader stakeholder groups.** Qualitative insights—often drawn from field actors and implementing partners—highlight concrete service delivery to high-risk groups.
31. Taken together, these findings point to the importance of both strengthening communication of UNICEF's contributions and systematically exploring the areas where stakeholders perceive misalignment. Specific examples of UNICEF's flexibility and adaptability across sectors and the rating of responsiveness by sector stakeholders are detailed in Table 26 in Annex 8.

6.1.7. Incorporation of equity, HRBA, Humanitarian, Disability and GE goals in the CP design

32. **The design of UNICEF South Sudan's Country Programme demonstrates strong alignment with equity, HRBA, and gender equality principles, in line with both national and international frameworks**. Government stakeholders and UNICEF staff affirmed that the theory of change and associated strategic documents incorporate gender-responsive, rights-based, and equity-driven objectives, including life-cycle child rights and gender-based violence (GBV) prevention.[94] **However, several government actors noted a lack of updated planning guidance and limited access to core design documents in the current programme cycle, which may hinder effective national ownership and alignment**.
33. **Humanitarian principles and equity considerations are reportedly mainstreamed across sectors, especially in crisis settings**. UNICEF and partners prioritize women, children, and internally displaced persons (IDPs), refugees, in health, nutrition, education, and child protection interventions, applying

[94] *UNICEF South Sudan Country Programme Document 2023–2025*. United Nations Children's Fund.

criteria such as the SPHERE standards.[95] **However, disability inclusion remains underdeveloped, with no structured framework or dedicated resources** as indicated in the quotes below:

> *"We do target vulnerable children, but we don't have specific indicators or strategies for children with disabilities." – Implementing partner, Child Protection*
>
> *"We follow SPHERE criteria… but there is no specific component for disability." – Faith-based partner, Education and WASH*

34. **Stakeholders across sectors noted that interventions effectively address the needs of pregnant and lactating women (PLWs), children associated with armed groups, and unaccompanied children**. Nonetheless, geographic disparities were consistently flagged—particularly in Kapoeta East, Upper Nile, and parts of Warrap—due to access constraints, flooding, and logistical limitations. **Disability programming was described as sporadic and inconsistently applied across counties**.
35. While UNICEF staff and NGO partners perceive the CP as broadly inclusive, state-level government officials identified gaps in reaching specific groups, such as street children, children in conflict with the law, and children requiring foster care. **This perception gap may reflect the reliance on NGO-led delivery, which has reduced direct engagement with government systems and limited the visibility of institutional social services**.
36. Short-term funding cycles (Section 6.6.2), inconsistent partner capacity, and the absence of dedicated disability frameworks constrain effective mainstreaming of inclusion principles. Stakeholders highlighted that the annual programming cycle limits the ability to engage in long-term reforms, such as child justice or foster care systems.[96] Moreover, while technical support is available, many partners lack sufficient resources to operationalize comprehensive inclusion strategies.

6.1.8. The Country Programme's response to external changes and shocks

37. **The Country Programme demonstrated high adaptability and operational flexibility during the COVID-19 pandemic, maintaining essential services despite widespread disruptions.** UNICEF enabled partners to adapt service delivery during COVID-19, introducing multi-week RUTF distributions, remote counselling, revised case management protocols, and modified GBV and education services. Flexible reprogramming and decentralized decision-making ensured continuity, with stakeholders describing the response as timely and life-saving. In health, over 2.69 million adults were fully vaccinated and 931,417 received boosters. Cold chain capacity was strengthened with 309 solar refrigerators (89% of facilities now equipped). Nutrition protocols were adjusted to MUAC-only admissions, complemented by a mother-led screening model, before reverting to pre-COVID guidelines.[97]
38. **UNICEF also demonstrated humanitarian agility during flooding, conflict, and displacement, deploying mobile outreach teams, prepositioning supplies, and employing climate-sensitive measures (elevated platforms, dry-season construction).** Coordination with OCHA and UN peacekeeping forces facilitated access, and participation in peacebuilding supported conflict-sensitive

[95] Sphere Association. (2018). *The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response* (4th ed.). Geneva, Switzerland. https://spherestandards.org/handbook/
[96] UNICEF. (2023). *Equity, Gender, and Inclusion Strategy for the Country Programme: Internal Monitoring and Review Notes*. United Nations Children's Fund, South Sudan Office.
[97] South Sudan Country Office Annual Report 2020

programming. Floods in 2019 and 2022 affected nearly 2 million people, destroying infrastructure, disrupting services, and forcing negative coping strategies such as early marriage and child labour. UNICEF's rapid response helped sustain essential health, nutrition, WASH, and education services in these contexts. **UNICEF delivered critical lifesaving interventions to children and women in a complex environment of crisis, conflict, floods, and financial and human resource constraints**, contributing to the improvement of indicators for children and women.

> *'UNICEF's response to humanitarian issues has been so far overwhelming in terms of supplies and in terms of personnel. We have witnessed during the COVID-19 and we are continuing to witness now during the cholera outbreak whereby we have been able to get supplies to UNICEF support. So it is something that is commendable.'*
>
> *Government stakeholder, Malakal County*

39. The Sudan refugee influx reinforced the relevance of UNICEF's humanitarian and adaptive delivery role, while simultaneously reducing the fiscal and operational space for longer-term system strengthening and transition planning.[98] From 2023 onwards, the outbreak of conflict in Sudan constituted an additional and significant external shock, triggering a large-scale influx of refugees and returnees into South Sudan, particularly in border and already fragile states.[99] This sudden population increase placed acute pressure on overstretched health, nutrition, WASH, education, and child protection systems, diverted resources toward emergency response, and further strained subnational service delivery capacity.[100]
40. **There was sectoral variation in systems engagement during crises.** UNICEF maintained strong coordination with government systems in sectors such as **health, nutrition, and WASH** during crises. For example, nutrition programming was jointly planned and implemented with county health departments, with UNICEF recognized as a lead agency. Similarly, in WASH, programme design remained collaborative. According to a Government Nutrition stakeholder: *"No activity is implemented without the knowledge of the county health department."* In contrast, **child protection, education, and gender** sectors experienced reduced system engagement during shocks. Government stakeholders reported diminished roles in planning and resource allocation as UNICEF prioritized rapid, partner-led implementation for life-saving service continuity. **UNICEF staff acknowledged these trade-offs, noting the tension between humanitarian speed and systems-building, particularly in fragile or inaccessible areas.**
41. It is also important to note that during the reference period, several humanitarian funding mechanisms explicitly restricted or prohibited direct government financing. Consequently, even if UNICEF had sought to channel resources through government systems, it would have faced significant constraints in identifying donors willing or able to support such an arrangement.
42. **The programme adapted to economic shocks - currency devaluation, inflation, and rising costs - by reprioritizing activities, adjusting procurement, and modifying delivery strategies, which helped preserve core services.** However, short-term and unpredictable funding remained a major barrier, disrupting staffing, training, and community programming, especially in child protection and GBV. **Frequent recruitment cycles and service gaps weakened community trust and institutional**

[98] UNICEF. (2023). *Humanitarian Action for Children: South Sudan*
[99] OCHA. (2023). *South Sudan Humanitarian Needs Overview*
[100] OCHA. (2024). *South Sudan Humanitarian Needs Overview*

development. Stakeholders highlighted the urgent need for predictable, multi-year financing to sustain systems strengthening and rights-based programming.

6.1.9. Appropriateness of the CP to ensure the needs and rights of children and women especially the most marginalized

43. **The Country Programme demonstrated strong targeting of vulnerable populations, but equity in reach remains a challenge**. Stakeholders across sectors consistently affirmed that UNICEF's Country Programme effectively targeted children, women, returnees, and IDPs, especially in high-vulnerability settings such as IDP camps and conflict-affected counties. Services included child protection case management, GBV support, and education and WASH interventions.

> *"We have women and girl-friendly spaces in IDP camps… and comprehensive case management for vulnerable children." – NGO stakeholder*

44. Despite progress, stakeholders noted persistent barriers to access in remote, flood-prone, and conflict-affected areas due to logistical, cultural, and security constraints: *"Some places are not being captured… children are not accessible to school because of bad roads" (Government), "Even though we say we are responding countrywide, there are still unmet needs" (NGO).*
45. **Disaggregated, gender and disability sensitive monitoring remains underdeveloped, limiting the CP's ability to track outcomes for subgroups** such as adolescents, children with disabilities, and out-of-school girls. While COVID-19 adaptations (remote programming, restructured workflows, safety-compliant fieldwork) sustained services, longer-term impacts on adolescent girls—school dropout, early marriage, and mental health—are insufficiently addressed. Disability inclusion is acknowledged in principle but not systematically implemented; evidence of cross-sectoral strategies or government-led disability systems is lacking, with weak monitoring, guidance, and accountability.
46. **Several sector-specific challenges hinder the CP** from fully addressing the needs and rights of children and women especially the most marginalised and they are summarised in Table 27 in Annex 8

6.1.10. The extent to which the ToC integrates key social and behavioural drivers to enable the achievement of sectoral and cross-sectoral results

47. **The UNICEF South Sudan ToC incorporates social and behavioural drivers through a three-pronged approach:** (i) enabling environment via policy advocacy; (ii) supply-side strengthening; and (iii) demand generation through SBC and community engagement. While this reflects international best practice, SBC integration is uneven across sectors and constrained by resource, capacity, and monitoring gaps.
    a) *Health & Nutrition*: Strong SBC integration through CHWs, IYCF counselling, and demand generation for MNCH, addressing norms around breastfeeding, vaccine safety, and care-seeking. However, weak behavioural data disaggregation limits adaptive programming.
    b) *WASH:* Behaviour change is central (e.g., CLTS, hygiene promotion), but sustaining it in displaced or transient communities remains a critical weakness.
    c) *Education:* SBC strategies promote girls' and boys' enrolment and retention through radio broadcasts, parental engagement, and flexible learning. Yet adolescent-focused SBC and school-based behavioural programming are underdeveloped.
    d) *Child Protection:* Shift to family- and community-based models is reinforced by SBC (child marriage sensitization, psychosocial support, case management). While disability-sensitive SBC strategies were initially limited, recent investments, including development of a Positive

Deviance framework, deployment of a Child Protection Disability Extender, and strengthened collaboration with OPDs, indicate a promising shift toward more inclusive programming, though wider partner awareness and full mainstreaming are still in progress.

e) *Social Policy:* While social protection is framed as a mechanism for overcoming economic barriers, explicit behavioural drivers are weak, with few links between norms, decision-making, and budget uptake.

48. **Stakeholder feedback indicates that SBC is often treated as an add-on rather than a central, resourced element**, with no clear disability-inclusive behavioural framework. The lack of structured messaging and monitoring for disability inclusion undermines universal equity objectives.

6.1.11. UNICEF'S positioning and comparative strengths – and how that has contributed to the programme's achievements

49. **UNICEF's strongest comparative advantage is perceived to lie in its operational capacity to deliver services effectively in fragile, remote, and crisis-affected areas**. Stakeholders across government, UN agencies, and NGOs widely acknowledge UNICEF as a reliable and essential provider, especially in nutrition, WASH, and child protection during emergencies. UNICEF is widely recognized by stakeholders for its operational effectiveness in crisis-affected and geographically inaccessible areas. **This comparative advantage is underpinned by a robust supply chain system, scalable surge capacity, and a well-established network of implementing partners**. These assets enable UNICEF to sustain essential service delivery—particularly in nutrition, WASH, child protection, and health—even in contexts where other agencies reduce or suspend operations.
50. **These capabilities are reinforced by UNICEF's institutional presence in South Sudan, pre-positioned supplies, decentralized coordination mechanisms, and leadership roles in sectoral clusters such as Nutrition, Education and WASH.** The organization's role in humanitarian coordination and the humanitarian-development-peace nexus further strengthens its positioning to deliver life-saving services in fragile settings.[101],[102] UNICEF key strengths as articulated in the KIIs and the participatory appraisal workshop is summarized in table 10**.**

Table 10 UNICEF's Comparative Strengths in South Sudan

UNICEF's Comparative Strengths in South Sudan
Continuity and Historical Presence
UNICEF's longstanding engagement in South Sudan—spanning the pre- and post-independence periods—has cultivated deep institutional memory, sustained trust, and robust networks. This continuity has enabled UNICEF to maintain programming during periods of fragility and conflict, positioning it as a reliable partner across political transitions.
Trusted Convener Across Stakeholder Groups
UNICEF is widely regarded as a neutral and credible convener among government institutions, donors, and communities. This convening power has facilitated the creation of significant joint financing and coordination mechanisms, such as the Health Sector Transformation Project (HSTP)

[101] UNICEF. (2023). *South Sudan Country Programme Document 2023–2025*. https://www.unicef.org/documents/south-sudan-country-programme-document-2023-2025

[102] UNOCHA. (2022). *Humanitarian Response Plan: South Sudan 2022*. United Nations Office for the Coordination of Humanitarian Affairs. https://www.humanitarianresponse.info/en/operations/south-sudan

Multi-Donor Trust Fund and its role as Grant Agent for the Global Partnership for Education (GPE). These achievements underscore its diplomatic capital and integrative leadership.
Operational Presence and Reach Across All States
UNICEF's geographic footprint and implementation capability across all ten states and three administrative areas of South Sudan—including hard-to-reach and conflict-affected counties—is viewed as unmatched. This broad coverage enables nationwide programme delivery and fosters equitable reach to marginalized populations.
Evidence-Driven Programming and Policy Engagement
UNICEF is perceived by stakeholders to have demonstrated strong commitment to data generation, knowledge management, and evidence-based advocacy. More recently this includes leadership in national surveys such as the ongoing MICS, Public Expenditure Reviews (PER) in education, and rigorous evaluations across sectors (e.g., Boma Health Initiative, WASH systems strengthening). These evidence products inform policy decisions and programming priorities at national and subnational levels.
Innovative and Diverse Partnership Models
UNICEF employs a flexible delivery approach, engaging a diverse array of partners including civil society organizations, academic institutions, private sector actors, faith-based organizations (FBOs), and community-based groups, particularly those led by women and youth. This adaptive model enhances contextual responsiveness, local ownership, and service continuity in fragile settings.

51. In the perception survey, donors and media partners also perceived UNICEF more favourably in terms of comparative strength. Figure 1 and 2 in Annex 8 display the respondents' views of the relevance of UNICEF's efforts in South Sudan including its positioning both by organization and by sector.
52. **Coordination with other UN agencies and partners is functional at the operational level, particularly through clusters, but lacks deep strategic integration.** This limits synergy and coherent unified programming across sectors. UNICEF's collaboration with other United Nations agencies and implementing partners in South Sudan is widely recognized as operationally effective, particularly in emergency contexts. Coordination mechanisms—such as the cluster system—enable functional alignment during humanitarian responses, particularly with agencies like WFP, WHO, and UNHCR. **Stakeholders reported that joint operational planning and information sharing through sectoral clusters have facilitated timely responses, especially in sectors such as health, nutrition, and WASH**.
53. Despite this operational collaboration, multiple stakeholders noted that **strategic alignment remains limited**. There is minimal evidence of joint programme design, co-creation of long-term strategies, or harmonized results frameworks. **Sectoral planning documents often reflect siloed approaches, with agencies pursuing individual mandates rather than a cohesive, outcome-oriented framework**.
54. These observations are consistent with earlier diagnostic findings that highlight fragmentation in sectoral strategies and a lack of harmonized monitoring and evaluation systems among UN partners (Inception Report). The absence of integrated results frameworks and joint theories of change has limited opportunities for synergy, efficiency, and transformative impact in development and resilience programming.

6.1.12. Adaptations of variations of UNICEF's comparative strengths across upstream and downstream engagements and influence of donors on programme focus

55. UNICEF South Sudan demonstrates clear differentiation across upstream and downstream functions. These roles vary by sector, geography, and programme cycle, reflecting both strategic intent and contextual adaptation.
56. **There is evidence of strong downstream capacity and responsiveness in humanitarian contexts**. UNICEF's downstream operational strength is widely recognized across stakeholders, particularly in sectors like nutrition, education, and WASH, where service continuity during crises is critical. The organization's supply chain systems, partner networks, and surge capacity enable rapid response to emergencies such as floods, conflict, and pandemics. Through these capacities, UNICEF filled essential service gaps where government systems were non-functional or access was constrained, positioning itself as an highly valued frontline responder.

"UNICEF was the only one delivering nutrition kits during the last flood."
NGO Partner – Upper Nile
"They helped us restart schools quickly after COVID-19 through supplies and guidance."
Government Official – Education Sector

---

57. **There is variable upstream engagement and influence across sectors.** UNICEF's upstream influence in policy development, system strengthening, and institutional reform, is evident in select sectors, notably social policy, public finance for children (PF4C), and civil registration (e.g., birth registration). These areas illustrate UNICEF's effectiveness as a technical advisor and policy partner. **However, in health and education, UNICEF is more commonly viewed as a service provider than a system-change actor.** Despite efforts to integrate with government systems, stakeholders reported that upstream engagement remains episodic and secondary to operational delivery. This reflects both the urgency of humanitarian needs and institutional constraints within national systems.
58. **UNICEF's field presence across all states is viewed as a comparative strength, enabling localized responses and contextual intelligence.** The usefulness of UNICEF's field presence is evident in its contribution to adaptive delivery; its operational implications are examined under *Effectiveness* (Section 6.3.7) and **Efficiency** (Section 6.5.1).
59. **Donor funding plays a significant role in shaping the scope and priorities of UNICEF's Country Programme in South Sudan**. Stakeholders across UNICEF, implementing partners, and government consistently highlighted that the programme is often adapted to align with donor preferences, particularly when funding is short-term, unpredictable, or earmarked. This financial structure, while enabling rapid humanitarian response, limits strategic flexibility, affects programme continuity, and constrains the scaling of successful models. Several respondents cited instances where programme implementation was delayed, prematurely terminated, or altered due to shifts in donor focus, even when sector needs remained high. This disconnects between strategic intent and funding modalities has created challenges in maintaining long-term, systems-oriented approaches, especially in sectors such as child protection and social policy.
60. This reliance on short-cycle and emergency-oriented grants underscores the need for more predictable, multi-year, and flexible funding to enable UNICEF and partners to pursue long-term, equity-focused development outcomes alongside humanitarian delivery.

6.2. Coherence[103]

Summary of key findings: UNICEF South Sudan demonstrates strong strategic coherence by aligning its programming with global frameworks and the Humanitarian–Development–Peace Nexus to build long-term resilience. While the organization is a recognized leader in inter-agency coordination and rapid crisis response, it faces significant subnational gaps in gender mainstreaming, data disaggregation, and the formalized handover of services to government counterparts. Ultimately, the sustainability of these coordination platforms remains fragile, as they are heavily dependent on external donor funding and risk collapsing in hard-to-reach areas once project cycles conclude.

6.2.1. Contributions of partnerships and coordination mechanisms to results and addressing predefined bottlenecks

61. Stakeholders consistently identified UNICEF as a central leader in inter-agency coordination, with active participation in clusters, technical working groups, task forces, and crisis-response mechanisms. These forums enabled joint planning, resource allocation, and emergency response, validating ToC assumptions on the importance of enabling environments and institutional collaboration.
    a) Education: Chaired the Education Cluster and coordinated COVID-19 school reopening with MoGEI.
    b) WASH: Led cholera outbreak coordination, aligning target locations, data reporting, and hygiene promotion with vaccination.
    c) Nutrition: Coordinated CMAM scale-up through the Nutrition Cluster to ensure coverage.
    d) Child Protection: Coordinated family tracing, reintegration, and protection during the Sudan refugee crisis.
62. UNICEF also leveraged partnerships with government ministries (e.g., MoH, MoGCSW), civil society, and global initiatives (e.g., Global Fund, Gavi, Light Foundation) to strengthen outcomes for women, children, and adolescents. These partnerships operate at both national and subnational levels, integrating health, nutrition, and protection interventions in line with evidence showing that cross-sectoral approaches yield greater health impacts in fragile contexts.[104], [105] From 2021 to 2023, UNICEF participated in the GBV and Nutrition programmatic package, implemented in targeted sites as part of a multi-year study led by the MoH with support from the Ministry of Gender, Child and Social Welfare.[106] Core implementing partners—Action Against Hunger, African Initiative for Relief and Development (AIRD), and Touch Africa Development Organization (TOCH)—worked alongside UNICEF to strengthen referral pathways between nutrition and GBV services.
63. **UNICEF has reinforced collaboration with other UN entities both programmatically and through coordinated interventions**. Through the H6 Partnership[107]—a joint platform comprising UNICEF, UNFPA, WHO, UNAIDS, UN Women, and the World Bank Group—UNICEF contributes to advancing the Every Woman Every Child (EWEC) Global Strategy, supporting national leadership and policy action for women's, children's, and adolescents' health. Following engagement with the World Bank and other donors in 2023, UNICEF assumed management of a multi-donor Health Sector Transformation Project

[103] *According to the OECD, the DAC criterion of coherence addresses "the compatibility of the intervention with other interventions in a country, sector or institution." In other words, how well does the intervention fit?*

[104] Bryce, J., Coitinho, D., Darnton-Hill, I., Pelletier, D., & Pinstrup-Andersen, P. (2008). Maternal and child undernutrition: Effective action at national level. *The Lancet*, 371(9611), 510–526. https://doi.org/10.1016/S0140-6736(07)61694-8
[105] Richards, E., et al. (2021). Adopting a multisectoral approach to improve maternal and child nutrition: Policy and program opportunities and challenges. *Maternal & Child Nutrition*, 17(1), e13024. https://doi.org/10.1111/mcn.13024
[106] Programmatic Package For Integrating GBV into Nutrition Programming In South Sudan
[107] South Sudan Country Office Annual Report 2022

trust fund, commencing in 2024, with an annual budget allocation of USD 140 million.[108]Joint initiatives with WFP, WHO, FAO, UNHCR, IFAD, and UNESCO integrate preventive and curative interventions while promoting health and nutrition policy priorities. For example, for *Severe Acute Malnutrition (SAM),* WHO provides technical guidance for case management of SAM with medical complications, while UNICEF supplies human resources, essential supplies, and programme supervision.

'We've built what we call a "continuum of care" for the same beneficiaries. We use the same partners, the same contract formats, the same programme documents. This has helped us reduce costs, particularly support costs for implementing partners. It's a great example of synergy.' UNICEF Staff Juba

64. Academic engagement is maintained through collaboration with the University of Juba, particularly in evidence generation, capacity building, and knowledge exchange. The private sector in South Sudan remains underdeveloped.
65. **UNICEF's effectiveness in coordination stems from**: (i) strong pre-existing structures (clusters, TWGs, local education groups) that enabled rapid mobilization and trust-building; (ii) field presence and embedded leadership for real-time problem-solving; (iii) broad partner networks fostering shared ownership; and (iv) integration of humanitarian and development objectives, ensuring service continuity and system strengthening. These factors enabled rapid, structured, and predictable coordination during crises such as cholera outbreaks, flooding, and the Sudan refugee influx.
66. Claims of improved coordination are substantiated through references to UNICEF's leadership roles in cluster systems (notably Nutrition and WASH) and through examples of joint planning and information sharing cited by health and nutrition partners. Where coordination is described as weaker, particularly in child protection and social policy at subnational levels, this is supported by KIIs with MoGCSW counterparts and NGO partners, who reported limited absorptive capacity and inconsistent engagement.
67. **Stakeholders in the interviews, at both national and state levels perceived that the predominant delivery model—via local NGOs—does not consistently strengthen institutional capacity or visibility of government systems.** While MoGCSW participates in coordination platforms, its implementation role remains limited, and capacity-building efforts have not kept pace with institutional needs. In contrast, UNICEF's collaboration with the Ministry of General Education and Instruction (MoGEI) is cited as more embedded, with closer alignment between sector plans and delivery structures.
68. While national-level coordination is robust, stakeholders recommend more structured engagement with community-based actors—such as faith-based organizations, youth networks, and women's associations—who are often at the frontline of service delivery but lack formal representation in planning structures. Strengthening these local feedback loops is viewed as critical for programme relevance and responsiveness.
69. **Several recurring challenges were reported as limiting the effectiveness and sustainability of coordination**. They include:

    a) **Limited subnational involvement in programme design**: Local actors, particularly in child protection and social policy, report limited input in shaping priorities and targeting. Inclusion is stronger in health and education, where decentralized structures are more robust.

[108] South Sudan Country Office Annual Report 2023

b) Irregular funding flows to local implementing partners. This issue was reported[109] by over half of the interviewed local NGOs and several county-level government stakeholders, particularly in child protection, education, and WASH sectors. They cited unpredictable cash flows as a major reason for interruption of services and a barrier to continuity. *"When funds come late, the activities stop and community trust goes down." (Local implementing partner)*

c) Supply chain delays were raised as a constraint[110], particularly during emergency responses and vaccination campaigns. *"Sometimes supplies are stuck in Juba. By the time they reach, it's too late for real impact." (UNICEF Officer)*

d) Insufficient government staffing at subnational level, resulting in UNICEF assuming greater operational leadership. Limited government staffing at subnational level was a near-universal concern from county officials, UNICEF staff, and even national ministry representatives, particularly in the Ministries of Gender and Health. *"We have no vehicles, no fuel, no staff. We're just coordinating from the phone." (County official, Aweil)*
"At county level, UNICEF has to take the lead, because we (government) are not there in numbers." (Government stakeholder, Upper Nile)

e) **Ambiguity surrounding accountability and decision-making roles within coordination mechanisms**[111], leading to delays, duplication, and unclear follow-up responsibilities. While coordination platforms are seen as functional, there is moderate convergence that implementation on the ground suffers from blurred lines of responsibility. Multiple partners reported situations in which delays or implementation gaps occurred because responsibilities between government officials, cluster leads, and implementing agencies were either not clearly defined or not consistently communicated. UNICEF field officers also acknowledged that in emergency contexts with many actors and few formalized agreements, this problem becomes more pronounced.

"Sometimes we don't know who is in charge of what, whether it's the Ministry focal person, the cluster, or UNICEF. So, when there's a delay or problem, we don't know who to follow up with." INGO officer

---

f) Fragility of coordination platforms, Sectoral coordination mechanisms are highly fragile and risk collapsing once external donor funding or UNICEF support is withdrawn. This vulnerability is particularly acute at the subnational level and in post-crisis or hard-to-reach areas where government presence is minimal. Without sustained technical or logistical support from UNICEF, these platforms often disband after project funding ends, even if they were previously well-regarded

70. Findings related to stakeholder perceptions of UNICEF's visibility, partnership coordination, communication, and feedback loops are grounded in disaggregated perception survey results and corroborated through KIIs. Survey responses indicate that perceptions vary significantly by stakeholder group and proximity to implementation. Government counterparts and long-term implementing partners (10+ years of engagement) consistently reported stronger visibility and clearer communication channels, while academic institutions and private sector actors reported lower clarity regarding UNICEF's role and results, reflecting more limited engagement.

[109] KIIs with 5 local NGOs, 3 county-level officials, 2 UNICEF CFO and officers
[110] KIIs with 3 UNICEF field staff, 2 INGOs
[111] KIIs with INGOs, local NGOs, and UNICEF field staff

6.2.2. The extent to which key UNICEF strategies and international commitments have been integrated into SSCO programming and implementation including policy and advocacy especially vis-à-vis the CCC and GAP

71. UNICEF SSCO programming and implementation including policy and advocacy work demonstrate clear alignment with the organization's overarching strategic frameworks, including the **UNICEF Strategic Plan (2022–2025)**, the **Convention on the Rights of the Child (CRC)**, the **SDGs**, and cross-cutting humanitarian and development agendas such as the **Grand Bargain commitments**[112] and the **HDPN** approach.[113] This alignment is evident in the Country Office's emphasis on systems strengthening, equity, and resilience-building within its humanitarian responses. At the national level, UNICEF has engaged in joint advocacy with government ministries to integrate CCC minimum standards and GAP objectives into sector policies—such as incorporating gender-responsive WASH and nutrition indicators into national emergency preparedness plans and advocating for inclusive education frameworks for displaced children.
72. **The SSCO demonstrates systematic integration of its core commitments for children (CCCs) and gender commitments (GAPs) across most programme pillars** - emergency response, health & nutrition, WASH, education, and child protection - particularly in coordination, service packages, and policy/advocacy. **Integration is strongest in nationally aligned, cluster-led humanitarian activities and in programme design where UNICEF holds sector leadership**. However, integration is incomplete at subnational levels in a few domains. For instance, while gender equity is reflected in national frameworks, it is not consistently applied in field operations due to limited technical capacity and competing emergency priorities. Similarly, although policies exist to transition service delivery to government systems, weak subnational administrative structures and reliance on partner-led delivery have delayed formal handovers.
73. **There is evidence of operationalization of the CCCs in emergency coordination and life-saving services.** The SSCO reporting shows application of CCC principles — predictable, timely, rights-based humanitarian action, and minimum service packages across sectors (WASH, health, nutrition, child protection, education).
74. **There is partial integration of the gender commitments**.[114],[115] UNICEF's GAP documents set clear organizational requirements (gender analyses; sex- and age-disaggregated data; gender-responsive programming and monitoring; targeted investments for girls and women). Country reporting indicates efforts to mainstream gender (e.g., nutrition programming targeting pregnant/lactating women; protective services for girls; community-based behaviour change on maternal/infant nutrition). The 2023 CO Annual Report references gender-sensitive approaches and targets aligned with the GAPs.[116] However**, while national and cluster planning documents often include gender objectives, operationalization at subnational level is inconsistent.** Programme reports and sector analyses point to gaps in routine gender analyses, systematic use of sex- and age-disaggregated monitoring in every field intervention, and in institutional investments that would embed gender competence at county level — consistent with the earlier evaluation literature on fragility contexts where policy intentions outpace decentralized capacity.[117]

[112] Inter-Agency Standing Committee. (2016). *The Grand Bargain — A shared commitment to better serve people in need*. IASC. https://interagencystandingcommittee.org/grand-bargain
[113] Organisation for Economic Co-operation and Development. (2019). *DAC Recommendation on the Humanitarian–Development–Peace Nexus*. OECD Publishing. https://legalinstruments.oecd.org/en/instruments/DAC-REC-HDP-NEXUS
[114] UNICEF. (2018). *Gender Action Plan, 2018–2021* [PDF]. UNICEF. https://www.unicef.org/rosa/sites/unicef.org.rosa/files/2020-06/UNICEF%20Gender%20Action%20Plan%202018%20-%202021.pdf
[115] UNICEF. (2021). *Gender Action Plan, 2022–2025*. UNICEF. https://www.unicef.org/gender-equality/gender-action-plan-2022-2025
[116] UNICEF South Sudan. (2024). *Country Office Annual Report 2023 — South Sudan* (COAR). UNICEF South Sudan. https://www.unicef.org/media/152296/file/South-Sudan-2023-COAR.pdf
[117] Marley, J, "Peacebuilding in Fragile Contexts", OECD Development Co-operation Working Papers, No 83, OECD Publishing, Paris

75. SSCO programming is co-designed with government leadership and aligned with sector plans (health, education, child protection), enabling policy-level advocacy that references CCC norms and GAP priorities.
76. **UNICEF's role as cluster lead (Education Cluster chair, Nutrition, WASH co-lead, CP AoR involvement) creates channels to operationalize CCCs and mainstream gender through harmonized operational tools, technical guidance, and partner capacity building**. CO reporting and HAC documentation show routine use of cluster fora to translate CCC minimums and gender requirements into joint plans and response packages.
77. The CO uses programmatic indicators consistent with CCC and GAP monitoring guidance (e.g., SAM admissions, WASH access, education continuity, sex-disaggregated beneficiary counts). **However, CO and sector documents note limitations in consistent, timely sex- and age-disaggregated data collection at subnational levels, and in routine community feedback and accountability mechanisms**.
78. **There are several barriers that limit integration:**

    a) **Limited government staffing at county level** makes it challenging to institutionalize CCC/GAP requirements beyond national planning. UNICEF often fills operational gaps, which supports short-term delivery but slows government ownership and long-term institutionalization required by both CCCs and GAPs.

    b) **Underfunded HACs and irregular sub-grants to partners** create interruptions in programme continuity and constrain the ability to maintain gender-sensitive service packages and CCC minimum standards across time and geography.

    c) **While gender policy commitments exist, routine application of gender analyses, budget tagging for gender, and gender-competent monitoring in every sector and location remains uneven.**

79. Perception survey and KIIs reinforce the documentary evidence of moderate-to-high coherence[118] between UNICEF South Sudan's programme and its institutional commitments, with strong alignment to the CCCs and the humanitarian–development nexus. Respondents highlighted prepositioning of emergency supplies, mobile health and nutrition teams, and continuity of education during crises as examples of CCC-consistent programming.
80. **Gender equality integration shows moderate convergence**: while strategies such as the Gender Action Plans and GEWE assessments are in place, operationalization varies by sector and staff commitment. Some sectors (health, WASH) have incorporated GEWE into planning, but others (education, nutrition) show weaker integration. Limited and inconsistent use of sex- and age-disaggregated data further constrains systematic tracking of gender outcomes. As noted, *"Gender-sensitive indicators are not always systematically tracked in field monitoring tools"* (UNICEF officer).

6.3. Effectiveness[119]

Summary of Key findings: The CP demonstrated significant effectiveness in delivering output-level results across nutrition, health, and education, achieving notable milestones such as increased vaccination coverage

[118] KIIs with UN agencies, international NGOs, UNICEF staff, government ministries, and implementing partners, Perception Survey
[119] *The DAC criterion of effectiveness is defined here as "the extent to which the interventions achieved, or were expected to achieve, their objectives, and results, including any differential results across groups." Effectiveness focuses more closely on outputs and attributable results than impact.*

and exceptional recovery rates for severe wasting. While the programme successfully strengthened national policy foundations and established frameworks for social protection, its overall impact was constrained by contextual fragility, including protracted conflict, climate shocks, and limited government capacity. Despite sector-specific successes and innovations like radio-based distance learning, UNICEF faced persistent challenges such as declining national WASH access, inconsistent integration of gender and disability inclusion, and a reliance on local partners with uneven technical expertise. Furthermore, while immediate service delivery was maintained in hard-to-reach areas, long-term sustainability remains a risk due to structural barriers, staffing turnover, and gaps in systematically leveraging community feedback for decision-making.

6.3.1. Achievement of outputs and their contribution towards achieving outcomes

81. **There is high convergence that key outputs in nutrition, child protection, education, and SBC were largely delivered to expected standards, contributing positively to outcomes.** UNICEF-supported health interventions also effectively maintained essential services—immunization, maternal and child health, and outbreak response—particularly in conflict-affected areas such as Upper Nile and Kapoeta East. However, **WASH performance shows moderate divergence:** while essential services were delivered, geographic inequities, weak infrastructure maintenance, and limited government capacity outside major urban centers constrained quality, sustainability, and equity. **Subnational service delivery challenges were also noted in health**.

Sector Performance Analysis (2019-2023)

82. The consolidated output indicators (2019–2023) (see Annex 14) present a comprehensive overview of UNICEF South Sudan's performance across the six sectors. The data capture both targets and achievements, highlighting progress, gaps, and areas of resilience or strain under fragile and crisis-affected conditions.

Child Protection - The sector balanced immediate response with long-term system building, advancing policies, tools, and workforce capacity despite falling short of ambitious service delivery targets. In 2023, 76,091 children were reached against a target of 85,000, while birth notifications fell sharply from 73,079 (2019) to 17,524 (2022), due to COVID-19 and flooding. KIIs confirmed effective family tracing, GBV case management, and psychosocial support, though continuity was undermined by workforce burnout and incentive gaps.

WASH – Outputs such as emergency supplies, sanitation campaigns, and institutional services, were delivered, but national outcomes stagnated or declined due to mass displacement and weak systems. Access to drinking water rose modestly (52% in 2019 to 54.7% in 2022, short of the 62% target) while open defecation worsened (61% baseline to 74.7% in 2022). Stakeholders praised flood response and borehole construction but highlighted weak repair systems, fragile infrastructure, and non-sustained behaviour change.

Education - COVID-19 caused a 14-month school closure, raising out-of-school children to 2.8 million, but also spurred innovations like radio-based distance learning. Indicators for children in humanitarian contexts exceeded targets (136% by 2022), while pre-primary enrolment rose modestly from 8% (2019) to 11% (2023). Stakeholders valued UNICEF's support to school reopening and teacher training, though quality gaps persisted due to overcrowding, weak infrastructure, and limited incentives.

Health - Performance showed resilience in flexible services (e.g., immunization) but vulnerability in facility-based care. Antenatal care (4+ visits) rose from 22.6% (2016) to 31% (2023) but dipped to 23% in 2022 due to flooding and conflict. Skilled birth attendance fluctuated (10% in 2016 to 25% in 2023). Immunization strengthened, with DTP3 coverage rising from 61% (2019) to 73% (2023) and measles coverage from 51% to 72%, supported by cold chain expansion (1,218 facilities with solar refrigerators). Malaria case management improved markedly, with 106% of confirmed cases treated in 2023.

Nutrition - Treatment outcomes were strong: recovery rates for severe wasting rose from 91% (2019) to 96.3% (2022), well above SPHERE standards. Preventive outcomes lagged: exclusive breastfeeding stagnated (68–69%) before falling to 62% (2022), then increasing to 72.7% (2025), and MAD rose only slightly to 21% (2023). The divergence reflects stronger control over treatment quality than over entrenched socio-economic and behavioural determinants of malnutrition.

83. **Social Policy** - Progress was made in building a national social protection "scaffolding," including coordination, policy evidence, and cash transfer pilots. Outcome-level poverty remained persistently high at 70% (2022–2023), above the 65% target, reflecting structural drivers beyond programme influence. Institutional readiness improved from "Not Ready" (2018) to "Partially Ready" (2021–2022), showing gains in shock-responsive systems despite slow poverty reduction.
More information on output level results is found in in Annex 8.

84. **Qualitative evidence indicates a broad stakeholder consensus that Country Programme (CP) outputs were delivered to high technical standards and made a meaningful contribution to outcome-level change.** Perception survey results (Figures 9) reinforce this view. National CSOs rated UNICEF's work highest in quality, at 85%, closely followed by other UN agencies (87.5%) and international NGOs (79%). Government stakeholders provided a somewhat lower rating at 73.1%, while UNICEF's internal respondents rated quality at 74.2%, suggesting a balanced self-assessment that aligns closely with external stakeholder feedback. Some quotes from the interviews further illustrate these perceptions:

> *"UNICEF helps us with the technical know-how, and their monitoring really helps us improve our own delivery."*
> *National NGO/CSO*

The only notable divergence was observed among private sector respondents (56.2%) and academic institutions (50%), whose ratings were comparatively lower. **This limited endorsement appears to reflect weaker engagement in programme implementation, particularly in research partnerships, evidence generation, and co-delivery of sectoral interventions.**

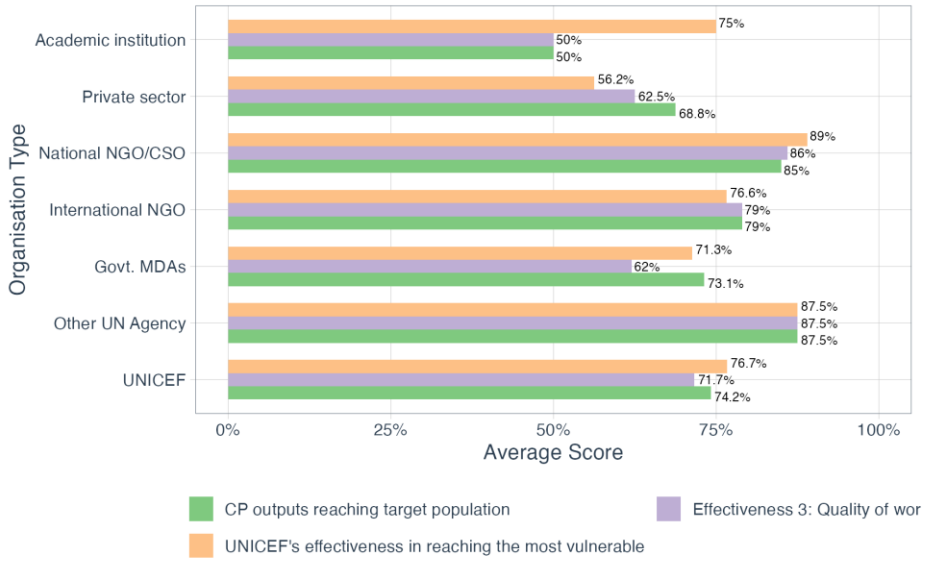


Figure 4 Perceptions of effectiveness by organization type

Box 1 Assessment of the CP's monitoring system

The monitoring system underpinning the intervention is partially robust but uneven across sectors, reflecting differences in sectoral maturity, funding modalities, and the coexistence of humanitarian and development programming. At an overall level, the results and performance framework provides a clear articulation of outputs and activities, but vertical logic from outputs to outcomes - and ultimately to impact - is not consistently well defined or measurable, particularly for system-strengthening, gender-transformative, and sustainability-oriented results. While some sectors (notably Health, Nutrition, and WASH) benefit from relatively well-established indicator sets aligned with global standards (e.g. DHIS2, FSNMS, EPI, and nutrition surveillance), others (including Child Protection, Social Policy, SBC, and cross-cutting equity and gender results) rely more heavily on qualitative indicators, ad hoc reporting, or proxy measures. Horizontal logic - capturing complementarities and synergies across sectors - is articulated conceptually in programme documents but not systematically operationalized or tracked through shared indicators, limiting the ability to assess multisectoral contributions and nexus outcomes.

In terms of M&E tools and their use, the programme employs a wide range of monitoring instruments, including routine administrative data systems, partner reports, surveys, assessments, and dashboards. However, their use for strategic decision-making and learning at outcome and system levels is more limited, due to data gaps, inconsistent indicator definitions across programme cycles, incomplete gender tagging, and evolving results frameworks. Overall, while the monitoring system is fit for tracking delivery and short-term performance, it is less adequate for capturing longer-term change, cross-sectoral effects, and institutionalization.

6.3.2. The extent to which crosscutting priorities including gender were integrated in the sector strategies

85. UNICEF's six core strategies, as articulated in the Country Programme ToC, demonstrated a clear intent to mainstream crosscutting priorities—including gender equality, equity, SBC, climate resilience, disability inclusion, and human rights-based approaches—into programme design and delivery. **Evidence from stakeholder interviews and document reviews confirmed that equity and gender considerations were systematically embedded during programme planning.** This was reflected in the routine use of sex- and age-disaggregated indicators, participatory needs assessments, and gender-sensitive budgeting frameworks. Illustrative examples include the integration of SBC and gender-focused messaging within both education and child protection initiatives, and the application of gender tagging to budget allocations to ensure visibility and accountability for gender-responsive expenditure. These measures indicate deliberate alignment with UNICEF's Gender Action Plan and equity commitments under the CCC in Humanitarian Action.
86. **The integration of disability inclusion and climate adaptation was less consistent across sectors.** While notable examples exist—such as the incorporation of climate-resilient WASH infrastructure in flood-prone areas and accessible learning facilities in selected schools—these efforts tended to be project-specific and ad hoc rather than systematically applied across the programme portfolio. Similarly, while equity-oriented approaches targeted highly vulnerable populations (e.g., children in remote or conflict-affected areas, female-headed households, and displaced populations), **there was limited disaggregated outcome data to assess differences in results between these groups and the broader population.** Monitoring frameworks did not consistently capture the extent to which crosscutting strategies contributed to sustained improvements in wellbeing, empowerment, or equitable access. Specificities for the different sectors are highlighted in Annex 8.

6.3.3. The capacities of SSCO staff and implementing partners to implement gender responsive / transformative programmes

87. **Evidence from UNICEF CO staff and implementing partners indicates that gender-focused training was most frequent and robust in the Child Protection and Education sectors**. Training content included GBV case management, menstrual hygiene management, safe referral pathways, and girls' education. These sessions were widely regarded as timely, practically relevant, and aligned with programmatic needs. Participants reported applying the knowledge to improve service targeting, programme design, and community engagement.
88. **Gender training in other sectors was inconsistent and lacked depth.** In Health, Nutrition, and WASH sectors, gender content was frequently presented as a sub-component within broader technical trainings, often in a brief or generic manner. Respondents described these sessions as lacking operational relevance. Many staff did not receive refresher sessions or post-training guidance to apply gender concepts in practice.

> *"They just mention gender in passing... there's no guidance on what exactly to do differently in our work." Health Sector Officer*

89. **Sub-national and field staff had limited access to quality gender training**. Field-based and local implementing partners, especially those working in remote or conflict-affected areas, were less likely to have received gender training. Where such training was delivered, it was often brief, generic, or overly theoretical, and rarely tailored to field realities. This created a gap in capacity to implement gender-responsive programming outside urban or central contexts.
90. **There were noted gaps in intersectionality, disability inclusion, and humanitarian gender programming.** Across sectors, there was minimal training on intersectional vulnerabilities, disability-inclusive gender programming, or gender-responsive approaches in humanitarian contexts. This gap hindered the ability to design services tailored to highly marginalised groups, including girls with disabilities, adolescent mothers, and displaced populations.
91. **While staff and partners valued increased gender awareness**, they identified the need for clearer performance expectations, sector-specific operational guidance, and technical leadership to translate training into measurable outcomes.

6.3.4. Changes in Government policies and strategies as a result of the UNICEF Country Programme

92. **Across multiple sectors, there is strong convergence from both documentary evidence and KIIs that UNICEF played a pivotal role in driving national policy and strategy changes during the current programme cycle.** This influence was most evident in child protection, education, WASH and social protection, where UNICEF's sustained technical assistance, evidence generation, and policy advocacy were central enablers of change. While there is clear evidence of UNICEF's influence on national strategies, stakeholders also noted that implementation of these policies remains uneven, often constrained by limited government capacity, political issues, or weak accountability systems. Thus, **UNICEF's success in upstream policy influence is not always matched by downstream impact on service delivery.**
93. UNICEF was repeatedly acknowledged as the lead technical agency in the development of the **National Child Protection Policy**. Government officials and implementing partners highlighted that UNICEF not only provided direct drafting and technical inputs, but also ensured that the policy aligned with international child rights standards. Its facilitation of stakeholder consultations and support for standard

operating procedures (SOPs) further operationalized the policy at decentralized levels. *"UNICEF has been the backbone in child protection policy development—they provided the expertise, brought everyone to the table, and helped define standards that are now being used nationally." (Government staff, Ministry of Gender)*

94. In education, UNICEF made notable contributions to the **Education Sector Strategic Plan (ESSP)** by embedding components related to inclusion, gender equity, and crisis responsiveness. Ministry officials credited UNICEF's technical guidance for ensuring that the plan reflected the realities of South Sudan's conflict-affected regions. This included insights on strengthening school resilience, prioritizing girls' education, and incorporating the needs of children with disabilities.
95. **Within the social policy domain, UNICEF's efforts have centred on building institutional frameworks through budget briefs, child-focused expenditure analyses, and advocacy for equity-based planning**. These efforts have influenced the Ministry of Finance and Planning's approach to budgeting and helped lay the foundation for a national social protection policy that considers vulnerable populations. Interviewees from government and CSO sectors recognized UNICEF's role in creating the analytical basis for policy discourse on poverty, equity, and fiscal planning.
96. UNICEF's efforts in the WASH sector were also not limited to technical inputs. Its ability to leverage convening power, support cross-sectoral collaboration, and foster government ownership helped ensure that policies were not just drafted but moved forward toward adoption.

6.3.5. Consideration of at-Risk/Affected People's Perspectives in Programme Implementation

97. There was moderate convergence that feedback mechanisms exist - hotlines, suggestion boxes, listening groups, and community meetings - particularly in Child Protection, Nutrition, and WASH. While these were seen as prerequisites for programme initiation, their coverage, inclusivity, and influence on decision-making were uneven. KIIs confirmed that some feedback led to adaptations (e.g., relocating water points, revising distribution schedules, modifying dignity kits), but processes were often ad hoc and less accessible to marginalized groups. Education and WASH more consistently engaged women, girls, and vulnerable households, but barriers persisted for children with disabilities, adolescent girls, and displaced persons, with little disaggregation of feedback data. **Overall, while community perspectives were considered, there is limited evidence of feedback systematically influencing programme decisions.** UNICEF staff acknowledged this gap and identified strengthening AAP systems as a future priority.

6.3.6. Effects of use of local partners / NGOs in programme implemented and challenges

98. **There is strong and convergent evidence that increased reliance on local partners and NGOs has improved programme reach and delivery particularly in crisis-affected areas.** Key informant interviews with national and international NGOs, including Action Against Hunger, World Vision, International Medical Corps, and national CSOs, indicate that partner-led delivery enabled continuity of nutrition, WASH, education-in-emergencies, and child protection services during floods, conflict escalation, and COVID-19 disruptions.
99. UNICEF's coordination with key partners is perceived to have generated substantial synergies and improved education outcomes, demonstrating strong alignment with national resilience priorities and an ability to recalibrate delivery in response to evolving contextual and regulatory environments.
100. **Local NGOs played essential roles across multiple sectors** particularly in rural, displacement-affected, and hard-to-reach areas, where their contextual knowledge and community acceptance facilitated access to vulnerable populations. Their involvement was associated with improved outreach and continuity of services in child protection, nutrition, education, WASH, and health (see Annex 8 for sector-specific evidence).

101. **Despite the gains in using local NGOs, significant challenges remain. There was evidence of uneven partner capacity,** particularly in Health and WASH - drawn from KIIs with sector leads, UNICEF field staff, and county officials, as well as programme performance reviews. In Health, while partners demonstrated strong capacity in immunization delivery and outbreak response, stakeholders reported gaps in routine data reporting, supervision, and integration with county health systems. In WASH, multiple respondents cited variability in partners' ability to sustain operation and maintenance of facilities, manage CLTS processes, and ensure post-construction follow-up. These qualitative findings are consistent with monitoring and financial data indicating recurrent rehabilitation needs and higher unit costs in WASH infrastructure.
102. **Across sectors, structured investment in institutional capacity-building for local partners remained limited, and few mechanisms existed to retain skilled personnel.** The absence of long-term partnership frameworks further contributed to fragmentation and reduced sustainability in certain locations. Stakeholders noted that, although community reach has improved, disparities in training, technical support, and institutional strengthening continue to constrain the full potential of local actors.
103. **Some government stakeholders expressed the concern that the use of third-party financiers presented challenges** due to bureaucracies and highlighted the issue of accountability gaps in financial management and tracking which reflected badly on the government. They noted the weak capacity of some of the third-party organisations especially in financial management capacity. The arrangement was perceived by government stakeholders as signalling a lack of trust for the government and "excessive hand-holding".

6.3.7. Major factors influencing the achievements of the programme outcomes

104. UNICEF South Sudan's results were driven by a mix of policy advocacy, technical support, and local partnerships, supported by flexible and adaptive programming. Policy advocacy in PF4C, education, and child protection sustained political commitment, while reliance on local NGOs expanded reach in insecure areas and strengthened trust. Innovations such as mobile service delivery, digital monitoring and SBC platforms supported continuity during shocks, though capacity-strengthening was uneven.

Key Challenges

- **External:** insecurity and access constraints (Upper Nile, Unity, Jonglei, Kapoeta East); recurrent climate shocks disrupting services and supply chains; COVID-19 halting face-to-face delivery; and entrenched social norms (early marriage, open defecation, unsafe water use) limiting behaviour change. Conflict, political instability, insecurity, and displacement have been persistent and interrelated influencing factors shaping programme performance across both CPD periods. The evaluation finds that UNICEF programming has remained guided by humanitarian principles of impartiality and neutrality, with programming decisions informed by contextual and risk analysis rather than driven by political or conflict dynamics. Interviews with UNICEF staff and partners indicate that needs assessments, vulnerability criteria, and humanitarian prioritization frameworks were the primary bases for geographic targeting and resource allocation, even in highly contested or politically sensitive areas. However, while context sensitivity was evident in implementation choices, the use of more systematic and forward-looking analytical tools, such as conflict sensitivity analysis, political economy analysis, or structured horizon scanning, was uneven and not consistently embedded across planning cycles.
- **Internal:** weak multi-sectoral integration, M&E gaps (limited disaggregated data, subnational expertise), and high staff/partner turnover undermining continuity.

Adaptive Measures - UNICEF sustained service delivery through mobile health teams, temporary learning spaces, radio and digital SBC tools, and crisis-specific coordination (e.g., Sudanese refugee influx, flooding). KOBO and similar platforms supported rapid needs assessments.

Emerging Opportunities - COVID-19 and floods catalysed expanded use of SBC tools (radio, mobile messaging, community dialogue), extending reach to remote populations. Local engagement in places like Renk and Warrap improved accountability, sustainability, and cross-sectoral responsiveness.

Unintended Effects

Beyond shaping intended results, several programme design and implementation feature generated unintended effects—both positive and negative—which influenced outcomes across sectors. These effects were identified primarily through KIIs with government counterparts, implementing partners, and UNICEF field staff, and validated during participatory appraisal workshops. While not explicitly articulated in programme design, they emerged as consequential to programme performance and sustainability.

- *Positive:* community trust in UNICEF's rapid response - UNICEF's reliance on decentralized field offices and NGO-led delivery models strengthened local coordination and adaptive capacity in high-risk locations (Section 6.5.1). In several counties, this contributed to spillover benefits such as improved collaboration among NGOs and greater community acceptance of integrated service delivery models, particularly during flood and displacement responses; advances in solarization and green energy; expanded private water vending in urban areas.
- *Negative:* These same modalities generated unintended negative effects. Heavy dependence on partners for service delivery, while effective in the short term, reduced incentives and opportunities for government counterparts to assume operational roles, particularly at county level. Several state and county officials noted that parallel systems for reporting, logistics, and supervision inadvertently weakened institutional learning and ownership. In addition, the prioritization of emergency response in resource-constrained contexts unintentionally diverted staff time and funding away from longer-term system strengthening and social policy engagement, reinforcing humanitarian dominance in some sectors. Other unintended negative effects include partner fatigue from overreliance on few local NGOs; exclusion of pastoralists, PWDs, and out-of-school girls; looting/vandalism of WASH and education assets; and community tensions over targeting and school-based supply distribution.

6.4. Orientation towards Impact [120]

Summary of key findings: On orientation towards impact, the CP has successfully expanded service access in health, nutrition, and child protection for vulnerable and conflict-affected populations through localized coordination and multi-sectoral integration. However, these gains remain constrained by fragile national systems, resulting in stagnant maternal and child mortality rates and persistent gaps for marginalized groups such as children with disabilities and nomadic populations. While the program improved immediate outcomes for women and girls, its impact on structural gender inequalities and gender-based violence (GBV) remains limited due to a lack of gender-transformative programming and sectoral siloing. Furthermore, a heavy reliance on humanitarian actors risks undermining the sustainability of national institutions, while the inconsistent inclusion of older adolescents (aged 15–19) leaves this group vulnerable to early marriage and educational disengagement.

[120] *The DAC criterion of impact is defined as, "the extent to which the intervention has generated or is expected to generate significant positive or negative, intended or unintended, higher-level effects." In essence, what difference did the intervention make?*

6.4.1. Evidence / likelihood of positive and negative (intended and unintended) long-term outcomes/impact

105. The Country Programme is perceived by a wide range of stakeholders to have made meaningful local impacts in health, nutrition, WASH, education, and protection, especially in crisis-affected areas. However, **national-level impact is limited due to ongoing emergencies including the Sudan refugee crisis, weak systems, and data gaps**. The programme has improved service access for vulnerable children and fostered positive shifts in gender and child protection awareness but faces challenges scaling up.
106. In reviewing some health-related impact indicators, the slight decline in maternal mortality ratio (MMR) from 2019 to 2020 (~2%), indicates minimal short-term progress.[121] By 2025, despite targeted efforts, **the maternal mortality burden remains among the highest globally, with an estimated ratio over 1,200 per 100,000 live births, underscoring stagnation in outcome-level improvement**.[122] Under-five mortality rate (U5MR) has also remained stagnant at 98.7 per 1000 live births from 2019-2025.[123]Table 11 displays some details of the trends in MMR and U5MR.

Table 11 Trends in MMR and U5MR

Impact Indicator	2017	2018	2019	2020	2025
Maternal mortality ratio *(per 100,000 live births)*	1252	1275	1245	1223	1223
Under-five mortality rate (per 1000 live births)	278.2	132.4	98.7	98.7	98.7

107. **Survey results indicate moderately low perceptions of large-scale impact, averaging 44.5% across respondents.** National and international NGOs rated impact higher (47–50%), while UNICEF staff, government MDAs, and private sector scored lower (~41%), and academia the lowest (36.3%). Scores were fairly consistent across sectors (42–47%), with Child Protection and Education rated highest. Perceptions declined with length of engagement (46.7% for 0–5 years vs. 40.8% for 10+ years).
108. **UNICEF strengthened delivery systems and reach by leveraging NGO and UN partnerships, enabling access to hard-to-reach populations and improving outcomes in WASH, child protection, education, and nutrition.** Upstream, UNICEF influenced policy through PF4C, budget equity briefs, MICS data, and social protection pilots, positioning itself as a thought leader on child-focused governance. Localization was enhanced through work with 74 organizations (40 national NGOs, five community-based groups in 2024), with NGOs co-coordinating eight of nine humanitarian clusters. This fostered trust, community ownership, and resilience, though sustainability is limited by declining direct funding to local NGOs (from 38% of SSHF allocations in 2019 to 9% in 2023).
109. **Unintended positive effects** emerged from the programme's adaptive and partnership-based delivery model. These included enhanced technical confidence among national NGO partners, increased use of data for local-level decision-making in nutrition and health, and strengthened informal coordination between humanitarian and development actors at county level. Stakeholders reported that repeated engagement during emergencies accelerated skills transfer, improved partner familiarity with UNICEF standards, and fostered cross-sectoral collaboration beyond formal programme objectives. While these effects were not uniformly documented through routine indicators, they were consistently cited across KIIs and validated during stakeholder workshops, suggesting plausible contributory impacts on local resilience and response capacity.

[121] MacroTrends. South Sudan Maternal Mortality Rate 2021–2023 trends.
[122] World Health Organization (WHO). (2025). World Health Day 2025: Saving Mothers, Protecting Newborns, Securing South Sudan's Future. WHO Regional Office for Africa.
[123] UNICEF South Sudan. Key demographic indicators. https://data.unicef.org/country/ssd/

110. The CP also produced **unintended negative outcomes** that warrant careful consideration. Most notably, prolonged reliance on short-term humanitarian financing and partner-led delivery unintentionally entrenched parallel systems in some sectors, particularly Health and WASH, limiting progress toward institutionalization and sustainability. Government stakeholders reported reduced visibility of public sector leadership in service delivery, while partners noted limited transition planning and unclear exit pathways. In addition, the scale-up of emergency interventions occasionally exacerbated geographic and equity imbalances, with resources disproportionately concentrated in accessible or high-profile crisis areas, leaving nomadic populations, children with disabilities, and some host communities comparatively underserved. Adolescents (15–19) remain underserved across sectors, heightening risks of violence, early marriage, and school dropout. Limited engagement with research institutions restricts local evidence generation and long-term policy influence, while weak private sector collaboration reduces opportunities for innovation, youth livelihoods, and scalable solutions.
111. Although not undermining the overall relevance or effectiveness of the CP, these effects pose risks to long-term system strengthening and underscore the need for more explicit mitigation strategies in future programme design.

6.4.2. Contributions of the CPs to positive long-term change on children, particularly the most marginalized and vulnerable

112. **There is moderate convergence that the previous Country Programme contributed to long-term change for children in conflict-affected, rural, and displaced communities including refugees from Sudan, though gaps persisted for children with disabilities, nomadic groups, and the poorest**. Stakeholders agreed that the CP laid key foundations for child well-being in WASH, health, nutrition, education, and protection, with strongest gains where sustained humanitarian and integrated services were maintained (e.g., Upper Nile, Unity, Jonglei, Warrap, Kapoeta East). **Evidence from programme data and KIIs confirmed measurable improvements in immunization, malnutrition treatment, safe water access, and psychosocial support, though progress was often localized or linked to specific responses such as COVID-19 and flood operations.** However, large-scale national datasets remained limited or outdated, making it difficult to comprehensively assess sustained national impact across the board. Nevertheless, stakeholders in the KII were of the view that gains have been made though they are not always overt because of the challenging context:

> *'We are reducing the rate of mortality. If we were not implementing these activities, most of the children would die. So that's a result -our main goal is to prevent mortality. Why are we not seeing better results? Because the overall context in the country is deteriorating. Food insecurity is increasing. More and more people are affected. Flooding continues. Insecurity remains a problem. The economic crisis is worsening reducing household access to markets. So we are working, but the situation itself is worsening.'*
> *UNICEF staff Juba*

113. **Stakeholders highlighted UNICEF's greatest contributions in reaching vulnerable children with life-saving services, often through government and local partnerships**. Reported achievements included reductions in family separation, stronger referral systems, increased demand for hygiene and immunization, and shifts in attitudes toward girls' participation, school re-enrolment, and male engagement in parenting. There was strong agreement that the CPs expanded access in IDP camps and

conflict zones, reduced barriers for displaced and separated children, supported school re-entry post-crisis, and promoted reporting of child protection violations.

114. **However, results were unevenly sustained, with key groups underserved:** children with disabilities (Jonglei, Warrap, Kapoeta East), nomadic children (Kapoeta East, Unity), out-of-school adolescent girls (Warrap, Jonglei, Upper Nile), extremely poor households (Renk, peri-urban Juba), and ethnic/linguistic minorities (Malakal, Wau, border areas). **Data gaps, particularly limited disaggregation by wealth, disability, and geography, further constrained equity assessments.** While aligned with the R-NDS and UNSDCF, broader development gains were difficult to demonstrate; nonetheless, cumulative effects in fragile contexts and equity-focused service continuity were seen as critical foundations for future progress.

6.5. Efficiency[124]

Summary key findings: Efficiency findings draw primarily on financial data, budget execution analysis, cost-efficiency proxies, and stakeholder perceptions, complemented by qualitative insights from UNICEF staff and partners. However, data gaps, incomplete gender tagging, and evolving results frameworks constrained the precision of efficiency analysis, particularly with respect to unit cost comparisons, gender-responsive budgeting, and cross-sector efficiency benchmarking. As such, efficiency findings should be interpreted as indicative of relative performance and operational patterns rather than as precise cost-effectiveness estimates. To mitigate these constraints, the evaluation triangulated financial analysis with qualitative evidence on operational processes, field presence, and implementation bottlenecks. Observations regarding the efficiency gains associated with decentralized field offices, pre-positioned supplies, and partner networks are therefore grounded in convergent qualitative evidence, even where quantitative cost data were incomplete. The findings transparently reflect these limitations and avoid over-interpretation, while still providing actionable insights into structural drivers of efficiency and inefficiency. The UNICEF South Sudan Country Programme (2019–2026) demonstrated moderate efficiency overall but experienced a significant decline in execution rates during its second cycle, where weighted rates dropped from 75.9% to 50.3% due to planning mismatches and budget surges. Field operations and decentralized teams served as critical enablers for timely delivery in remote areas, while preventive health and nutrition interventions—such as Vitamin A supplementation—proved highly cost-effective compared to resource-intensive curative services like SAM treatment. Despite these gains, efficiency was hampered by rigid donor earmarking, fragmented coordination of Social and Behavior Change (SBC) strategies, and rising unit costs in Child Protection and Education. Moving forward, the sources suggest that integrating services and focusing on high-leverage sectors like Health and Education is essential to restoring programmatic momentum and addressing critical equity gaps. For additional details and analysis on efficiency, refer to Annex 15.

6.5.1. The extent to which the programme and office structures supported the cost-effective and timely delivery of the CP

115. The UNICEF South Sudan program saw an overall improvement in budget absorption, rising from **63.1% in the 2019–2022 cycle to 68.3% in the 2023–2026 cycle**. However, annual trends reveal significant volatility:
    - **Transition Strain:** Between 2019 and 2021, absorption rates exceeded 100%, indicating strong alignment between planning and execution. In 2022, however, absorption **plunged to 40%**

[124] The criterion of efficiency is defined as, "The extent to which the intervention delivers, or is likely to deliver, results in an economic and timely way." In other words, how well resources are being used.

when planned budgets tripled but disbursements failed to keep pace due to supply chain disruptions and limited readiness for the new CPD transition.

- **Sectoral Performance:** While total investment increased, weighted execution efficiency fell from 75.9% to 50.3% in the second cycle. **Health, WASH, and Education** all experienced significant drops in execution rates during the scale-up period.

116. **Strategic Shifts and Cost-Effectivenes:** UNICEF has shifted its financial focus toward high-impact areas, though this has created gaps elsewhere:
    - **Prioritization of Health and Nutrition:** The budget share for Health grew from 52.4% to 59.6%. These sectors demonstrated strong cost-efficiency, with **Severe Acute Malnutrition (SAM) treatment costing approximately $18.92 per child** and DTP3 immunizations costing $7.41 per child.
    - **De-prioritization Risks:** Conversely, the budget share for Education declined markedly from 17% to 9.1%. Experts noted that low investment in **Child Protection and Social Policy** (which together represent less than 3% of current expenditure) risks leaving critical equity gaps in conflict-affected areas.
117. **Operational Enablers and Structural Bottlenecks:** The program's success is heavily tied to its internal support structures, though these often outperformed the programmatic outcomes they were meant to support:
    - **Core Enablers: Field Operations** (94% execution rate) were critical for reaching remote and conflict-affected regions. The **Planning, Monitoring, Evaluation and Reporting (PMER)** function was also highly valued by partners for enabling resource mobilization and data consolidation.
    - **Operational Strain:** Support functions like **Operational Effectiveness** and **Programme Effectiveness** consistently over-executed their budgets (often exceeding 120%), while programmatic sectors faced delivery-level strain.
    - **Key Constraints:** High **donor dependency (97%)** creates risks related to rigid earmarking and delayed fund releases. Additionally, external factors such as **floods, insecurity, and high staff turnover** continue to disrupt the supply chain and last-mile delivery.

6.5.2. How office structures facilitated or hindered resource mobilization and utilization of funds

118. **Several office structures facilitated resource mobilization and utilization of funds.** UNICEF's internal architecture, donor relations, and communications functions were widely credited with sustaining flexible funding flows, particularly during COVID-19, the Sudan refugee influx, and seasonal floods. Supply and logistics enabled efficiency through large-scale procurement, prepositioning, and rapid deployment, especially in hard-to-reach areas like Upper Nile and Unity. Decentralized field offices further enhanced flexibility and absorption, with delegated authority allowing rapid adaptation to shifting conditions; partners often described them as "the engine room" of delivery. Stakeholders, including county officials, UNICEF field staff, and national counterparts noted that field engagement facilitates direct communication and adaptation of programmes to local needs. **Nevertheless, field offices are often under-resourced and lack decision-making authority**, resulting in delays and centralization of operations in Juba. This limits the agility and responsiveness of downstream delivery in remote areas and may hinder real-time adaptations.
119. **The cost-efficiency analysis displayed several factors which hindered resource mobilization and utilization.** Key hindrances included financing rigidity (95–97% reliance on earmarked Other Resources), sharp cuts to support lines (−97% Field Support & Logistics, −100% Supply & Logistics), and operational frictions in procurement, access, and HR. Data quality and feedback loops were weakened by limited subnational PMER capacity and inconsistent use of sector tools. Donor Relations under-executed

(≈45%), suggesting transaction and coordination costs. At the same time, over-execution (>110%) in several outputs (e.g., Care for SAM 148%, PFM Strengthening 193%, Governance 1561%) pointed to reactive reprogramming and unrealistic planning**.**

120. **Although capacity gaps in PMER and staffing turnover were noted,** stakeholders did not view them as major barriers. Teams were described as adaptive, compensating for formal weaknesses through informal coordination and additional effort, ensuring resource utilization was not substantially impaired.

6.5.3. Strategic allocation and utilization of resources to track and achieve results, including equity and gender-related objectives

121. From 2019 to 2024, UNICEF South Sudan's resource allocation showed mixed alignment with results, equity, and gender objectives. Several sectors experienced suboptimal absorption, with multiple outcomes in 2023–2025 falling below the 80% efficiency benchmark. Despite these inefficiencies**, budget allocations reflected deliberate prioritization of high-impact sectors, with major cost drivers aligned to programmatic relevance and impact potential** (Figure 18).

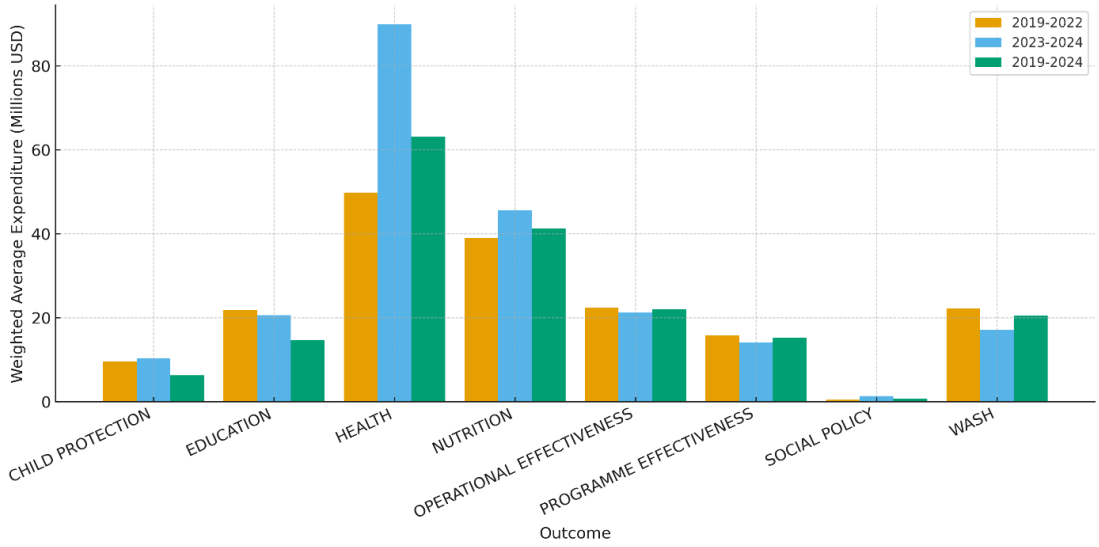


Figure 5 Cost Drivers by Outcome – Weighted Average Actual Expenditures

6.5.4. Alternatives that could have achieved better cost-efficiency or effectiveness

122. While UNICEF South Sudan pursued strategies to improve cost-efficiency, opportunities remain to optimize planning and resource allocation. Some outputs consistently underperformed despite high allocations, particularly those lacking gender or equity markers, **suggesting that redirecting resources toward equity-focused or resilient outputs could have yielded stronger results**.

123. High-return interventions in Health and Nutrition such as SAM treatment and routine immunization, achieved the lowest cost per unit through economies of scale and integrated delivery. Expanding these into underperforming regions could have improved programme efficiency. **Conversely, high-cost outputs implemented in isolation created duplication and higher operational costs; integrated programming demonstrated potential to reduce costs while broadening reach**.

124. Weighted execution efficiency data show that Health, Nutrition, and Education reliably absorbed resources across both CPD cycles, indicating capacity for performance-linked reallocations. By contrast, large allocations to operational functions (e.g., administration, HR, logistics) were less directly tied to

results; reallocating part of these funds to localized technical assistance could have addressed field-level bottlenecks more effectively.

125. **The evaluation found that while resources were often tagged for gender-sensitive programming, several outputs lacked concrete activities or measurable outcome indicators**, suggesting superficial tagging and missed opportunities for transformative results. Strengthening gender-responsive design and targeting could improve effectiveness without raising costs.
126. **Underutilization of multi-year budget planning constrained implementation of resilience outputs.** Rigid annual disbursements delayed activities and limited adaptive programming; pooled or flexible donor modalities could have mitigated these constraints. Outputs implemented by decentralized teams and local partners were more efficient, highlighting the benefits of localization, lower operational costs, and greater contextual adaptability in fragile areas.
127. **Stakeholders broadly agreed that existing strategies were effective within South Sudan's volatile context but identified alternatives that could increase efficiency**:
    - **Human resources**: Greater reliance on national technical staff for monitoring and SBC, reducing reliance on costly short-term consultancies.
    - **Community structures**: Strengthening health committees, PTAs, and water user groups instead of creating parallel groups, fostering ownership and reducing duplication.
    - **Logistics**: Decentralizing procurement, sourcing supplies locally, and pre-positioning stocks in flood-prone areas to lower costs and improve timeliness.
    - **SBC integration**: Embedding SBC systematically into programme planning, particularly in Health, WASH, and Nutrition.
    - **Data systems & partner management**: Investing in simple digital feedback tools and strengthening partner capacity to reduce dependency on UNICEF-led delivery.

6.6. Sustainability[125]

Summary key findings: The CP has successfully strengthened government systems through capacity-building and the integration of a humanitarian–development nexus, building resilience in sectors such as Health, Education, and Child Protection. However, the long-term sustainability of these interventions is severely limited by minimal government financial ownership, a lack of systematic domestic financing mechanisms, and a heavy reliance on donor funding. While local-level training and multisectoral models have led to the partial adoption of service frameworks, full institutionalization is hindered by staffing shortages, fiscal constraints, and the ongoing impact of insecurity and displacement. Ultimately, while humanitarian-facing sectors like WASH and Nutrition show stronger adoption, upstream policy areas and the integration of gender and equity principles remain uneven due to variable political will and limited budget prioritization.

6.6.1. Extent to which the Government has shown ownership and is able and willing to fund the continuation of CP interventions

128. **The Country Programme strengthened government systems through DHIS2 roll-out in health, support to EMIS and ECD policy in education, and child protection case management SOPs and Child Act operationalization.** These investments improved technical capacity, coordination platforms, and policy coherence. However, sustainability remains constrained by limited government ownership, limited political will, and the absence of dedicated budget lines or accountability frameworks.

[125] The DAC criterion of sustainability is defined as, "the extent to which the net benefits of the intervention continue, or are likely to continue."

129. **The perception survey data confirmed this gap. Stakeholders rated system strengthening higher than government ownership or funding commitment**. National NGOs/CSOs and academics (up to 56.2%) were more positive, reflecting optimism at subnational levels where UNICEF support has improved local systems. In contrast, UNICEF staff and government MDAs gave lower ratings (38–53%), citing institutional readiness and funding constraints.
130. **UNICEF's internal scoring reflects institutional learning and realistic awareness of exit challenges**. UNICEF's assessment (38.3% for government ownership, 53.3% for system strengthening) demonstrates internal acknowledgement of gaps in government accountability and integration.
131. **Qualitative evidence highlights varying degrees of government ownership across sectors**. National ministries engaged in strategy design, annual work planning, and sector coordination, particularly in Health and Education, while technical staff in Child Protection and Nutrition often collaborated with UNICEF and NGOs in service delivery. Policy alignment was visible, with sector strategies incorporating CP priorities.
132. **Gender- and equity-responsive capacity was strengthened through targeted technical trainings, but benefits were frequently undermined** by high staff turnover, redeployment, and donor dependency. **Most critically, financial ownership remained minimal**: budgetary allocations at both national and state levels were negligible, with reliance on donor funding and competing priorities constraining sustainability. In-kind contributions (e.g., office space, staff time) were reported, but systematic domestic financing and institutionalized coordination mechanisms were absent, limiting continuity and scalability.

6.6.2. Extent to which systems and capacities have been strengthened within the Government of South Sudan to ensure the benefits of CP interventions are likely to continue

133. Qualitative evidence shows moderate to high convergence that UNICEF-supported systems strengthening benefitted government capacity in WASH, education, child protection, and nutrition. Ministries and subnational actors reported gains through training, joint planning, and co-implementation, particularly in Warrap, Jonglei, and Upper Nile. Across sectors, the evaluation found incremental progress in strengthening systems and government engagement, particularly through coordination structures, guidelines, and community-level institutions, while implementation and continuity remain heavily dependent on humanitarian actors and external financing. Sustainability is therefore uneven and sector-specific, with advances in governance and planning not yet matched by domestic financing, staffing, and institutional absorption, particularly at subnational levels (see Annex 8 for detailed sectoral evidence).

Sustainability Strategies and Barriers

134. **UNICEF employed multiple strategies to promote sustainability,** including Training of Trainers (ToT), institutionalization of digital systems (DHIS2, KOBO), embedding technical advisors in ministries, and creating community-based platforms (youth groups, child protection committees, water management committees, and SMCs). These efforts strengthened local capacity and, in some cases, persisted beyond direct UNICEF support—particularly in WASH and education, where sustainability planning was most deliberate.
135. However, **sustainability was consistently undermined by weak fiscal commitment, reliance on implementing partners for logistics and supervision, and the absence of formal transition strategies** embedded in government plans and budgets.
136. **Stakeholders highlighted persistent barriers including political instability, insecurity, hyperinflation, weak coordination, and natural disasters.** These systemic risks, combined with fiscal gaps and high staff turnover, constrained the institutionalization of gains**.**

137. Overall, the evaluation finds that **sustainability and transition linked to government ownership are shaped by complex and uneven political, institutional, and financing conditions**. Engagement with government institutions has supported coordination and policy dialogue in some areas; and in other areas, government actions and governance dynamics have actively influenced needs, access, and delivery conditions, affecting the feasibility of transition. These findings suggest that sustainability may be less a function of linear handover and more dependent on UNICEF's ability to pursue a risk-aware engagement - anchored in impartiality, equity, and child rights, while managing risks related to perceived or actual instrumentalization. The sustainability of results is therefore contingent not only on capacity development, but also on which principles guide government engagement and are operationalized at field level.

6.6.3. The extent to which programme strategies and tools were institutionalised and to which the development–humanitarian nexus was considered in the activities.

138. There was high convergence that the CP effectively embedded the development–humanitarian nexus. Resilience-building was integrated into service delivery, coordination, and local capacity development, enabling programmes to address immediate needs while laying foundations for longer-term systems strengthening. Examples included WASH infrastructure and utilities adapted for flood response, SMCs sustaining education during crises, and child protection case management systems operating under both humanitarian and development conditions. However, insecurity and displacement undermined sustainability, with achievements, such as water points in conflict-affected Sobat River Corridor, often lost when communities fled.
139. **Capacity-building efforts reinforced both government and community systems,** including training and supervision for caseworkers, WASH/health staff, and CSOs. Community-based platforms such as youth hubs and women's groups strengthened GBV prevention, birth registration, and referral services, embedding a dual accountability model that balances state duty-bearers with community rights-holders. Yet full institutionalization in government-led systems remains constrained by staff shortages, fiscal gaps, and uneven national policy integration.
140. **Government uptake of UNICEF-supported models was strongest in crisis-facing sectors like WASH and nutrition, where urgency drove adoption, but weaker in upstream policy areas** (e.g., education financing, social protection), where political will, institutional capacity, and fiscal prioritization remain limited. This highlights the need for stronger upstream advocacy and integration into national frameworks.

6.7. Connectedness[126]

Summary of key findings: UNICEF bolstered national and local preparedness systems by providing targeted capacity-building and training to government institutions, local NGOs, and community groups such as School Management Committees. These efforts improved multi-sector capabilities in areas like WASH, nutrition, and child protection, utilizing mobile teams and joint simulations to reach vulnerable populations in hard-to-reach, conflict-affected regions. Although persistent external shocks, including armed conflict and climate-related emergencies, posed significant challenges, the integration of humanitarian–development–peace nexus principles and community-based interventions helped foster long-term resilience against recurrent crises.

[126] The criterion, connectedness refers to the degree to which humanitarian interventions are designed and implemented to ensure continuity and coherence between immediate relief efforts and longer-term recovery, development, and resilience-building objectives, thereby minimizing negative impacts on future systems and promoting sustainable outcomes.

6.7.1. Contributions of UNICEF's humanitarian response to strengthening national preparedness and response efforts, including the humanitarian, development, and peace linkages

141. There is evidence that risk-adjusted and context-sensitive approaches were applied during implementation, particularly through adaptive delivery modalities, decentralized decision-making, and periodic reprogramming in response to shocks such as flooding, conflict escalation, and refugee inflows. **UNICEF contributed to strengthening preparedness systems at national and local levels by embedding capacity-building within its emergency response**.
142. **There is strong evidence that UNICEF enhanced preparedness and response capacity across sectors by embedding capacity development into emergency interventions.** Training, simulation exercises, and operational support improved coordination and readiness among government, NGOs, and community actors, particularly in Upper Nile, Jonglei, and Eastern Equatoria. Local stakeholders demonstrated greater understanding of the humanitarian–development–peace nexus, with UNICEF-supported models enabling both immediate response and longer-term resilience. **Key examples include:**

    a) Mobile health and nutrition teams in Upper Nile and Kapoeta East, deployed with county health departments and NGOs using foot, motorbike, and boat transport to reach flood- and conflict-affected areas.

    b) Community-based child protection systems in Warrap and Northern Bahr el Ghazal, where trained caseworkers and traditional leaders improved GBV referrals and child rights reporting.

    c) Rapid WASH response through prepositioning supplies and mobilizing water committees for borehole repair during floods.

    d) Cholera response in Renk and Malakal, coordinated with MoH and WHO, combining vaccines, hygiene kits, and SBC campaigns in local languages.

    Overall, these approaches enabled continuity of essential services and mitigated some access constraints. However, the evaluation finds that such adaptations were largely reactive rather than anticipatory, with limited use of structured forecasting or scenario analysis to inform upstream programme design or mid-course strategic adjustment.

6.7.2. Major external factors influencing the achievement of results

143. Stakeholders consistently identified armed conflict, climate shocks, and limited government capacity as major constraints on programme achievements.

    a) **Armed conflict and insecurity:** In Upper Nile, Unity, and Jonglei, repeated displacement, looting, and infrastructure destruction reversed earlier gains and undermined service continuity.
    b) **Seasonal and unseasonal flooding:** Recurring floods in Unity, Upper Nile, and Kapoeta East destroyed learning spaces, isolated communities, and strained health, nutrition, and WASH systems.
    c) **Macroeconomic instability and funding constraints:** Inflation, fiscal volatility, and donor fatigue undermined long-term planning and disproportionately affected sectors requiring sustained investment (education, child protection, gender). Short-term, reactive financing limited opportunities for resilience-building.

6.8. Coverage [127]

Summary of key findings: UNICEF prioritizes the principle of leaving no one behind through non-discriminatory, equity-driven programming that targets marginalized groups like displaced populations and out-of-school children. The child protection sector is the most recognized for its success, utilizing community-based mechanisms to support survivors of violence and children with disabilities. While gender-sensitive budgeting has improved between 2021 and 2024, the integration of these funds is uneven across the organization. For example, child protection has significantly higher proportional gender integration compared to larger sectors like health and nutrition. Although interventions such as immunizations demonstrate high cost-efficiency in humanitarian contexts, persistent barriers remain for nomadic communities and female-headed households. Ultimately, reaching these underserved groups requires deeper institutionalization of inclusive practices and localized delivery models.

6.8.1. Effectiveness of UNICEF in reaching vulnerable populations

144. UNICEF SSCP adheres to the principle of "leaving no one behind," aiming at inclusivity of all populations in need, including children, women, persons with disabilities, and those in hard-to-reach or vulnerable contexts. Stakeholders consistently emphasized UNICEF's non-discriminatory service provision:

> *"The involvement of different vulnerable groups is prioritized; UNICEF is number one in ensuring no discrimination. Everyone is entitled to access services, whether disabled, elderly, or otherwise marginalized." KII, Juba*

UNICEF's CP is perceived to have made substantive contributions to reducing inequities and exclusion, advancing gender equality, though progress varies across sectors and geographic areas. The programme integrates equity-focused and gender-responsive strategies that have enhanced outreach to marginalized groups such as children with disabilities, out-of-school.

145. Across sectors, UNICEF programming was widely perceived to reach vulnerable populations, particularly conflict-affected children, displaced communities, women, and girls, through community-based, adaptive delivery models. However, persistent gaps remain for children with disabilities, adolescent girls, and in the institutional sustainability of services (Section 6.1 and Section 6.4). A high-level synthesis of sector-specific findings with quotations, and disaggregated data, drawing on survey results, key informant interviews, and programme documentation, are presented in Table 29 (Annex 8). A comprehensive integration of cross-cutting priorities across the different sectors in the CP is presented in Table 28 (Annex 8).

6.8.2. The extent to which the country programme contributed to the reduction of inequities and exclusion and progress towards the achievement of greater gender equality

146. **The CP contributed to tackling inequities and gender inequality through targeted budgeting, gender-responsive programming, and equity-focused resource allocation.** Investments were directed toward marginalized groups, including children in conflict-affected states, IDPs, and underserved regions. However**, execution rates fell short in some years, reflecting structural and contextual constraints that limited delivery**.

[127] The criterion coverage assesses whether the intervention adequately and equitably addresses the scale and distribution of needs, including considerations of geographic reach, demographic inclusivity (e.g., gender, age, disability), and accessibility for vulnerable or marginalized groups.

147. In parallel, **gender-sensitive budgeting reflected periodic commitment rather than a consistent upward trajectory.** UNICEF systematically applied gender tagging in budget planning across the CPD periods; however, the share of resources tagged as gender-sensitive (principal or significant) fluctuated over time rather than increasing progressively. As shown in Table 12, the gender-sensitive share declined from 60.8% in 2019 to 42.0% in 2023, coinciding with shifts in the funding portfolio toward short-term humanitarian financing and compressed implementation cycles. By 2025, the gender-sensitive share moderated to 69.4%, indicating partial recovery but continued variability.

Table 12 Distribution of Budget by Gender Equality Marker and by Year (2019–2025)

Year	Marginal	None	Principal	Significant	Gender-Sensitive Share (%)
2019	37.8	32.4	2.3	106.6	60.80
2020	33.4	41.9	3.1	100.1	57.82
2021	41.9	44.2	11.3	72.6	49.35
2022	74.8	35.2	20.4	67.2	44.33
2023	42.9	3.7	7.5	26.2	41.97
2024	2.7	-2.9	0.8	4.3	104.08*
2025	0.2	0.02	0	0.5	69.44
Phase 1	187.9	153.6	37.1	346.6	52.91
Phase 2	45.8	0.8	8.5	31.0	45.88
Phase 1&2	233.7	154.4	45.6	377.6	52.16

***Note:** T*he value -2.9 that –2.9 in the 2024 "None" category most likely comes from negative budget adjustments or reclassifications in the source data. Because "None" is part of the total budget calculation, a negative in that column lowers the denominator for 2024, which is why the gender-sensitive share jumps to over 100% — a clear signal that this year's percentage needs to be interpreted carefully or adjusted. If the negative "None" value is excluded, the Gender-Sensitive share becomes 65.4%.*

148. **Sector-level analysis reveals uneven integration of gender sensitivity across the CP budget.** Health (USD 246.9m) and Nutrition (USD 175.7m) received the largest allocations but only modest gender tagging (USD 32.2m and USD 33.1m), indicating weak mainstreaming relative to investment size. By contrast, Child Protection and WASH demonstrated stronger proportional integration: over two-thirds of Child Protection funding (USD 26.8m of 38.8m) and more than 40% of WASH funding (USD 40.7m) were gender-tagged, reflecting closer alignment with equity objectives.
149. Operational Effectiveness and Programme Effectiveness, together exceeding USD 130m, showed limited gender sensitivity, none in Operational Effectiveness and only one-third (USD 19.9m) in Programme Effectiveness. This highlights a systemic gap: gender tagging is concentrated in service delivery, while enabling and administrative functions—critical to equity outcomes—remain under-addressed.
150. **Although budget planning was equity-and gender-oriented, implementation results were mixed.** Gender-marked expenditures were concentrated in Health, Child Protection, and WASH, but execution gaps persisted in outputs for girls' education and adolescent reproductive health. Equity-focused interventions were further constrained by weak absorptive capacity and contextual shocks, with the sharp decline in budget absorption in 2022 particularly affecting social inclusion programmes. Performance partially recovered in 2023.
151. Despite delivery gaps, gender- and equity-oriented interventions demonstrated relatively strong cost-efficiency, especially in humanitarian contexts. For instance, SAM treatment and immunization, benefiting vulnerable children, including girls, were delivered at competitive unit costs ($8–13 per child immunized).

152. **There is strong convergence across qualitative evidence that the CP made a substantive contribution to reducing inequities and advancing gender equality by prioritizing the most vulnerable populations including adolescent girls,** displaced communities, and populations in remote or conflict-affected areas. While progress varied by sector and geographic location, UNICEF's equity-focused strategies, gender-responsive programming, and inclusive delivery models were consistently recognized by stakeholders as instrumental in reaching marginalized groups
153. The CP's results frameworks incorporated output and outcome indicators disaggregated by sex and vulnerability status, signalling systematic attention to equity and inclusion..

7. CONCLUSIONS, LESSONS LEARNED AND RECOMMENDATIONS

7.1 Final conclusions

The SSCP remains **highly relevant** in South Sudan's fragile context, aligning with national priorities and sectoral strategies, and recognized for sustaining life-saving services in health, nutrition, WASH, education, and child protection. This relevance is strongest in humanitarian and crisis-affected settings, where UNICEF's comparative advantage and operational presence are most evident. However, the evaluation suggests that relevance has been maintained through a strong focus on responsiveness, whereas institutionalization has progressed more unevenly, influencing the relationship between short-term adaptation and longer-term change. Its relevance is challenged by weak sustainability frameworks at subnational levels, limited inclusivity (disabilities, adolescents), heavy reliance on short-term donor funding, and sectoral disparities in ownership. Without clearer differentiation between humanitarian and development relevance, the CP may continue to prioritize crisis responsiveness, while opportunities to more systematically support durable systems strengthening remain limited. To maintain strategic relevance over time, the CP must shift progressively from emergency leadership to system-anchored programming supported by strengthened government engagement, predictable financing, and realistic assessments of institutional absorptive capacity.

The CP demonstrates **strong coherence** through leadership in cluster coordination, policy alignment, and inclusive networks in WASH, nutrition, and education. This coherence is most consistently observed at national and cluster levels and during humanitarian coordination. Coordination gaps at subnational levels, weak engagement of child protection and social policy actors, and limited community participation reduce accountability. Gender frameworks (GEWE, action plans) are inconsistently applied, resulting in gaps between policy commitments and practice, particularly at field level.

The CP has been **effective at the output level**, delivering results in crisis-affected areas through strong NGO partnerships and decentralized delivery. Effectiveness is more evident for immediate service delivery than for sustained outcome-level change, reflecting data limitations and contextual volatility. **Effectiveness is uneven**, with gaps for adolescents, children with disabilities, and remote populations. **Operational efficiency is high in emergencies** through mobile outreach, integrated service delivery, and local partnerships, backed by field operations and supply/logistics systems. Strategic functions (PMER, SBC) are conceptually robust but under-integrated; SBC is often treated as ancillary rather than a transformative driver. Sectoral disparities persist: NGO partnerships improved efficiency, but **limited government ownership, private sector engagement and high unit costs in health and education threaten long-term cost-effectiveness**.

The CP generated **tangible local impacts** in child survival, nutrition, education, and protection, particularly in humanitarian settings. **System-level and transformative impacts, however, remain constrained** by weak governance, recurrent shocks, short funding cycles, and incomplete national data systems. While the CP has strengthened subnational systems (notably in WASH, education, and protection), **sustainability is fragile** due to limited government ownership, low fiscal commitment, and reliance on external actors.

Limited transition planning undermines consolidation of long-term change. In terms of **connectedness**, the CP advanced the humanitarian–development–peace nexus, embedding emergency response in localized systems and building community resilience. However, recurrent shocks and weak national coordination limit the durability of these gains. Regarding **coverage,** equity-focused strategies extended services to marginalized groups -displaced children, adolescent girls, and communities in remote/conflict areas - through gender-sensitive delivery and community-based approaches. However, children with disabilities, nomadic populations, and female-headed households remain underserved, underscoring the need for institutionalized inclusion and sustained local investment. The analysis of unintended effects reinforces the conclusion that while adaptive, partner-led models are essential in fragile contexts, they require deliberate safeguards to prevent dependency, erosion of ownership, and inequitable coverage. Future programming would benefit from explicitly anticipating potential unintended effects and embedding mitigation and transition measures within theories of change and implementation strategies.

Looking forward, the evaluation suggests that maintaining relevance, impartiality, and effectiveness in a context of persistent uncertainty will require a stronger shift from reactive adaptation toward anticipatory, risk-informed planning. This includes more systematic use of conflict sensitivity analysis, political economy analysis, and horizon scanning during CPD formulation and annual planning, as well as clearer triggers for strategic course correction when assumptions no longer hold. Embedding such analyses within routine planning, monitoring, and review processes would support more timely policy and programmatic adjustment, while safeguard humanitarian principles and enabling UNICEF to navigate complex political and conflict dynamics without compromising neutrality.

7.2 Lessons learned

1. **Strategic alignment must be matched by subnational capacity to translate policy into practice**. Strategic alignment with national strategies and global frameworks (e.g., NDS, SDGs, and UNICEF Strategic Plan) can strengthen credibility, strategic coherence, and policy legitimacy. However, without adequate parallel investment in subnational capacity, such alignment risks remaining aspirational rather than operational. This misalignment was evident in areas such as the ECD policy and disability inclusion frameworks, where strong policy commitments were made nationally but implementation lagged due to weak subnational systems, staff shortages, and minimal domestic financing.

2. **Adaptive programming is essential in fragile settings, but institutionalization determines durability**. Adaptability and flexibility (mobile outreach, pre-positioning, remote learning) are essential in fragile contexts, ensuring continuity and reinforcing trust. Institutionalizing these mechanisms through contingency planning and flexible financing mechanisms ensures continuity and reinforces community trust. Cross-sectoral integration only achieves lasting results when coordination is embedded in institutional structures and joint planning processes, rather than relying on short-term collaboration between sectors. **Credibility and influence require engagement beyond technical partners -**academia, private sector, and some government actors remain under-engaged.

3. **Delivery-led models save lives but require deliberate transition pathways to avoid dependency.** Direct implementation and strong reliance on partners are often indispensable for rapid response and access in insecure or hard-to-reach settings. However, prolonged delivery without clearly articulated transition or handover pathways can unintentionally weaken local ownership and institutional learning. Evaluations highlight the importance of designing phased transitions, linked to realistic assessments of government and community capacity, from the outset, even in predominantly humanitarian programmes.

4. **Equity, gender, and inclusion outcomes depend on intentional design, resourcing, and data.** Commitments to equity, gender equality, and inclusion do not translate automatically into results. Persistent barriers such as insecurity, geographic isolation, weak infrastructure, and social norms, require

sustained advocacy, dedicated financing, and strong local partnerships. The absence of consistently disaggregated data (by sex, age, disability, and socio-economic status) undermines the ability to track inequities, adapt programming, and ensure accountability. Gender relevance, in particular, must be explicitly articulated in problem analysis, theories of change, and sector strategies to avoid defaulting to gender-neutral approaches.

5. **Behaviour and social change is most effective when treated as a system function, not an add-on.** SBC interventions are demonstrably effective in influencing uptake, norms, and practices, but their impact is often short-lived when they are not systematically integrated into sectoral strategies and institutional processes. This evaluation points to the need to embed SBC within theories of change, monitoring frameworks, and routine service delivery, supported by continuous reinforcement rather than time-bound campaigns**.** Without institutional integration and sustained reinforcement, gains such as early marriage prevention or adolescent empowerment, are often short lived.
6. **In resource-constrained and volatile contexts, learning and evidence generation are most effective when they prioritize agility, collaboration, and use of existing data systems rather than relying predominantly on large-scale evaluations.** The analysis found that while multiple strategies were deployed concurrently to advance sustainability, equity, and behaviour change, their relative effectiveness and cost-efficiency were often insufficiently documented. The evaluation therefore underscores the value of routine analysis of administrative and survey data (e.g., MICS), rapid learning reviews, and joint learning initiatives with UN agencies and NGOs, particularly for complex areas such as SBCC, where outcomes are harder to measure. Embedding lower-cost, real-time learning mechanisms within programme cycles supports adaptive decision-making and more strategic prioritization under constrained financing.
7. **Coherence and integration are strongest where proximity, capacity, and accountability align.** Cluster leadership, field-embedded presence, and integrated service delivery reduce duplication and improve responsiveness, particularly in emergencies. However, the sustainability of integration depends on local government capacity, clear role delineation, and accountability mechanisms. Where these conditions are weak, integration remains fragile and heavily dependent on external actors, limiting its contribution to long-term system strengthening.
8. **Efficiency gains emerge from scale, integration, and prevention, but trade-offs are unavoidable.** Bundled and multi-sectoral interventions generate efficiencies through shared logistics and outreach, while preventive interventions (e.g., immunization, micronutrient supplementation) deliver high value for money at scale. At the same time, life-saving services with higher unit costs (e.g., maternal health, SAM treatment) highlight the need to balance cost-efficiency with critical impact. Rigid annual budgeting constrains resilience planning; multi-year and pooled financing are consistently identified as enablers of both efficiency and adaptability.
9. **Sustainable impact requires coupling capacity development with fiscal and political commitment**. Capacity-building alone is insufficient to ensure durability of results. Evidence indicates that sustainability depends on the alignment of technical support with fiscal commitment and political will, particularly at subnational levels. While service delivery models are more readily institutionalized, upstream reforms typically require longer time horizons, sustained engagement, and coordinated investment to take root. Humanitarian delivery platforms can create important entry points for longer-term system strengthening; however, without deliberate strategies to anchor gains within national institutions and financing frameworks, such gains tend to remain localized and fragile.

7.3 Recommendations

Based on the evidence in this evaluation, the team shares a series of considerations to be taken into account for future UNICEF interventions. These recommendations were shaped by stakeholder perspectives, drawing on key informant interviews with UNICEF, government representatives, development partners, donors, and civil society organizations, as well as deliberations with UNICEF, NGO, and government actors during the participatory appraisal workshop. Additionally, the recommendations were discussed and further refined in consultation with the UNICEF South Sudan Country Office and the Eastern and Southern Africa Regional Office during a recommendation review and prioritization workshop. A validation session was subsequently held with members of the Evaluation Reference Group (ERG) to finalize the recommendations.

Strategic Recommendations			
Criteria	**Text of the Recommendation**	**Responsibility**	**Level of priority**
Relevance	**Recommendation 1: Strengthen Government ownership across all administrative tiers - national, state, and county levels.** *Suggested actions to implement the recommendation* 1.1 Expand the structured and systematic capacity-building initiatives tailored to government institutions, with particular emphasis on priority sectors such as health, nutrition, child protection and WASH. Scale structured capacity building programmes for planning, supervision, supply management, and financial accountability. 1.2 Embedding long-term technical advisors[128] within relevant ministries – this has proven effective in fragile contexts for enhancing institutional capacity and bridging the gap between policy formulation and implementation. 1.3 Jointly develop and institutionalize comprehensive accountability frameworks with government counterparts, complementing capacity-building and advisory support initiatives. This collaborative approach will ensure local ownership and long-term sustainability of accountability mechanisms. 1.4 Maintain direct service delivery in life-saving sectors where government capacity remains insufficient, while progressively embedding these services within government and community structures to enable a sustainable transition.	UNICEF CO Management, UNICEF WASH / Education / Health / Nutrition / Child Protection / Social Policy sections,	**H**

[128] *The decision on whether these would be locally or internationally resourced would have to be made by UNICEF based on skill availability in-country, feasibility and logistical considerations.*

Sustainability	**Recommendation 2: Adopt a multi-faceted strategy to enhance financial sustainability and promote greater government ownership.** *Suggested actions to implement the recommendation* 2.1. Use flagship programmes such as the Health Sector Transformation Programme (HSTP) as a strategic entry point to conduct regular Public Financial Management analysis tracking health allocations, disbursements, and spending. Strengthening this evidence base will support a gradual transition toward government-led health financing and more efficient use of public resources. 2.2. Diversify the funding base - to reduce dependency on traditional donors and increase financial resilience, UNICEF SS CO should proactively expand its funding pool by engaging new and emerging partners. This includes outreach to non-traditional donors such as China, Turkey, countries in the Middle East, and leveraging partnerships with the private sector. Demonstrating a robust track record of results and impact will be critical to attract these new funders. 2.3. A gradual transition plan should be implemented, where UNICEF progressively shifts from direct implementation to a facilitative and capacity-building role, enabling government entities to assume greater ownership over time.	UNICEF South Sudan Country Office	**H**
Efficiency	**Recommendation 3: Improve cost efficiency of the programme through realistic planning and decentralized delivery** *Suggested actions to implement the recommendation* 3.1 Strengthen planning realism and absorptive capacity alignment. Overly ambitious budget plans, especially during CPD transitions or following donor funding surges, create absorption bottlenecks 3.2 Prioritize early disbursement and integrated procurement planning. Late release of funds and slow procurement processes significantly hindered programme execution.3.3 Expand decentralized partnerships and field presence. Outputs supported by decentralized teams and local partners consistently show better cost-efficiency and responsiveness.	UNICEF CO Management, UNICEF Operations & Supply, UNICEF PMER, UNICEF sector leads (Health, Nutrition, WASH, Education, Child Protection)	**H**
Efficiency	**Recommendation 4: Pilot an integrated, cross-sectoral programming model that deliberately aligns planning, delivery, and operational systems across sectors. Building on evidence from integrated Health and Nutrition programming, the model should leverage shared logistics, outreach, and service delivery mechanisms to reduce per-unit costs while simultaneously expanding service coverage and efficiency.** *Suggested actions to implement the recommendation* 4.1. Move from ad hoc coordination to a systematic convergence model that integrates health, nutrition, WASH, and education. Shared logistics, pooled outreach teams, and harmonized partner agreements can reduce duplication and improve cost-efficiency.	UNICEF CO Programme Sections (Health, Nutrition, WASH, Education, Child Protection, Social Policy)	**M**

	4.2. Apply performance-linked allocations by channelling additional resources to consistently high-efficiency sectors such as Health, Nutrition, and Education to maximise measurable results within the existing budget, while phasing out parallel delivery structures. 4.3. Establish a sector-specific change management plan, including retraining frontline workers and harmonizing agreements required to minimize disruption, with contingency measures maintained in hard-to-reach or high-risk areas where integration may not yet be feasible.		
Equity and Gender Equality	**Recommendation 5: Mainstream Disability Inclusion, transition from policy recognition to operationalization of disability inclusion across all sectors.** *Suggested actions to implement the recommendation* 5.1. Allocate dedicated resources and technical expertise: Establish specific budget lines and deploy specialized staff to design, implement, and oversee disability-inclusive programming within health, education, protection, and WASH sectors. 5.2. Develop and implement robust monitoring frameworks: Integrate disability-disaggregated data collection and analysis into all monitoring and evaluation systems to track progress, identify gaps, and inform adaptive programming. 5.3. Institute sector-wide coordination: facilitate regular coordination mechanisms to mainstream disability considerations into planning, implementation, and evaluation processes, thereby avoiding siloed approaches and promoting comprehensive inclusion. 5.4. Engage organizations of persons with disabilities (OPDs) and community stakeholders: foster meaningful partnerships with OPDs and local communities to co-create culturally sensitive and context-specific strategies that address barriers faced by children with disabilities.	UNICEF Education, Health, WASH, Child Protection Sections, \	**H**
Equity and Gender equality	**Recommendation 6: Strengthen equity-focused and gender-responsive programming** *Suggested actions to implement the recommendation* 6.1. Institutionalizing disability inclusion: Allocate dedicated resources and technical expertise, establish robust monitoring systems with disability-disaggregated data, and coordinate across sectors to fully operationalize disability-inclusive services. 6.2. Applying GEWE tools systematically: Use gender markers, disaggregated indicators, and embed gender-responsive metrics across planning and monitoring frameworks. 6.3. Enhancing data and accountability: Develop inclusive data systems disaggregated by gender, age, disability, and socio-economic status, and share findings with communities to promote transparency and participation. 6.4. Building capacity and fostering partnerships: Train government and partners in inclusive programming and collaborate with organizations of persons with disabilities (OPDs) and marginalized groups to design culturally responsive interventions.	UNICEF Gender Focal Points in all programme sections	**M**
Operational Recommendations **Criteria**			

	Text of the Recommendation	Recipient(s)	Level of priority
Effectiveness	**Recommendation 7: Improve effectiveness across sectors through systems strengthening** *Suggested actions to implement the recommendation* 7.1. WASH - Strengthen maintenance and sustainability of water infrastructure; Mandate disability-inclusive WASH design standards for schools and public facilities. 7.2. Social Policy - Prioritize the routine production and utilization of data disaggregated by poverty, disability, gender, and other equity markers. Support the SSBS and relevant line ministries in fully operationalizing data systems such as MICS and DHIS2 to ensure evidence-based decision-making. Deepen partnerships with research institutions. 7.3. Child Protection - Advocate for the establishment of government-funded child protection positions at county and state levels; Support the Ministry of Gender and Social Welfare in developing human resource plans, supervision frameworks, and standardized training curricula for child protection workers. Expand reintegration and psychosocial support services. Link with community-based education and livelihood initiatives to reduce risks of re-trafficking and exploitation.	UNICEF WASH Section, MoH (water directorates), State WASH offices, OPDs, community WASH committees, UNICEF gender focal points	**H**
Sustainability	**Recommendation 8: Maintain direct service delivery with phased transition** *Suggested actions to implement the recommendation* 8.1 Maintain direct service delivery in life-saving sectors where government capacity remains insufficient, while progressively embedding these services within government and community structures to enable a sustainable transition. 8.2 Scaling back of service delivery should be carefully sequenced and risk-assessed to avoid service collapse, reversal of gains, and erosion of community trust.	UNICEF sectoral sections (Health, WASH, Nutrition, Education, Child Protection)	**H**