Executive Summary

For the second year of independence, the Republic of South Sudan (RSS) continued to experience challenges that impacted on enhanced service delivery for the population, especially the most vulnerable. The austerity measures arising from the 2012 shut-down of oil production continued for most of 2013 and slowed development programming, as a result. Additionally, there was increased political and communal instability and the political crisis in December 2013 that led to thousands of people being killed and massive displacement of the population, some of who took refuge in UN Bases or fled to neighbouring countries.

Despite the numerous challenges that the country experienced, the UNICEF-GRSS Programme of Cooperation has made notable achievements in 2013:

· *High-level advocacy:* With UNICEF high-level advocacy and technical support, South Sudan became the 41st member of Global Scaling Up Nutrition (SUN) movement. Also, high-level advocacy with the National Legislative Assembly resulted in the passing of the bill for ratification of the UN Convention on the Rights of the Child (CRC) and two Optional Protocols. The bill was awaiting presidential signature to complete the ratification process an end-2013. Finally, the South Sudan Youth Development Policy was endorsed by cabinet; it is anticipated that the operationalization of the policy will lead to youth empowerment to influence democracy and peace-building in the country.

· *Coverage of key basic services has continued to improve:* RSS saw sustained high coverage (>95 per cent) for polio during National Immunisation Days (NIDs); this protected the likelihood of the importation of polio in 2013, despite a polio outbreak in the neighbouring countries. The country remains polio-free since June 2009. RSS continued to make progress in reduction of Guinea worm cases – in 2013, only 96 cases were reported, compared to 485 in 2012; an almost 80 per cent reduction. UNICEF's South Sudan Country Office (SSCO) continued to work towards sustainable service delivery by enhancing national and state capacities, leading to enhanced coverage for children.

· *Timely and adequate humanitarian assistance was provided to populations affected by crises*: Over 570,000 people were reached by humanitarian response that included availing non-food items (NFIs) and WASH, Health & Nutrition, Child Protection and Education interventions. Over 62,000 children were treated for severe acute malnutrition (SAM), about 395,000 children were vaccinated against measles, 570,500 people were provided with emergency WASH services, over 450 separated or unaccompanied boys and girls were identified and benefited from family tracing and reunification, and over 21,000 children benefited from temporary learning spaces (TLS).

Significant shortfalls: Establishing birth registration within the framework of Vital and Civil Registration systems is still a work in progress. Additionally, the roll-out of a cash transfer/child benefit programme for social protection was not realised. However, the Programme for Economic and Children's Empowerment (PEACE) concept was initiated as a means to operationalise the Child Benefit Cash Transfer programme, and plans are under-way to initiate this in 2014, with eventual roll-out and financing from Government. Also, advocacy for the creation of an independent Child Commission to support implementation of the Child Act did not succeed, as the Government's focus in 2013 was on the creation of a leaner cabinet with fewer ministries and institutions.

Country Situation as Affecting Children & Women

The Republic of South Sudan celebrated its second independence anniversary in July 2013 amid concerns about potentially destabilising divisions within the ruling party, the South Sudan People's Liberation Movement (SPLM)[i], a serious security and human rights situation in Jonglei State and uncertainty about the resumption of oil exports[ii]. The country, however, witnessed encouraging developments and positive steps in key areas for the better part of 2013, including the appointment of a leaner Cabinet on 31 July and the resumption of oil flow.

However, the security situation deteriorated in mid-December after a faction of the SPLA caused a political crisis. The President accused the former Vice President of attempting a coup, which he denied. While the violence started as a political dispute, it took on ethnic dimensions as two rival ethnic groups attacked each other, resulting in political instability and conflicts that spread to five states. This has affected internal political cohesion and state control and further undermined security and amplified population displacement. It is estimated that about 10,000 people lost their lives and the conflict displaced about 500,000 people; with an estimated 68,000 seeking refuge at UN bases in Juba and other towns. 0ver 83,000 people crossed the border to neighbouring countries.[iii] The crisis revealed just how fragile RSS still is; many major gains made since independence were erased.

Before the December crisis, the humanitarian situation had slightly improved, with overall needs declining for the first time since 2011. The arrival of Sudanese refugees and return of South Sudanese from Sudan had continued to decrease since 2009. Food security improved for many South Sudanese, although the number of people deemed severely food-insecure remained worryingly high. According to UNOCHA, approximately 4.4 million people (about one-third of the population), needed assistance in 2013, and between January and October, an estimated 1.8 million of the targeted 3 million people received assistance. [iv]

The country continued to suffer a severe economic downturn in 2013 as a result of the loss of oil revenues. Oil production was halted in January 2012, after SS accused the Sudan of diverting its oil for the latter's own profit, and failing to agree on transit fees. Given that oil revenue account for approximately 60 per cent of GDP and 98 per cent of Government revenues, the Government had to cut back on spending and introduced austerity measures that impacted the delivery of basic social services. Oil production resumed in July 2013; has not trickled down to the social sector.

RSS still has some of the worst social indicators in the world, with high maternal and child deaths. Only 17 per cent of pregnant women receive the recommended four ANC visits, less than 20 per cent of deliveries are attended by skilled personnel, and only 12 per cent of deliveries occur in health facilities. Not surprisingly, there are only an estimated 100 certified midwives[1], while the EmONC assessment conducted in 2013 revealed that the country has only 14 comprehensive and 10 basic EmONC facilities.

Significant progress was made in protecting children and women from vaccine-preventable diseases. An estimated 3.4 million children aged 0-59 months were reached with three rounds of polio NIDs in all states (>95 per cent coverage); 40 per cent received DPT3 and 82 per cent received vitamin A supplementation. There was a significant reduction in measles cases with outbreaks (571 cases as of November compared to 1,892 cases in 2012). SS has also been polio-free since June 2009. Strengthening of routine EPI through micro-planning, monitoring with supervision, mentorship and coaching was completed in the 10 states, and the cold-chain system expanded in 45 counties.

Malnutrition remains above the emergency threshold in SS: 31 per cent of children under-five years are stunted and 28 per cent are underweight, with wide variations across states. Global acute malnutrition rates were regularly above the WHO emergency threshold of 15 per cent. In 2013, 71,776 cases (71 per cent) of SAM were treated, and the programme sustained an 85 per cent cure rate, in line with Sphere Standards. Another major accomplishment, achieved through UNICEF's leadership and advocacy, was that the RSS became the 41st SUN country.

While access to improved sources of drinking water has improved over time (69 per cent), access to improved sanitation is still low (14 per cent). In 2013, an additional 350,000 people in Guinea worm-endemic villages gained access to clean water. As a result of community-led total sanitation (CLTS) activities, 9,000 household toilets were constructed, while 50 schools were provided with toilet facilities, benefitting 17,500 schoolchildren. RSS continued to make progress in reducing the number of Guinea worm cases – in 2013, only 96 cases were reported, compared to 485 in 2012, an almost 80 per cent reduction.

SS continues to be off-track to achieve universal participation, increased and equitable completion of quality primary education for all children. The 2013 Out-of-School Study revealed that 58 per cent of primary school age children are not enrolled, with a net enrolment rate (NER) of 41.5 per cent (35.4 per cent for girls). After years of steady growth, the primary subsector has reached a plateau, with 1,380,580 pupils in 2009 and

1,311,467 in 2013. There are high levels of drop-outs and delayed entry – 75 per cent of six-year-olds are not in school and 92 per cent of grade 8 students' are over-age. Also, the primary completion rate remains below 10 per cent for both boys and girls. To improve education, plans are underway to implement the Global Partnership in Education (GPE) Programme, whose focus is to strengthen national policies and systems and education delivery.

In November 2013, the Parliament passed a bill to ratify the CRC and two Optional Protocols; the bill is awaiting presidential signature to complete the ratification process.

The Office supported a WASH bottleneck analysis and a rapid assessment of the birth registration system. Also, baseline surveys for Health and Nutrition for L-3 monitoring were conducted in five convergence counties. In 2014, a rigorous and comprehensive assessment of bottlenecks and barriers affecting disadvantaged children will take place, enabling the country to develop a national plan for the Monitoring Results for Equity System (MoRES).

[i] UN Security Council Report of the SG on SS, 8 Nov 2013
[ii] ibid
[iii] UN OCHA Humanitarian Snapshot, 17 Jan 2013
[iv] UN OCHA CAP 2013

Country Programme Analytical Overview

The second year of the 2012-3 Country Programme continued to lay the foundation for rapid acceleration of sustainable delivery of services for children in realisation of their rights. The 2012 austerity measures instituted by the RSS that shut down oil production continued for most of 2013 and slowed the pace of development programming. UNICEF continued to advocate for and support initiatives that strengthened Government systems and enhanced service delivery for vulnerable children and women. Children and women, especially those affected by conflict and other emergencies as well as gender and geographical inequities, continued to receive special attention.

The seven Flagship Programmes/priorities identified in 2012 continued to be central to the Country Programme – these included: the establishment of birth registration within civil registration system; breaking the transmission of Guinea worm disease; building the system for routine immunisation; preventing and managing acute malnutrition; strengthening maternal and child health services and bringing them closer to the community; increasing access and completion of basic education, especially for girls; and maintaining an effective humanitarian response. These priorities aimed at continuous provision of lifesaving assistance to vulnerable children and women while building state and community capacity to delivery frontline services and cope with emergencies.

While significant progress was made on these priorities, as detailed in the results assessment module, one of the main shortfalls was the slow progress toward achieving the planned results for birth registration. Substantial time was spent in the revision of the Civil Registration Bill and the formulation of a policy that would provide the legislative framework for the birth registration system. Also, more time than envisaged was spent in addressing multiple inter-ministerial bottlenecks, which only become clear after the rapid assessment was completed.

Due to limited realisation of the results in the South Sudan Development Plan (SSDP) as a result of the austerity measures, in February 2013 the Government extended the SSDP to 30 June 2016. Consequently, the Government and United Nations Country Team (UNCT) agreed to extend the initial UNDAF (2012-2013) to June 2016 with a revised and updated results framework. The UNDAF outcomes are designed to define the UNCT's contribution to the achievement of the Government's SSDP pillar objectives. UNICEF's Country Programme was therefore extended for two and a half years – from January 2014 to 30 June 2016.

The overall goal of the Country Programme – "to lay the foundation for rapid acceleration of sustainable delivery of services for children in the new State, in realisation of their rights" – remains

unchanged. However, programme outcomes and outputs were modified to align them with the current situation.

The political conflict that commenced in mid-December and has resulted in thousands of deaths and displaced persons will have an impact on UNICEF's response to the requirements of an L-2 emergency status. While each Section has an output on emergency response, additional resources (HR, supplies, financial) will be needed in order to reinforce UNICEF's presence and ensure the delivery of sustainable results for the most vulnerable children and women.

Humanitarian Assistance

In 2013 UNICEF continued to be lead agency for WASH, Nutrition, Education and co-lead for Child Protection Clusters. This function has ensured timely and child-focused response to inter-communal violence in Jonglei, refugees, floods, returnees, measles, and the December political conflict that led to thousands of deaths and displaced population. During the year, the CO supported six emergency response operations, providing assistance to over 570,000 through non-food items, WASH, Health, Nutrition Child Protection and Education interventions. Over 62,000 children were treated for severe acute malnutrition, measles vaccinations reached around 395,000 children, 570,500 people were provided with emergency WASH services, over 450 separated or unaccompanied boys and girls were identified and benefited from family tracing and reunification and over 21,000 children benefited from temporary learning spaces.

National capacity building for emergency preparedness and response was also undertaken, with UNICEF support, and a total of 314 participants were trained. The Humanitarian Performance Monitoring response introduced earlier resulted in improvements in cluster reporting and focus on specific indicators that partners are now reporting against. UNICEF funding received against the CAP 2013 was 48 per cent, amounting to (US$39.5 million) of the total requirement of US$81,630,641.

Effective Advocacy

Mostly met benchmarks

UNICEF South Sudan identified four priorities in its Advocacy Strategy for 2012-2013: increased investment for children through cash transfer; prevention of child marriage; implementation of the Child Act, and reducing under-five malnutrition. This focus continued in 2013.

In Health, using the evidence from county health systems assessment, UNICEF advocated with the Government and partners to promote a county health systems-strengthening (CHSS) approach to balance between humanitarian and development programming. Advocacy for the launch of "A Promised Renewed" for child survival was initiated by strengthening Ministry of Health (MoH) capacity on child health and sector coordination, and bottleneck analysis and assessment, using DIVA/MoRES approach. This approach was recently proposed for endorsement and adoption for CHSS initiatives being supported by all partners. While UNICEF provided the country's total requirements of vaccines, advocacy led to agreement that Government would co-finance the pentavalent vaccines. With UNICEF's advocacy and support, RSS joined the Global SUN movement as the 41st member.

The CP Section continued to implement the advocacy strategy in collaboration with the Ministry of Gender, Save the Children and the United Nations Mission in South Sudan (UNMISS) to advocate with the National Legislative Assembly (NLA) and the Council of States for the ratification of the CRC and Optional Protocols. This has resulted in the NLA passing the bill on the ratification of the CRC and Optional Protocols 1&2, and is awaiting the President's signature. Advocacy with Parliament also continued on the Civil Registration Bill. Data gathered through the Monitoring and Reporting Mechanism (MRM) is being used to stop the SPLA from occupying schools as military bases, as this denies children the right to education. Sustained advocacy with the Ministry of Gender led to an increase in the staffing of the Child Welfare Directorate from three in 2011 to 13 in 2013.

The WASH Section also continued advocacy through upstream policy dialogue with Government, leading to a

review of the Water Bill and completion of the WASH Action and Investment Plan. UNICEF also advocated for the introduction of the WASH Bottleneck Analysis Tool and National Planning for Result Initiative to be integrated as a sector planning tool. Downstream advocacy work consisted of engaging state WASH authorities and NGOs in policy consultation to ensure that the needs of children are integrated in WASH service delivery.

In Education, effective advocacy by UNICEF with donors also led to increased funding for education. A new education agreement with USAID to support the GPE Programme initiative over four years (2013-2017) in the amount of US$30.1 million was signed.

UNICEF and other partners' advocacy contributed to the completion of the National Social Protection Policy Framework, which is awaiting presentation to the Council of Ministers for approval. The framework provides the backbone for social protection in SS and will help realise the operationalization of the cash transfer programme. Also, through UNICEF's advocacy, the Programme for Economic and Children's Empowerment (PEACE) concept was initiated as a means to operationalise the child benefit cash transfer programme. A small-scale programme is planned for 2014, with eventual roll out and financing from Government.

Capacity Development

Mostly met benchmarks

South Sudan's current challenges are the product of both severe underdevelopment and decades of conflict, insecurity and economic austerity measures. These have resulted in a dearth of functioning infrastructure and institutions still crippled by a lack of resources, persistent ethnic mistrust and poor governance. The Government undertook analysis of capacity development needs as part of its Medium-term Capacity Development Strategy in 2011; using this as the basis for support, UNICEF continued capacity development through a combination of approaches, linking the response to emergency needs to the establishment of systems and processes to sustain resilience and form the basis for a well-structured response to the needs of vulnerable children beyond the emergency.

In Health, UNICEF continued with its support to capacity development to strengthen the institutional and technical capacity of national and state ministries and others (NGOs/CBOs) in health and nutrition. A total of 1,242 health staff from Government and NGOs were trained on various technical areas of H&N programming, including exposure through South-South collaboration in Uganda on HIV/AIDS. Additionally, a mentorship programme was initiated for maternal health; a mentoring framework and tools were developed and skills of health workers enhanced to improve focused ante-natal care (ANC) and maternal/neonatal health (MNH) services.

The WASH strategy involved the creation of small-scale private sector service provision in forming and training 26 water pump mechanics in two counties and organising them into associations that can be contracted for service provision by communities and implementing partners. Training of 97 water committees was aimed at enhancing water point sustainability. Up-stream capacity building continued through the various WASH technical working groups to develop sector-specific guidelines, standards and norms, while promoting the dissemination of sector legal frameworks and policies at state and county level.

Child Protection (CP) continued to invest in capacity building of CP workers in a very systematic manner, which resulted in 302 CP workers acquiring knowledge on CP standards, concepts, procedures and practices. Of these, 53 were trained as trainers at state level and 20 trainers as master trainers at national level. These trainers are expected to train some 1,200 CP workers in 2014 and 2,500 members of community- based CP networks. This is aimed at building much-needed capacity for CP. The section also invested in building the capacity of local researchers to participate in the research component of social norms and community-based care for the prevention and response to sexual violence against women and girls.

For Education, UNICEF retained its in-service training programme, reaching 1,772 primary school teachers. UNICEF developed teaching and learning materials to support the in-service training programmes and provide reference materials for teachers in the field. Certificated components of the training conducted during the

year contributed to an increase in the number of trained teachers from 47.3 per cent to 53 per cent. Through a partnership with Government, Windle Trust International and Africa Education Trust, UNICEF also trained 500 education managers, teachers, community leaders and members of PTAs on the child-friendly school (CFS) approach.

Communication for Development

Mostly met benchmarks

Given the extremely low literacy rate and limited access and reach of key information to communities, C4D was integrated into the work of all sectors to create demand for quality services and adoption of sustained positive individual behaviours, practices and collective social norms that save lives and to support the development and protection of children and women against violence, exploitation and discrimination. C4D support covered all sectors, including cross-sectoral initiatives such as peacebuilding, youth-led and HIV/AIDS.

In 2013 UNICEF focused on working with the national radio networks. Radio remains the most accessible mass media source of information for the vast majority of people in South Sudan. Therefore, national partnerships were established with Catholic Radio Network, Freevoice, and Internews to strengthen content production on child-to-child programming, life-skills to foster peacebuilding, promote disaster risk reduction, and reduce the impact of disasters through effective humanitarian response. Radio was also used extensively to promote immunisation services–32 radio stations were effectively used in 10 states reaching more than 700,000 people.

UNICEF also spearheaded the establishment and expansion of community-based networks to strengthen C4D activities. A national guideline and job-aid on the community-based volunteers' network (Mother-to-Mother Support Groups) were developed to promote community and household caring and care-seeking practices at the village and sub-village level. UNICEF also initiated and established 25 networks in nine of 10 states to create awareness and intensify social mobilisation through C4D Officers at state level, who collaborated with State Ministries of Health and other partners to implement C4D interventions, leading to an attainment of 90 per cent Polio coverage in their respective states.

For Education, C4D strategies were used in mobilising communities for improvement of girls' education by reducing behaviours that keep girls out of school, such early marriages. Media programmes and awareness campaigns at community level were undertaken. Community leaders, PTAs and households participated in discussions, talks and radio talk shows on the issue of girls' education. The Child Protection section also started using C4D in the initiative to link birth registration to immunisation campaigns and routine immunisation. For WASH, most of the work targeted behaviour change communication to promote hand-washing with soap and improved hygiene promotion in schools and at household levels.

However, despite significant strides made in reaching communities with interventions on life-saving and positive practices in 2013, consistent political instability, inter-communal conflicts, disasters, low literacy, poor access of critical information and low capacity of partners continued to be an obstacle for planning and implementing evidence-based C4D interventions. Also, the capacity of C4D partners is limited in relation to planning, implementing, monitoring and evaluating C4D interventions – in 2014, partners' capacity needs will be addressed and the National Health Promotion strategy will be updated to ensure synergy in the results achieved at all levels.

Service Delivery

Mostly met benchmarks

Service delivery continued to be a key strategy in all UNICEF programmes (both development and humanitarian) in South Sudan. The Country Office focused on addressing key bottlenecks for service delivery, (especially for H&N, WASH, Education, and CP) for deprived communities, with an emphasis on those affected by the conflict, as well as providing routine and life-saving services to children and women across the

country.

UNICEF's support to Government and non-government implementing partners enabled outreach to infants, children and women, as well as people affected by emergencies, with health and nutrition services. In 2013, through UNICEF's support, 214,961 infants received three doses of DPT; 4 million children under five years of age were given polio vaccines through four rounds of NIDs; nearly 3 million children aged 6–59 months received vitamin A supplementation during NIDs; while 1.6 million received a second tetanus dose during the Maternal/Neonatal Tetanus Elimination (MNTE) campaigns. Additionally, 71,776 under-five children with SAM received treatment; 36,255 pregnant women were counselled and tested for HIV and 1,284 HIV-positive pregnant women were given ARV prophylaxis. Also, approximately 1.2 million people affected by the humanitarian crisis received emergency H&N care and support.

The bulk of WASH activities concentrated on service delivery in communities, schools and health centres providing safe water points, basic sanitation facilities and improved hygiene practices in collaboration with WASH implementing partners. In emergency response, the main activity was procurement, distribution, and management of core pipeline supplies to partners in response to different recurrent emergencies.

Service delivery remained pivotal to the development of education in SS, manifested in infrastructure development – classrooms, laboratories, teachers' houses, school fences, sanitary facilities and water provision in education institutions. It also included the provision of teaching and learning materials – critical in SS at this stage of its education development. As a result, the programme reached most needy children with improved and timely services. Some 44,480 (17,420 girls; 27,060 boys) children and youth benefited from temporary learning spaces, while 136,832 children and youth (54,733 girls; 82,099 boys) benefited from education-in-emergency supplies and recreational materials (school-in-a-box, recreation kits, blackboards, tarpaulin sheets, and tents); representing 78 per cent of the planned target of 176,600.

Service delivery also formed a major component of the CP Programme, as it covers three of the five IRs, and also forms the basis for humanitarian assistance to children affected by emergencies in six of 10 states in South Sudan. The Child Protection Programme supported the delivery of child protection services through Government ministries at national and state level, international and national NGOs and community-based and faith-based organisations (CBOs and FBOs) for the prevention and response to violence, exploitation and abuse of children, particularly those affected by conflict and other emergencies.

Strategic Partnerships

Mostly met benchmarks

In 2013 UNICEF South Sudan continued to strengthen existing partnerships with the Government, UN agencies, other development partners and CSOs, and also sought to establish new partnerships to maximise development outcomes for children and women.

For H&N, UNICEF developed strategic partnerships with the three PHC Funds Managers (HPF/DfID, ISDP/USAID, and IMA/WB) to leverage resources for scaling-up the integrated Maternal, New-born and Child Survival (iMNCS) package by adopting the framework of County Health Operational Planning developed by UNICEF and MoH. Using evidence based on early implementation of mentoring initiatives in 12 health facilities, UNICEF also leveraged strategic partnerships with UN agencies, donors and NGOs to raise the profile of nutrition through launch of the global SUN movement.

The Global Partnership for Education (GPE) programme presented an opportunity to strengthen coordination and partnership between Government and development partners in Education. Major partners for GPE implementation include DfID, the European Union (EU), USAID and UNICEF. Partnership with other UN agencies (such as UNHCR, UNOPS, UNMISS, WFP and UNESCO) supported delivery of the programmes. At implementation level, partnerships with local and international organisations were critical to programme delivery. The education management system (EMIS) also partnered with the Southern African Consortium on Measuring Education Quality (SACMEQ) and its counterpart in East Africa, UWESO.

The CP section continued strategic partnerships with various partners: with UNMISS for MRM implementation with members of Parliament to advocate for the ratification of the CRC; with UNHCR and UNDP for the implementation of the release and reintegration of children associated with armed forces and armed groups, and in coordination, to ensure that justice for children is integrated into broader legal and justice reforms. Through partnership with the University of Juba, UNICEF advocated for the integration of a 'Justice for Children' component in the Law School curriculum and social work training. Also, UNICEF created innovative partnerships with religious institutions for the provision of psychosocial support to communities affected by emergencies.

WASH formed strategic partnerships with implementing partners and the private sector to ensure enhanced WASH service delivery for water supply, basic sanitation and improved hygiene promotion. UNICEF and UNILEVER worked at reinforcing behaviour change communication targeting hand-washing in schools and households, with sustained activities conducted before and after the celebration of Global Hand-washing Day. Strategic partnership with the Ministry of Environment, Dams, Irrigation and Water Resources (MEDIWR) supported global initiatives such as Sanitation and Water for All and the national Planning for Results Initiative and ensured MEDIWR participation in different regional and global forums.

For Social Protection, UNICEF worked the Ministry of Gender and Social Welfare to establish the National Consortium on Social Protection in November 2013. This high-level advocacy group will help the Ministry promote the rights of children, especially the most vulnerable. It will, among other activities, conduct research to assess vulnerabilities while facilitating policy discussions/debates. This will enrich knowledge about social protection issues and provide a forum for sharing of ideas. The Consortium is made up of purely local institutions that are tasked with building capacities of the Ministry and advocating for social protection issues.

Knowledge Management

Mostly met benchmarks

The SSCO continued to strengthen the KM function, and as in the previous years, KM is assessed against different criteria for the Country Office: generation, organisation, sharing and utilisation.

Knowledge Generation: As in 2102, this was an area of strong performance, evidenced by the completion of various studies, including: county baseline survey for DIVA/MoRES, Nutrition SMART surveys, out-of-school children study; Knowledge, Attitudes and Practices (KAP) study on Mine Risk Education (MRE); mapping and assessment of formal and informal CP systems in all states; and rapid assessment of PMTCT services and development of a five-year scale-up, among others. Also, WASH supported improvements to the WASH Information Management System (WIMS) data-collection mechanism through electronic media from different partners in the region. This has enhanced the mapping and inventory of water points in South Sudan. The newly established National SP Consortium will also among other things, conduct research to assess vulnerabilities while facilitating policy discussions/debates. The different trainings and capacity building activities for national and state counterparts contributed to knowledge generation in South Sudan, and it is expected that these efforts will lead to greater Government capacity to manage surveys, studies and assessments.

Knowledge Organisation: In 2013 UNICEF continued to support sector management information systems and cluster-led information management systems in WASH, Child Protection, Education and Nutrition. For example, the EMIS, supported by UNICEF for over seven years and implemented by FHI360, is the main source of education data for the country. The SS Info Database was also launched in 2013 by the National Burea of Statistics. It is expected that the database will be the primary source of information in the country.

Knowledge Sharing: In 2013 UNICEF relied on printing materials and reports and dissemination of information through workshops and emails. Additionally, the UNICEF South Sudan website, cluster web-sites and social media pages were also used for public dissemination of knowledge/information. Discussions also continued on the use of visual materials and innovative technologies to share knowledge with stakeholders within a

culturally and linguistically diverse country with low literacy rates.

Knowledge Utilisation: While this is usually the weakest link, in 2013 good examples can be cited on how knowledge has been used; for example, results from the KAP for MRE are now being used to inform the development of training materials on MRE, messaging for MRE and planning.

Staff members were encouraged to participate in webinars/webex sessions on various topics. Internal programme management meetings, reviews and workshops were also useful for sharing knowledge. The Office also developed a draft KM strategy in 2013 that includes innovative tools for knowledge dissemination and suggests the establishment of a 'one-stop centre for knowledge on children in South Sudan'. Going forward, further work will be required to make the KM strategy operational in 2014. The SSCO will continue to promote an organisational culture where staff are encouraged and empowered to learn from the research and work of others in order to improve results, evidence-based programme management, implementation and evaluation.

Human Rights Based Approach to Cooperation

Partially met benchmarks

In South Sudan the realisation of human rights, and specifically child rights, continues to be a work in progress, especially in areas experiencing conflict, emergencies, displacements and extreme poverty. South Sudanese children continue to be affected by internal conflicts, rebel militia groups' actions, traditional harmful practices and a weak economy. Further compounding this is the inadequate capacity of duty bearers across all sectors and levels to protect and uphold human rights.

In line with the strategic orientations of the current CPD and rolling work plans, the human rights-based approach to programming (HRAP) and UNICEF CCCs served as vital frames of reference to uphold the rights of crisis-affected children and women. In 2013, SSCO continued to work with Government, NGO and CBO partners to increase their understanding of children's and women's rights and the international legal instruments to protect them.

Despite many challenges, in 2013, the SSCO made progress towards child rights through:
In the Education programme, human rights continued to be mainstreamed in Education-related programming, planning and decision-making processes such as CFS programmes, girls' education programmes and education in emergencies. The programming and planning ensured that principles outlined in key global instruments related to human rights were incorporated. The key strategy was empowering communities, such as PTAs, to take up their role in engaging with education service delivery in their localities through development and implementation of the School Leadership Programme. In addition, County Education Managers were empowered on school supervision and management to work with children to access education so that their right to education is realised.

In Child Protection, UNICEF used HRAP in the design and development of the CP programme; the focus was on identifying which rights to protection were not being fulfilled and which groups of children are most affected and most disadvantaged and developing a programme to address these issues. UNICEF has also invested in the MRM, which collects information on grave child rights violations and uses this information for advocacy and programmatic response at all levels.

As a result of advocacy by UNICEF and other partners, the National Legislative Assembly passed the bill on ratification of the CRC and the Optional Protocols 1 & 2, which are awaiting the President's signature.

For WASH, UNICEF ensured that WASH emergency response was in line with CCCs– children's rights to safe water, basic sanitation and improved hygiene – was well understood by implementing partners. Project implementation was also conducted with a focus on equity targeting the vulnerable groups, especially children and women, by encouraging their participation through focus-group discussions and other methodologies to ensure that their rights were incorporated in the project design.

Despite these achievements, institutionalising the principles and standards of human rights, including child rights, will generally remain a work in progress for South Sudan. In the extended CP 2014-2016, emphasis will be on increasing awareness of human rights, particularly child rights, at the local level; strengthening community resilience, including for disasters, governance and the demand side of services.

Gender Equality

Partially met benchmarks

In South Sudan, gender inequalities and discrimination have been part of the country's social, economic, political and cultural heritage. South Sudan has a Gender Policy that is expected to guide the implementation of gender equality and women empowerment. The document also highlights gender issues in relation to girl-child education, maternal health, poverty, food security, access to land, gender-based violence and decision-making in public and family affairs. Despite the Gender Policy, women and girls continue to face violations of fundamental rights and remain under-represented in most spheres of influence.
To ensure gender-sensitive programming, all UNICEF programmes identified gender equality markers during the planning phase that were tracked in 2013. Progress was achieved in a number of areas, despite the challenges. Along with girls' education, gender continues to receive emphasis, given the limited participation rates for girls and women, in Education. A national Girls Education Strategy was developed; implementation will start in 2014. The General Education Strategic Plan (2012-2017) has gender equity markers to guide the gender equality mandate. EMIS data is also gender-disaggregated to address pronounced gender inequalities in the education system.

Progress also occurred in other programmes. The Child Protection Programme identifies the protection needs of boys and girls and designs responses to address them. Also, the CP Programme worked with partners to identify which situations exacerbate protection risks for boys and girls and how to reduce/eliminate these risks. UNICEF additionally worked with partners to use disaggregated data in the development of proposals and reports, as this helps to understand the extent to which the different programmatic responses are addressing gender issues and how gender-sensitive the programme is. CP partners were also encouraged to promote participation of boys, girls, men and women in project development, implementation and monitoring.

For WASH, gender mainstreaming in project implementation remains a challenge, but more effort was exerted to ensure that projects supported by UNICEF were gender-sensitive and the design took into consideration different gender needs.

Given the high number of maternal deaths in South Sudan, the H&N programme continued to work with Government and other partners to address this issue. To increase the proportion of women attending ANC and skilled deliveries, with the aim of reducing maternal and child mortality, UNICEF supported targeted counties in the construction/renovation and equipping of maternity units; provision of drugs and equipment, enhancing the capacity of counties to improve supervision and monitoring, and rolling-out mentoring services on focused ANC and MNH. UNICEF contributed to the enhancement and harmonisation of evidence-based technical guidelines and tools on MNH and the completion of an EmONC needs assessment. H&N also continued to maintain gender parity in accessing services with 51 per cent male and 49 per cent female children accessing treatment for severe acute malnutrition.

The UNCT has a Gender Thematic Group of which UNICEF is a member, and the Ministry of General Education and Instruction has a Gender in Education Thematic Working Group, of which UNICEF is also an active member.

Environmental Sustainability

Partially met benchmarks

South Sudan continued to experience challenging weather conditions in 2013. In particular, various parts of the country experienced floods and droughts – the trend of decreasing annual rainfall and increased rainfall variability contributed to drought conditions with a negative effect on agricultural production and food security. Floods were also experienced, with widespread loss of property and damage to crops and lands. Floods also caused large populations to be displaced and restricted road access to some communities, hindering service delivery. The fact that droughts and floods are very frequent in South Sudan suggests the need for considerable action in relation to achieving environmental sustainability.

UNICEF Programmes (through WASH, Health & Nutrition, Education, Child Protection and Strategic Communication) continued to contribute to environmental sustainability in various ways. The deterioration of water quality and quantity, use of inappropriate and unsustainable technologies, inappropriate disposal of waste (including open defection) have been identified as major environmental issues that have negative effects on populations.

For WASH, UNICEF continued to support the Government in the provision of sustainable safe and clean water and in the scaling-up of implementation of the CLTS approach, to reduce surface water and groundwater contamination through the reduction of open defecation. WASH also made deliberate efforts to ensure that all projects were conducted without negatively impacting the environment. The procurement of core pipeline supply was undertaken in a manner that minimised the purchase of un-recycled plastic goods. Where possible, Environmental Impact Assessments (EIAs) were conducted by WASH implementing partners.

For H&N, environmental sustainability was also addressed through collaboration with the MOH to ensure that environmentally friendly procedures are followed in disposing medical waste during vaccination campaigns, as well as in proper management of medical waste and expired medical products in health facilities. Also, UNICEF supports the use of renewable energy technologies such as solar refrigerators for cold chain systems, and the use of solar hand pumps for water supply in schools/health centres.

The school construction projects undertaken through DfID-funded programmes that were jointly implemented by UNICEF and UNOPS were preceded by an EIA. In addition, learning spaces for ECD centres and Youth Centres in the refugee camps were constructed with minimal use of host community environmental capital.

The Child Protection Programme worked to ensure that the supplies it procures are environment- friendly, but experienced challenges in disposal of plastic toys. In the MRE component of the programme, the Section worked with Mine Action partners to help clear landmines and explosive remnants of war as soon as they were reported by community members.

The intention of all these measures is to encourage partners to replicate the use of such approaches in their programming. Along with providing hygiene and environmental education, all UNICEF-led initiatives promote a sustainable development model.

South-South and Triangular Cooperation

The SSCO recognises that there is a great deal of expertise available in many countries of the South for implementing successful and effective programmes, and that this expertise can be delivered in a cost-effective manner to the youngest country in Africa, South Sudan. The CO, therefore, continued to encourage collaboration and study tours for Government officials in a number of areas.

For Health, UNICEF supported the MoH to establish collaboration between South Sudan and Uganda to expose South Sudanese MoH HIV/AIDS officials and managers to prevention of mother-to-child transmission of HIV/early infant diagnosis (PMTCT/EID) programmes. Based on the knowledge- sharing, South Sudan developed integrated PMTCT/EID national guidelines.

In Education, exchange visits to Kenya and Tanzania were conducted to build the capacity of MoEST officials to develop a 'Learning and Numeracy Outcome' assessment mechanism. UNICEF SSCO also supported participants at the Language Conference in South Africa as well as exchange visits on Science and Mathematics in Kenya, Zambia, and Malawi. Also, four youths were trained as Trainers of Trainers (TOTs) in

leather production in Kenya, and officials from the Education sector participated in an examination meeting in Tanzania. It is expected that the learning experience from these initiatives will be vital in the dialogue on building related national systems for the Education sector in South Sudan.

In 2013 the CP Programme collaborated with the UN Economic Commission for Africa (UNECA) to support the development of a civil registration and vital statistics system in South Sudan. Through this collaboration, UNECA provided technical support in the orientation and training of Government officials from the ministries of Health, Education, Gender and Social Welfare and Interior, as well as NBS and civil society groups, on civil registration and its importance in ending the scandal of invisibility in South Sudan and promoting the protection of children. Through this collaboration, Botswana was identified as the African country with the best and most progressive Civil Registration and Vital Statistics System, and Botswana's National Director for Nationality and Civil Registration visited South Sudan during the review of the Civil Registration Bill. She shared Botswana's experience in the development and operation of the Civil Registration System and was very instrumental in directing the review of the bill. The National Director for Civil Registration in Botswana was seconded by the ECA to support South Sudan in the implementation of the recommendations from the Second Ministerial Conference for the Africa Programme on Accelerated Improvement of Civil Registration and Vital Statistics.

Narrative Analysis by Programme Component Results and Intermediate Results
South Sudan - 4040

PC 101 - Health and Nutrition

On-track

PCR 4040/A0/01/001 Improved and equitable use of health, nutrition and HIV/AIDS services by infants, children, adolescents and pregnant women, especially the poor and marginalised.

Progress:

H&N programme fully achieved it set targets against four out of five indicators. South Sudan remains polio free since June 2009. The number of measles cases contained at 571 (as of Nov 2013) compared to 1,892 in 2012. Nutrition in Emergencies sustained Sphere standards with 85 per cent cure rate. HIV infection among pregnant women reduced from 3 per cent in 2010 to 2.6 per cent in 2012. Good progress made to establish systems and provisions for immunisation, nutrition and maternal, new-born and child health simultaneously with steady gains in emergency responses.

UNICEF provided country's total requirements of vaccines, AD syringes, vitamin A, Ready to Use Therapeutic Food (RUTF), and Micro Nutrient Powder (MNP) as well as 400,000 ITNs and anti-malarial and essential medicines and equipment for MNCH. A total of 1,242 health staff was trained, including exposure through South-South collaboration. South Sudan became the 41st member of global movement of Scaling Up Nutrition (SUN) with UNICEF's advocacy and lead support. Advocacy to launch "A Promised Renewed (APR)" for child survival was initiated through strengthening MoH capacity on child health and sector coordination with provision of TA; and bottleneck analysis and assessment using DIVA/MoRES approach. Expansion of community health volunteers' networks, community education and social mobilisation, monitoring and mentoring through joint field visits and development of harmonised protocols and job-aid were supported.

Continued austerity slowed down efforts to build health systems, and further deteriorated with the escalating violence of recent armed conflicts. The programme dealt with a challenging sector environment of balancing priorities between humanitarian and development interventions; there was a complex and diverse partnership between the key donors for geographical support; regressive financing, in particular withholding of GAVI funds; and overwhelming humanitarian assistance needs of thousands of internally displaced people following recent armed conflicts.

The programme organised an Annual Retreat, Mid- and End- Year Programme Review, and Planning Workshop jointly with UNH4+ agencies and sharpened priorities and targets for 2014. Gradual withdrawal of austerity, with the potential of increasing Government budgets, harmonised sector policies and guidelines, sector coordination mechanism with health sector summit, increasing development interventions into the consolidated appeal (CAP) for emergencies with longer duration (three years) investment plan are key opportunities to maximise UNICEF's contributions to the health sector in 2014.

UNICEF will focus on a systems approach to development programming through county health systems-strengthening in 12 counties, while simultaneously scaling-up humanitarian assistance to the new IDPs. UNICEF will support strengthening routine and supplementary immunisation nation-wide, expanding iCCM and IMNCI in 12 focused counties, roll-out of SUN, improved integrated PMTCT/EID services, and bottleneck analysis and situation assessment to develop an integrated RMNCH road map and investment plan.

On-track

IR 4040/A0/01/001/001 Immunisation systems and provisions strengthened to deliver routine and supplementary immunisation services across the country.

Progress:

As of Nov 2013, 246,961 infants received three doses of DPT, representing 53 per cent of the target. Polio eradication was sustained for the fourth year. All 10 states achieved 95 per cent OPV coverage by finger-marking during four rounds of NIDs and two rounds of Supplementary NIDS (SNIDs), and 82 per cent coverage of vitamin A supplementation. The 1st and 2nd rounds of the MNTE campaign in seven states achieved an average of 85 per cent of TT-1 and 74 per cent of TT-2. Western and Central Equatoria states completed the third round and attained TT-3 coverage of 85 per cent and 65 per cent respectively. There was a significant reduction in measles cases with outbreaks - 571 measles cases as of November compared to 1,892 cases in 2012. A total of 20 out of 23 outbreaks had been responded to through outbreak response immunisation by Nov 2013, with coverage ranges between 74 per cent and 100 per cent.

UNICEF was the sole provider of vaccines, AD syringes, cold chain equipment and print materials for both routine and supplementary immunisation. There was no reported stock-out of immunisation supplies throughout the year. Installation of 120 solar fridges and construction of five county cold chain hubs in hard-to-reach areas improved cold chain systems. Routine immunisation was supported by implementing all key recommendations of studies and evaluations conducted in 2012 by deploying consultants at MoH. A total of 300 immunisation staff in 10 states were trained on micro-planning, coaching and mentoring to improve management of routine immunisation services. UNICEF supported development of the national measles elimination strategic plan 2014–2020 and implementation of county-wide social mobilisation and communication for routine and supplementary immunisation by deploying C4D Officers in each of the 10 states.

The programme faced inadequate capacity in vaccine and cold chain management, lack of funds for outreach service and fuel for cold

chain operation, high DPT-1 to DPT-3 drop-out rate and inadequate long-term predictable funding for vaccine procurement. Routine immunisation faced a serious funding crisis following GAVI's suspension of funds disbursement due to Government's failure to comply with audit requirements. Yet there is growing interest among donors to support routine immunisation - while CIDA/DFATD has already pledged, GAVI has approved a Health Systems Funding Platform (HSFP) proposal for routine immunisation. Introduction of DIVA/MoRES focused on EPI as part of County Health Systems Strengthening is expected to help remove the bottlenecks of coverage and equity monitoring. UNICEF will support introduction of pentavalent, expansion of cold chain systems in at least 10 hard-to-reach counties, the remaining phases of MNTE campaign, a nation-wide measles campaigns, and polio eradication in 2014. UNICEF will also support improved the cold chain and vaccine management capacity at state and county level, county-wide social mobilisation and communication, monitoring and reporting through the DIVA/MoRES approach, and national and state level immunisation programme review.

Constrained

IR 4040/A0/01/001/002 Improved capacity to provide integrated case management services for common childhood illnesses in 14 focused under-served counties.

Progress: Achievement of results was constrained until Oct 2013, in spite of steady progress in reaching the children and women since mid-2013. Twenty per cent of mothers of children under-five received had at least one ITN, compared to only 8.1 per cent in mid-2013, and 28 per cent of under-five children received antibiotics for treatment of pneumonia, compared to 19.2 per cent at mid-year.

UNICEF procured and distributed a total of 400,000 ITNs, 227,320 doses of ACTs, 125,320 doses of Amoxicillin, 25,000 doses of Zinc Sulphate, 5,000 Rapid Diagnostic Test kits for confirmation of malaria, and 5,000 respiratory timers to targeted families and children by Government and non-government service providers. Technical assistance from a national consultant was provided to support the MoH to improve the management and coordination of child health programmes (IMCI and iCCM). A total of 50 staff were trained on IMCI and iCCM. UNICEF contributed to the national Malaria Program Review (MPR 2013) and the national Malaria Indicator Survey (MIS-2013). Support was provided to develop national IMCI and iCCM plans, guidelines and protocols.

Inadequate national policies and guidelines to foster harmonised implementation, minimal ownership by MoH, lack of coordination among implementing partners, inadequate linkage between health facilities and community-based providers and poor capacity of health facilities to manage referral cases from iCCM providers, as well as inadequate supervision by health facility staff of iCCM providers, have been the critical bottlenecks.

The MoH is committed to improve the stewardship, with deployment of a Child Health Manager. The harmonised national strategies and protocols on IMCI and iCCM are also expected to improve coordinated planning, monitoring and quality assurance. While more NGOs are committed to expand the iCCM interventions, the MoH plans to improve health facilities' capacity to provide referral services.

UNICEF will continue to support MoH to complete the development and enactment of harmonised national strategies and protocols on IMCI and iCCM. Systematic introduction and implementation of IMCI will be supported in 12 focus counties. The iCCM programme will be expanded to all villages in 12 counties. Based on the findings of the malaria indicators survey, UNICEF will contribute to development of the national malaria control strategy and improved malaria control service delivery, linked to iCCM and IMCI.

On-track

IR 4040/A0/01/001/003 Nutrition systems and provisions strengthened to deliver essential nutrition services package including nutrition in emergency to the targeted children, pregnant women and lactating mother.

Progress:

Fully achieved targets, with a total of 76,114 (75 per cent) admitted cases (children 6–59 months with severe acute malnutrition) to therapeutic care centres and treated by the programme. The programme was also able to maintain the global Sphere standards of 85 per cent cure rate and 1 per cent death rate.

UNICEF supported the establishment and operations of 51 Stabilising Centres and 352 Outpatient Therapeutic-feeding Programmes (OTP) centres across the country. A total of 668 Government and non-governmental staff persons were trained on the Integrated Management of Severe Acute Malnutrition (IMSAM). Twenty-three pre-harvest SMART surveys were conducted between Jan and June 2013 in seven high-risk States. The validated results of those surveys indicated Global Acute Malnutrition (GAM) rates ranging from 5.4 per cent to 35.6 per cent, and Severe Acute Malnutrition rates from 0.6 per cent to 13.4 per cent. UNICEF also supported strengthening of both national and state level coordination of nutrition programmes, using the platform of Nutrition Cluster. A total of 12 central and 32 state coordination meetings in eight states took place during the reporting period.

The programme focused mainly on the treatment component of IMSAM programme, by administering RUTF. There was inadequate focus on the promotion of optimal Infant and Young Child Feeding (IYCF) and caring practices by integrating IYCF in Emergency and other preventative nutrition and food security interventions. Inadequate linkage between therapeutic care and supplementary feeding remains a challenge due to lack of implementing partners (NGOs/CBOs) on the ground in hard-to-reach and conflict areas to carry out both therapeutic and supplementary feeding programmes.

2013 saw increased awareness and commitment by both the emergency nutrition cluster and the nutrition sub-sector towards an integrated approach to programming, in line with global SUN movement. The integration of preventative interventions are already spearheaded by the longer-term consolidated appeal by the humanitarian cluster, with a mix of humanitarian and development approaches. Expanding inter-agency coordination and collaboration among WHO, UNICEF, WFP and FAO would facilitate the integration of therapeutic care, supplementary feeding and food security interventions.

Maintained the existing scale and depth of programmes integrating curative and preventative interventions; further expansion will be made to provide services for IDPs created by the recent armed conflicts and violence. OTP treatment centres will be established in all IDP camps across the country, within and outside UN bases, as needed, and optimal IYCF-E interventions will be integrated at all OTP sites. UNICEF will also continue to support the surveillance, monitoring and reporting of the situation.

Constrained

IR 4040/A0/01/001/004 60 per cent of children 0-24 months in 10 under-served counties receive optimal age appropriate feeding.

Progress:

Significant achievements of this intermediate result are evident from various surveys conducted in 2013, although progress against indicators couldn't be ascertained due to lack of a baseline and targets. The initiation of exclusive breastfeeding within an hour ranges from 47 per cent to 86 per cent (Nutrition SMART survey). Exclusive breastfeeding of infants 0-6 months ranges from 11 per cent to 85 per cent (Nutrition SMART Survey).

UNICEF supported a number of initiatives to improve advocacy and to enhance the profile of Nutrition as an integral component of national development strategies and humanitarian responses. IYCF in emergencies guidelines were developed and introduced in Maban. A total of 26 participants representing Upper Nile SMoH, UN Agencies (WFP and UNHCR) and implementing NGOs in Maban refugee operations were trained. Integrating into the IMSAM programme, 668 staff from SMoH and NGOs and CBOs were trained on IYCF. Operational guidelines were developed on micro-nutrient powder (MNP) supplements and introduced in two states. A joint mission of Government and UN agencies (UNICEF, WHO, FAO and WFP), with technical leadership from UNICEF was held on the Scaling-Up Nutrition (SUN) global movement. Following the mission, South Sudan became the 41st SUN country. UNICEF supported the SUN Government focal point to outline a road map for rolling out SUN in the country, which was formally shared with the SUN global movement Secretariat.

The competing priorities between nutrition in emergencies and nutrition in development are the major bottlenecks to progress towards the targets of this IR. Inadequate staffing and funding to support the programme are also critical challenges. Efforts were taken to consolidate resources and reinforce implementation by hiring additional human resources support. Top policy-makers were sensitised and momentum was created to roll-out SUN movement. There was also growing interest of donors to support nutrition in development interventions, aligning with SUN movement.

UNICEF will support the MoH to develop IYCF national strategies, guidelines and training protocols for South Sudan. Recruitment of a consultant is under way to conduct a review of the current situation of Iodine Deficiency Disorder (IDD) and Universal Salt Iodisation (USI) in South Sudan and develop a National Strategy and Action Plan on Control of IDD and USI. UNICEF will continue to provide lead technical support to roll out SUN.

Constrained

IR 4040/A0/01/001/005 Improved capacity to provide integrated MNH/PMTCT/EID services accessed by pregnant, lactating women and new-borns in 14 targeted under-served counties, and during emergency situations.

Progress: A partial report showed that service coverage was equal to, or slightly higher than, the 2011 baseline – but much lower than the overall target of 60 per cent, except for skilled birth attendants and initiation of breastfeeding, which are well below the baseline.

UNICEF contributed to the enhancement and harmonisation of evidence-based technical guidelines and tools on MNH and completion of EmONC Needs Assessment (ENA). UNICEF's specific support to 14 targeted counties included: construction/renovation and equipping four maternity units at four primary health care centres; provision of MNH drugs and equipment to 20 health facilities; provision of 135,000 ANC cards, conducting of MNH/PMTCT outreach services; development of South Sudan mentoring framework and tools; expansion of mentoring services to 17 health facilities, with 14 trained national core mentors in five states by 75 health workers on focused ANC and MNH; and provision of four motorcycles to facilitate supervision by programme managers in three states and one county.

Most health facilities are understaffed, ill-equipped and have limited and varied technical guidelines and job-aids. Oversight, coordination and programme planning and management are weak at the county level. Outreach services and social mobilisation activities are poorly structured and mainly for national campaigns. Referral system is not in place. Only 10 and 14 health facilities provide basic or comprehensive obstetric and new-born care services, respectively.

Amidst these challenges, support shifted from health facility-based provisions to community-based approaches guided by the MoH Basic Package of Health and Nutrition Services. This initiative was put forward for MNCH/PMTCT services as entry points in 12 focused counties through multi-sectoral and multi-level participatory processes of developing one county operational plan based on the results of health facility assessment. Support from all development partners converge around this plan, thus avoiding duplication and fragmentation. The completion of 2013 EmONC needs assessments, availability of 2010 SSHS results, and county facility and household baseline data in six counties will enhance programme review, planning, costing and budgeting, applying DIVA/MoRES approaches and One Health Tool. Better understanding of bottlenecks and their root causes by all stakeholders through these approaches will result to improved prioritisation of cost-effective MNH/PMTCT interventions, with built-in monitoring system.

UNICEF will continue to provide lead support to the MMR study; preparatory work is underway for conducting the study in 2014. UNICEF will also contribute to programme review, planning, costing and budgeting using 2013 EmONC Needs Assessment results, including

development of a comprehensive RMNCH plan.

On-track

IR 4040/A0/01/001/006 60 per cent pregnant women and new-borns accessed quality prevention of mother to child transmission (PMTCT) of HIV services and early infant diagnosis of HIV and paediatric HIV case management by end of 2013.

Progress: Only 39 per cent of the estimated number of pregnant women in targeted areas were tested, although most (if not all) pregnant women with one ANC visits were counselled. The proportion of HIV+ pregnant women on ARV prophylaxis increased by 10 per cent from the baseline, but coverage is still below targets. The achievements of results against some of the IR indicators couldn't be computed due to denominator problems.

UNICEF supported the development of PMTCT/EID guidelines and a national PMTCT scale-up plan (2013-2017). Thirty national core trainers are now capable to train service providers using updated integrated PMTCT/EID guidelines; and trained 49 service providers. Mentoring services were conducted at 30 PMTCT sites. Mother-to-mother support groups (MtMSG) guidelines and job-aids were developed to strengthen community outreach and home-based services. Outreach services were supported to expand access to PMTCT services, while continuing facility-based services at 52 facilities. HIV/AIDS test kits and supplies were procured and distributed; a flipchart on EID was developed, printed and distributed; and coordination/oversight activities was supported.

Operational challenges occurred due to the lack of a Government mechanism for taking over services of seven facilities from NGOs after their withdrawal. No DBS collection and testing took place, despite trained teams at 11 PMTCT/ART sites, due to lack of PCR machines. Financial, knowledge and geographic barriers contributed to women seeking antenatal care at a late stage of pregnancy, high numbers of home deliveries, and poor compliance to treatment. The presence of relatively well functioning PMTCT sites with EID services in select hospitals is expected to improve identification and management of exposed infants. The updated, self-directed PMTCT/EID guideline and simplified common guide and tools on MtMSG will hasten capacity building of service providers, equipping them with working knowledge and skills in accordance with global standards.

In 2014, UNICEF will focus on: improving the quality of integrated PMTCT/EID services at 52 UNICEF-supported PMTCT facilities, with staff training on updated guidelines; expanding the mentoring initiative, and providing PMTCT outreach services to increase coverage. UNICEF will also support SMoH and CHD, in collaboration with other partners, to improve the reporting of PMTCT services by integrating into routine H-MIS.

On-track

IR 4040/A0/01/001/007 An enabling policy and institutional environment is enhanced for effective scaling up and implementation of MNCH services by 2016

Progress:

The set targets of upstream policy support were fully achieved except rollout of MBB tool since it was decided by UNH4+ agencies to promote One Health Tool (OHT). Two UNICEF staff trained on OHT. The HMIS was rolled-out in all 10 states and fully functional in 12 focused counties. Key strategic documents were prepared such as PMTCT national scale-up plan, PMTCT/EID national protocol, national measles elimination plan, iCCM national implementation plan, mother to mother support group guidelines and mentorship guide.

UNICEF supported the MoH County Health System Strengthening (CHSS) initiative and programme convergence for implementing a continuum of care package of integrated maternal, new-born and child survival interventions. County health assessment was completed in six counties, and five counties completed the county health operational planning with county-level consultations on bottleneck analysis, as well as actions to reach community and leverage resources and partnerships to implement the "One County Plan". National and state level dissemination and advocacy on CHSS for iMNCS gained buy-in and ownership of MoH and development partners for scale-up. UNICEF also supported the organisation of the second Health Sector Summit to improve sector coordination. Equity-focused results monitoring was initiated with five counties, with a household survey to establish a county-wide baseline for MoRES L-3 monitoring of 11 selected MNCH interventions.

In spite of MoH's strong commitment, the dominance of humanitarian interventions left huge gaps in the introduction and support of sustainable development interventions through a systems approach, which requires dedicated resources. The health sector is almost entirely dependent on external assistance, which is heavily skewed toward humanitarian assistance. An acute shortage of human resources, including weak to non-existent County Health Departments affected leadership the process of CHSS, reflected in passive engagement in planning, weak oversight and supervision and poor data management.

The Government and development partners have shown increasing interest in a focus on systems building. Key health sector donors (World Bank, USAID, and DfID-led Health Pool Fund) are supporting select components of health systems-strengthening through either a vertical project or work integrated within the PHC projects. Data availability and management are expected to improve with the recently completed EmONC needs assessment and on-going MMR-plus survey, as well as the LQA survey at all health facilities across the country.

UNICEF will continue to support the scaling-up of the CHSS initiative in all 12 focus counties, aligning with the global standards of the DIVA/MoRES approaches. Using the experience of implementing CHSS initiatives, formulation of policies and strategies will be influenced including the development of an RMNCH roadmap. The introduction and roll-out of One Health Tool for evidence-based costing, budgeting and planning will be supported to develop investment plans for key health sector programmes, including immunisation, nutrition and RMNCH.

IR 4040/A0/01/001/099 Internal Programme Development

PC 102 - Water, Sanitation and Hygiene

On-track

PCR 4040/A0/01/002 Improved, equitable and sustainable use of WASH service and facilities Guinea Worm endemic areas, schools and health facilities as well as underserved communities.

Progress:
In 2012-2013, the WASH programme achieved significant progress towards consolidating gains around prioritised actions to establish the enabling environment for accelerating and sustaining the emergence of comprehensive and coherent WASH services in South Sudan. The existing Water Policy has paved way for significant actions in the sector through development of the WASH sector strategic framework to address the Government's organisational priorities, guidelines on WASH service delivery; technology choice and minimum standards and provide information management protocols and mechanisms to guide both humanitarian and early recovery sector responses. This has resulted in a costing exercise, which generated the three-year (2012–2015) WASH sector strategic action and investment plans. In support of this exercise, the WASH Information Management System was strengthened and operationalised, enabling data processing, production of maps and reports that are accessible on-line to the sector partner's. http://www.mwri-goss.org/.
In addition to leveraging significant resources to scale-up provision of WASH services in South Sudan, the programme introduced a WASH bottleneck analysis tool (BAT), aimed at identifying sector gaps and support the coordination process that will lead to improved sector performance and development. WASH sector partners were trained and have identified critical bottlenecks that were used to inform the planning and design of the next programme cycle (2014–2016).
Working closely with the Ministry of Electricity, Dams, Irrigation and Water Resources (MEDIWR) and state authorities, the programme continued to support efforts to accelerate demand-driven approaches in sanitation and hygiene improvement (Community-Led Total Sanitation (CLTS) and School-Led Total Sanitation (SLTS), in partnership with INGOs and CBOs.
The considerable challenges encountered in 2013 include: significant institutional and human resource gaps (technical and managerial functions at state and county levels); recurrent crises increased demand for humanitarian, high-operational cost due to continued austerity measures/inflation; inaccessibility/insecurity; delays in liquidating funds disbursed to implementing partners (DCTs); and poor drilling progress, coupled with difficult geological formations, especially in the Guinea worm-endemic areas.
However, major achievement in 2013 included:

1. Completion of a comprehensive three year (2012-15) action and investment plan for Rural WASH both at the state and national levels. This exercise concluded through a wide, participatory, consultative process encouraging bottom-up planning leading to national plan.
2. Operationalisation of WIMS at the national level and strengthening WIMS in four states
3. The WASH Cluster system has strengthened capacity for emergency preparedness and response among key partners, with a strategic emphasis upon state-level coordination, information-sharing and effective humanitarian response and cluster coordination, with no break in core pipelines supplies.
4. Provision of improved sources of drinking water to over 354,500 people through construction of 107 new hand pump-equipped boreholes, 10 solar-powered boreholes, and rehabilitation of 602 water points in Guinea worm-endemic villages, schools, health facilities and communities.
5. While the target for new Guinea worm cases was zero in 2013, South Sudan still made progress in the number of new cases reported – 113 cases from January to December 2013, compared to 521 cases in the corresponding period in 2012, an 80 per cent reduction overall. Over 570,500 emergency-affected people were provided with WASH services, including critical supplies.
6. Construction of over 9,000 household latrines by families themselves, with no external subsidy for hardware, under the CLTS initiative. Of the 300 villages triggered so far, 59 achieved open defecation-free (ODF) status for the first time in South Sudan while another six villages claimed to be ODF by the implementing partners still must be certified by a third party. Over 17,300 pupils were provided with access to sanitation and hygiene facilities in 50 schools. Over 300,000 school children were mobilised during the Global Hand-washing Day to raise awareness on hand-washing with soap.
7. Leadership capacity of the MEDIWR-RSS was strengthened through training, experience exchange with global sector partners and continued participation in the process of the global high-level commitment dialogue (SWA/AfricaSan).

On-track

IR 4040/A0/01/002/001 WASH Sector investment plans and subsequent revisions to the institutional & legal sector framework lead to accelerated and sustained delivery of WASH services to vulnerable communities.

Progress:

Exceptional progress was made towards achievement of this intermediate result. The process for translating broad strategic priorities for Rural WASH into a three year (2012-15) action and investment plan was completed, with UNICEF providing technical and financial support to MEDIWR. The process was initiated in 2012 and was successfully concluded in August 2013 with the development of national and 10 state-level action and investment plans for Rural WASH. The wide, participatory, consultative process included a number of meetings, individual discussions with sector partners, state and national level stakeholders' workshops, review by the task forces on rural water supply and sanitation and by the Water Sector Steering Committee. This plan is to be presented to the Cabinet for approval before end-2013. A similar process was also completed for development of an institutional and legal framework leading to water bills; and an investment plan for an urban water supply component with support from GIS.

Institutional arrangements and coordination mechanisms across RSS have been strengthened on both the development/recovery and humanitarian fronts. Capacity-building efforts are yielding increasing benefits under the effective leadership provided by MEDIWR through joint sector reviews, planning processes and regular meetings at National and States levels. The completion of a WASH training

facility at the Amadi Rural Development Institute, with support from the Government of the Netherlands, will further increase the capacity for sustainable delivery of WASH services in the country; first intake will start in 2014.

On-track

IR 4040/A0/01/002/002 Cluster Coordination& pipeline mgt. 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.

Progress:

In 2013, the level of emergencies in South Sudan remained high, with significant numbers of emergency-affected people and the need for mobilisation of resources (human and financial) and large amounts of supplies. The programme continued to play a pivotal role in WASH emergency response, building capacity for more effective response through its leadership of the WASH cluster and fulfilment of the Core Commitment for Children through direct interventions in emergencies. The core pipeline (critical supplies) was managed successfully, with no breaks. Supplies were procured in time and pre-positioned at all hubs, which ensured prompt response. Major challenges were recurrent crisis and accessibility resulting in high transportation cost for humanitarian response. Cluster meetings were regularly held at national and state levels, with over 52 active partners participating.

The emergency situation in South Sudan is largely defined by regional emergencies caused by violence, chronic flooding, intertribal cattle raiding, and voluntary population movement (such as returnees coming from Sudan). Internal armed conflict in Jonglei resulted in displacement of over 188,000 civilians. Chronic flooding in 2013 affected seven of the ten states, with about 382,000 people needing assistance, and returnees to South Sudan continued to require emergency response (both existing returnees from past years, and new returnees in 2013).

On-track

IR 4040/A0/01/002/003 WASH Information Management System (WIMS) is functional between RSS, State and County levels and all stakeholders , bringing greater equity to the allocation of resources and a solid evidence base for priority setting.

Progress:
The WASH Information Management System is now operational (http://www.mwri-goss.org/), with relevant products available to implementing partners (borehole location and data, maps, etc.). The state parties were trained in data management systems and associated workflows. UNICEF provided technical assistance, with support from Regional Centre for Mapping of Resources for Development in Nairobi, Kenya to boost technical capacity of the information management team at MEDIWR, and has developed a range of monitoring and analytical mapping products that address the priority setting and equity challenges of both humanitarian and development/recovery actions. The potential value of the WIMS unit is now understood by the most senior policy makers in the WASH sector. In addition, 229 enumerators were trained in 11 counties, and inventory of the water sources completed in 43 counties.

Austerity measures in the routine operation of WIMS, due to budget cuts, were the main challenging factor. UNICEF provided extraordinary support to maintain and keep the system running during this period. After validation and cleaning, the WIMS database has a record of over 12,000 water points and estimates the functionality to be around 78 per cent. Establishing a two-way information flow from the states to the WIMS at the national level, and vice versa, is still inadequate especially at the state and county levels. Regular update of the functional status of the water points and overall sustainability of the WIMS are some of the challenges to be addressed in longer term.

Met

IR 4040/A0/01/002/004 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 & maintenance of these facilities.

Progress:
Despite many challenges encountered in 2013 (including inaccessibility, contractors' inability to mobilise on-site timely, difficult hydrogeological soil formation coupled with capacity issues of partners), 143 per cent (354,500 people) of the overall target for 2012-2013 (200,000 people, including school children) were provided with access to improved sources of drinking water through construction and installation of 107 new water points and rehabilitation of 602 non-functional existing water points, including 20 water points (13 new & 7 rehabs) in Guinea worm-endemic villages. Solar-powered hand-pump technology was completed in 10 schools/health centres (two each in Juba-Central Equatoria, two in Bor-Jonglei State, two in WES, EES and two in WEB). The programme also managed to provide safe drinking water to over 570,500 emergency-affected people, with temporary services such as water trucking, surface water treatment systems and critical supplies for safe water storage and treatment at point of use. South Sudan reported almost 80 per cent reduction in Guinea worm cases (96 cases) for the period January-August 2013 as compared to the corresponding period in 2012 (485 cases) with 90 per cent of cases from Eastern Equatoria State, where over 90 per cent of cases were confined to one county in Kapoeta East (the major focus for 2013 interventions).

Spare parts and O&M training for village-based water committee members (60 per cent of whom were women) were provided in 2013. Formation of the pump mechanic association in Northern Bhar el Ghasal, for maintenance and supply chain, contributed to strengthening the capacity of the Government for long-term management and maintenance of the water points.

Constrained

IR 4040/A0/01/002/005 Household and institutional access to and regular use of sanitary latrines and hygiene facilities is accelerated by hygiene promotion, and community-led approaches.

Progress:
The programme continued to align its focus of support for sanitation and hygiene towards the goal of eliminating open defecation through interventions that are rooted in generating stronger community demand for services, focused on behaviour and social change, and committed to local innovation. The institutionalisation of CLTS for scaling-up rural sanitation and realisation of ODF communities has increasingly gained momentum across the country.

A major part of this effort took place in collaboration with the organizations, ACTED, Intersos and SNV (Netherlands) for implementing CLTS in Warrap, Western Equatoria and Northern Bahr el Ghasal state. The project reached 62,000 people through community-based approaches, triggered ODF status in 300 communities and 59 villages, with six more to be verified as ODF, and 9,000 household toilets were constructed by families without any external subsidy for hardware. Approximately 50 schools (62 per cent of the planned target for 2012-13) & five health centres were provided with access to a safe means of excreta disposal, benefiting 17,500 schoolchildren. About 228,000 emergency-affected people were provided with access to temporary safe excreta disposal systems. The Global Hand-washing Day (GHD) campaign, which was celebrated across the 10 states of south Sudan, has driven awareness-raising on the importance of hand-washing with soap, and as a result over 300,000 schoolchildren were reached through direct hygiene promotion activities in schools, while an estimated 5 million people were reached with key hygiene messages through media campaigns and SMS messages.

A number of targets in this result were not met due to various constraints and challenges. The major challenge was emergencies in project areas, which affected the long-term CLTS and behaviour-change strategies, and poor accessibility and infrastructure for involving the private sector on supply and establishment of hardware outlets.

IR 4040/A0/01/002/099 Internal Programme Development

IR 4040/A0/01/002/100 Improved availability of affordable and sustainable WASH facilities and services in guinea worm endemic areas, schools and health facilities as well as underserved communities

IR 4040/A0/01/002/101 Communities in UNICEF selected counties that adopt ODF-free and good hygiene practices

IR 4040/A0/01/002/102 Improved enabling environment (legislation, policy, budget and information) at national and state level for WASH decisions making and planning

IR 4040/A0/01/002/103 Increased national, state and county level capacity to prepare and respond to emergencies in line with CCCs

PC 103 - Basic Education and Gender Equality

Constrained

PCR 4040/A0/01/003 By 2016, South Sudan is on course to achieve universal participation and increased and equitable completion of quality primary education with parity among boys and girls.

Progress: South Sudan is barely on course to achieve universal participation, increased and equitable completion of quality primary education for boys and girls. In 2013, the net enrolment rate was 41.5 per cent, with 35.4 per cent for girls and 47.1 per cent for boys. After some years of steady growth, the primary subsector has prematurely reached a plateau, with 1,380,580 pupils in 2009 and 1,311,467 in 2013, of whom 39 per cent were girls.

The proportion of girls in school decreases gradually and is lowest in standard 8, with 40.1 per cent girls in 2013. Across all states, there was a significant decrease in the number of pupils as they progress from P1 to P8. Eighty-seven per cent of primary school pupils are over-age (EMIS 2013), which is consistent with the findings of the *Out of School Children Study* (UNICEF 2012).

The education sector is not adequately resourced, even when development partner resources are taken into account. A huge capital investment is needed during these infant years of the country, post-independence. According to the General Education Strategic Plan, key areas include capacity at all levels, facilities, teaching and learning materials and capacity.

Of the 3,766 primary schools, 59 per cent have access to drinking water. The national pupil-classroom ratio is 99.6, taking into account both permanent and semi-permanent classrooms. Just over 37 per cent of classrooms are open air. All data reflect significant variations across states.

A detailed analysis of the 2013 intermediate results is provided below.

On-track

IR 4040/A0/01/003/001 Improved policies, legislation and systems for equitable access and completion of quality and inclusive basic education.

Progress:

Steady progress was made on the legislative and policy environment, including: inspection framework drafted; teachers' professional standards; secondary school examinations for 2012 -2013 conducted and national curriculum framework validated. The Education Act is in place, and mandates Government to allocate 10 per cent of budget to education. The General Education Strategic Plan (2012-17) was approved by the Government, appraised by GPE partners and provides the basis for the GPE budget allocation.

The M&E and Results Framework and Implementation Plan for the Global Partnership in Education (GPE) programme were completed in line with the GPE Chair's request, and the GPE Steering Committee is in place. The partnership has grown to include the following programmes: Girls' Education South Sudan (DfID), Room to Learn (USAID) and Improving the Management of Education Delivery (EU). A joint implementation plan cements the partnership. Additional personnel for GPE were recruited and the inception phase of the GPE programme is near completion.

There were several bottlenecks in 2013: (1) failure by the Government to allocate the 10 per cent budget allocation to education in line with the Education Act. UNICEF and other education partners will continue to lobby in 2014 and beyond; (2) capacity to manage implementation plans remains weak at national, state and local levels, a gap that UNICEF plans to plug through the GPE Programme; (3) the issue of language of instruction has been problematic, with a mandatory switch to English required. Some progress was made, and a more flexible approach has been promised; (4) a unified school calendar; UNICEF and other partners have successfully interceded, and a flexible approach is being considered; (5) The absence of a national curriculum and examinations. UNICEF is addressing this through the GPE programme, along with the development of other systems.

The GPE will be UNICEF's major programme in the next four years, barring possible instability in the country. The plans laid down would provide a stable platform for long-term growth, despite the challenging circumstances for education development in South Sudan.

On-track

IR 4040/A0/01/003/002 National, State, County and School planning enhanced through strenthening of Education Management Information System (EMIS), other M&E activities and support for training of planners;

Progress:

Working closely with national and state officials and with technical support from a consultancy firm, UNICEF has made good progress on this IR over the past couple of years. The 2012 EMIS results were published and distributed, and a fully functional website created.. High standards have been consistently maintained, in particular the coverage of schools (around 96 per cent in 2012 and 2013). The plans for the 2014 census were completed and preliminary analysis finalised by December. GIS data was collected from all states and will enable spatial analysis. However, despite the regional and global acclaim for the EMIS, the main concern remains relatively limited success in developing the capacity of national teams. A draft report was in place by the end of the year.

UNICEF has categorised the bottlenecks for EMIS implementation to include: (1) a high national staff turnover at all levels, since trained staff secure more attractive employment elsewhere; (2) minimal utilisation of EMIS data at the state, county and payam levels for planning and management; (3) limited data quality check mechanisms; (4) lack of electric power, inadequate staffing, limited funding, limited space and erratic national remuneration arrangements have combined to slow down national capacity development efforts for the development of EMIS; (5) the low capacity of teachers means that the EMIS questionnaires have to be very simple; and (6) official lists of schools are not regularly updated and shared.

UNICEF priority for the immediate future will be to improve data quality and strengthen national capacity. Education managers, head teachers, county and *payam* supervisors will then have the capacity to manage the EMIS data collection, analysis, dissemination and more significantly, utilisation. This would constitute the foundation for a nationally managed EMIS system.

On-track

IR 4040/A0/01/003/003 Improved capacity for humanitarian response, preparedness and resilience in line with South Sudan Minimum Standards for Education in Emergencies.

Progress:

UNICEF, Government and its partners have benefited from cumulative experience of the past few years in delivering education during emergencies. The globally defined INEE minimum standards for education in emergencies have been contextualised for the South Sudan environment and mainstreamed into Government policies, and some progress made in local capacity development, especially in terms of personnel. Coordination mechanisms were relatively effective at both national and state levels during 2013, as the education clusters led by UNICEF and Save the Children continued to mature and provide increasingly strategic support.

These efforts enabled the programme to reach most needy children, with improved and timely services. Some 44,480 children and youth (17,420 girls & 27,060 boys) benefited from the temporary learning spaces, representing 56 per cent of the 2013 planned target of 80,000 while 136,832 children and youth (54,733 girls & 82,099 boys) benefited from education in emergency (EiE) supplies and recreation materials (school-in-a-box, recreation kits, blackboards, tarpaulin sheets, and tents), representing 78 per cent of the planned target of 176,600. In addition, 979 teachers and PTA members (236 females & 743 males) were trained on education in emergencies, life skills and psychosocial support, representing 93 per cent of the planned target of 1,054.

In response to a compelling need, Early Childhood Development programmes were initiated in the refugee camps of Doro, Batil, Gendrassa and Kaya in Maban County (Upper Nile), targeting 8,800 children aged three-to five years affected by violent conflicts. By the end of 2013, 18,471 refugee children (9,047 boys; 9,424 girls) were enrolled in ECD classes in all the refugee camps in Maban County.

Major challenges to EiE delivery included: (1) Limited teacher capacity to cope with emergency settings; (2) inadequate teaching and learning materials; (3) inaccessible areas due to floods and insecurity; (4) limited community support for EiE; (5) delays created by PCA processes, even during emergencies, which is under review.

UNICEF will continue to review its response to education in emergencies, building on the accumulated wisdom of the Government and its partners, while promoting a shift towards the development agenda.

Constrained

IR 4040/A0/01/003/004 Equitable access to trained teachers, teaching and learning materials in schools enhanced through support to pre- and in-service teacher education programmes, enhanced management and procurement and distribution of materials.

Progress:

Limited progress was made on this IR; both in-service and pre-service training of teachers was ineffective. Of the 27,709 teachers in post in 2013, only 12.6 per cent are female, although minor variations can be found across the states. Sixty-one per cent of the teachers are not trained, and of these a significant number are not qualified to train as teachers. It is also unfortunate that these teachers do not have the benefit of backup support from education managers, who also have limited capacity, logistics problems aside. With the pupil-teacher ratio averaging 47 at the national level and reaching 85 in the extreme case of Jonglei State, the learning process is significantly compromised.

UNICEF and other partners, with USAID leadership, are in the process of addressing the key issues in pre-and in-service teacher education. Government teacher education colleges lie idle while qualified applicants are ready to take up training opportunities. At macro-level, a major breakthrough was the agreement by Government to re-open all the teacher education colleges and provide remuneration for lecturers and running expenses for the colleges. Preparations were underway to advance on this in 2014, though some colleges responded early and 700 students were enrolled in the three re-opened national pre-service Teacher Training Institutions (TTIs).

UNICEF retained its in-service training programme, reaching 1,772 primary school teachers: 1,000 teachers undertook the intensive English course; 472 teachers were trained in CFS principles, in addition to the 300 teachers reached through the experimental connect-teaching web-based approach. Certificated components of the training conducted during the year contributed to an increase in the number of trained teachers from 47.3 per cent to 53 per cent. Through a partnership with Government, Windle Trust International and Africa Education Trust, UNICEF trained 500 education managers, teachers, community leaders and members of PTAs on the CFS approach.

UNICEF developed teaching and learning materials to support the in-service training programmes and to provide reference materials for teachers in the field. The Child-Friendly School Training Manual, the accompanying CFS User Guide and related monitoring tools have proved invaluable to teachers and managers in the field. Arrangements were made for the materials to be introduced to students in the pre-service teacher education training programmes.

UNICEF and DfID made a huge contribution in the provision of teaching and learning materials. DfID procured and distributed over 15 million textbooks, covering various subjects, and UNICEF procured and distributed exercise books and stationery. The expectation and plan is that the textbooks will be used until revised texts aligned to the new curriculum are in place.

Three main bottlenecks hindered implementation of the IR: (1) the majority of pre-service teacher education colleges were not operational. Through concerted education partner advocacy and lobbying, the Government agreed to open all colleges in 2014; (2) there ar a limited number of females qualified to take up training as teachers. Through the girls education strategy, a number of obstacles will be addressed in 2014 and beyond; (3) inadequate resources that continue to cripple the pre-service teacher education plans. It is expected that this will be addressed if Government allocates the necessary funding for pre-service teacher training and addresses remuneration issues to make teaching attractive. Through the GPE Programme, UNICEF plans to strengthen the functionality of TTIs through the development and implementation of a school leadership programme and policy. The profile of teacher education will be strengthened in the process.

Constrained

IR 4040/A0/01/003/005 Increased access to schools and youth centres that meet minimum standards for all children and to schools offering the full primary cycle in selected states, in line with child/youth friendly standards.

Progress:

There was limited progress for this IR, which is strategic in that success would significantly increase the number of children realising MDG 2. Across all states, there has been a significant decrease in the number of pupils as the grades progress from the first to the final primary school year – by as much as 90 per cent, i.e. from 368,096 in P1 to only 33,036 in P8 in 2013. Gender disparities remain pronounced and consistent in all grades, with 40 per cent or fewer females at all grade levels. In 2013, over 86 per cent of boys and girls were over-age. UNICEF and other partners have supported the Government to increase the number of permanent classrooms and improve the learning environment. The 30 Child-Friendly Schools constructed by UNICEF with support from DfID led to a one percent increase in the number of schools with standard 8 (up from 13 per cent in 2012). Each of the schools satisfied the minimum standards criteria, and attracted many children to school. Given the scope of demand for additional schools and classrooms in South Sudan (pupil-classroom ratio averages 100 at national level, but reaches 200 at the high end in some states -EMIS 2013), the arguments for more modest and low-cost facilities continues. As of 2013, 95 per cent of the schools were single shift and the states with the highest percentage of multi-shift schools (Warrap and Northern Bar Ghasal) are at 7 per cent.

A combination of the construction of new schools and rehabilitation of others by UNICEF, Government and other partners led to an

improvement in learning environments, but primary completion has yet to significantly improve. The completion rate remains at 13 per cent nationally, albeit with variations across states, but none differ significantly. This is because there has been little change in the major drivers – facilities, teachers and management, all closely related to the limited education budget. Nearly 60 per cent of primary teachers are not trained (EMIS 2013), and of the trained teachers, more than 60 per cent have only received in-service training, as opposed to a diploma or other pre-service training. Also significant is the fact that approximately 25 per cent of teachers are volunteers.

UNICEF successfully influenced the Government to prioritise capacity development in the formulation of implementation plans for the funds secured from the Global Partnership in Education and other donors. Capacity development will target both teachers and education managers, according to plans finalised in 2013. In the same vein, Community Education Centres at selected states were identified as part of a strategy to strengthen in-service training programmes at the county level.

As part of its alternative education programme, UNICEF supported youth development programmes during the year. There is a small-scale programme focussing on training for youth in various trades and academic work. During the year, five youth centres were constructed in Nasir, Uror, Budi, Kapoeta and Ulang.

Implementation of the IR faced a number of bottlenecks, notably: (1) early marriage, leading to early drop-out of girls from school. C4D programme was implemented to encourage the recruitment of female teachers and to send girls to school and encourage them to complete the primary school cycle. UNICEF engaged community leaders and other stakeholders. Success stories emerged in some states as a result, notably in Upper Nile, which saw an increase in female teachers. (2) Lack of local construction materials and poor road infrastructure that deteriorates during the rainy season. The major lesson is to pre-position materials before the rainy season. (3) Limited community ownership of school construction projects, which later manifests itself in a reluctance to maintain the school unless there is remuneration. A policy for managing community participation was rejected by the Government at state level, which stipulates that community engagement is voluntary.

On-track

IR 4040/A0/01/003/006 Improved capacity of Government and partners to implement Life Skills and Peace Education Programmes for children and youth

Progress:

With UNICEF technical leadership and coordination, significant progress was made on this IR, notably in laying down the foundations and framework for future development. The key targets include the development of a life skills strategy, curriculum and support materials for schools, alternative education and teacher training. The Life skills and Peace Building curriculums and associated support materials were developed beyond HIV and AIDS content for ECD, primary, secondary and out-of-school and were tested in six counties.

The national curriculum review process integrated life skills and peacebuilding (LS+PB) as cross-cutting issues, and a teacher training manual was developed. As part of the national curriculum review, two periods per week in the main classroom time-table was set aside for Life skills and Peace Building for content that cannot be integrated. The LS+PB Gender Module was mainstreamed into the Child-Friendly School Training Manual. Conflict drivers were identified through a conflict analysis in selected areas, and trainers were trained, with an initial reach of 15 Government Master Trainers and over 200 teachers. With UNICEF coordination, the Ministries of Education and Youth and Faith-Based Organisations were instrumental in community mobilisation and advocacy for PB interventions. Game-based HIV/AIDS prevention messages reached 92,301 young people (7,745, male; 44,556, female. The Youth LEAD programme organised employability skills training for 348 out-of-school youth, 36 per cent of them girls. A further 1,250 youth received livelihood skills training, 60 per cent were girls. I addition, 150 accelerated learning programmes (ALP) centres were established, 130 received learning materials and 150 ALP teachers were trained.

UNICEF coordinated and provided technical leadership in the development of a Girls' Education Strategy, adopting a participatory and inclusive approach. The draft strategy will be finalised in 2014, and chapters were developed for the different states. Gender disparities in schools are a major concern, as is the limited number of female teachers. A major outcome of the strategy will be to outline concrete ways to address these major disparities.

UNICEF and its partners supported Government in an effort to address the numerous bottlenecks to be addressed for achievement of this IR, including: (1) insecurity due to community violence and conflicts; (2) natural disasters that render roads inaccessible; (3) bureaucratic procedures on the part of Government and donor agencies; (4) ineffective coordination and communication for stakeholders in this area; (5) persistent cases of GBV, such as bullying and humiliating girls in school settings; (6) limited and often delayed funding; (7) conflicting and weakly coordinated strategies.

During the next phase, at least one-third of LS, PB and gender-equity content will be integrated into the national curriculum and used in the development of new textbooks. Partnerships with other UN agencies, NGOs and FBOs will be consolidated and support strengthened at grass-root levels to enhance the capacity of local leaders and parents. Monitoring and evaluation will be strengthened.

IR 4040/A0/01/003/099 Improved internal UNICEF capacity to manage and coordinate program delivery for realisation of the outcome and outputs for Basic Education and Gender Equality.

IR 4040/A0/01/003/100 Strengthened community and school based education service delivery for equitable access to quality basic Education

PC 104 - Child Protection

Constrained

PCR 4040/A0/01/004 Protection of children and adolescents from violence, abuse and exploitation in emergency and non-emergency settings is enhanced

Progress:

Substantive progress was made toward achievement of the targets for humanitarian response; progress was slower for the state-building initiatives. The programme supported implementing partners who provided protection services and enhanced the wellbeing of 66,985 boys and girls affected by emergencies, against the planned target of 20,000. Forty-six community-based child protection networks were formed, against the target of 25. The networks worked in 30 *Bomas* and enhanced the protection of emergency-affected children. The target for birth registration of children under five was not achieved, nor was the policy on children without parental care finalised. Progress in systems-building initiatives was hampered by the slow pace of the Government and process-heavy activities.

Close collaboration and coordination with UNMISS, UNDP, ILO, UNFPA and OCHA contributed to the achievement of planned results. Technical support from the Regional Office and UNECA contributed to development of a legal framework for the civil registration system. Opportunities exist for achieving the targets for birth registration, as the framework is now in place and the increased capacity within the Government will enable achievement of the targets in systems-building initiatives. The continued engagement with parliamentary committees will help to influence decisions on budget for services for children, and the strengthened child protection mechanisms will provide a stronger voice for advocacy for enhancing the wellbeing and protection of children. This will be further strengthened by the full ratification of the UN Convention on the Rights of the Child and Optional Protocols 1&2, which was passed by Parliament in November. The extended Child Protection Programme for 2014-2016 will build on the enhanced legal and policy framework for continued systems-building, while strong child protection coordination and community engagement will provide the roadmap for resilience-building in humanitarian assistance.

Constrained

IR 4040/A0/01/004/001 Strengthened policy, legislative framework and child protection systems for preventing and responding to violence, abuse and exploitation of children and adolescents

Progress:

Partial achievement of this IR is noted. The programme only managed to complete the mapping and assessment of formal and informal child protection systems in all 10 states, and reports from each state were produced. The state reports are already being utilised for planning by both Government and implementing partners. The same information will be used in 2014 to prepare a costed national child protection strategy for South Sudan, which was not achieved in 2013. The strategic plan for the MoSD in Warrap was completed and will provide the framework for implementing and monitoring programmes and services that enhance the protection of children, as well as to mobilise resources. Dialogue on integrating children's issues in the Constitutional Review Commission is underway. Intensive advocacy by UNICEF, Save the Children and the UNMISS Child Protection Unit resulted in passage of the bill ratifying the CRC by the National Legislative Assembly. Systematic engagement with Parliament, coordination and collaboration with UNMISS and Save the Children, support from ESARO and ECA enabled the partial achievement of the planned targets. One major bottleneck was the inability of the Ministry of Gender to liquidate DCT, which affected finalisation of the policy. Secondly, systems building proved to be extremely process-orientated and progress was further hampered by the slow decision making process of the Government institutions. The progress already made will provide the framework for further systems building and for the finalisation of policies not completed in 2013.

On-track

IR 4040/A0/01/004/002 South Sudan has taken measures to institutionalise justice for children and preventive and protective mechanisms for children in contact with the law

Progress: Good progress made and planned targets achieved. Some 153 children (143 boys, 10 girls) in contact with the law (against the target of 100) benefitted from child-sensitive justice procedures such as release from detention, legal aid and psychosocial support. A similar number (152) of police officers, social workers, customary court members, corrections staff, prosecutors (against the target of 95) received trainings on child-sensitive justice procedures (152). About 60 per cent were observed using the child-sensitive procedures in their work. MGCSW, with UNICEF support, developed a Diversion scheme to keep child offenders out of detention – following experimental use in Malakal, five children were diverted. The Juvenile Section of the Ministry of Justice has become more proactive, becoming involved in developing the diversion scheme, participating in the J4C training and advocating for justice for children within MoJ structures. It also followed up on CRC ratification and played a key role in obtaining Ministry clearance for implementation of the diversion scheme. The try-out of the diversion scheme took much longer than anticipated because approval for implementation is centralised in Juba and needed consistent follow-up by the MOJ's Juvenile Section. The roll-out of the diversion scheme in Malakal will be completed in 2014, after which the scheme will be rolled out in Juba and Wau. UNICEF will step up the collaboration with UNMISS Justice Sector and UNDP to enhance children's access to justice.

Constrained

IR 4040/A0/01/004/003 Increased birth registration of babies at birth from 5 per cent to 35 per cent

Progress: Progress toward achieving this IR was generally very slow. Birth registration is taking place, but it was difficult to find out how many children have been registered, as the central registry is not functional. This became clear following the rapid assessment of the birth registration process at teaching hospitals in Juba, Wau and Malakal. The absence of a legal framework affected the birth registration process, as to date no birth certificates were issued. Establishment of the central registry was not achieved because of waiting for the Civil Registration bill to be enacted, but the section decided to support the establishment of the central registry under the Ministry of Health. Structures for spearheading civil Registration were established and are operational. Capacity development on CRVS was undertaken; more than 180 senior Government officials from national and state level were trained, which enabled the creation of a core group for the implementation of civil registration in South Sudan. The programme work accomplished to date under this IR provides an opportunity for fast-tracking birth registration in coming years. Plans for implementing birth registration alongside immunisation campaigns and routine immunisation are at an advanced stage, and recently received a boost as a result of technical support from UNICEF Uganda. Discussions are on-going with the National Bureau of Statistics and UNFPA to examine the possibilities for linking birth registration to the census planned for 2014/15.

On-track

IR 4040/A0/01/004/004 CPiE & Cluster Coordination ion mechanisms for responding to protection needs of children and adolescents affected by conflict and emergencies

Progress: The IR is on track and planned targets were achieved. The wellbeing and protection of 34,272 person (20,435 boys and 13,837 girls) emergency-affected children (against the target of 10,000) was enhanced through a range of child protection services implemented by UNICEF and partners. Children affected by emergencies were cared for and supported by 302 child protection workers who received training on preventing and responding to violence against children, including gender-based violence, abuse and exploitation. As part of the Monitoring, Reporting and Responding Mechanism for grave child rights violations in armed conflict, 166 incidents of grave violations affecting 672 children (492 boys, 114 girls, and 66 of unknown sex) were reported. This represents a 120 per cent increase over 2012, when 148 incidents affecting 305 children were reported. The increase is attributed largely to improved monitoring and reporting. Additionally, the education of 12,500 children was affected by military use of schools in 2013; however, advocacy efforts resulted into 21 schools of the 28 occupied being vacated. Child protection coordination was strengthened at national and state levels. All 10 states developed work plans, which guided their interventions in 2013, while monthly meetings enhanced coordination, helped to prevent duplication and ensured wider coverage for children affected by emergencies.

On-track

IR 4040/A0/01/004/005 Children in Armed Conflict (CAAC) cents affected by landmines and those released from armed forces and groups access improved and equitable community based reintegration services.

Progress: Good progress made in achieving this IR; all planned targets were achieved. The livelihood and educational opportunities for 1,167 children (731 boys & 436 girls) – more than double the 560 targeted – were released from armed forces and groups and vulnerable children identified in communities through social and economic reintegration assistance provided by UNICEF through implementing partners. The number of children reached exceeded the target due to increased capacity of partners and increased coverage of mine-risk education and reintegration activities in areas previously inaccessible. Reintegration assistance included livestock restocking, income-generating activities, fisheries, agriculture, formal education, vocational skills training, accelerated learning, mediation skills and psychosocial support. The implementing partners also worked with communities and raised awareness on protection of children from recruitment and use in conflicts; young people in the programme were also engaged in prevention activities. UNICEF-supported implementing partners enhanced the knowledge of 151,824 persons (55,386 boys, 47,106 girls, 25,100 men and 24,232 women) through MRE to prevent mine-related injuries and accidents. Through UNICEF's support, the National Mine Action Authority was able to complete the Knowledge, Attitude and Practice Survey on Mine Risk Education, and the findings are being used to revise MRE strategy and improve messaging. In 2014 UNICEF will work with Government institutions to expand the reintegration assistance programme to cover other disadvantaged young people, to build their resilience and strengthen their capacities to conduct risk mapping, establish community-led activities to prevent, prepare for and respond to protection risks, stresses and shocks with limited humanitarian assistance.

IR 4040/A0/01/004/006

IR 4040/A0/01/004/007

IR 4040/A0/01/004/099 Internal Programme Management

IR 4040/A0/01/004/100

IR 4040/A0/01/004/101 Ministry of Gender, Child and Social Welfare and State ministries of social development are able to lead and coordinate the implementation of child protection services

IR 4040/A0/01/004/102 MoH, health facilities and community institutions are able to provide birth registration services

IR 4040/A0/01/004/103 Formal and informal justice systems are able to protect children in contact with the law in line with justice for children standards

IR 4040/A0/01/004/104 Key child protection actors are able to provide appropriate services for children at risk of, or those who have experienced violence, exploitation and abuse.

PC 105 - Policy Advocacy and Social Protection

Constrained

PCR 4040/A0/01/005 By 2016,South Sudan has an improved policy environment and systems for disadvantaged and excluded children

Progress:

Partial achievement of this PCR is noted. The National Social Protection Policy Framework was finalised and awaits presentation to the Council of Ministers. Technical and financial support was provided to MGCSW to promote an integrated Social Protection System in close collaboration with MoH, MoGEI, MoFEP and the Commission on War Widows, Disabled and Orphans.

A local institutional partnership was initiated to support the Ministry of Gender to develop its policy research and institutional capacity to effectively perform its mandate. The partnership will also promote/advocate for an integrated social protection agenda through relevant ministries and policy instruments.

The South Sudan Household Health Survey 2 report was printed and is with the Ministry of Health for dissemination to the states. South Sudan Info was updated with national and available data from 2006 to date, and state-wide dissemination was completed.

The South Sudan Youth Development Policy was endorsed by cabinet; it is hoped that this policy will empower youth to influence democracy and peace-building in the country. A Gender Equality Analysis & Strategy is also in place. Youth forums and training were successfully conducted in selected states across the country.

On-track

IR 4040/A0/01/005/001 EPRP/DRR intervention is strengthened and reflected in all programmes, and emergency responses are implemented in accordance with the CCCs

Progress:

Progress for this IR is on track. The humanitarian situation trends in 2013 in South Sudan indicated that circumstances would continue to be unpredictable for the most vulnerable, mainly children and women.

UNICEF funding received against the CAP 2013 was 48 per cent (US$39,482,984) of the total requirements of US$81,630,641.

In 2013, the value of UNICEF pipeline supplies pre-positioned throughout the country was US$9.83 million, of which US$4.63 million is pre-positioned with partners and US$5.2 million pre-positioned atn UNICEF hubs. An assessment of the physical storage facilities and management capacity was implemented for 45 UNICEF and partner warehouses from a risk-management perspective; the final report was being drafted in late 2013. The EPR Unit was able to successfully release US$0.35 million worth of NFI that remained in UNICEF warehouses to IOM (under an MOU with UNICEF) following the handover of the lead for NFIs to IOM.

The political conflict that started in mid-December 2013 has seen thousands of people lose their lives, while almost 500,000 were displaced. UNICEF continues to support this emergency as well.

UNICEF's internal contingency plan was revised in February with inputs from various sections (revised scenario, planning assumptions, implementation plans and pipeline requirements). Implementation (including core pipelines and stock prepositioned based on Contingency Plan) was monitored through regular cluster reports with an HPM component and pipeline reports: seven cluster reports and nine pipeline reports were produced during the reporting period.

The "Institutional Capacity Gaps Analysis" exercise, conducted earlier in close coordination with the Ministry of Humanitarian Affairs and Disaster Management (MoHADM) and the Relief and Rehabilitation Commission (RRC), revealed that national institutional capacity to coordinate humanitarian assistance was inadequate, and unable to fulfil its mandate. Three major areas to be addressed were: i) an urgent need to clarify the policy framework and organisational set up, roles, and responsibilities between these two Government entities responsible for humanitarian assistance; ii) the inadequacy of human resource base, in terms of both numbers and level of knowledge, experience and skills on disaster management; and iii) the limited resources available to carry out their tasks.

As a result, UNICEF contributed to building capacity for emergency preparedness and response for Government. Capacity building activities with the RRC and MoHADM were implemented at the national, regional and state levels, including two pilot simulations and a ToT. A total of 314 participants were trained (288 men, 26 women) including MoHADM Directorate staff, RRC Heads of Departments, State Directors, deputy directors, county coordinators and key line ministries staff.

Constrained

IR 4040/A0/01/005/002 An enabling environment for Child Rights and Social Protection policy development is influenced in favour of the most vulnerable children and women.

Progress:

Partial achievement of this IR is noted. Advocacy for creation of an independent commission to support implementation of the Child Act did not take place. In 2013 the Government focus was on the creation of a leaner cabinet with fewer ministries and institutions. This was evident in the July 2013 sacking of the entire cabinet and reshuffle that saw ministries merged and others dropped. In the 2014/15 planning process it was suggested that the name of the institution is changed to reflect more the oversight role they will play, since calling it a commission raises fears that this will be seen as creation of yet another institution.

Engagement in budget sector working groups enabled UNICEF to contribute towards budget planning, in a bid to advocate for additional resources for the social sectors. The challenge, however, still remains in relation to obtaining actual allocations and expenditure/budget results and discussing them during the planning process. There was a general feeling among the spending agencies (line ministries and commissions) that they spend too much time planning and do not get even half of the funds requested in budgets due to the ongoing austerity measures.

An in-house budget analysis of key social sectors was carried out within the policy advocacy and social protection unit, but faced particular challenges in obtaining current expenditure data. The draft report was shared with the wider team at the November 2013 planning meeting, and further work is envisaged in this area in 2014/15 through local institutions. This quick analysis is also expected to feed into the equity analysis to be done in 2014.

The CRC was ratified and the bill awaits the President's signature; the Child Protection team worked hard to achieve this goal.

On-track

IR 4040/A0/01/005/003 Government of SS is able to plan, monitor, and evaluate programs that protect children's rights at national and decentralised levels based on equity-focused data, evidence-based evaluations, and analytical studies.

Progress:

Substantive progress was made in the achievement of the National Social Protection Policy (NSSP) Framework target, while partial progress was made on the roll-out of the CT programme. The NSSP Framework is complete and awaiting presentation to the Council of Ministers for approval. This policy framework provides the backbone for social protection in South Sudan and will help to operationalise the cash-transfer programme. Working with the Ministry of Gender Child Social Welfare Humanitarian Affairs and Disaster Management, UNICEF was successful in establishing the National Consortium on Social Protection in November 2013. This high-level advocacy group will help the Ministry promote the rights of children, especially the most vulnerable. The consortium is made up of purely local institutions that are tasked with building capacities of the ministry and advocating for social protection issues.

While the cash transfer programme was not rolled out in 2013, the Programme for Economic and Children Empowerment (PEACE) concept was initiated as a means to operationalise the child benefit cash transfer programme. Discussions are ongoing with the Ministry of Gender, which is keen to push this forward. A small-scale programme is planned for 2014, with eventual roll out and financing from Government.

Through UNICEF's advocacy, the Social Protection Technical Working Group (under the leadership of the Undersecretary, Ministry of Gender, Child, Social Welfare and Disaster Management) was revived and at least six meetings were held in 2013. Preliminary in-house mapping of social protection programmes in South Sudan was completed, and this serving as basis for the planning over the next 2.5 years.

On-track

IR 4040/A0/01/005/004 Government of SS is able to plan, monitor, and evaluate programs that protect children's rights at national and decentralised levels based on equity-focused data, evidence-based evaluations, and analytical studies.

Progress:

Good progress made and planned targets achieved. Through UNICEF and other partners' advocacy and support, the South Sudan Youth Development Policy was endorsed by the Council of Ministers. This policy aims to empower youth to champion youth development, participation and positive youth influence towards a democratic and peaceful South Sudan. While young people make up 75 per cent of the population, state capacity to develop and implement effective policies and systems for youth development remains weak. The situation of many young people in South Sudan is worrying, as they continue to be neglected in decision-making, miss schooling, experience high unemployment, etc. These factors lead to their involvement in violent activities and crimes, such as cattle-raiding. The participatory policy development process was documented for lessons learnt, and youth engaged at both national and state levels to ensure that their voices were heard. It is hoped that the policy will enable youth to engage in national decision-making processes.

The Youth Needs Perceptions and KAP survey (Youth LEAD baseline survey) covering Jonglei, Upper Nile & Eastern Equatoria states was completed and two publications produced – the main study report and a youth-friendly version. Youth-led operational research is planned for 2014. The initiative is expected to bring together the voices and agency of local young people from different ethnic groups and backgrounds, empowering them in 'action research' or monitoring teams to steer programming responses that are appropriate and effective – while also, it is hoped, building positive networks at the community level. An underlying principle is that the important and changing roles of youth are easily misunderstood or even ignored, even though they are undeniably central to the peace, development and resilience of the wider society. The need for this work is ever-more evident given the on-going political conflict, where thousands of

youth are affected by the conflict, and others are perpetrating the violence.

Similarly, during the SitAn planned for 2014 it has been proposed to include a special component on youth. An in-depth analysis of youth will be undertaken to determine their current situation and recommend priority areas for action, focusing on existing laws and policies, key bottlenecks and constraints in the provision and use of basic social services, as well as prevailing social and cultural norms that perpetuate the vulnerability of youth.

UNICEF will use this new evidence for policy dialogue and advocacy for youth issues.

IR 4040/A0/01/005/099 Internal Programme

On-track

IR 4040/A0/01/005/100 Programme Management and Coordination

Progress: Quarterly and mid-year reviews completed, results from the reviews were shared widely. Field monitoring is ongoing, especially at field offices, however joint monitoring has not been possible due to coordination challenges. Follow-up recommendations from field monitoring need to be strengthened. CPD and CPAP documents were revised and submitted to the Board for consideration. The UNDAF is under review for extension to 2016, in line with South Sudan development plan.
SSCO has a Quality Assurance Officer in place who will work closely with the sections in enhancing quality assurance and management of risk as well as strengthening partner capacity in programme implementation.

IR 4040/A0/01/005/101 To improve access to basic social services and livelihoods of vulnerable children, youth and women in targeted communities in selected counties in EES, Jonglei, Upper Nile and Warrap.

PC 106 - Strategic Communication

On-track

PCR 4040/A0/01/006 Rights of children are advanced through strategic partnerships, advocacy, behavioural development, community transformation and innovative service delivery solutions

Progress:

Strategic Communication has gradually been stressed in all areas – advocacy, partnerships, C4D and Innovation – by all partners. The section has been working in collaboration with the Government and other partners in all focus areas as a way of ensuring sustainability of projects, not only UNICEF pilots.

Some of the challenges include: the nascent communication system with the Government in states and dependence on ad hoc staff and activities has so far not yielded desired results, the limited presence and low capacities of partners, especially in media dark areas, has an influence on how development at the community level will be achieved.

There was gradual establishment of communication networks – difficult in counties due to the challenges. Strategic Communication section worked with the Government (Ministry of Health and Ministry of Information and Broadcasting) to build the capacity of journalists and C4D partners.

A KAP baseline study was completed by C4D officers in all 10 states, publication was in process in late 2013.

UNICEF now has a presence in all 10 states and increased partnerships, and there is better understanding and commitment to support social development programmes, advocacy and innovations including capacity development, which was emphasised strongly in the second half of 2013.

On-track

IR 4040/A0/01/006/001 The Government, opinion influencers and Civil Society organisations have increased information, capacity and platforms to advocate for children's issues, particularly for the most deprived and vulnerable children

Progress:

In line with a comprehensive Media & Advocacy Strategy, the section highlighted children’s and women’s issues through commemorative days such as the Day of the African Child and Independence Day, using social and traditional media and resulting in increased visibility and funding support to women and children in South Sudan. Notably, the Day of the African Child was celebrated with great success--extending a dialogue around the issue of child marriage and engaging children as active advocates of their own rights.

To support rich and ethical reporting and advocacy around children's issues, UNICEF supports media training for local journalists throughout South Sudan. In 2013, UNICEF trained 30 journalists in Upper Nile state on ethical reporting on children, building on the

work completed in eight additional states in 2012, in which over 100 journalists were trained.

UNICEF is a key member of the UN Communications Group, spearheading Social Media & Behaviour Change Communications (BCC) on issues of children and ensuring coordination of communication activities.

The South Sudan Country Office launched dedicated social media platforms on the occasion of South Sudan's independence in July 2011. The Office maintains an active presence on Facebook, Twitter, and YouTube, and is currently exploring a range of additional platforms to diversify and expand its reach. In 2013, the core platforms experienced incredible growth; the SSCO Facebook page now has over 22,000 fans; the second highest number in Africa

The Strategic Communication section has ensured high visibility of key UNICEF priorities – through a media mix of human interest stories, press releases, videos, photos on the website, social media and visits by Goodwill Ambassadors and Natcoms.

On-track

IR 4040/A0/01/006/002 Children and youth have increased opportunities and platforms for participation and dialogue on key issues concerning them.

Progress:

The 'Youth Voices in Peace and Governance' component of the Youth LEAD project provided opportunities for young voices to be heard in society and in the media, particularly in certain counties of Eastern Equatoria State, Jonglei and Upper Nile states. As a result, over 400 youths, through their associations, were engaged in peace-building and media development activities. Peace Ambassadors selected from the youth are still engaged in community activities, three youth summits bringing together hard-to-reach youths from Upper Nile and Jonglei. A Peace-Building Manual was also developed for broader advocacy and dissemination nationally

Successful partnerships with Catholic Radio Network (CRN) & Catholic Relief Services (CRS) resulted in increasing confidence.

Increased participation and capacity development of children and youth during T4D, media and commemorative events.

Radio partnerships served to increase the engagement of children and youth with policymakers.

Constrained

IR 4040/A0/01/006/003 Networks for social mobilisation and interpersonal communication established at the community level and capacity of stakeholders strengthened at all levels for enhancing child survival and development interventions.

Progress:

Using the strong networks and partnerships established through the implementation of regular Polio Communication campaigns, the C4D Strategic Framework was implemented intensively in select states (and nationally for Polio). Over 25 networks were initiated in seven of 10 states to create awareness and intensify social mobilisation activities, in addition to already existing networks.

Regular capacity building was organised in 2013 in a majority of states, including a national workshop reaching over 150 state participants on the process of developing communication plans and strategies. A national C4D learning event was organised in Juba with participants from all 10 states to develop communication campaigns and strategies.

As part of the Ministry of Health's pilot project 'Home Health Promoters', over 50 women representatives from Central Equatoria State (CES) conducted social mobilisation activities. Based on the pilot and available funding, it is planned for replication at scale.

UNICEF supported the Ministry of Health to develop a set of IEC materials for key C4D behaviours to complement community dialogue and social mobilisation activities.

Radio was used effectively in 10 states, reaching more than 700,000 people (particularly for information on Polio immunisation).

Constrained

IR 4040/A0/01/006/004 Families and communities in high risk/emergency prone areas have information on key behavioural practices contributing to resilience and reducing risk

Progress:

The section developed a Comprehensive Emergency Communication strategy. Based on this strategy, a set of IEC materials and tools were developed for use in areas affected by emergencies, starting with Maban, Yida and Renk.

An important partnership with Internews was initiated to develop a humanitarian production package comprising of talk shows, jingles, vox pops, which will involve the affected population.

Edutainment films were produced on five key behaviours with a local drama group and ready for dissemination.

New IEC materials, including radio spots, developed for emergency communication.

Interventions using IPC through local volunteers, Radio and IEC material as emergency response reached over 100,000 people in NBeG, Warrap, Unity, Upper Nile, EES and CES states.

On-track

IR 4040/A0/01/006/005 Government and partners have capacity to implement innovative service delivery solutions

Progress:

Edutainment films were produced on five key behaviours with a local drama group and are ready for dissemination.

Based on a thorough bottleneck analysis for innovation/Technology for Development (T4D) done in 2012, the section successfully established the foundations of its T4D and Innovation portfolio in South Sudan. To accelerate PCR/IR results, the team is also closely working with Innovation unit at NYHQ and other UNICEF COs to adapt existing platforms to the South Sudan context

Three pilots (mobile apps) on course, together with the Government and partners:

-U-Report South Sudan
-Connect.Teaching programme
-Rapid FTR

Broadly, the portfolio is designed around:
(a) improved information management
(b) support to improved service delivery
(c) new platforms for community mobilisation and decision-making.

UNICEF has taken on the role of convener in the T4D/Innovation space in South Sudan, primarily through the Task Force on ICT4D, which UNICEF currently co-leads with the Ministry of Telecommunications and Postal Services. Funds for respective programmes have been secured and partner capacity is being built for sustainability and long-term management of projects from the outset of the different initiatives.

National Coordination:
ICT4D Taskforce and Innovation Lab launched as an avenue for action research, design and sharing of knowledge with youth

IR 4040/A0/01/006/099 Internal Program Devt and communications.

PC 107 - Cross Sectoral

On-track

PCR 4040/A0/01/007 Programmes for children are adequately supported by effective operational and logistical support functions

Progress: With the introduction of VISION in 2012, work processes were revised in line with the recommendation made by the auditors to streamline and strengthen financial control & management as well as travel management. NEP Management was streamlined and strengthened with the help of a professional consultant from KPMG. The consultant also helped in physical count and recommending work processes for managing the inventory items in the stores. A new orientation package is under development to better facilitate induction of new staff members. A series of orientations on policies and entitlement benefits were carried out. Existing capacity in Supply Unit were strengthened to facilitate smooth procurement and warehouse management. Supply plan was also developed early in the year, in collaboration with the Programme colleagues streamlined supply procurement.

As part of cost reduction, iDirect VSATs were installed to replace BGAN equipment that was being used in Hubs. BCP document was also revised. Wau Zone office conducted a BCP simulation exercise. Malakal Zone office and Juba office tested the redundant connectivity and remote connectivity as part of BCP exercise.

IR 4040/A0/01/007/001 Cross Sectoral - Programme Staff Costs d

IR 4040/A0/01/007/002 Cross Sectoral - Operations Staff Costs

On-track

IR 4040/A0/01/007/003 Supply/Logistics Operating Costs

Progress:

Supply Plan was completed with help from all sections and used as the basis through which supply items were procured.

Existing in-house capacity was strengthened for smooth procurement and in-country logistics management.
Ways to reduce procurement processing lead time were explored and tested.
Ways to reduce customs clearance lead time were explored and tested.
Warehouse management was carried out with the help from local contractors; physical counts were conducted periodically.
Monitoring and evaluation trips were planned in coordination with the sections. These trips were helpful in determining the quality and condition of goods when they reach their final destination.

IR 4040/A0/01/007/004 Juba CO Operating Costs

On-track

IR 4040/A0/01/007/005 ICT Operating Costs

Progress:

The majority of ICT operating costs were for communication, which included: EMC VSAT in Juba, Malakal & Wau; iDirect VSAT in Juba, Malakal, Wau, Bentiu & Bor; BGAN in Aweil, Kwajock, Bor, Bentiu & Torit; and offnet VoIP calls made from Juba, Malakal & Wau. ICT also provided a spare BGAN unit for operation in Pibor as part of emergency response. iDirect VSATs were installed in Bor and Bentiu during the latter part of the year. IDirect VSATs will replace all BGAN equipment in the hubs. Due to logistical, administrative and technical reason, ICT was not able to complete iDirect VSATs in all locations. The installations in Bor and Bentiu have reduced the BGAN costs almost by half.

The other major portion of operating costs was for upgrading and replacing damaged or old ICT equipment. The Office also upgraded the memory of servers for the installation of Hyper V software, which allows one physical server to be shared by four virtual servers. The number of physical servers, as a result of installation of Hyper V software, was brought down from 21 to nine, in all South Sudan.

ICT operating costs also included expanding the LAN and Voice points in the Office as the number of staff and consultants increased in South Sudan.

On-track

IR 4040/A0/01/007/006 Human Resources Operating Costs

Progress:

Recruitment (including, but not limited to, preparation of advertisements, receipt and process of incoming applications, preparation of matrices, conducting of written test, scheduling of interviews, preparation of interview minutes, presenting of national positions to CRB, reference checks, completion of documentation required by RO for appointment of national professional officers, issuing of offer letters, sending regret letters to unsuccessful candidates) was carried out.

Training and staff development – including conducting of training needs assessment exercise, extracting training related information from per key assignment, compiling the data for the HRD's review, notifying staff members on the status of their training request – was also done.

Staff orientation and induction package for new staff is nearly finalised.

Management of contractual status including but not limited to extension, within-grade increment, and change in dependency status, promotions, medical clearance, and process of claims for entry medical examination by newly recruited staff, enrolment into the UNJSPF was carried out.

Staffing statistics, including staff lists for multiple purposes (e.g. security, gender, nationality and dependents list, leaves, entitlement travel) were kept.

Administration of SSA, including but not limited to, review of TORs, determination of fees, presentation to the CRC (when applicable), issuance of offer letters, completion of documentation such as beneficiary form, health statement, coordination with sections on TAS, and dispatch of orientation package was carried out.

PERs (ePAS and PAS) and key assignments were monitored, to be completed by the global deadline.

Van Breda card for national staff and their dependents, ID cards (new and renewal), UNLPs (new and extension) were completed.

IR 4040/A0/01/007/007 MOSS/Security Operating Costs

On-track

IR 4040/A0/01/007/008 Travel Costs - Juba Area, Juba Zone, Wau Zone and Malakal Zone Offices

Progress: TAs were reviewed and ensured that they were in compliance with the new procedures installed after the introduction of VISION. The TA was not posted until all the conditions were met.

Implementation of standardised travel entitlements and DSA rates for different types of travels (Such as R&R, home leave, family visits) was monitored by: sharing DSA Circulars with all staff and reviewing all travel-related entitlements.

A monthly Travel Monitoring Report was prepared and shared in the CMT.

After travel has taken place, section ensured that all trips are certified and approved before closing the TA.

Visa processing for both national/ international staff on official travel/ mission/ new recruited to/out of South Sudan was carried out.

IR 4040/A0/01/007/009 Juba Zone Office Operating Costs

IR 4040/A0/01/007/010 Wau Zone Office Operating Costs

IR 4040/A0/01/007/011 Malakal Zone Office Operating Costs

On-track

IR 4040/A0/01/007/012 Guest House Clearance

Progress: Income and expenditure of Guest houses Juba, Malakal, Wau and Yambio were monitored and recorded.

On-track

IR 4040/A0/01/007/013 Property Plant & Equipment

Progress:

All NEP items were received and registered in Lotus Notes database and in Admin section. All NEP items and attractive items were tagged and distributed to sections under acknowledgement of property receipt certificate. A list of items in each room was tabulated and displayed in the room with acknowledgement of the occupant of the room.

Physical inventory count was carried out with the help of external consultants. The external consultants also helped to streamline the procedure for receiving and recording the assets in the system.

PSB submissions from Zonal offices and programme sections were received and consolidated for submission to PSB committee. PSB committee met and deliberated recommendations to the Representative, for her approval.

Year-end NEP report is being prepared for submission to DFAM.

PC 800 - Generated Programme Component for Business Area 4040 and Cycle Number 1

PCR 4040/A0/01/800 Programme Support

IR 4040/A0/01/800/001 Financial Resources and Stewardship

IR 4040/A0/01/800/002 Human Capacity

IR 4040/A0/01/800/003 HR

IR 4040/A0/01/800/888 Guest Houses - South Sudan

IR 4040/A0/01/800/889 Guest Houses - South Sudan

Effective Governance Structure

The year began with preparations for an extension of the current CP cycle until June 2016 and the development of two-year rolling work plans. The CAP 2013 and UNICEF contingency planning processes contributed to a good understanding of the humanitarian targets.

Country Programme Management Indicators and VISION performance management reports were compiled each month and discussed at the monthly Country Management Team (CMT) meetings. Office statutory committees such as CMT, Zonal Management Team, Contract Review Committee, Programme Cooperation Agreement Review Committee, Central Review Body and the Local Human Resources Development Committee (HRDC) continued to function effectively. The Joint Consultative Committee (JCC) met quarterly to further enhance a participatory and enabling work environment.

The CO reviewed its governance structure in the country and field offices and reviewed membership of the office statutory committees. In addition, the CO developed a VISION Table of Authority (ToA) and a VISION Roles Mapping Table, and held briefing sessions on Segregation of Duties and ToA, to increase staff awareness and understanding in the application of the new Internal Controls Policy in the day-to-day business process of the new system and environment. The Delegation of Authority Memo was signed and documented.

The SSCO finalised nine Standard Operating Procedures (SOPs) on VISION for a number of Office processes, organised training sessions on UNICEF rules and regulations and application of newly developed SOPs. Other management and operation priorities for 2013 included the implementation of the new VISION programme and financial management system. These priorities were monitored through monthly CMT meetings, weekly senior management meetings and monthly Operations and Programme coordination meetings.

Strategic Risk Management

The Business Continuity Plan (BCP) was reviewed, approved, and tested by the end of the year and changes in the internal and external operating environment were discussed. A full BCP exercise was conducted in Juba Country Office, Malakal Zonal Office and Wau Zonal Office. Staff members were able to use Cisco AnyConnect to access VISION, as well as the files in the server and Lotus Notes emails. Users were also able to use citrix.unicef.org to access VISION and Inter-Notes options in Lotus Notes to access their emails through the internet. As part of BCP, key management staff were issued Blackberry phones which were subscribed via the Uganda Country Office. Blackberry phones are able to replicate emails through wireless outside of Uganda to save costs on roaming charges. The newly approved BCP was uploaded in the global website and a copy was shared with the UNICEF Kenya Country Office, as host country for South Sudan. In December, during the crisis, the BCP was activated and guided the Office in managing the crisis; towards the end of the year staff were evacuated to Nairobi.

Evaluation

In 2013, the South Sudan CO continued to improve the quality of studies and evaluations in the Integrated Monitoring and Evaluation Plan (IMEP). The Office ensured that the total number of studies was reduced to a realistic and manageable number, and that studies were strategically focused and provided objective information on the performance of UNICEF's areas of support. Status of the IMEP was one of the management indicators in the Country Management Team (CMT) meetings on a quarterly basis. IMEP was also discussed on a regular basis with sections and during periodic reviews. Also, as a standard practice, all TORs related to studies and evaluations were developed in close collaboration with the PM&E, and this ensured that they were scrutinised for the soundness of methodologies proposed and compliance with UNEG standards. The Deputy Representative only approved TORs once they had gone through this process.

While the number of studies and evaluations was kept at a fairly manageable level, there were still delays in implementation; for instance of the five evaluations in the 2013 IMEP, only two were completed, and the remaining three were postponed for a number of reasons, including lack of funds. The management response

for the two completed evaluations was prepared and was being reviewed at year-s end. Additionally, most of the SSCO's completed studies and evaluations were uploaded to the global database. For the 2014-2016 CP extension, the Office is looking to identity key evaluations that are strategic, and will thus better plan for them. Also, as a result of feedback provided by HQ through the global oversight report for evaluations, it was agreed to set up an evaluation governance committee for quality control, and to further strengthen the evaluation function for the CO – this will be implemented in 2014.
Given the challenging environment in South Sudan, it is often difficult to obtain highly qualified technical experts to support various studies and evaluations. Very few local, independent consultants are able to conduct, high-quality evaluations complying with UNEG standards. In addition, the Government's capacity is quite low in terms of managing on-going studies and evaluations and utilising results. Discussions have commenced among a number development partners, including UNICEF, on the need to establish a National M&E Group, aimed at encouraging knowledge-sharing from experts in the field of monitoring and evaluation and raise the standards for monitoring and evaluation practice in the country. This group can also support the development of a framework that will be used to strengthen local capacities in data and M&E in the country. This merits greater attention in the next two years.

Effective Use of Information and Communication Technology

As part of Effectiveness and Efficiency, the Office was able to save US$750,000 in telecommunication cost for data by changing service provider, discontinuing BGAN and installing iDirect VSAT and encouraging staff members to use USB dongles from GSM service providers rather than BGAN for Internet service when they travel. Staff members in field offices are now able to access VISION through Cisco AnyConnect Secure Mobility client. The policy on Thuraya use was also revised as per the MOSS guidelines.

As part of Delivering as One activities with other UN agencies, sharing of VSAT from WFP is being explored in Aweil and negotiations to back up each other for connectivity are under way in the local Emergency Telecommunication Cluster. Old and obsolete ICT equipment was disposed of through a review by the PSB Committee, involving public auction and bidding and donation of some usable equipment to a local university.

ICT is also becoming more involved in helping programme colleagues use technology in delivering activities. Video conference and teleconference are increasingly being applied in engagement with other colleagues. ICT team helped Innovation team in Strategic Communication Section to start the Innovation Lab and provide technical support for other projects in terms of specifications for equipment, getting services from local vendors and selection of service providers and people to implement the project. Both ICT and Innovations units have learnt and benefitted from each other.

There were numerous visits to field offices by ICT staff based in Juba, Malakal and Wau to ensure that all systems were functioning in field offices and staff members have access to basic ICT services such as Internet, VHF and HF radio connectivity and the office is MOSS compliant in terms of Secure Telecom.

ICT staff members were trained in Managing ICT resources during Emergency, Project Management and Technology for Development. Staff members were able to train their peers in using VHF/HF and remote connectivity tools to connect to the Office during crises, orientation on BCP and guidelines on UNICEF ICT Policies.

ICT also upgraded the operating systems, business applications, communication systems, telecom equipment and other ICT hardware equipment as per the guidelines, recommendation and directives of ITSS in NYHQ.

Fund-raising and Donor Relations

2013 was a successful year in terms of resource mobilisation; against the total annual Country Programme 2013 programmable budget for recovery and development (RR and ORR) of US$90.4 million, the CO raised US$52.8 million (58 per cent); excluding RR set-aside allocation of US$1.25 million.

Against the humanitarian requirement of US$81.6 million as reflected in the mid-year review of the 2013 HAC

and the CAP, the CO mobilised a total US$39.5 million (48 per cent of the total requirement) in humanitarian funding. In contrast to past years, the funding in 2013 was predominantly for development initiatives rather than for humanitarian interventions, which was largely due to the substantial amount of funding received for education activities. Such longer-term development funding is a welcome change, allowing for systems-building initiatives to be undertaken in the various programmes. However, given the onset of the humanitarian crisis in mid-December 2013, substantial investment in humanitarian interventions was required to meet the growing needs of the displaced vulnerable population, estimated to reach 1 million people by the end of 2014.

By the end of December 2013, all 43 donor reports that were due had been submitted in a timely manner (100 per cent) by SSCO. A checklist to evaluate CO reports was instituted and efforts were made to include a donor feedback form for all submissions.

As in past years, the largest levels of funding for humanitarian interventions were from pooled funding mechanisms including the CERF and the CHF for SS, as well as from the governments of Japan and United States and ECHO.

The bulk of funding for development initiatives received in 2013 was for education, primarily from USAID and the GPE. In addition, funding was received from DfID for school construction and WASH interventions, from the Government of Canada for the YouthLead programme and from the Netherlands for WASH interventions. One of the key achievements for 2013 was the new education agreement with USAID to support the GPE Programme initiative over four years (2013-2017) in the amount of US$30.1 million.

The CO placed great emphasis of donor visibility throughout 2013 and developed visibility plans for key contributions, particularly from donors such as the GoJ and ECHO. The avenues for increased donor recognition included Facebook posts, human interest stories, press releases, logo placement on supplies and visibility material, videos and donor visits. In 2013, the CO also welcomed a return visit by Tetsuko Kuroyanagi, one of UNICEF's global Goodwill Ambassadors, 20 years after her first visit in 1993, to see the challenges and progress made for children and women in SS, and to capture these through a documentary. The documentary, which was aired in Japan earlier this year, was a huge success, leading to greater awareness about the issues faced by South Sudanese women and children in the broader Japanese public. It also led to increased fundraising for South Sudan and a pledge of US$600,000 by Tetsuko Kuroyanagi for health and education interventions.

Management of Financial and Other Assets

The SSCO managed the 2012-2013 Country Programme of Cooperation with a total CPD budget of US$130,641,359, of which US$10.6 million is RR and US$ 120 million is ORR. The increase in budget from US$98,496,000 in 2012 to US$130,641,359 in 2013 was attributed to an increase of US$32,040,000 in the approved ORR Ceiling and US$105,359 RR Ceiling in August 2013, following the receipt of additional funds from GPE. By mid-December 2013, of a total programmable 2013 RR-ORR-ORE budget of US$173 million - the CO had received programmable US$92,649,146 and a carry-over of US$55,567,470 from 2012, making a total allotment amount of US$148,216,616 against the CPD/CAP budgets of which US$102,108,057 (69 per cent) was utilised, and US$45,016,419 was unutilised and earmarked for re-phasing to 2014. The 2013 CAP budget totalled US$81.6 million for humanitarian preparedness and response. The SSCO programme has US$2 million in Institutional Budget allocations, and the Country Programme heavily depends on RR/ORE to fund its core operating costs.

Effective financial management structures of accountability were in place for regular tracking of funds utilisation. Financial accountability took place in: i) Monthly Field Management Team (FMT); ii) monthly Programme Operations Management Team; iii) Heads of Sections Meeting; and (iv) monthly CMT meetings. By mid-December 2013, 95 per cent of RR funds, 76 per cent ORR funds and 89 per cent of ORE funds were utilised. During the CP cycle, a total of 101 grants – totalling US$104.9 million were allocated, and 98 per cent of funds were utilised within the original time-frame of the grants. The status of over nine months outstanding DCTs is 4 per cent, which is within the good management practices. The Programme Coordination Unit played a critical role in the monitoring and achievement of programme results by sharing

regularly with all staff the status of programme implementation reports by Programme/IR/Cost centres, expiring/expired grants, open commitments, outstanding DCTs and unallocated grants, in order to mitigate risks to achieving results.

The efficient use of VISION and performance management systems by staff was enhanced by conducting three VISION Programme Clinics and refresher training sessions in Juba, Malakal and Wau Zonal offices that benefited 60 staff, including staff based in the hubs. At partners' level, 100 NGO/Government implementing partners based in Malakal and Wau were trained on PCA/SSFA management/processes and were also trained in HACT, to support them in the implementation of HACT in their organisations.

Seven mid-year closure activities achieved a Green mark from DFAM and all were completed on time. First VISION Table of Authority issued and Delegation of Authority Memo signed by staff in 2013, following a thorough briefing session conducted in all three locations to enhance staff knowledge and thereby strengthen internal control systems. The Country Office managed to mitigate the Segregation of Duties conflicts from 28 at the beginning of the year to zero by December 2013. Bank reconciliations were up-to-date and recorded in VISION with no significant unreconciled items.

SSCO maintains various assets (vehicles, generators, office furniture and equipment) with an approximate value of US$6 million. As part of its risk-mitigation strategy, several internal controls are in place to safeguard the assets.

South Sudan has a general lack of infrastructure as well as provision of public utilities. Currently, there is no company that provides land telephony line services, which are cheaper than mobile telephony services. Consequently, all telecommunication in UNICEF is by mobile, which is very expensive. The Office however, managed to negotiate with one major mobile operator for cheaper rates for all UNICEF staff members; when calling within the internal Caller User Group is almost free of charge. This has greatly reduced the telecommunications annual bill. In addition, the Office has streamlined its Thuraya telephony policy, a move that has led to a reduction in the Thuraya bill. Also streamlined were SOPs for office transport management, a move thart led to a general improvement in the effectiveness of transport support to programme delivery. To strengthen internal control mechanisms in the Country and Zone offices, periodic self-assessments in operations area (such as reviewing the compliance of internal controls, payment and travel processes, DCT processes) are conducted and inconsistencies, weaknesses and risks are identified and mitigating actions are recommended and taken as appropriate.

Supply Management

The consolidated supply plan for 2013 was US$32 million and the total supply assistance was $33 million including US$2 million of emergency supplies. This represents 32 per cent of the available 2013 budget of US$103,397,393. Supplies with a total value of US$27 million were dispatched from the five UNICEF warehouse hubs to partners throughout South Sudan. Emergency supplies valued at US$4,420,000 are prepositioned in country in UNICEF Warehouses.

This year Offshore-HQ orders totalled: US$19,243,901; Uganda $2,440,432; direct orders $677,222. Donations in kind were received from USAID of 15,937 cartons of Ready to Use Therapeutic Spread, with a value of US$ 950,929. The quality and delivery time of offshore headquarters supplies reached a TAD of 90 per cent.

Orders worth US$2,212,504 were sourced locally, and a pre-inspection company was hired, through a UNICEF Uganda LTA, to ensure quality control of regionally procured supplies. Quality issues were thus addressed prior to the implementation of the programme activities.

UNICEF South Sudan is member of the UN Inter-Agency Procurement Group. The main achievements are data consolidation, piggybacking on existing in-country LTAs, data analysis and common solicitations to streamline the procurement process through a sustainable and transparent procurement system among UN agencies in South Sudan.

As Cluster Lead and pipeline manager for WASH, Nutrition, Education and sub-cluster lead for Child Protection, UNICEF is responsible for planning, procurement and logistics for humanitarian core pipeline supplies and distribution of these sectors. An assessment was carried out to measure the capacity of UNICEF and partners' warehousing operations to manage the high volume of emergency-related pipeline supplies. The assessment will provide the foundation for anticipated changes to warehousing management procedures for Emergency Pipeline supplies, such as capacity building interventions for Government and partner warehousing operations, with the aim of reducing UNICEF's overall inventory levels through direct transfer of supplies to partner warehouses.

UNICEF also assisted the MOH by increasing capacity for temperature-controlled vaccine storage by the procurement and installation of 4 x 40 cubic meter cold rooms. The new cold rooms will also provide space for the arrival of the Pentavalent vaccines that will be introduced for the first time in South Sudan during the first half of 2014.

UNICEF collaborates with the Logistics Cluster for the movement of supplies by road, air and river from warehouse hubs to partner locations, and also for the storage of supplies.

Good practices include the collaborative strategic sourcing in ESAR, team-based approach to the Office procurement strategy with strong support from top management and different units; focusing and fostering long-term relationships with key suppliers who provide quality goods/services at reasonable prices; monthly review of KPIs in CMT meetings; establishment of appropriate levels of control and risk mitigation through policies and procedures; and cost-savings strategies (UN LTAs for fuel and road transportation).

The Logistics Specialist attended a UNICEF Warehouse Inventory management workshop in Copenhagen in September, 2013. He also completed the Dynamic Leadership Certificate from July to December, 2013. The Supply Officer attended the workshop on Local Procurement in Copenhagen in June, 2013. The Contracts Officer is taking the course on Certification in Humanitarian Supply Chain Management. Continuous on-the-job training is being provided to staff members for a smooth use of VISION transactions.

Human Resources

In 2013, HR supported Programme Sections by completing 72 recruitments, which included: 11 GS; 19 NPOs and 24 IPs. Funding constraints resulted in a vacancy rate of 18 per cent of the FT posts, addressed through recruitment of 18 temporary appointments. Despite efforts by the Office to improve the gender balance, approximately two thirds of the staff members are male, while only one third are female for all categories. This is due to an immature national labour market characterised by few female candidates and fewer international female candidates interested in a non-family duty station.

The Office facilitated three planned group trainings (CBI; MP4R and PPP). The HRDC was available to review and support individual learning for staff members, resulting in the approval of nine individual learning requests. Three group VISION sessions were held, whilst all new staff members were inducted on VISION. Nine HR clinics were held, including two in the Field Offices. A total of 11 briefing sessions were held on newly established SoPs to inculcate the new concepts in SSCO.

Three JCC meetings were held, minutes shared, and recommendations implemented. One Staff Survey was conducted in February and overall results were indicative of good relations within the Office. In order to address the low level rating obtained in the 2011 Global Staff Survey (Staff Association/SA – 62 per cent), the Office worked closely with SA to address areas of staff interest. New SA elections were held. General Staff meetings were arranged to discuss pertinent staff issues. Three Respectful Advisors in the Workplace were trained and provided support to maintain good relations. The three Peer Support Volunteers were available and provided support to staff members.

100 per cent of eligible staff members completed PAS work plans. Mid-year performance reviews were held as part of continuous feedback and coaching. The Office facilitated training of 150 members of the National Disaster Response Team. The feedback from the training was positive.

UNICEF played an active role in the Caring for Us Committee (CFU) and participated in all UN Cares activities. Vanbreda was engaged to facilitate access of HIV/AIDS support services to staff members and their dependants through the Right to Care scheme; roll-out is planned for 2014. The Office was instrumental in organising and funding World AIDS Day commemoration activities to increase HIV awareness, eliminate discrimination and stigma. Through UNMISS, staff members had the opportunity to attend Prevention of Sexual Exploitation & Abuse training in Juba and all the states.

Staff members were made aware of the counselling services available to them and their dependants. The CFU ensured that staff members remained aware of the 10 Minimum Standards on HIV in the workplace through orientation of new staff members. Learning sessions were held with staff members on HIV awareness by UN Cares Team.

SSCO has a strategic plan to engage the expert services of standby personnel through partnership with UNICEF Geneva in supporting emergency human resources shortfall. In 2013, five experts were engaged through Irish Aid, RedR, MCB, SIDA and NRC.

Efficiency Gains and Cost Savings

South Sudan Country Programme took remarkable steps in innovating and applying the Effectiveness and Efficiency approach in 2013, saving over US$1.6 million in annual operations and programme costs that can be diverted for the needs of children. The following examples provide an indication of measures taken by the SSCO to improve efficiency and save costs:

- US$750,000 was saved in telecommunication cost for data by changing service provider from GSI to EMC, discontinuation of BGAN by installing iDirect VSAT and encouraging staff members to use USB dongles from GSM service providers rather than BGAN for Internet service when they travel.
- Reduced the number of Thuraya phones on use from 112 (US$40,364) to 42 (US$8,064) – US$32,256 saved on annual subscription of Thuraya phones.
- Generator and vehicle repair and maintenance contract negotiations with service provider AAH-I saved $135,165.
- Lump-sum accommodation for long-term consultants introduced, saving approximately US$708,000.
- Harmonisation and standardisation of mobile use with Vivacell company resulted in free calls within UNICEF network at minimum subscription fee
- Pooling of resources: improved transport and shuttle service - nine vehicles purchased including two shuttle buses, and four additional drivers recruited.
- As part of UN joint initiatives, a number of One UN LTAs were signed with service providers.

Changes in AMP & CPMP

The management priorities and targets identified in the CP extension 2014-2016 are expected to remain valid, with a few modifications relating to staff. Given the ongoing crisis, the SSCO is cognisant of the evolving social and political environment, and it is likely that additional staff may be required to support the CO to deliver services for children and women more efficiently. By the time of finalisation of the annual report, the nature of doing business had drastically changed due to the political crisis that has destabilised almost half of the country. There has been total destabilisation of staff in *Bor* and *Malakal* due to the ethnic nature of the conflict, as well as complete looting and destruction of the UNICEF offices in these are*as.*

The SSCO is planning a mid-term review of programme implementation and staffing structure in preparation for the formulation of the next Country Programme. With the current attention to the humanitarian response in four states and the ethnic nature of the conflict, there will be need to rethink the staffing needs at the Field Office levels.

Some attention to the development aspects of the Country Programme will determine staff utilisation of skills and knowledge in the areas less affected by the on-going conflict. The SSCO will need to redeploy these staff in the “green states” where there is no conflict at the moment to scale-up service delivery in those states.

Summary Notes and Acronyms

Acronyms and Abbreviations

AIDS - Acquired Immunodeficiency Syndrome
ALP - Accelerated Learning Programmes
ARV - Anti-Retroviral Therapy
AU - African Union
BCA - Basic Cooperation Agreement
BNA - Bottleneck Analysis
BGAN - Broadband Global Area Network
CBCT - Child Benefit Cash Transfer
CBI - Competency Based Interview
CERF - Central Emergency Response Fund
CHF - Common Humanitarian Fund
CHSS - Country Health Systems Strengthening
CVRS - Civil Registration System
DIVA - Diagnose, Intervene, Verify, Adjust
DPT3 - Diphtheria, Pertussis, Tetanus
EID - Early Infant Diagnosis
EIA - Environmental Impact Assessment
EmONC - Emergency Obstetric and Neonatal Care
EPI - Expanded Programme of Immunisation
FACE - Funds Authorisation and Certificate of Expenditure
GBV – Gender-Based Violence
GESP - General Education Strategic Plan
GIS - German Agency for International Cooperation
GAVI - Global Alliance for Vaccines and Immunisation
GPE - Global Partnership for Education
GDP - Gross Domestic Product
HACT - Harmonised Approach to Cash Transfers
HMIS - Health Management Information System
HPF - Health Pooled Fund
HIV - Human Immunodeficiency Virus
HRDC - Human Resources Development Committee
HISP - Humanitarian Internet Service Provider
IYCF - Infant and Young Child Feeding
IMSAM - Integrated Management of Severe Acute Malnutrition
IMEP - Integrated Monitoring and Evaluation Plan
ISDP - Integrated Service Delivery Program
JCC - Joint Consultative Committee
KPI - Key Performance Indicator
KAP - Knowledge, Attitude and Practice Survey
MP4R - Managing People for Results
MNTE - Maternal and Neonatal Tetanus Elimination
MNH - Maternal and New-born Health
MoU - Memorandum of Understanding
MRE - Mine Risk Education
MOSS - Minimum Operating Security Standards
MoEST - Ministry of Education Science and Technology
MEDIWR - Ministry of Environment, Dams, Irrigation and Water Resources
MoGCSWHADM - Ministry of Gender, Child, Social Welfare, Humanitarian Affairs, and Disaster Management
MoH - Ministry of Health
MoHADM - Ministry of Humanitarian Affairs and Disaster Management
MRM - Monitoring and Reporting Mechanism
MoRES - Monitoring Results for Equity System
NBS - National Bureau of Statistics
NIDs - National Immunisation Days
NLA - National Legislative Assembly
NPRI - National Planning for Results Initiative
SNV - Netherlands Development Cooperation
NFIs - Non-food Items
OMT - Operations Management Team
PMTCT -Prevention of Mother to Child Transmission
RMG - Rebel militia groups

REDR - Register of Engineers for Disaster Relief
RRC - Relief and Rehabilitation Commission
RSS - Republic of South Sudan
SWA - Sanitation and Water for All
SUN – Scaling-Up Nutrition
SAM -Severe acute malnutrition
SSFA -Short Service Funding Agreement
SSCO - South Sudan Country Office
SSDP -South Sudan Development Plan
SACMEQ - Southern African Consortium on Measuring Education Quality
SMART - Standardised Monitoring and Assessment of Relief and Transitions
SHHS - Sudan Household and Health Survey
SPLA - Sudan People Liberation Army
SPLM - Sudan People Liberation Movement
TLS - Temporary Learning Spaces
TT - Tetanus Toxoid
TBA - Traditional birth attendant
UNDAF - United Nations Development Assistance Framework
UNDP - United Nations Development Programme
UNECA - United Nations Economic Commission for Africa
UNESCO - United Nations Educational, Scientific and Cultural Organisation
UNEG - United Nations Evaluation Group
UNHCR - United Nations High Commission for Refugees
UNIAPG - United Nations Inter Agency Procurement Group
UNMISS - United Nations Mission in South Sudan
VSAT - Very Small Aperture Terminal
WIMS - WASH Management Information System

Document Centre

Evaluation

	Title	Sequence Number	Type of Report
1	Evaluation of UNICEF Programmes to Protect Children in Emergencies: South Sudan Country Case Study	2013/001	Evaluation
2	Out of school children study for South Sudan	2013/010	Study