UNICEF South Sudan continued to deliver for children in 2017.

Faced with growing humanitarian needs, we and our partners responded to multiple crises, providing aid to 2.3 million people, 2.1 million of whom were children.

The year began with a declaration of famine in two conflict-affected counties. And even in more stable areas – including the capital, Juba – families continued to struggle to feed themselves as spiralling inflation pushed the prices of basic foodstuffs beyond their reach. Consequently, the number of children under five admitted to therapeutic feeding programmes to treat severe acute malnutrition climbed, with more than 208,000 having received treatment by the end of the year.

An estimated 19,000 children remained in the ranks of armed forces and groups, with not one release taking place in 2017. Fortunately, as we approached the end of the year, preparations were made for the release of some 700 children in Yambio, with the first phase (311 children), successfully taking place in February 2018.

Violations of children’s rights were perpetrated by all sides to the conflict, with denial of humanitarian access accounting for the majority. Children and their families also continued to flee their homes, with many seeking shelter in neighbouring countries. In 2017, the grim milestone of the one-millionth child refugee from South Sudan was passed.

But despite these challenges, and in response to them, humanitarian aid continued to save lives, reaching millions of people in urgent need: 1.8 million children were vaccinated against measles; nearly 80,000 people were provided with access to safe water; more than 300,000 children were given opportunities to learn; and nearly a quarter of a million received psychosocial support. By the end of the year, the country’s most severe and long-running cholera epidemic since independence had been contained.

The famine response also shows what can be done when humanitarian organizations have access and funding and can work together: four months after it was declared the famine was over.

None of this would have been possible without the hard work of our partners and the vital support of our donors. Through them, and together with sister UN agencies and non-governmental organizations, we were able to alleviate the suffering of the most vulnerable victims of a conflict now in its fifth year. But a long-term solution to anguish caused by this crisis requires peace.

May 2018 be the year in which it arrives.
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SITUATION FOR CHILDREN

In a context of deepened humanitarian crisis – including a localized famine, sporadic conflict, increased food insecurity, a protracted cholera outbreak in much of the country and sustained economic decline – 2017 has been very challenging for children and families in South Sudan. Large-scale displacement left many children separated from their families, in psychosocial distress and vulnerable to further violence, abuse and exploitation. Gender-based violence, affecting primarily women and girls, has been intensified by the crisis and is reportedly perpetrated by all parties to the conflict.

Between June and September, an estimated six million people were severely food insecure, the greatest number of people ever recorded to have experienced severe food insecurity in South Sudan at one time. The cholera outbreak that began on 18 June 2016 lasted longer than any had before (until November 2017), although the number of cases drastically declined in the second half of 2017. In total, there were 20,438 cholera cases with 436 deaths, during the outbreak.

Denial of humanitarian access accounted for 58 per cent of all documented incidents of grave violations of children’s rights, followed by recruitment and use of children (17 per cent). Most incidents were documented in Greater Equatoria (42 per cent) and Greater Upper Nile (40 per cent). Children were killed in crossfire during the active hostilities, children were observed in the fighting forces of both parties to the conflict, and humanitarian compounds and supplies were looted. While 42 per cent of all documented grave violations occurred in Greater Equatoria, the real number of incidents and children affected in the area is likely to be higher, as the United Nations does not have access to all populations in need and affected civilians have been displaced to neighbouring countries where the United Nations does not yet conduct monitoring and reporting.

Forty-eight per cent of all reported cholera cases have affected children aged 0 to 14 years. Nomadic pastoralists moving from cattle camps to villages have become a notable risk factor for spread of the disease.

The situation is aggravated by limited capacity to respond in the context of multiple health emergencies, and limited knowledge and skills among health workers. The potential for spread of vaccine-preventable diseases, such as measles, is large. A 2017 national measles immunization campaign in all 10 states reached 1,796,046 children aged six months to 15 years. However, preparations are still ongoing for the remaining counties in Jonglei, Upper Nile and Unity. Despite this coverage, the quality of care remains a concern. The 15 deaths that followed vaccination in Eastern Equatoria in May 2017 are indicative of a system that lacks adequate resources to ensure adequate training, supportive supervision and oversight of staff conducting immunization.

Over 1.1 million under-five children are estimated to be acutely malnourished in South Sudan in 2018. Analysis released in October painted a bleak picture of the country’s food security situation, especially during the harvest when households are expected to consume their own produce. About six million people (56 per cent of the population) were severely food insecure in September, of whom 40,000 were in humanitarian catastrophe. An earlier-than-normal start to the lean season was predicted, which will result in 6.3 million severely food insecure people in February-April 2018, and 50,000 in humanitarian catastrophe. Of the food insecure population, an estimated 21 per cent are under-five children and another 8 per cent are pregnant and lactating women.

The surge in insecurity has also undermined the provision of education services. Almost two million school-aged children are out of school, and about 1.3 million children are at risk of dropping out due to conflict and food insecurity. Continued deterioration of the economy, non-payment of teachers’ salaries, and limited support for schools have contributed to the negative impact on education. A fresh outbreak of violence further increased dropout rates and caused a fall in primary school enrolment rates. Boys faced increased chances of being recruited into armed groups, and girls into child marriage.

South Sudan has very low water supply and sanitation coverage. According to the UNICEF-WHO 2017 Joint Monitoring Programme report, only 50 per cent of the population has access to safe water coverage, 10 per cent have access to basic sanitation and over 61 per cent practice open defecation. The continued conflict and displacement aggravated the already poor access to safe water supply and improved sanitation. An estimated 40 per cent of existing water points are believed to be non-functional, because of damage of infrastructure due to the conflict or poor operation and maintenance.
UNICEF has been in the forefront of providing a multi-sector response to the multiple humanitarian crises in South Sudan. As of 31 October, it had helped deliver aid to 2.3 million people, of whom 2.1 million were children. UNICEF’s 11 Field Offices have been strengthened with personnel, information and communication technology, security and accommodation.

Though space for development programming has been even further limited. UNICEF continued to train frontline professionals and government staff on social protection, justice for children, maternal and child health and education. It has advocated for policies and made the case for providing free essential social services to all, in order to promote equity, peace, stability, and long-term development.

In 2017, 878,081 children and 262,271 caregivers and women continued benefiting from critical child protection services. This includes psychosocial support (247,062 children); family tracing and reunification (13,899 children receiving family tracing support); mine risk education (121,040 beneficiaries); and reintegration of children from armed forces/groups (1933, children). It also includes 180,974 individuals who benefited from gender-based violence prevention and response services and 450,578 children who received birth notification from the Government in supported healthcare facilities.

UNICEF continued strengthening routine and supplementary immunization. Fifty-three per cent of children were vaccinated with Pentavalent 3, more than the 45 per cent figure from 2016. Additionally, 1,795,046 children (aged six months to 15 years) were vaccinated against measles. A total of 36,615 pregnant women attended antenatal care four or more times, 16,902 delivered under skilled care and 454 pregnant women living with HIV were newly identified and enrolled on lifelong antiretroviral therapy. UNICEF supported the Ministry of Health to develop plans on maternal, newborn and child health; disease outbreak; and immunization, as well as the Boma Health Initiative Strategy for community healthcare.

In 2017, UNICEF provided 996,217 people with access to safe drinking water and 375,411 people with access to sanitation facilities and services (partly through Community-Led Total Sanitation (CLTS)). This included some of the most remote and conflict-affected areas of the country.

From January to December 2017, UNICEF and partners admitted 208,333 under-five children suffering from severe acute malnutrition into outpatient therapeutic services across South Sudan (boys 102,083, girls 106,250). Of these, 86.7 per cent were discharged cured. A total of 938,918 mothers and caregivers acquired knowledge and skills on appropriate maternal, infant and young child feeding practices in targeted communities. With UNICEF support, the National Maternal, Infant and Young Child Nutrition Strategy, Guidelines and Training packages were launched in early 2017.

In 2017, UNICEF and partners provided education services for 519,962 children, and built the capacity of 13,007 education personnel and community members to effectively deliver quality, age-appropriate learning opportunities, and inclusive education services. ‘Pro-girl’ policies and plans have advanced girls’ education, including through the 2018-2022 Girls’ Education Strategy.
The scaled-up Integrated Rapid Response Mechanism (IRRMRM) continued in 2017 to be the most viable modality for UNICEF to reach out to vulnerable children and families in hard-to-reach locations. With the proliferation of conflict across the country, UNICEF and WFP prioritized deploying RRM missions to locations that fit the criteria of extraordinary humanitarian needs, such as massive displacement of populations or severe food insecurity. Since they began in March 2014, 141 joint RRM missions have cumulatively reached over two million people.

In 2017, UNICEF’s IRRM reached around 781,000 persons, including 140,974 under-five children, providing vaccinations, health and nutrition screening, treatment, supplementation, safe water supplies, hygiene promotion, family tracking, reunification and education services through a package of lifesaving services, alongside WFP food distributions, through 51 missions to the most affected counties of South Sudan. Forty-five missions took place in 14 areas previously unreached with humanitarian assistance. While most missions continued to be made in Greater Upper Nile, four were conducted in Greater Equatoria and Western Bahr el Ghazal. Strong coordination between UNICEF and WFP endured and ensured that life-saving assistance was provided to the most vulnerable populations in insecure and difficult-to-access areas.

Dry season prepositioning plan

UNICEF’s unique dry-season prepositioning plan is designed to address the immediate humanitarian needs of 2.1 million people affected by conflict, food insecurity, malnutrition and disease outbreaks.

South Sudan, a country the size of France, has only 192 kilometres of paved roads

For 7 months in a year, rains render approximately 60 per cent of these roads inaccessible

$24.2 million Value of supplies which are prepositioned in the 5 dry months, from December to April

$15 million worth of supplies are transported during the remaining 7 months

Dry season prepositioning focuses on Western Bahr el Ghazal, Jonglei and Eastern Equatoria (where the situation is expected to deteriorate over the next 3 to 6 months)

2.1 million Number of people in need who benefit from the dry season contingency plan

The cost of transporting 7,000 kilograms from Juba, the capital, to the distant township of Wau: By truck – US$1,583; by air – US$13,590

Key hubs for prepositioning are:

- Unity State (Bentiu)
- Lakes (Rumbek)
- Western Equatoria State (Yambio)
- Northern Bahr Ghazal State (Aweil)
- Upper Nile (Malakal)
- Jonglei State (Bor and Akobo)
- Eastern Equatoria State (Kapoeta)
With the Government, WHO and partners, UNICEF continued supporting routine and supplementary immunization nationwide, mainly by strengthening immunization supply chain management and supporting communication and social mobilization activities to boost uptake. In 2017, Pentavalent 3 coverage reached 53 per cent, inactivated polio 51 per cent, and measles vaccination 69 per cent (310,203) of children under one year. Polio immunization reached 3,406,548 children aged 0-59 months. Meanwhile, 1,795,046 children under 15 were vaccinated against measles, a vital response given that in 2017, 1,602 suspected cases of measles, including 11 deaths, were reported. No vaccine stock outs were recorded at national level. This is partly because, with GAVI financing, 101 cold chain equipment sets were procured and installed nationwide, while 174 were assessed and 102 repaired. This enabled provision of potent vaccines.

However, immunization coverage is affected by shrinking government expenditure; acute shortages of healthcare personnel; the conflict expanding to previously relatively stable states and increasing geographic inaccessibility compounded by looting and vandalization of cold-chain equipment. Moreover, service quality is a major concern. There are also concerns that global plans to reduce polio vaccination funding will affect immunization more widely.

In 2017, 1,783,047 individuals, of whom 46 per cent were children under five, were supported to access primary healthcare services to treat common illnesses. Malaria accounted for 40 per cent (329,899) of all under-five children treated at health facilities, followed by pneumonia (22 per cent) and diarrhoea (19 per cent). To prevent malaria among pregnant women and children, UNICEF distributed 239,767 long-lasting insecticide-treated nets.

In 2017, community health programming was scaled up through integrated community case management (iCCM). A total of 112,800 children accessed treatment at community level: a 178 per cent increase on 2016. Given the limited number of functional healthcare facilities, iCCM is vital for improving access to health services, and building community resilience.

UNICEF continued supporting the Ministry of Health and partners to provide maternal and newborn healthcare amidst an increasingly costly and challenging programming environment. Prevention of mother to child transmission of HIV services in Greater Equatoria, which has the highest estimated prevalence of HIV nationwide, was disrupted by the conflict. Several NGOs and government staff withdrew for safety reasons. In response, UNICEF, the Health Cluster and UNOCHA
negotiated humanitarian access to displaced communities. However, these populations were mobile and difficult to access. UNICEF continued using outreach and the RRM to reach these IDPs.

In 2017, in UNICEF-supported programmes, 100,731 (113 per cent of the 88,834 target) pregnant women attended their first ANC visits, but only 36,615 (70 per cent of the 51,251 target) attended four or more visits, compared to 73,930 and 33,654 in 2016. This improvement may be because UNICEF supported more primary healthcare facilities to provide maternal and neonatal healthcare services. However, skilled providers only attended 16,902 births (24 per cent of the target), down from 42 per cent in 2016. The major reasons for the high dropout include late first antenatal care attendance, sociocultural barriers, access constraints, population displacement, lack of skilled birth attendants in healthcare facilities or communities, and insufficient awareness.

In the longest recorded cholera outbreak in South Sudan’s history, there were 17,341 cholera cases and 392 deaths reported in 2017. The most affected groups were newly-displaced IDPs and populations along the River Nile, in cattle camps and on islands with limited access to social services, safe water and sanitation. UNICEF engaged in integrated community-level preventive and curative interventions, while bridging supply gaps at referral facilities to assist continuity of care.

UNICEF continued supporting the Ministry of Health to develop, revise, produce and disseminate key health policies and costed plans to scale up evidence-based interventions, including the National HIV/AIDS Strategic Plan, and the Multi-Year Plan for Expanded Immunization. UNICEF also assisted with the development of South Sudan’s first national Cholera Prevention and Response Plan.
IN 2017, UNICEF CONTINUED SUPPORTING THE MANAGEMENT OF SEVERE ACUTE MALNUTRITION (SAM), MATERNAL INFANT AND YOUNG CHILD NUTRITION (MIYCN), MICRONUTRIENT SUPPLEMENTATION, ROBUST NUTRITION INFORMATION AND PROVISION OF CRITICAL EMERGENCY NUTRITION. UNICEF FURTHER PROVIDED TECHNICAL SUPPORT TO ROLL OUT THE COMMUNITY MANAGEMENT OF ACUTE MALNUTRITION (CMAM) AND MIYCN GUIDELINES TO STATE LEVEL THROUGH A SERIES OF TRAINING EVENTS. IN 2017, UNICEF SUPPORTED THREE IPC ANALYSES, CONDUCTED 44 SMART SURVEYS AND CONTINUED SUPPORTING THE ONGOING FOOD SECURITY AND NUTRITION MONITORING SYSTEM (FSNMS) AND URBAN ASSESSMENT.

UNICEF closely monitored the pipeline to forestall stock-out of nutrition supplies in the country using various strategies including developing and implementing a Dry Season Plan for the country. Children with SAM received continuous treatment thanks to nutrition supplies prepositioned in state warehouses. Regular monitoring was conducted in conflict-affected states. Overall, states with warehousing facilities did not experience stock-outs and maintained quality services. Monthly supplies were monitored at facility level through the nutrition cluster tracking system. In 2017, around 13 per cent of facilities reported stock-outs ranging from one to 30 days, mainly due to difficult terrain and insecurity.

A significant year-on-year reduction in SAM admissions was noted in the first half of 2017. UNICEF and partners admitted 208,333 children with SAM in 2017. The CMAM programme achieved an 86.7 per cent recovery rate for children enrolled in the SAM treatment programme, well above the Sphere
standard of 75 per cent. UNICEF’s unique partnership with WFP continued to scale up nutrition interventions, ensured continuity of care for children under five and enabled communities in hard-to-reach locations to access life-saving nutrition services.

Malnutrition prevention remains critical for addressing the alarming nutritional status of children in the country. This prevention through MIYCN programming continued across the country. The impact of prevention services also significantly increased in 2017. To date, 938,918 mothers and caregivers in targeted communities have acquired knowledge and skills on appropriate infant and young child feeding practices. However, the roll out of the MIYCN strategy to state and county levels is underfunded.

Capacity building of Government and implementing partner staff continued. UNICEF and partners continued rolling out the CMAM guidelines, and 25 managerial-level participants from Government and NGO partners were trained on conducting SMART surveys during 2017.
Meanwhile, spare parts were provided and training was conducted for 636 WASH committees, of whom 50 per cent of trainees were female. Target communities included guinea worm endemic areas and cholera-prone areas, while target facilities included schools and health facilities.

In the sanitation sector capacity is being generated to work towards elimination of open defecation, particularly in Central Equatoria, Eastern Equatoria and Northern Bahr el Ghazal. Though momentum towards achieving open defecation free (ODF) status was significantly undermined by the current crisis, efforts are being made to take different approaches to improved sanitation. Sixty-six villages in Yei (36) and Yambio (30) were declared ODF-free in 2017, and 100 local Community Approaches to Total Sanitation (CATS) mobilizers, natural leaders and women’s groups from villages in Yei were trained on community triggering, and applying for and certification of ODF-free status. UNICEF supported 80 schools and 33 healthcare/nutrition facilities with safe sanitation by constructing and rehabilitating gender-sensitive latrines, benefiting over 40,000 school children and 33,000 family members attending health/nutrition facilities. An additional 1,098,716 people received hygiene and sanitation messages and an estimated 1.2 million people, including schoolchildren, were reached with key hygiene and sanitation messages on handwashing during the Global Handwashing Day Campaign. About 45,227 adolescent girls and women of childbearing age received menstrual hygiene management kits.

Because of emergency needs and a lack of Government leadership, ratification of the Water Bill and the Rural and Urban WASH Action and
Investment Plans have not been prioritized. National level monitoring and evaluation is constrained by financial and human resources bottlenecks to the National WASH Information Management System (WIMS). To date, only four states (Northern Bahr el Ghazal, Lakes, Central Equatoria and Eastern Equatoria) have established State WIMSs, and even these State WIMSs are working sub-optimally and are severely constrained by a lack of resources.

In the cholera response, WASH interventions prepositioned supplies including chlorine, soap, water storage containers and sprayers within referral facilities (cholera treatment centres and units, and oral rehydration points) in targeted high-risk areas. UNICEF supported the installation and/or rehabilitation of WASH facilities and solid waste disposal management. At community level, special campaigns distributed WASH items such as soap to over 100,000 households and water purifiers to 300,000 vulnerable households in high-risk areas. Communities with more than 100 cholera patients were also disinfected. Social mobilizers and hygiene promoters visited 192,286 households in affected areas, reaching 1,359,425 people, while 1,426,400 people were reached with key cholera messages through school interventions, road shows, radio messages, community meetings, market rallies, water point interventions (jerry can cleaning) and public announcements.

After scaling up lobbying and advocacy, the stalled 2013 Civil Registry Bill was tabled at a public hearing in the fourth quarter of 2017 by the Transitional National Legislative Assembly. Passing of the Civil Registry Bill will enable South Sudanese children to acquire comprehensive birth registration. To date 450,578 children (219,651 girls and 230,928 boys) have been supported with birth notifications. To improve the efficiency of birth notification services, 257 healthcare professionals and community mobilizers were trained on electronically issuing birth notifications in Aweil, Juba, Bor, Wau, Torit, Malakal and Bentiu Protection of Civilians sites. In 2017, UNICEF and its partners reached 266,711 children with dedicated psychosocial support services through schools and a community-based approach intended to consolidate the supportive and protective skills of caregivers, social groups and networks. These services enabled children in extremely vulnerable situations to access comprehensive case management services, including focused psychosocial care and other services based on their needs. In 2017, 1,682 unaccompanied and separated children (668 girls and 1,014 boys) were identified, registered and provided with support, including family tracing, follow-up and reunification services. The total number of children registered in the national database increased from 14,628 in December 2016 to 16,469 in November 2017, while the total number of children that have been supported with family tracing and reunification services and family-based or alternative care since 2013 is 14,477. UNICEF also supported partners to reach 131,871 children through school-based and community-based mine risk education.
A total of 108,742 children and community members were supported through more than 26 RRM missions. This includes 25,865 children (11,408 girls and 14,457 boys) and 82,877 community members (42,198 women and 40679 men). The Child Protection in Emergencies programme reached 46,747 children and 82,877 adults through more than 25 joint RRM missions.

UNICEF’s gender-based violence (GBV) prevention and response services, were expanded to 23 counties across the 10 states in 2017, and reached 88,656 women, 46,311 girls, 29,341 boys and 32,639 men. UNICEF supported the capacity building of 102 clinical staff from health facilities in Western Equatoria, Eastern Equatoria, Western Bahr Ghazal and Jonglei States on clinical management of rape. With the National Ministry of Gender, Child and Social Welfare, UNICEF launched the Women and Girls Friendly Spaces Guidelines for South Sudan in July 2017, to improve women’s and girls’ access to information and services.

All 36 UNICEF child protection in emergencies and GBV partners, of which 80 per cent are national NGOs, have been supported to plan, develop and implement child protection projects as part of the capacity building initiative and drive in UNICEF. Through project monitoring visits and technical working group meetings co-led by UNICEF on family tracing and reunification (FTR) and psychosocial support (PSS), UNICEF continued to provide technical oversight to partners and actively contributed to the development and review of standard operating procedures, guidelines and other related support documents. In particular, UNICEF led and supported the development of the 2017 strategic work plan for FTR and PSS working groups.
UNICEF’s Back-to-Learning (BTL) Initiative, launched in February 2015, has proved that well-coordinated efforts with the Ministry of General Education and Instruction (MOGEI) and partners to deliver services (community mobilization and educational supplies) and build teachers’ capacity can revitalize communities, bring children “back” to the education system and provide learning opportunities. In 2017, BTL benefitted 519,962 children (311,149 boys and 208,813 girls, including 200,000 children retained from 2016). A total of 13,007 teachers, Parent-Teacher Association (PTA) members, and other education personnel (3,956 women and 9,051 men) were trained to effectively deliver integrated education services in 558 temporary learning space classrooms and 133 rehabilitated classrooms. A total of 460,000 textbooks and teacher guidebooks were distributed. Following national language policy, teachers’ guides and supplementary materials were developed, printed and distributed in five national languages (Bari, Dinka, Nuer, Zande and Toposha), English and mathematics to improve early-grade literacy and numeracy.

UNICEF continued working with partners for refugee education; life skills and youth; and girls’ education. UNICEF also worked with WFP to jointly identify more schools and synergize support under WFP’s Food For Education Programme. Finally, as the Grant Agent for the Global Partnership for Education Programme (GPEP) in South Sudan, UNICEF with its partners continued modelling good practices in school construction and capacity strengthening of teachers, administrators, and community members to deliver quality education.

In 2017, development began of a pre-service ECD course for teachers and in-service training was initiated to operationalize the new ECD curriculum. To support the new primary and secondary curriculum, UNICEF engaged publishers to write textbooks and helped develop teacher-training courses on the new curriculum and textbooks. GPEP has also funded development of pre- and in-service training materials for Arabic-medium teachers to transition to English-medium teaching.

UNICEF provided infrastructural (solar panels and motorbikes), management and governance support to five County Education Centres and two Teacher Training Institutes. In 2017 Yei Teacher Training College supported these seven institutions to build the capacity of 980 teachers on literacy, numeracy, and effective
pedagogy and introduced peer support systems. The primary school leadership, inspection and supervision programme (PSLP) was completed and benefitted 170 participants bringing the total trained on PSLP since 2016 to 9,666.

The remaining 10 GPEP schools were completed in 2017: there are now 25 equipped and furnished schools (200 classrooms) with integrated WASH facilities and kitchens across Greater Equatoria and Greater Bahr-el Ghazal. These schools initially enrolled 15,600 primary school learners (7,423 boys; 8,177 girls) in early 2017. An additional 6,000 girls are enrolled at and attending GPEP-supported Community Girls Schools. UNICEF helped develop the Girls’ Education Strategy 2018-2022, establish girls’ clubs in the 25 GPEP schools and train School Management Committees, PTAs, and communities on the importance of girls’ education.

The EU-supported IMPACT programme, which is paying US$40 monthly incentives to teachers in primary schools for 18 months has greatly alleviated teacher welfare. Anecdotal evidence documented teachers who had left schools deciding to return to school with the incentives and reduced teachers’ absenteeism. IMPACT has also lessened the need for UNICEF and partners to pay incentives to volunteer teachers, as it covers volunteer teachers; enabling funds previously budgeted for incentives to be reallocated to other activities.
IN SUPPORT OF LONG-TERM PROMOTION OF EQUITY, AND DESPITE THE MASSIVE SETBACKS IN DEVELOPMENT GAINS CAUSED BY THE DISLOCATION OF MOST NATIONAL SYSTEMS OF SOCIAL SERVICE DELIVERY SINCE 2013, UNICEF HAS CONTINUED TRYING TO SUPPORT THE DEVELOPMENT OF THE NATIONAL SOCIAL PROTECTION SYSTEM WITH THE HOPE THAT IT WILL CREATE A BASIS TO BUILD UPON TO PROMOTE EQUITY SHOULD PEACE RETURN. IN 2017, UNICEF CONTINUED TO TRAIN GOVERNMENT STAFF ON SOCIAL PROTECTION, TO PUSH FOR THE ADOPTION OF SOCIAL PROTECTION LEGISLATION (THE NATIONAL POLICY ON CHILDREN WITHOUT ADEQUATE PARENTAL CARE), TO ROLL OUT A NATIONWIDE SYSTEM FOR BIRTH REGISTRATION, AND TO MAKE THE CASE FOR PROVISION OF FREE ESSENTIAL SOCIAL SERVICES (HEALTH, EDUCATION, SOCIAL PROTECTION) TO ALL AS A WAY TO PROMOTE EQUITY, PEACE, STABILITY, AND LONG-TERM DEVELOPMENT.

UNICEF also helped strengthen capacity to produce equity-focused data and analytical studies. It contributed to the first Sustainable Development Goal Report for South Sudan, which provides a baseline to measure future gains, and produced an updated Situation Assessment of Women and Children. It also held capacity building workshops at national and state levels on Public Finance for Children (PF4C) for key social sector institutions, published a national budget brief for 2017-2018, drafted a child protection investment case, and implemented the Open Budget Survey through a local research firm.
Moving on, given the challenges of humanitarian access to certain locations in Greater Equatoria, Greater Upper Nile and Greater Bahr-el Ghazal, the Rapid Response Mechanism will remain a core modality, complementing static partnership, outreach activities and campaign-type modalities. Health and protection indicators will be expanded within the wider considerations of cross-sectoral themes of gender and monitoring of grave children rights violations in 2018.

In 2018 and in the new Country Programme (2019-2021), more efforts will be exerted to strengthen linkages and referral systems between communities and healthcare facilities to ensure continuity of care and referral of complicated cases.

A specific strategy will be developed to provide sustained community mobilization and education, mainly around the newly-established basic emergency obstetric and newborn care facilities. With a focus on shoring up community resilience, which is vital in the fragile context of South Sudan, UNICEF will place more emphasis on, and invest more resources in, supporting local actors to adequately plan and budget for essential interventions.
1. Abyei Development Association
2. ACROSS, South Sudan
3. Action Africa help-International
4. Action Against Hunger
5. Action for Conflict Resolution
6. Action for Development
7. Action for Recovery and Transformation
8. Adventist Relief and Development Agency
9. Advocates Coalition for Rights and Development
10. Africa Arise Initiative for Development
11. Africa Humanitarian Action
12. Afro-Canadian Evangelical Mission
13. Agency for Technical Cooperation and Development
14. American Refugee Committee
15. Amref Health Africa
16. Andre Foods South Sudan
17. Association of Volunteers in International Service
18. Care International
19. CarePlus Foundation
20. Caritas Torit-Catholic Diocese of Torit
21. Catholic Medical Mission Board
22. Catholic Relief Services
23. Centre for Emergency and Development Support
24. Child Rehabilitation Organization
25. Children Charity Organization
26. Children Destiny and Development Organization
27. Christian Action for Relief and Development
28. Christian Mission Aid
29. Christian Mission Aid
30. Christian Mission Development
31. Christian Mission Initiative
32. Church and Development
33. Comitato Collaborazione Medica
34. Community & Social Development Organisation
35. Community Action Organization
36. Community Development Organization Network Forum
37. Community Health and Development Organization
38. Community in Need Aid
39. Concern Worldwide
40. Confident Children out of Conflict
41. Crisis Resilience Initiative
42. Danish Church Aid
43. Daughters of Mary Immaculate
44. Diar for Rehabilitation and Development Association
45. Disabled ASSOCIATION FOR Rehabilitation and Development
46. Doctors with Africa CUAMM
47. DORCAS AID International
48. ECSSS Education and Training
49. Education and Peace Foudnation
50. Fangak Community Development Initiative
102. Polish Humanitarian Aid
103. Premier Urgence
104. Real Medicine Foundation
105. Regional Health Rescue
106. Relief International
107. Rescue Initiative
108. Rev Simon Christian Orphan Foundation
109. Rural Community Action for Peace and Development
110. RUWASSA
111. Save Lives Initiative South Sudan
112. Save the African Child
113. Save the Children
114. Sobat Community for Peace and Development
115. Solidarites International
116. South Sudan Development Agency
117. South Sudan Development Organization
118. South Sudan Red Cross
119. Sports for Hope
120. Stop Poverty Community Initiative
121. Street Children Aid
122. Sudan Medical Care
123. SUDD Relief and Development Action
124. TEARFUND
125. Terre Des Hommes
126. The Alliance for International Medical Action
127. The Health Support Organisation
128. The Mentor Initiative
129. The Organization for Children Harmony
130. Touch Africa Development Organization
131. United and Save the Nation
132. Universal Intervention and Development Organization
133. Universal Network For Knowledge and Empowerment Agency
134. Voice for Change
135. Voice of Freedom
136. Voice of the Peace
137. VSF-Germany
138. VSF-Suisse
139. War Child Canada
140. War Child Holland
141. Widows and Orphans Charitable Organization
142. Windle Trust International
143. Woman Aid Vision
144. Women Advancement Organization
145. Women Vision South Sudan
146. World Relief
147. World Vision South Sudan
With thanks for the generous support provided by our donors in 2017

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