



Annual Report 2012 South Sudan





Contents

- 02** Message from the Representative
- 04** Country Situation
- 05** UNICEF Country Programme Analytical Overview
- 05** Humanitarian Assistance
- 06** Country Programme
- 06** Progress and Challenges
- 07** Health and Nutrition Programme
- 10** Child Protection Programme
- 17** Education Programme
- 20** Policy Advocacy and Social Protection Programme
- 22** Strategic Communication Programme
- 24** UNICEF Operations in South Sudan
- 25** Expression of Thanks

Message from the Representative



© UNICEF South Sudan/2011/Ohanesian

2012 was an eventful year which marked the beginning of the first Programme of Cooperation (2012–2013) between UNICEF and the Government of the Republic of South Sudan, which builds on gains made following the 2005 Comprehensive Peace Agreement. The Country Programme responds to the unique requirements of the new country, and it aims to lay the foundation for rapid acceleration of sustainable delivery of services for children in the new state, in progressive realization of their rights.

During South Sudan's first full year of independence, its children have faced a myriad of challenges towards the realization of their rights through the dividends of peace and independence. Political tension with Sudan and the resulting shutdown of the oil pipeline deepened the economic stress in the country. Humanitarian needs remained consistently high, with some 175,000 Sudanese fleeing Sudan's Southern Kordofan and Blue Nile States and more than 170,000 people being displaced due to internal conflict. However, despite increased economic, political and communal instability, the country has managed to pull back from large-scale conflict, avoided a major economic collapse and survived massive shocks.

During 2012, strong and enduring partnerships between national and international organizations and governments contributed to several achievements. Thanks to these partnerships the UNICEF–Government of South Sudan programme of cooperation has seen some notable achievements:

- **Key legislative and policy frameworks have been completed** – The General Education Bill was passed by parliament and the General Education Sector Plan (GESP) was finalized. The Justice for Children Strategic Framework and a three-year (2012–2015) Action and Investment Plan for Rural Water, Sanitation and Hygiene (WASH) was also developed and endorsed. A draft strategy for girls' education as well as curriculum guidelines for life skills education have also been developed. In addition, broad consultations were held with youth and other stakeholders resulting in the drafting of a revised National Youth Policy.
- **Coverage of key basic services has continued to improve** – South

Sudan has remained free of polio for over three years and cases of Guinea worm disease have reduced by 50 per cent since 2011, totalling 519 cases in 2012. The country office has continued to work towards sustainable service delivery through addressing national and state capacity gaps leading to enhanced coverage of basic services for children.

- **Funding for education has been enhanced** – Appraisal of the general education sector plan was completed. This led to a successful application for Global Partnership in Education membership which resulted in an allocation of US\$36.1 million for three years. A further amount of US\$12 million was also confirmed from the Qatar Foundation through the Educate a Child Initiative. This has provided much-needed capital for strengthening the education system and demonstrating modalities for increasing basic education completion rates in South Sudan.
- **Timely and adequate humanitarian assistance has been provided to people affected by crises** – These included 80,000 returnees from Sudan via Renk (Upper Nile State) and over 175,000 Sudanese refugees in camps in Unity and Upper Nile States and 170,000 internally displaced people from conflict in Abyei and Jonglei States. In particular, over 60,000 children benefited from social welfare and protection services, including family tracing/linking and reunification, psychosocial support services and community-based care. Also, more than 80,000 severely malnourished children were treated.

Our successes must, however, be balanced with the considerable challenges that South Sudan continues to face. Whilst health indicators have improved over the years, child survival continues to be a key concern. Only about a third of all children have received full routine immunization, the under-five mortality rate is still high at about 105 per 1,000 live births, and the maternal mortality rate is the highest in the world, at 2,054 per 100,000 live births.

Approximately 1.3 million primary school children are currently not attending school. The situation is particularly dire for girls. Only 13 per cent of girls who enrol in Grade 1 complete primary school,

and less than one per cent make it through secondary school. A girl is three times more likely to die in childbirth than to enter Grade 8. Only 27 per cent of adults are literate, and among young women (15–24 years) the literacy rate is a mere 13 per cent.

Securing longer-term predictable funding to support systems-building remains a critical challenge. Added to this is the high cost of doing business in South Sudan, which was exacerbated in 2012 by high inflation, shortages of fuel, and bad terrain and insecurity which affected transportation costs.

In 2013 and beyond, UNICEF will continue to work with the Government of South Sudan to face these challenges and support the realization of child rights throughout the country.

I would like to thank our donors for their generous support throughout the year. Despite the continued global financial crisis, the Government of South Sudan and UNICEF attracted significant funding from a wide number of governments and UNICEF National Committees.

Lastly, I would also like to thank all our partners and well-wishers for supporting the children and women of South Sudan. We look forward to your continued support in the year ahead.



Dr. Yasmin Ali Haque,
Representative
UNICEF SOUTH SUDAN



Country Situation



The first year of independence was challenging for South Sudan and its people. The political tensions over unresolved Comprehensive Peace Agreement issues between South Sudan and Sudan, including border demarcation, oil transit fees and the fate of the contested Abyei area exacerbated the challenges faced by the general public, especially those related to safety and security. Significantly, the two countries came close to resumption of all-out conflict, with South Sudan suspending oil production in January 2012, thereby losing 98 per cent of its revenue base. However, the signing of the Four Freedoms Agreement between the two countries, allowing citizens of both states to enjoy freedom of residence, freedom of movement, freedom to undertake economic activity and freedom to acquire and dispose of property, considerably eased tensions over a likely massive exodus of South Sudanese who still remain in Sudan.

Humanitarian needs have remained consistently high. Some 175,000 Sudanese refugees were over four times the anticipated number of 40,000 refugees. This was coupled with large-scale internal displacement of more than 170,000 people due to internal conflict. High inflation, peaking at 80 per cent in May, depreciation of the South Sudanese currency by 40 per cent, fuel and food shortages and severe cuts further overstretched front-line services for the most disadvantaged segments, mostly affecting women and children.

In 2012 the hunger season started earlier than expected for a number of reasons, including

conflict-induced disruptions to agricultural activities, unseasonal rain patterns and a poor harvest in 2011. Large numbers of returnees and internally displaced persons also placed additional demands on already inadequate food and service facilities, further compounding the health and nutrition problems of children and women.

In 2012 the results of the Coverage Evaluation Survey for Immunization attests to an extensive health system that is reaching the majority of children and mothers with immunization and other child and maternal health services. For example, two out of every three areas surveyed are within five kilometres of a health facility and two-thirds of assessed health facilities have basic equipment for immunization services. More than three-quarters of surveyed children and mothers are immunized at least once; this is evidence of access to the health system.

However, the completion of immunization among children is low and stands at 34 per cent by the first birthday. Immunization completion for mothers is even lower – only 19 per cent. Timely medical treatment of fever in children with malaria is realized in only 40 per cent of cases while 54 per cent of children with diarrhoea received oral rehydration salts.

Access to water and sanitation remains a challenge and a key contributor to poor child health – a third of children under the age of five suffer from diarrhoea. Scarcity of water has also been a source of internal conflict between communities. Recent surveys show that more than 30 per cent of people in South Sudan do

not have access to safe water supplies; and only 13 per cent have access to adequate sanitation facilities, making this one of the lowest service coverage statistics in the world. Only 45 per cent of South Sudan's 3,349 basic primary schools have access to safe water and a mere 17 per cent have adequate sanitary latrines for both girls and boys.

Low rates of primary school completion and high gender, geographic and wealth disparities pose enormous challenges to the development of South Sudan. The overall completion rate in primary schools is less than ten per cent – one of the lowest in the world. The ratio of teachers to students is 1:117 with only 13 per cent of teachers being qualified.

Thousands of children in South Sudan are orphaned and some have been targeted for recruitment by armed forces and groups. There are also increasing reports of children without appropriate family care working and living on the streets in major cities and towns; many of these children are at risk of coming into contact with the law. Child abduction is particularly common among some nomadic and pastoral communities, and this remains one of the major reasons for inter-communal clashes.

The heavy presence of landmines means that many children are in danger of severe injury or death on a daily basis. Displacement, increased poverty and reduced opportunities for socialization, play and education, coupled with uncertainty, undermine the protective environment for children and young people.

UNICEF Country Programme Analytical Overview

The UNICEF South Sudan Country Programme (2012–2013) focuses on six main areas – Health and Nutrition, Water, Sanitation and Hygiene (WASH), Basic Education and Gender Equality, Child Protection, Strategic Communication and Policy, and Advocacy and Social Protection. Interventions for addressing HIV/AIDS, peace-building, youth empowerment and humanitarian action are integrated into each of the programmes. Special attention is paid to the vulnerabilities of children and women affected by conflict and emergencies, and gender and geographical inequities.

In 2012, UNICEF South Sudan responded to austerity in the country by deciding upon a number of strategic priorities within the Country Programme, namely establishing birth registration within a civil registration system; breaking transmission of Guinea worm disease; building the system for routine immunization; preventing and managing acute malnutrition; establishing emergency obstetric and neonatal care services closer to the community; increasing basic education completion rates—particularly for girls; and maintaining an effective humanitarian response.

The Country Programme aims to achieve seven interrelated results by 2013:

- 1. Infants, children, adolescents and pregnant women access life-saving, high impact health, nutrition and HIV/AIDS services.*
- 2. Sustained access to community-managed improved WASH services contributes to a reduction of morbidity, a break in the transmission of Guinea worm disease and to peace-building.*
- 3. South Sudan is on course to achieve universal participation in and increased and equitable completion of quality primary education, with parity among boys and girls.*
- 4. Children and adolescents, particularly those affected by conflict and emergencies, have access to quality child welfare services in a strengthened, protective environment.*
- 5. Investment in and social protection for children in their early years are enhanced.*
- 6. Strategic partnerships and systems are fostered for behavioural development and community transformation to advance children's rights.*
- 7. Programmes for children are adequately supported by effective operational and logistical support functions.*



© UNICEF South Sudan/2011/Ohanesian

Humanitarian Assistance

UNICEF continues to be the lead agency for the WASH, nutrition and education clusters, as well as for the child protection sub-cluster. The demands of these roles have been critical, right from the first days of 2012, in ensuring a timely and child-focused response to displacements of about 110,000 in Pibor County (Jonglei State) due to inter-communal violence. As the year progressed the response to a final total of 175,000 refugees displaced by conflict in the south of Sudan took centre stage.

Under the United Nations High Commissioner for Refugees' (UNHCR) lead and coordination, humanitarian pipeline supplies were diverted to Yida and Maban, and partnership arrangements were put in place, particularly for child protection, nutrition and WASH. In all, the country office supported five emergency response operations during the course of 2012, providing assistance to over 445,000 people through non-food items, WASH, health, nutrition, child protection and education support. Institutional capacity-building of the Relief and Rehabilitation Commission and the Ministry of Humanitarian Affairs and Disaster Management benefited over 120 government officials through training on concepts and principles of humanitarian action, disaster risk reduction, monitoring and evaluation, and evidence-based reporting mechanisms. The introduction of humanitarian performance-monitoring has resulted in improved cluster reporting with focus on specific indicators that partners report against.

Country Programme

Progress and Challenges

The Government of South Sudan, in partnership with UNICEF sector teams and implementing partners, assesses the quality of results annually, rating them against a 'traffic light' system as outlined below.



On-track

The progress towards achieving the result was as expected. No impediments to implementation and no significant external factors hindered progress.



Constrained

Some progress towards achieving the result. Some impediments with regard to implementation. Internal or external factors may have hindered progress.



No progress

No progress towards achieving the result. Major impediments to implementation. External factors may have halted progress.

Based on information from field reports, independent evaluations, studies, reviews and surveys, the Country Programme of Cooperation has made solid progress towards achieving its objectives by the end of 2013. During 2012, four out of the six programme results assessed were rated as green and two were rated as yellow (health and social policy).

This represents good progress, especially given the very challenging operating environment and ongoing economic uncertainty in the country. Austerity measures had a big impact on programmes as aid was prioritised toward lifesaving, humanitarian assistance and direct service delivery, away from longer-term development interventions. Government budget cuts, resulting in reduced morale and loss of qualified staff, along with limited existing capacity, slowed progress in strengthening government systems. These challenges are reflected in some of the weaker performing intermediate results. Capacity-building was consistently seen as a core challenge. The following provides a summary of each of the six Country Programme achievements and constraints faced in 2012 and priorities for 2013.

Health and Nutrition Programme



© UNICEF South Sudan/2012/Sokol

Overall Programme Result	Progress
Infants, children, adolescents and pregnant women access life-saving, high impact health and nutrition and HIV/AIDS services	●
Intermediate Programme Results	
Children are protected against all six vaccine-preventable diseases, contributing to polio eradication, accelerated measles control and neonatal tetanus elimination	●
Children under five years of age receive a basic package of preventive health and nutrition services and management of common childhood illnesses to combat the main killer diseases of young children, with a focus on diarrhoea, pneumonia and malaria	●
Eighty per cent of severely wasted children in seven high-risk states receive appropriate treatment through integrated facilities and community primary health care services	●
Sixty per cent of children from birth to 24 months in ten under-served counties receive optimal age-appropriate feeding	●
Sixty per cent of pregnant women and newborns access quality integrated maternal and neonatal interventions, including focused antenatal care, skilled attendance at birth and emergency obstetric and neonatal care	●
Sixty per cent of pregnant women and newborns access quality prevention of mother-to-child transmission of HIV services. Thirty-seven per cent of HIV-exposed infants receive antiretroviral prophylaxis	●
Upstream support to national and state level sectoral capacity and systems is ensured for effective scaling up and implementation of maternal and child health component services	●



Achievements

- Advocacy by UNICEF enabled the Ministry of Health's Directorate of Community and Public Health to take a leadership role in designing the Maternal Newborn and Child Survival Initiative. Commencing in 12 counties, this was aimed at establishing a functional county health system.
- UNICEF's support to nation-wide health and nutrition interventions, in particular the Expanded Programme on Immunization (EPI) and vitamin A supplementation, linked with National Immunization Days (NIDs), yielded significant results:
 - » Continuity of four rounds of Polio NIDs in 2012, reaching nearly 3.2 million eligible children, has contributed to polio-free status for more than three years.
 - » Vitamin A supplementation coverage has been increased to 87 per cent.
 - » The first phase of Tetanus Toxoid immunization among women of child-bearing age in three Equatoria states (77 per cent coverage) was completed.
 - » Three doses of Diphtheria, Pertussis and Tetanus (DPT) vaccine (54 per cent coverage) were provided to 210,269 children.
- UNICEF increased its capacity for combating the main killer diseases – malaria, pneumonia and diarrhoea. Supplies for malaria and Integrated Management of Childhood illness (IMCI) were provided, including 250,000 doses of artemisinin-based combination therapies (ACT), 100,000 sachets of oral rehydration salts and 200,000 long-lasting insecticide-treated nets. One hundred health workers were trained in IMCI.
- UNICEF provided 84,204 children with severe acute malnutrition treatment and expanded treatment services to 30 new outpatient therapeutic feeding programme sites.
- The lives of 60 pregnant mothers were saved by transporting them to emergency obstetric and neonatal care facilities using motorcycle ambulances in the Equatoria states.
- UNICEF counselled and tested 30,642 (24 per cent) pregnant women, identifying 564 HIV-positive pregnant women in 39 prevention of mother-to-child transmission (PMTCT) facilities across the ten states. Out of the 564 HIV-positive pregnant women, 445 (79 per cent) were given antiretroviral prophylaxis.

Nearly 3.2 million children were immunized for polio. South Sudan has been polio-free for more than three years.

Constraints

Despite strong results in some areas, there are constraints to achieving targets within a context of protracted austerity, community insecurity, delays in government systems-building, transition to a new sector financing arrangement, and balancing humanitarian and development interventions.

Key challenges affecting implementation of child health and Integrated Community Case Management (ICCM) interventions include a lack of complete and timely data for IMCI and malaria which affects reporting, feedback and planning; inadequate linkage between health facilities and community-based initiatives; limited capacity of health facilities to manage referral cases from ICCM interventions; and frequent lack of availability of stock of essential drugs (e.g. ACT) at health facilities.

Intermediate Result 4 related to malnutrition prevention was the weakest performing area due to the priority given to curative over preventative services. Focus has been on addressing the increasing caseload of severe acute malnutrition making it more difficult to mobilize resources for preventative interventions such as improving infant and young child feeding practices.

Access to skilled birth attendants and health facility deliveries remained stagnant due to a weak or non-existent county health system; passive engagement of the County Health Department in programme planning, oversight, and coordination; and understaffed and poorly equipped primary health care centres, among others.

Slow progress was made in the implementation of Intermediate Result 6 related to

HIV/AIDS due to non-functioning Prevention of Mother-to-Child Transmission (PMTCT) facilities; poor linkages between facility and community education and building of social awareness; social and cultural stigma; and lack of involvement of men.

Priorities for 2013

- Implement the key recommendations from four major surveys/assessments (EPI Programme Review, EPI Coverage Survey, Effective Vaccine Management Assessment and Comprehensive Cold Chain Inventory).
- Strengthen cold chain and maintenance:
 - » Establish a new national vaccine store
 - » Strengthen the state and county cold chain hubs
 - » Install additional solar fridges in health facilities.
- Operationalize the 'Reach Every Child' (REC) strategy. Prioritize coaching and mentoring of state and counties to review and implement the existing REC strategy micro-plans.
- Implement the pre-introduction activities for pentavalent vaccines (date of introduction 1 January 2014).
- Conduct supplementary immunization activities (four rounds of polio supplementary immunization activities, measles follow-up campaign and phase two and three of maternal and neonatal tetanus elimination campaigns).
- Strengthen data management, reporting, auditing and verification and create strong linkages with health management information systems.

IMPROVING ACCESS TO IMMUNIZATION SERVICES IN SOUTH SUDAN



© UNICEF South Sudan/2012/Sokol

Ahon Agot Pach and her sister Yool Agot Pach arrived tired but content at the Bor Civil hospital in Jonglei State, South Sudan. The two travelled for close to 35 kilometres through swamps to arrive at the hospital and receive immunization services for their children.

"We crossed the Nile River by canoe and then walked to Bor town for the vaccination. We can't miss this for the health of our children."

Her sister Yool remembers seeing many children dying in the village. "I want to protect my child from catching diseases," she says.

"Immunizing children is important as it ensures that your children are protected from diseases and that they will grow up to be healthy," added Ahon.

UNICEF, in collaboration with the World Health Organization and other partners, supports the Ministry of Health to improve access to routine and supplementary immunization throughout the country. This is done through the procurement of vaccines, procurement and maintenance of cold chain equipment supplementary immunization, and capacity building of health workers and social mobilizers.

Child Protection Programme



Overall Programme Result	Progress
Children and adolescents, particularly those affected by conflict and emergencies, access quality child welfare services in a strengthened protective environment	●
Intermediate Programme Results	
Strengthened policy, legislative framework and child protection systems for preventing and responding to violence, abuse and exploitation of children and adolescents is ensured	●
Justice for children, including preventive and protective mechanisms for children in contact with the law, is institutionalized	●
Birth registration of children increases from 35 per cent to 50 per cent	●
Child protection coordination mechanisms for responding to protection needs of children and adolescents affected by conflict and emergencies are strengthened	●
Children and adolescents affected by landmines and those released from armed forces and groups access equitable community based reintegration services	●

“I love school because I get to learn new things... When I grow up I want to be a doctor so that I can help other children who have special needs like me.” Dominic, eight years old

© UNICEF South Sudan/2012/Isokol

Achievements

The programme has improved the wellbeing and protection of nearly 129,000 children and adolescents affected by emergencies through providing family tracing and reunification services; initiatives to prevent and respond to violence, including gender-based violence; family and community-based care and psychosocial support through child-friendly spaces; reintegration assistance; and mine risk education.

Key achievements include:

- Registered 3,628 unaccompanied and separated/missing children, of which 1,240 children were reunited with their families in refugee settings (an additional 700 children re-established family links).
- Provided 32,713 children affected by emergencies, including refugee children, with psychosocial support services in more than 45 child-friendly spaces.
- 27,168 children benefited from protection services through community- and family-based care provided by 980 trained child protection workers, 46 child protection community-based mechanisms and the newly created emergency standby teams.
- Through the monitoring and reporting mechanism (MRM), 162 grave child rights violations incidents were reported, affecting 318 children. Twenty-one schools occupied by armed forces were vacated, following

strong advocacy through the MRM, enabling 8,000 children to return to school.

- Supported over 1,562 children and adolescents released from armed forces and groups with social and economic reintegration assistance.
- Provided mine risk education to promote safe behaviour and prevent mine-related injuries to 100,139 persons, of which 68,000 were children.
- Assisted the government to develop the Justice for Children Strategic Framework, which provides the foundation for developing justice for children systems and the road map for programming to ensure access to justice for children in South Sudan.
- 212 children (201 boys and 11 girls) in contact with the law benefited from child-sensitive justice procedures, including release from detention, legal aid support, diversion from the formal justice system and aftercare support. The latter included psychosocial support, rehabilitation and reintegration assistance.

Constraints

Progress toward achieving the programme result has been steady but slow. Given its long-term goals, there has been limited progress in the area of systems and institutional capacity-building. Focus has

therefore been on developing processes and establishing structures.

Limited progress was made in increasing birth registration. Considerable advocacy and lobbying by UNICEF in this area has just begun showing results with the establishment of structures required for a civil registration system, including steering and technical working groups and the location of the draft Civil Registry Bill within the Ministry of Justice, now ready for review. The government has requested that UNICEF provide technical support to implement civil registration. In addition, the assessment of the national child protection systems, planned for February, was only initiated in November due to preparatory processes taking longer than expected and because of the onset of the rainy season, which hindered data collection at the field level.



Priorities for 2013

- Finalize the development of the policy on children without parental care and the policy on the civil registration system.
- Complete the assessment and mapping of formal and informal child protection systems and assist the government to develop a costed national strategy on child protection.
- Support the ratification of the Convention on the Rights of the Child and its Optional Protocols.
- Support the implementation of the Justice for Children Strategic Framework, starting with the development and implementation of a scheme to divert children in conflict with the law from the formal justice system.
- Accelerate birth registration by linking it to the health and nutrition programmes, e.g. immunization campaigns.
- Scale up the implementation of child protection in emergencies projects, focusing on prevention and response to separation, provision of psychosocial support through partnerships with religious leaders, provision of protection services for vulnerable and refugee children, including those affected by HIV/AIDS, strengthening the monitoring and reporting mechanism, strengthening child protection coordination at national and state levels, and embarking on systematic capacity development of child protection workers.
- Prevent recruitment and advocate for the release of children associated with armed forces and groups, and provide reintegration assistance to those children who have been released from the forces and groups.
- Strengthen school-based and community-based mine risk education.

SEPARATED CHILDREN FIND HOME AND HAPPINESS IN SOUTH SUDAN



© UNICEF South Sudan/2012/Sokol

Following the independence of South Sudan in 2011, hundreds of thousands of South Sudanese, especially women and children, found themselves on the wrong side of the border.

Sixteen-year-old Stella and her siblings were not an exception. They are some of over 175,000 returnees from Khartoum. Orphaned following the death of their mother, a single parent, in 2008, Stella took the responsibility of fending for her siblings.

“We were vulnerable and insecure. We could never be sure where our next meal would come from. My biggest worry was when Southerners were asked to leave Khartoum. I did not know where to start, since I had never left Khartoum,” Stella recalls.

Luckily, a social worker, Khamisa Hamid, identified Stella’s case and together with UNICEF and other partners embarked on a mission to reunite the children with their relatives in South Sudan.

“The risks facing children with no parents or relatives to look after them is a matter of great concern. Caring for the children’s daily needs was one thing. But what they really needed was a permanent home where they could be looked after in the longer term,” said Khamisa, who works for the National Council for Child Welfare (NCCW).

“We were extremely worried about what might happen to these children. As a result, we worked closely with the NCCW and other partners to ensure that the children would be

moved south safely, and that they had homes waiting for them once they arrived there,” said Stephen Blight, UNICEF Chief of Child Protection, Sudan Office.

Mohamed Habib, the senior social worker in the family tracing and reunification unit of the NCCW, takes up the story.

“We found out that the children had the phone number of an uncle in Juba. So we contacted him directly. We also contacted our colleagues in Juba so they could meet him and see if he would be willing and able to take the children. And he was.”

Stella and her siblings met their relatives, who were more than happy to see them, on 15 January 2012, in an emotional reunion.

“Their arrival is a new happiness for us,” said their aunt, Grace James.

“Helping to reunite these children with their uncle renews their hopes and offers them a chance to live again in a protective family environment, and grow to develop to their full potential,” said Fatuma Ibrahim, Chief of Child Protection, UNICEF South Sudan.

Stella and her siblings have settled in well in their new home and are now going to school.

“Life here is better because we live with our uncle who can protect and provide for us,” said Stella.

UNICEF, in collaboration with the government and other partners, helps to trace and reunify separated or unaccompanied children as well as offer them psychosocial support. Approximately 2,000 children have been traced and reunified with their families since the exodus from Khartoum began.



Water, Sanitation and Hygiene Programme



Overall Programme Result	Progress
Sustained access to community-managed, improved WASH services contributes to a reduction of morbidity, a break in transmission of dracunculiasis and peace-building	●
Intermediate Results	
WASH sector investment plans and subsequent revisions to the institutional and legal sector framework lead to accelerated and sustained delivery of WASH services to vulnerable communities	●
Cluster coordination and pipeline management mechanisms at all levels are strengthened to improve predictability of partner responses, effective information management, efficient management of core pipeline assets, and productive partnerships among WASH cluster partners	●
WASH Information Management System is functional between government at all levels and other partners bringing greater equity to the allocation of resources and a solid evidence base for priority setting	●
Emergency-affected, Guinea worm-endemic and returnee host communities, including basic primary schools and health centres, have improved access to safe water sources and the local means to effect sustainable operation and maintenance of these facilities	●
Household and institutional access to and regular use of sanitary latrines and hygiene facilities is accelerated by hygiene promotion and community-led approaches	●

Page 14 © UNICEF South Sudan/2006/Phrozzi

Achievements

- Developed a comprehensive three-year (2012–2015) action and investment plan for rural WASH at the state and national levels through adopting a broad consultative process.
- Operationalized WASH Information Management System (WIMS) at the national level and strengthened WIMS in four states.
- Achieved effective humanitarian response and cluster coordination with no break in core pipelines supplies.
- Provided improved drinking water facilities to over 260,000 people through construction of 110 new handpump-equipped boreholes, five new dug wells, four solar-powered boreholes, and rehabilitation of 402 boreholes and 12 dug wells, including 138 water points, in the Guinea worm-endemic villages.
- South Sudan reported almost 50 per cent fewer cases of Guinea worm (519 cases) than in 2011.
- Provided over 250,000 emergency-affected people with WASH services, including critical supplies.
- Under the community-led total sanitation initiative, families constructed over 6,000 household latrines without any external subsidy for hardware.
- Of the 300 villages targeted, five villages achieved open defecation-free status for the first time in South

Sudan, with another 17 villages to be verified.

- Provided access for over 17,000 pupils to sanitation and hygiene facilities in 35 schools.
- Mobilized over 200,000 school children during Global Handwashing Day to raise awareness on handwashing with soap.

“I learnt about the negative effects of open defecation... This made me think of constructing my latrine. My son [helped] dig the pit, and I did the superstructure.”

Aluel Poot Nyang, widow, one of the first to dig a pit



Constraints

Inaccessibility of project sites due to insecurity, bad road conditions and prolonged rains badly affected the implementation of planned activities, especially the drilling of new boreholes.

In addition, poor hydrogeological conditions (e.g. only 30 per cent success rate in Greater Kapoeta in Eastern Equatoria) and inadequate capacity of implementing partners, especially in the hard-to-reach areas, negatively affected provision of WASH services in the Guinea worm-endemic communities.

Limited capacity of the government, especially at the state and county levels, was a barrier for sustainable delivery of WASH services, including the operationalization of WIMS.

Priorities for 2013

- Continued focus on humanitarian response.
- Major focus on the implementation of rural WASH action and investment plan.
- Focus on providing improved sources of drinking water in Guinea worm-endemic villages.
- Scaling up of community-led total sanitation initiative.
- Operationalization of WIMS at state and county levels.

GUINEA WORM DISEASE IN SOUTH SUDAN – RELIEF FOR A YOUNG GIRL



© UNICEF South Sudan/2011/Maskall

Seven-year-old Akur Achol sits patiently on the mat waiting for her next treatment. She is one of many children in the Guinea worm case containment camp in Kapoeta East County, South Sudan. She has been here for almost a month, receiving treatment from medical personnel who wrap a piece of gauze around a worm emerging from her leg for several weeks. It is very painful to extract a worm and there is a risk that if a worm is pulled too hard it will break, and be left inside, resulting in permanent disability for the victim. Today is one of the first days that she is attempting to walk on her own.

"I want to run and play with my sisters," Akur says, "but now it hurts too much."

Her mother, breastfeeding her infant brother, looks on. This is her second child to suffer from Guinea worm. "It is painful to see my children suffer," she laments. "I have learned now that we must drink water from the hand pump and boil any other water we have."

Akur contracted Guinea worm while drinking from an open pool of water.

South Sudan has the highest number of cases of Guinea worm in the world, accounting for 98 per cent of total transmission. This disease is contracted when people consume water contaminated with infected larvae. After a year, the one-metre-long worm causes an agonizingly painful blister on the skin which becomes a lesion through which the worm emerges, crippling the affected individual. The worm generally emerges during planting season, affecting the food security of the community.

There is no known medicine or vaccine to prevent it. The best way of halting the spread of Guinea worm disease is to prevent people with active infections from coming into contact with sources of drinking water and to educate households on safe water practices.

Akur is happy to be feeling better. She remembers how tired she was when she first arrived at the camp. She had collapsed close to the camp and her mother, carrying her infant brother and foodstuffs, had struggled to lift and carry her the remaining distance. "Soon I will go back to my village and see my family again," Akur says, smiling.

UNICEF South Sudan, in partnership with the Ministry of Health, the Carter Centre and WHO, among others, is working in Guinea worm-endemic areas, providing clean and safe water to communities affected by the disease. With support from donors, Guinea worm disease is set to become one of the second human diseases in history, after small pox, to be eradicated.

Education Programme



Overall Programme Result	Progress
South Sudan is on course to achieve universal participation in and increased and equitable completion of quality primary education for boys and girls	●
Intermediate Results	
Legislation, policies, sector plans and implementation frameworks are finalized and capacity enhanced for coherent delivery of education on an equitable basis at national, state, county and school level	●
National, state, county and school planning enhanced through strengthening of education management system and other monitoring and evaluation activities, and support for development of planners	●
Capacity at national, state, county and school level enhanced to provide coordinated and protective education services for boys and girls in line with minimum standards as reflected in legislation and policies for education in emergencies	●
Equitable access to teachers, teaching and learning materials enhanced through pre- and in-service teacher training programmes, enhanced management and procurement of teaching and learning materials	●
Increased access to schools and youth centres that meet minimum standards and to schools offering the full primary cycle in selected states in line with child/youth-friendly standards	●
Life skills, girls' education strategies and related implementation plans developed, enabling the provision of a broad range of essential knowledge and competencies for children and youths, boys and girls, in and out of school	●

© UNICEF South Sudan/2012/Sokol



© UNICEF South Sudan/2011/Sokol

Achievements

- The General Education Bill was passed by parliament and awaits signature by the president.
 - Completed the General Education Strategic Plan, which led to a successful application for Global Partnership in Education membership and subsequent award of US\$36.1 million to be used in the next three years for strategic programmes in the sector. A further US\$12 million was received from the Qatar Foundation through Educate a Child.
 - Strengthened the Education Management Information System (EMIS) through completing 2012 annual education census data collection. Published and distributed national and state statistical booklets to the ten states.
 - Provided 195 temporary learning spaces, using local materials, to increase access to education for 19,500 children affected by emergencies.
 - Constructed and furnished 26 child-friendly schools (each consisting of eight classrooms, separate latrines for girls and boys, furnished teachers' offices, a store, a kitchen, two teachers' houses and a fence); ongoing construction of the remaining eight schools; rehabilitated two child-friendly schools, with three ongoing; and ongoing construction of 78 teachers' houses.
 - Trained 300 teachers and 165 community leaders on child rights, school development, community mobilization, school hygiene and health and life skills,
- and 189 teachers and parent-teacher association members on psychosocial support and lifesaving messages.
- Completed and validated curriculum guidelines for life skills education and developed a peace-building education programme to integrate peace-building and conflict sensitivity into education legislation, policies and programmes.
 - Finalized a draft strategy for girls' education.
 - Life skills education and girls' education have been included in the General Education Sector Plan 2012–2017 as strategic objectives for attainment of quality education in South Sudan.
 - Reached 5,229 youths (3,174 males and 2,055 females) in school and 65,961 youths (32,532 males and 33,429 females) out of school through the HIV life skills and prevention programme.

“I didn't get the opportunity [to go to school] but would not like this to be missed by my daughters.”

Esther Monica, 28,
mother of four

Constraints

Insecurity and flooding experienced in parts of the country affected some education programmes in 2012 and, in particular, delayed EMIS data collection in Jonglei, Upper Nile, Unity and Warrap States. The austerity budget affected education programmes and most significantly led to a loss of qualified education personnel. Limited progress was made in supporting teacher education programmes and providing education learning materials to schools, largely due to inadequate funding and limited recurrent budget within government. Many teacher education institutions (eight out of ten) suspended operations due to austerity measures in the country. The high proportion of untrained teachers (55 per cent), and the low proportion of female teachers (13 per cent) compromised efforts to improve learning. Austerity measures are likely to exacerbate this situation.

Priorities for 2013

In 2013, UNICEF will focus on developing teaching and learning support materials for selected areas – life skills, girls' education, peace education and improving child-friendly standards. Focus will also be placed on improving learning achievement and EMIS support as well as on the procurement of emergency supplies and creation of temporary learning spaces. Partnerships have been forged with other development partners and will be strengthened to support pre-service and in-service teacher training in 2013.

INCREASING ACCESS TO EDUCATION FOR SCHOOL CHILDREN IN SOUTH SUDAN



© UNICEF South Sudan/2012/Li

Pio Imang has seen many changes over the years. He is one of the elders living in the community near the newly constructed Illue School in Eastern Equatoria State, South Sudan. When asked his age, he just smiles and points to his grey hair.

This part of the newly independent country saw heavy fighting during the many years of war and the people have settled along the mountain side for safety. "We struggled, but things are changing. I am happy with what I am seeing," says Pio.

For more than 30 years children have been taught under trees in this part of the state – a scenario which is widespread across the country. The Ministry of Education estimates that over 50 schools in the area are still operating under trees and consequently schooling is interrupted during the rainy season.

Lessons at Illue School also used to take place under the trees. However, it was chosen to be one of 30 primary schools which are part of the DFID-funded joint programme between the Government of South Sudan, UNOPS and UNICEF, and now a newly constructed school stands proudly at the base of the mountain.

Agnes Udula is a student in Primary 3 at the school. "This was my classroom," she says, pointing at a chalkboard leaning against a tree. Soon we will move to the new building and the school won't close when it rains," she continues excitedly. "I want to study hard and be a doctor."

Only 54 per cent of enrolled school children experience the luxury of attending a school in a permanent structure. It is still a challenge for the government to accommodate all school-aged children in adequate learning environments due to a lack of facilities, but this initiative is a step in the right direction, and makes a difference for children like Agnes.

"Our children are our future, and I am so happy to see this school ready for them. We plan to kill a bull for the opening ceremony, in gratitude to all those people who have helped us," Pio concludes, smiling.

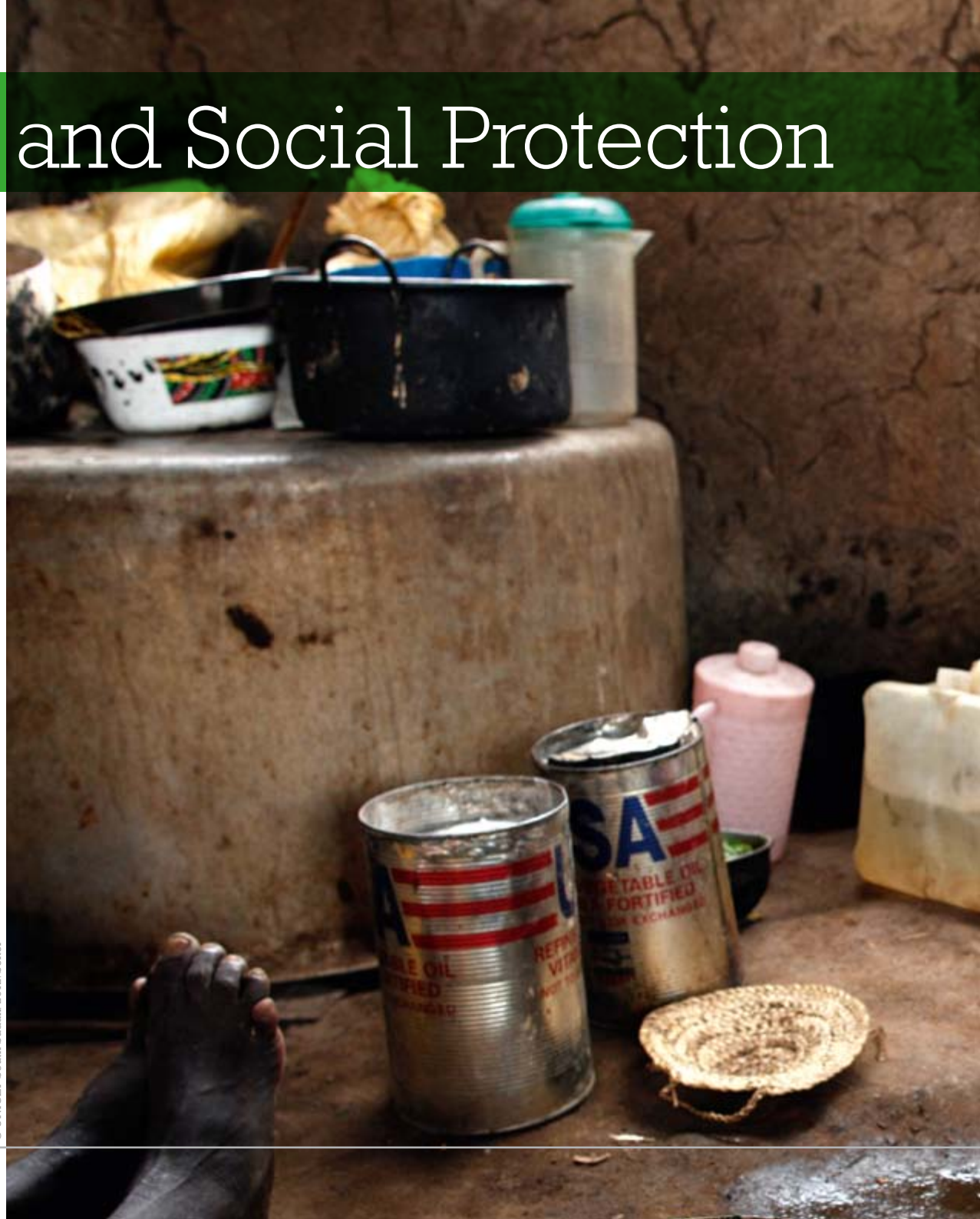
Policy Advocacy and Social Protection Programme

Overall Programme Result	Progress
Investment and social protection for children in their early years are enhanced	●
Intermediate Results	
Advocacy on the creation of an independent child commission to implement the Child Act, budget analysis and networking on evolving policy environment are informed by quantitative and qualitative evidence	●
By the end of 2013 a social protection framework is in place supporting the operationalization of a child benefit cash transfer programme in line with the South Sudan Development Plan	●
Engagement on youth policy formulation, evidence generation and knowledge management enhanced	●

“This is my first workshop... Having young people contribute towards their youth policy is important.”

Rajab Ismail, 19 years old

© UNICEF South Sudan/2012/Isokol





Achievements

- UNICEF completed four major studies in 2012 to inform and strengthen programmes, including the EPI Coverage Survey and South Sudan Effective Vaccine Management Assessment with the Ministry of Health; Emergency Response and Lessons Learnt Review; and the Youth LEAD Programme baseline study.
- Led by a youth policy review task force, broad consultations with youths and other stakeholders resulted in the drafting of a revised youth policy. For the first time in South Sudan, youths were engaged as key stakeholders in public policy processes, opening up space for youth involvement in decision-making.
- Established a technical working group chaired by the Under-Secretary of the Ministry of Gender, Child and Social Welfare to support policy formulation and realization of a national social protection programme.
- Commenced drafting of a social protection policy to be presented at a national validation workshop in early 2013.
- Supported government stakeholders on study tours to Ethiopia, Tanzania, Rwanda, and South Africa to learn about different social protection models, increase knowledge and provide a platform to advocate for a national social protection programme.

Constraints

Slow progress was made in achieving Intermediate Result 1. Austerity measures diverted government focus, making discussions on the creation of an independent child commission unfeasible in 2012. Social protection, especially the cash transfer initiative, is a new concept for South Sudan, giving rise to misconceptions that cash transfers may foster a dependency culture. There has been weak coordination among line ministries coupled with a lack of financial resources and an absence of financial institutions to support the cash transfer intervention.

Priorities for 2013

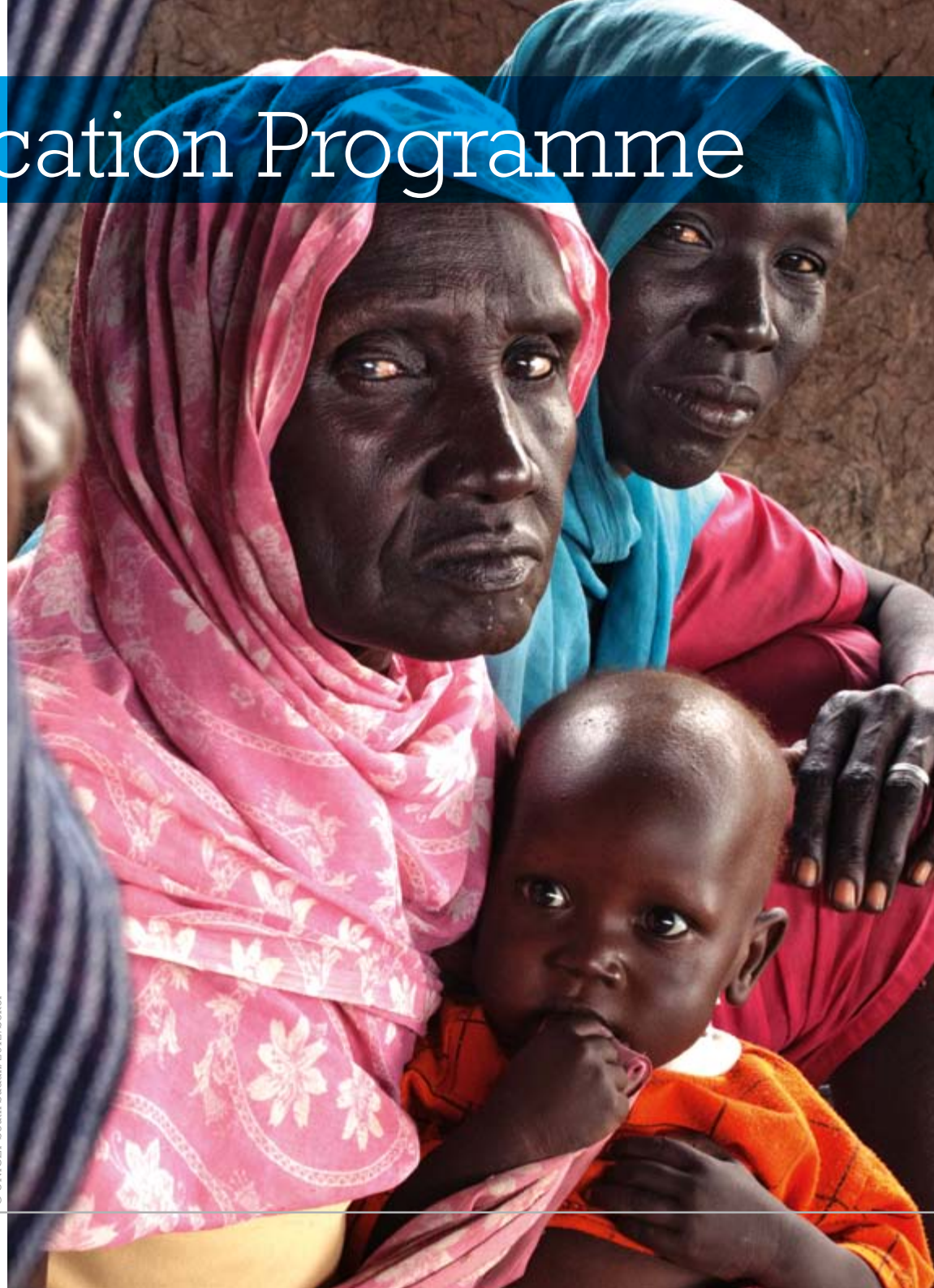
It is expected that with intensive advocacy and by providing government officials with opportunities for further learning and exposure to social protection initiatives, some of the challenges outlined will be mitigated in 2013. A National Social Protection conference is planned for early in the year, which will bring together policy experts and stakeholders to share experiences on social protection. This conference will also provide an opportunity to share knowledge from the study tours and facilitate agreement on a national social protection model for South Sudan.

Strategic Communication Programme

Overall Programme Result	Progress
Strategic partnerships and systems are fostered for behavioural development and community transformation to advance children's rights	●
Intermediate Results	
Policy-makers, media and civil society organizations engaged to promote key children's issues	●
Children and youths have increased opportunities and platforms for participation and dialogue on key issues concerning them, and support for development of planners	●
Networks for social mobilization and interpersonal communication established at the community level and capacity of stakeholders strengthened at all levels for enhancing child survival and development interventions	●
Vulnerable groups and households have access to information and knowledge on key behavioural practices for emergencies	●
Innovations and new technologies applied to improve and monitor access to information and delivery of services in child survival and development	●

“We need to have information from television, radio and newspapers. Information is power. I want the voice of South Sudanese youth to be heard in the media.” Esther, 20 years old

© UNICEF South Sudan/2012/Sokol



Achievements

The focus of Strategic Communication in 2012 was on capacity-building and establishing social mobilization networks at the state level.

Key achievements include:

- Over 90 representatives from government and civil society organizations in Greater Bahr-el-Gazal and the Greater Upper Nile region now have the capacity to develop and implement communication plans.
- Over 1,000 frontline workers were oriented in all ten states on interpersonal communication skills.
- More than 70 journalists from Greater Bahr-el-Gazal and Greater Equatoria States have improved skills in journalism and ethical reporting on children.
- Thirty-five partnerships in nine of the ten states were established to promote awareness on key care practices related to routine immunization, infant and young child feeding practices, girls' education, prevention of early marriage, use of insecticide treated nets, oral rehydration salts and handwashing with soap.
- Social mobilization and mass media continued to reach over eight million people with communication about polio and other public health interventions.
- There was increased youth participation, especially in peace-building, through a

series of activities involving more than 80 youths in hard-to-reach areas in Jonglei and Upper Nile States.

Constraints

There is evidence that Communication for Development (C4D), Advocacy and Partnerships will increase the demand and utilization of services as well as change key family practices. However, due to limited infrastructure, access and human resources for communication, Government systems

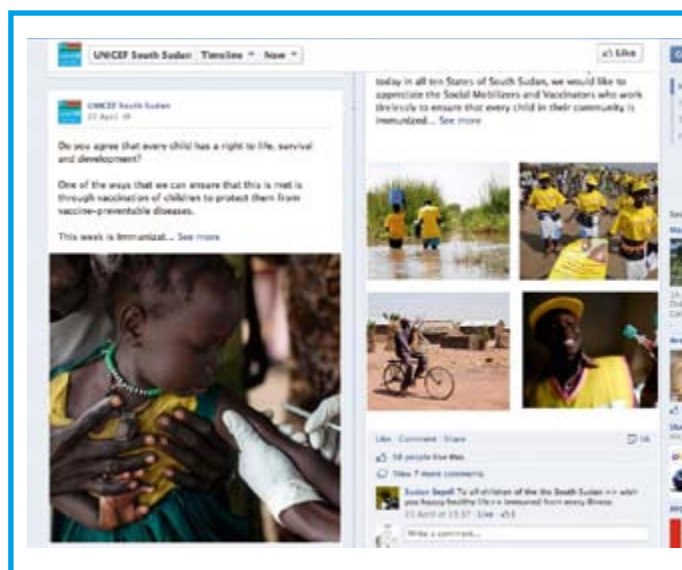
still depend on adhoc staff and activities which do not yield the desired results. Furthermore, limited presence of partners and low capacity, especially in 'media-dark' areas, remain a challenge in maximizing strategic communication interventions.

Priorities for 2013

A special parliamentary panel discussion, with members from the Parliamentary Lobby Group under the National Legislative Assembly discussed the need for ratification

of the Convention of the Rights of the Child and ending child marriage, resulting in a commitment to lobby these issues in parliament. Turning these commitments into results, along with accelerating C4D interventions, will be a focus for 2013.

In 2012 UNICEF laid the groundwork for establishing Technology for Development initiatives in South Sudan. Approaches tested in other country offices, such as using mobile phone technology and tablets to promote youth participation, mapping, data collection and information dissemination will be further explored in 2013.



Social Media



UNICEF South Sudan initiated the launch of social media platforms, viz. Facebook, Twitter and Youtube, at the new nation's Independence in July 2011. Since its launch, we have had a steady increase of 20,000 fans and counting on Facebook, which records one of the highest for any country office on the African continent.

For more information, please visit www.unicef.org/southsudan

UNICEF Operations in South Sudan



UNICEF in South Sudan has a long history, which began with Operation Lifeline Sudan (OLS), an emergency programme unique in the history of humanitarian relief, which assisted Sudan's affected population from 1989 to 2005.

UNICEF was the lead agency under OLS in the southern sector with more than 40 organizations, including partners such as the Sudanese Government, the World Food Programme and local and international non-governmental organizations. The closure of OLS after the signing of the Comprehensive Peace Agreement brought to a meaningful end a remarkable era in Sudan's history and provided a solid foundation for the post-war phase of recovery and reconstruction. Originally established under a 'one country, two area programmes' approach, the UNICEF Southern Sudan Area Programme became a fully-fledged country office for South Sudan at the time of independence in July 2011.

Currently, UNICEF has a country office based in Juba, with three zonal offices in Juba, Malakal and Wau, and smaller offices in each of the remaining seven states. A total number of 225 staff work inside the country, 77 per cent of whom are South Sudanese nationals.

UNICEF South Sudan Operations

also manages a large number of regular programme and emergency supplies. In 2012 the country office purchased US\$38 million worth of supplies, including US\$10 million of emergency supplies and US\$12 million of procurement services. During the course of the year a total of US\$18 million was received and US\$25 million worth of supplies, with an estimated tonnage of 10,020 metric tonnes, was dispatched. As cluster lead and pipeline manager for WASH, nutrition and education, UNICEF is responsible for planning, procurement and logistics for humanitarian core pipeline supplies in these sectors.

UNICEF collaborates with the International Organization for Migration on movement of goods, sharing of storage space with the World Food Programme and with the logistics cluster to utilize helicopter, marine and road transport assets. In addition, UNICEF

fosters long-term relationships with key suppliers who provide quality goods/ services and quality control at reasonable prices.

Operational Challenges

There are a number of constraints to operating in South Sudan that drive up the overhead costs of projects. The security situation in most parts of South Sudan requires the United Nations (UN) and its partners to invest in security standards compliance for field operations, offices, accommodation and transport. The extremely high and rising costs for transportation and handling of goods are driven by escalating fuel prices. In-country logistics continue to be a challenge, with roads being inaccessible due to flooding, conflict and bridge closures.

Rising fuel prices and poor local market conditions result in most goods and services having to be procured from international or regional markets. Mobility costs are also high as South Sudan is spread over an area four times the size of France, requiring frequent use of UN air operations. The high cost of doing business in South Sudan was further exacerbated by the oil shutdown in early 2012.



© UNICEF South Sudan/2012/Isokot

© UNICEF South Sudan/2011/Warren

Expression of Thanks

On behalf of the children and women throughout South Sudan who have been reached with assistance, UNICEF South Sudan would like to express its sincere appreciation to its funding partners around the world for their continued and critical support.

The following government and other donors supported the UNICEF–Government of South Sudan Programme of Cooperation in 2012:

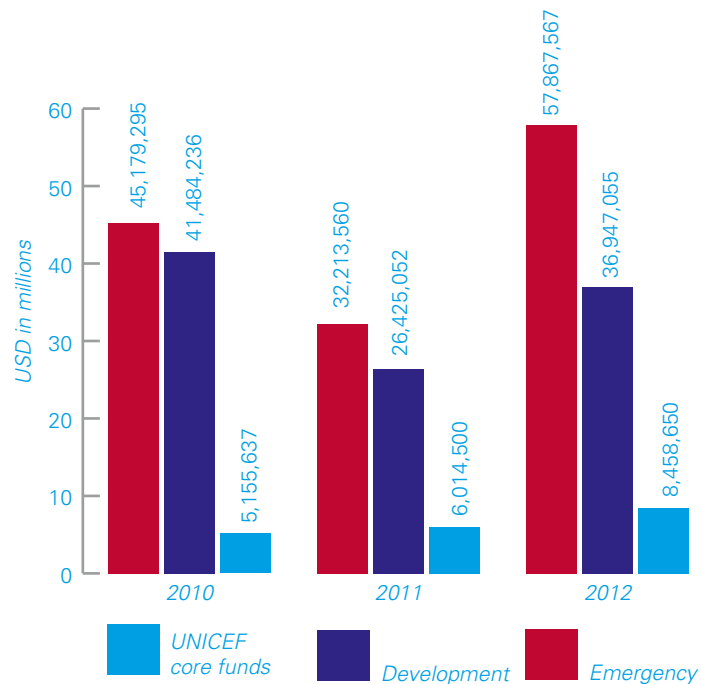
- Belgium
- Bill & Melinda Gates Foundation
- Canada
- Central Emergency Reserve Fund (CER)
- Common Humanitarian Fund (CHF)
- Denmark
- ECHO
- Estonia
- Finland
- GAVI Alliance
- Italy
- Japan
- Micronutrient Initiative
- Netherlands
- Rotary International
- Sweden
- Switzerland
- UNICEF Internal Core Resources and thematic funds
- UNICEF National Committees (Japan, Italy, Germany, the United Kingdom, France, Switzerland, the Netherlands, Korea, Israel)
- Unilever
- United Kingdom
- USAID–OFDA

Funding and Expenditure

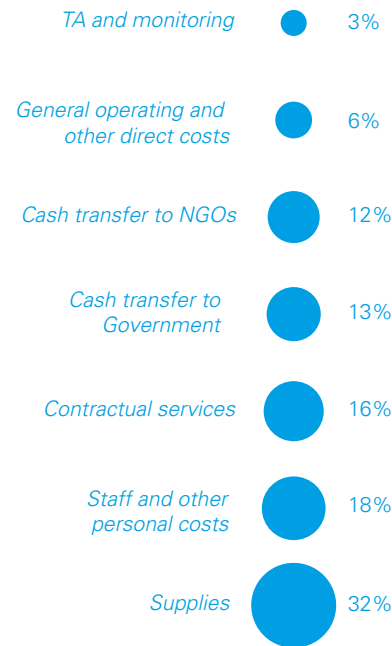
Donor partners have remained committed to South Sudan over the years, especially in the area of humanitarian aid. Emergency funding over the past three years has consistently accounted for about 50 per cent and above of the total amount raised for UNICEF South Sudan. Securing longer-term, predictable funding under the regular programme to support systems-building remains a challenge.

In 2012, the majority of expenditure was made in supply, personnel and contractual services. A total of 13 per cent and 12 per cent of total expenditure went to government and non-governmental organizations respectively.

Income trend from 2010–2012 by funding types



Expenditure in 2012 by type



UNICEF South Sudan
Totto Chan Compound
P O Box 45, Juba, South Sudan

Tel: +211 91 2176145
+44 20 3357 9224

Email: juba@unicef.org

Web: www.unicef.org/southsudan

Facebook: www.facebook.com/unicefsouthsudan

Twitter: [@unicefssudan](https://twitter.com/unicefssudan)

Youtube: www.youtube.com/user/UNICEFSouthSudan