

UNICEF SOUTH SUDAN

Consolidated Emergency Report 2018



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1. List of acronyms

AAP:	Accountability for affected population
ALP:	Accelerated learning programme
ANC:	Ante-natal Care
C4D:	Communications for Development
CAFAAG:	Children associated with armed forces or groups
CMAM:	Community Management of Acute Malnutrition
CSO:	Civil Society Organizations
CRM:	Clinical management of rape
ECD:	Early Childhood Development
EVD:	Ebola virus disease
FSNMS:	Food Security and Nutrition Monitoring System
FAO:	Food Agriculture Organization
FTR:	Family Tracing and Reunification
GAM:	Global Acute Malnutrition
GBV:	Gender Based Violence
HAC:	Humanitarian Action for Children
HACT:	Harmonized Approach to Cash Transfers
HCT:	Humanitarian Country Team
HRP:	Humanitarian Response Plan
ICCM:	Integrated community care management
IDP:	Internally Displaced Person
IPC:	Integrated Phase Classification
IRRM:	Integrated Rapid Response Mechanism
IRS:	Indoor Residual Spraying
IYCF:	Infant and Young Child Feeding
LLITNs:	Long lasting Insecticide Treated Nets
MAM:	Moderate Acute Malnutrition
MIYCN:	Maternal, infant, and young child nutrition
MoH:	Ministry of health
MRE:	Mine Risk Awareness
NGO:	Non-Governmental Organization
NID:	National Immunization Days
NIWG:	Nutrition Information Working Group
OCV:	Oral Cholera Vaccine
OTP:	Out-Patient Therapeutic Programme
PMTCT:	Prevention of Mother to Child Transmission
PoC:	Protection of Civilian
PSS:	Psychosocial support
PTA:	Parent Teacher association
RUTF:	Ready-to-use therapeutic food
SAM:	Severe Acute Malnutrition
SMART:	Standardized Monitoring and Assessment of Relief and Transitions
SMC:	School management committee
UASC:	Unaccompanied and separated children
UNICEF:	United Nations Children's Fund
WASH:	Water, Sanitation and Hygiene
WFP:	World Food Programme
WHO:	World Health Organization

2. Executive Summary

While the signing of a peace agreement in September 2018 formally put an end to the conflict in South Sudan, the humanitarian situation remains dire. The multidimensional crisis is characterized by continued violence, severe food and nutrition insecurity, economic upheaval and disease outbreaks. Nearly four million people have been displaced, including two million people seeking refuge in neighbouring countries. Sixty per cent of the displaced were children. The food crisis was unprecedented, with 56 per cent of the population suffering from severe food insecurity at the beginning of December 2017. Women and children were particularly vulnerable to food insecurity, and their circumstances deteriorated throughout the year. Approximately 250,000 children were estimated to be affected by severe acute malnutrition (SAM) in 2018 and pre-famine conditions persisted across the country. Some 5.3 million people urgently required safe water for drinking and hygiene. Cholera remained prevalent, with children disproportionately impacted, and malaria remained the primary cause of morbidity among children under five. As insecurity deepened, girls were increasingly at risk of sexual violence, child marriage and exploitation, and boys continued to face recruitment into armed groups. Nationwide, 2.2 million children were out of school.

UNICEF South Sudan has been at the forefront of providing a multi-sectoral response to multiple humanitarian crises. As of 31 December 2018, UNICEF South Sudan had US\$162 million (89 per cent) available against the US\$ 183 million from 2018 Humanitarian Action for Children (HAC) appeal. These funds allowed UNICEF South Sudan to deliver assistance to over 2.3 million people, including 2.1 million children. UNICEF South Sudan reached 206,673 children under five with SAM treatment (96 per cent of the target). With strong partner support, UNICEF South Sudan reached 2,678,863 people with primary health care consultations, including 1,161,446 children under five, while 814,890 children 6 months-15 years were immunized against measles. More than 520,221 people gained access to safe water, and 158,274 people were able to access sanitation facilities.

During the reporting period, 257,482 children received psychosocial support (PSS) and 12,709 unaccompanied and separated children (UASC) were registered for family tracing and reunification (FTR) services. UNICEF South Sudan contributed to building the technical capacities of local partners, including through on-site coaching. Some 559,042 children, 40 per cent of whom were girls, were brought back to school and provided with essential education services. Having more out-of-school children enrolled necessitated the establishment or rehabilitation of 460 safe and protective learning space classrooms. Teaching and learning materials were procured and distributed to 559,042 children and 4,965 teachers in primary schools and alternative learning programme (ALP) facilities nationwide. A total of 180,262 individuals were reached through UNICEF South Sudan's Gender Based Violence (GBV) prevention and response programme. A total of 50 Integrated Rapid Response Mechanism (IRRM) missions were deployed in hard-to-reach locations, reaching 544,969 people, including 111,642 children under five, with life-saving services.

3. Humanitarian Context

On 12 September 2018, after almost five years of conflict, the Government of the Republic of South Sudan and key opposition groups signed the *Revitalized Agreement on the Resolution of the Conflict in the Republic of South Sudan* in Addis Ababa, Ethiopia. The Agreement is intended to pave the way for a Revitalized Transitional Government of National Unity; a permanent ceasefire and transitional security arrangements; humanitarian assistance and reconstruction; and accountability, healing and development of a new constitution. Prospects for peace and development may improve and begin to generate some confidence for durable solutions, including the return, relocation or local integration of internally displaced persons (IDPs), though their scope, scale and flows remain difficult to project.

However, even if peace holds (previous peace talks have occasionally resulted in ceasefire agreements which have been systematically violated) South Sudan has been chronically under-invested in – it will take many years to recover; politically, socially and economically. The cumulative effects of the ongoing conflict and simultaneous intercommunal conflicts over land and cattle, have created sustained poverty and persistent humanitarian and protection needs for more than seven million people. This is particularly the case in the three Equatorias states, and states of Jonglei, Upper Nile and Western Bahr el Ghazal. In these areas drivers and multipliers of crisis include insecurity and violence, ongoing displacement, sparse basic services, disease, climate shocks, economic instability and insecure access to food and livelihoods.

Since December 2013, the crisis has uprooted 4.5 million people, of whom two million remain internally displaced while 2.5 million have taken refuge in neighbouring countries. An estimated 1.5 million people are in severely access-constrained parts of the country. South Sudan remains volatile and faces a crisis of unprecedented proportions, with the lives of many children at risk. The political, security and economic situation has deteriorated over the past three years, with a corresponding increase in violence, a significantly worsened humanitarian situation and massive violations of child rights. While the September 2018 peace agreement may go some way to improving the situation against this target, that improvement comes from a low base. Between December 2013 and April 2018, the conflict is estimated to have caused 382,000 excess deaths, approximately half from violence. The pattern of violence has included widespread sexual violence, targeted killings and the destruction of livestock and property. Meanwhile, it is estimated that 19,000 children are associated with armed forces and groups (CAAFAG); since February 2018, in Yambio County alone, 745 children including 263 girls were released. Since 2014, some 2,700 incidents of grave violations against children have been verified by the UN, affecting over 81,000 children. Cases of gender-based violence (GBV), including sexual violence, are under-reported by survivors due to fear of stigma, shame, low confidence in the rule of law to bring perpetrators to justice, reliance on informal justice structures – which due to cultural norms can be an impediment to addressing GBV – as well as limited availability of support services. The near 2,300 cases of all forms of GBV reported by mid-2018, mostly affecting women and girls, therefore likely represents a small proportion of what is a deep-rooted and widespread problem.

South Sudan remains one of the most dangerous places for humanitarian workers. In the period January to November 2018, 15 aid workers were killed bringing the total number killed to 112 since the start of the conflict. While 115 aid workers were detained, and 564 aid workers

were relocated due to insecurity, disrupting the provision of life-saving assistance and protection services to people in need.

Table 1: Estimated Population in Need of Humanitarian Assistance

Estimated Population in Need of Humanitarian Assistance <i>(Estimates calculated based on initial figures from Humanitarian Needs Overview 2019)</i>	
	Total
Total Population in Need	7.1 million
Children (Under 18)	4.4 million
Internally Displaced People	2 million

Maternal mortality has increased since 2015, when it was estimated at 789 deaths per 100,000 live births, undermining gains made since 1990 and maintaining South Sudan in the top five countries in the world for maternal mortality. Infant and under-five mortality are also likely to be extremely high. Destruction of health facilities and disruption of services has made it impossible to provide continuous basic primary healthcare in many locations, and to implement routine expanded programmes of immunization and planned vaccination campaigns, contributing to the widespread reports of measles since the beginning of 2018. Malaria remains the main cause of morbidity and mortality for children.

Despite large-scale humanitarian assistance, the conflict has pushed more people into hunger in 2018 than ever before. Integrated Food Security Phase Classification (IPC) analysis released in September 2018 indicated that some 6.1 million people (nearly 60 per cent of the total population) faced severe food insecurity between July and August, due to lack of access to health and nutrition services, prolonged conflict and displacement. By the first quarter of 2019, 5.2 million people are estimated to face crisis or worse levels of acute food insecurity. The overall situation of acute malnutrition slightly improved in 2018, with no county reporting extreme critical levels of acute malnutrition. Round 22 of the food security and nutrition monitoring system (FSNMS), revealed reduced prevalence of global acute malnutrition among children to 13 per cent and of child stunting to 17 per cent. Nevertheless, children below the age of five, and pregnant and lactating women remain the most vulnerable due to their increased biological and physiological needs, and some 1.2 million children under the age of five were estimated to be acutely malnourished in 2018, of which an estimated 250,000 children severely malnourished.

The number of people reported to be requiring emergency water, sanitation and hygiene (WASH) services increased by seven per cent in 2018 (to around six million people) because of a series of recurring humanitarian crises provoked by conflict, drought and economic distress. Due to poor access to WASH services, the last cholera outbreak (June 2016 – February 2018) killed about 436 people, with a cholera caseload of more than 20,000 people. Women and girls faced increased risk of harassment, assault and sexual violence when collecting water and using communal latrines; and access to menstrual hygiene products, and appropriate and dignified washing locations remained their key need. IDPs in Protection of Civilian (PoC) sites lacked sufficient hygiene and sanitation and were at risk of disease outbreaks in the congested conditions. WASH needs were also high among IDPs in non-camp settings and among their already-stretched host communities.

On 1 August 2018, the Democratic Republic of the Congo declared a new outbreak of Ebola virus disease (EVD) in North Kivu Province which is bordering South Sudan, since then South Sudan is rated at high to very high risk of EVD. UNICEF South Sudan and partners have been in the forefront of preparatory actions in all hotspot areas which are close to the DRC border or have air and road routes.

Reports published in 2018 found that every third school has been damaged, destroyed, occupied or closed since 2013, and that more than 70 per cent of children who should be attending classes were not receiving an education, as schools continued to be destroyed or remain unusable and teachers have fled violence and economic stress. Over 2.2 million children across South Sudan are now out of school.

South Sudan maintains a favourable open-door policy for refugees and, as of September 2018, hosted some 300,000 refugees, of whom over 278,000 originated from Sudan. However, those seeking refuge in South Sudan are also affected by conflict, poverty and the humanitarian crisis. Refugee protection needs include prevention of recruitment of children by armed groups and prevention and response to GBV. Results from the most recent nutrition surveys conducted in late 2017 showed an average global acute malnutrition (GAM) prevalence of 6.2 per cent and SAM prevalence of 0.8 per cent among children aged 6–59 months in refugee camps, both below the emergency threshold. Education opportunities for refugee children remain limited, both in Juba as well as in refugee camps disrupted by conflict and insecurity, such as the Lasu settlement site in Central Equatoria State.

Humanitarian access continued in 2018 to be restricted across the country by all parties to the conflict, as well as by civilian authorities and criminal elements. Of the seven million people in need of assistance, approximately 1.5 million (including 920,000 children) lived in counties with high access constraints. The 18 counties with the highest reported access constraints were in the states of Central Equatoria, Unity, Upper Nile, Western Bahr el Ghazal and Western Equatoria. Of these, Unity, Upper Nile and Western Bahr el Ghazal hosted most people in need (87 per cent). Blanket access denials and restrictions of movement have persisted in Western Bahr el Ghazal, while continuous fighting and lack of safety assurances in central Unity greatly constrained humanitarian access in 2018. Worsening operational interference across the Greater Upper Nile region restricted humanitarian access and compromised principled humanitarian action. Growing insecurity in the Equatorias significantly reduced humanitarian space and safe access for partners, including a deterioration in safe road travel, which saw a substantial increase in ambushes and the detention of aid workers.

4. Humanitarian Results in 2018

In 2018, South Sudan continued to experience a multidimensional humanitarian crisis due to protracted conflict, food and nutrition insecurity and disease outbreaks. Over 50 per cent of programme interventions focused on humanitarian deliveries.

UNICEF South Sudan remained a chief actor in the humanitarian response, operating across sectors to deliver life-saving and basic services to some 2.4 million people, including 1.8 million children in 2018. In 2018, UNICEF South Sudan significantly contributed to preventing famine in counties with elevated levels of food insecurity in hard-to-reach areas by providing

care for SAM children; maternal, infant, and young child nutrition (MIYCN) counselling; and micronutrient supplements for children. Almost 1,161,446 under-fives received primary health care consultations. Over 814,890 children were immunized against measles and nearly 213,000 children received PSS. Over 559,000 children gained access to education in emergencies (40 per cent girls), and over 156,000 people were reached with GBV prevention and response services.

The UNICEF global Emergency Preparedness Platform (EPP) was rolled out in South Sudan in February 2018 with different scenarios considering the likelihood and impact of conflict, famine and cholera. The EPP helped programme sections analyse risks, self-assess and monitor their operational preparedness and identify required actions. The preparedness score of UNICEF South Sudan stands at 93 per cent, denoting the high level of minimum preparedness actions. In addition to the EPP at national level, there are detailed contingency plans operative in 11 Field Offices. UNICEF South Sudan was the first L3 that rolled out EPP and contributed to global UNICEF learning, especially as it relates to having systems that support large decentralized programmes with multiple field offices.

Dry season supply pre-positioning in field locations secures communities with sustained access to critical supplies during the rainy season. In the last two years, US\$12 million has been saved by transporting more supplies by road compared to by air, with CO2 emissions reduced by 3,500 tonnes. Following the IPC in January 2018, a 180-day response plan was put in place March–August 2018 to scale up and address the acute needs in 11 counties that were projected to be in a catastrophic situation. The response comprised critical nutrition, health, WASH, child protection and education assistance, using a blended approach of static and mobile outreach, including the IRRM which provided multi-sectoral assistance to over 150,000 people.

Cholera prevention activities continued to help mitigate the risk of cholera outbreaks in hotspots, supported by social mobilization campaigns. No cases of cholera were reported in 2018. The EVD outbreak currently occurring in the Democratic Republic of Congo is at risk of spreading to neighbouring countries. UNICEF South Sudan significantly contributed to the EVD national taskforce and technical working groups to put in place priority prevention and preparedness measures. UNICEF South Sudan remains national focal point for risk communication and social mobilization in the EVD preparedness and WASH infection and prevention control. Further, UNICEF South Sudan developed a country office contingency plan including supplies and surge human resource capacity.

United Nations agencies liaised with Government authorities and opposition leaders to establish a period of tranquillity in southern Unity State from 25 June–15 July 2018, during which UNICEF South Sudan flew critical supplies into the islands of Leer County. During the process, insecurity and local bureaucracy negatively affected humanitarian operations. Since late 2018, UNICEF South Sudan had increased its efforts to strengthen its role in facilitating humanitarian access, including recruitment of an Access Advisor, updating its CO access framework and strengthening internal information sharing and coordination on access and security issues. This has led to several positive developments, including a UNICEF South Sudan-WFP joint mission to open the road between Wau and Yambio.

The IRRM, led by UNICEF South Sudan, WFP and partners remained the primary mechanism for accessing the most inaccessible children and women within the most insecure locations, with a multi-sectoral package of life-saving services comprising general food distribution, nutrition, health, WASH, protection and education services. In 2018, the IRRM was joined by FAO which distributed livelihoods and emergency kits (fishing and agricultural tools, and seeds). A total of 50 IRRM missions were deployed to hard-to-reach locations, reaching 544,969 people, including 111,642 under-fives during 2018.

UNICEF South Sudan and partners have continued to implement integrated approaches and partnership for service delivery. In 2018, the importance of integrating child protection services into other sectors has been demonstrated through the successful integration of birth registration and clinical management of rape (CMR) in GBV, health, nutrition, WASH, and IRRM programming, as well as the integration of PSS in education services. Such complementary approaches have both increased the reach and quality of services; and provided greater value for money. WASH activities were integrated into nutrition and health programming by rehabilitation or construction of WASH facilities in communities and health and nutrition centres, in targeted areas; and by building capacity of actors on operation and maintenance (O&M) and on hygiene promotion, which played a vital role in managing acute malnutrition in under-fives.

4.1 Nutrition

During 2018, 206,673 children with SAM (107,720 girls, 98,953 boys) were treated (96 per cent of the target); around 70 per cent were hosted in the five high malnutrition burden states of Jonglei, Lakes, Northern Bahr El Ghazal, Unity and Warrap. SAM treatment achievements are attributed to an 86 per cent increase in the number of outpatient therapeutic programme (OTP) treatment sites from 462 in 2015 to 858 in 2018; increased partnership with civil society organization (CSO) implementing partners; and active community case finding. Dry season prepositioning of essential nutrition supplies allowed continuity of service delivery. Harmonization of treatment protocols through development of national guidelines and roll out of community management of acute malnutrition (CMAM) training supported scaling up of SAM treatment.

In 2018, among the 206,673 children 6-59 months with SAM admitted in the programme for treatment, 177,794 SAM children were discharged (exit) from the programme in which 156,732 (88.2 per cent) were cured/recovered, 822 (0.5 per cent) died, 14,386 (8.1 per cent) defaulted, and 4,854 (3.3 per cent) were non-responders.

The number of caregivers of children aged 0–23 months reached through MIYCN counselling increased from 539,547 in 2015 to 950,376 in 2018. This remarkable progress helped increase the proportion of children aged 0–5 months exclusively breastfed from 45 to 74 per cent between 2010 and 2018.

Table 2: Key Indicators Table for Nutrition

Cluster for 2018	UNICEF and partners for 2018
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	Target (Jan-Dec)	Results (Jan-Dec)	Target ¹ (Jan-Dec)	Results (Jan-Dec)
NUTRITION²				
# of targeted children 6-59 months with severe acute malnutrition (SAM) admitted to therapeutic care	209,140	204,077	215,312	206,673
% of exits from therapeutic care by children 6-59 months who have	>75%	88.2%	>75%	88.2%
# of pregnant and lactating women with access to infant and young child feeding (IYCF) counselling for appropriate feeding	1,013,536	950,363	1,013,536	950,376

4.2 Health

Supplementary immunization activities ensured adequate immunity among children, with outreach accelerated in the dry season. In 2018, 450 suspected cases of measles including five child deaths (case fatality rate (CFR) of 1.13 per cent) were reported. UNICEF South Sudan, the World Health Organization (WHO) and partners supported the Ministry of Health (MoH) to conduct a countrywide measles follow-up campaign and local outbreak responses. Combined, these activities vaccinated 814,890 children aged 6 months to 15 years against measles in 2018 (54 per cent of the target).

Malaria continues to be the leading cause of morbidity accounting for 36 per cent of deaths among children under five in UNICEF-supported sites. A total of 187,423 families were each provided with two mosquito nets (75 per cent of the target). Indoor residual spraying was undertaken in two of the country's largest PoC sites, in Bentiu and Malakal, with a total of 25,431 dwellings sprayed protecting 145,576 individuals. As a result, malaria incidence drastically reduced by 55 per cent.

In 2018, 2,678,863 people (including 1,161,446 under-five children) were provided with life-saving treatment, mainly for malaria, pneumonia and diarrhoea. Cases were managed through community programming, and UNICEF South Sudan and partners strengthened case management by training front-line health workers in integrated management of childhood illness (IMCI) and integrated community case management (iCCM).

Table 3: Key Indicators Table for Health

Cluster for 2018		UNICEF and partners for 2018	
Target (Jan-Dec)	Results (Jan-December)	Target (Jan-Dec)	Results (Jan-December)
HEALTH			

¹ UNICEF's targets for child protection and education are higher than those fixed in the Humanitarian Response Plan (HRP) as UNICEF's requirements in the HAC are higher than those in the HRP.

² The Nutrition Cluster target does not include refugee children who are covered under the Multi-Sector Refugee Appeal, while UNICEF's nutrition response covers all children, including refugee children residing in the country.

	Cluster for 2018		UNICEF and partners for 2018	
	Target (Jan-Dec)	Results (Jan-December)	Target (Jan-Dec)	Results (Jan-December)
# of children 6 months to 15 years in humanitarian situations vaccinated for measles			1,514,734	814,890 (54%) ³
# households provided with 2 of long-lasting insecticide treated nets (LLITN)			250,000	187,423 (75%)
# of preventive and curative consultations provided to children under 5 years of age			700,000	1,161,446

4.3 Water, Sanitation and Hygiene (WASH)

In 2018, UNICEF South Sudan has provided access to safe water and basic sanitation services to the vulnerable and affected host communities, PoCs, and in IDP camps. Overall, a total of 520,221 people were provided with access to safe drinking water supply through emergency and recovery approaches like drilling of 65 new water facilities, rehabilitation of 537 non-functional boreholes, mini water yards, water trucking and operation and maintenance of 12 surface water treatment (SWAT) systems. Likewise, a total of 158,274 individuals have been supported with access to basic sanitation facilities including community led total sanitation (CLTS) through the construction and rehabilitation of 1,222 emergency communal latrines, 7,802 household latrines and 96 institutional latrines. To strengthen the community structure to sustained WASH interventions, 432 WASH committees and 114-hand pump mechanics were trained on operation and maintenance of WASH facilities and 366 community hygiene promoters for conveying key hygiene promotion messages. UNICEF WASH core pipeline served about 1.182 million people in 2018, the supplies were issued to more than 40 organizations engaged in the humanitarian response.

Youth engagement has taken up the momentum gradually, mostly the identification of youth/youth groups through strengthening their skill and knowledge to involve them in the provision of WASH services meaningfully. A total of 263 youths (153 male, 110 female) have been trained and engaged on hygiene promotion, mass campaigns, latrine/drainage cleaning, water quality testing, garbage collection and non-food item (NFI) distribution in Wau and Bentiu IDP site and PoCs.

Despite these interventions, there has been a resurgence of Guinea Worm with eight cases confirmed. UNICEF South Sudan intensified the WASH response through MoH and Carter Centres in the endemic villages. Following the EVD outbreak in DRC in August 2018, the risk of spread to South Sudan has been high. As part of the preparedness measures, UNICEF South Sudan and its partners have scaled-up the WASH and infection prevention and control to help and support the isolation units and health facilities in six at risk priority locations (Yambio, Ezo, Nimule, Juba, Wau, Yei). As part of the operational implementation the ongoing WASH and infection prevention control interventions included the construction of 10 isolation

³ A total of 814,890 were vaccinated, which is 84 per cent of the Humanitarian Response Plan target, extrapolated at 964,682 children aged 6 months to 15 years.

units, improvement of water supply, sanitation and hand washing facilities, and distribution of supplies (personal protective equipment, buckets, chlorine, soaps, etc.) in these facilities. In this regard, basic training of hygienists in chlorination and decontamination techniques was conducted in isolation units and targeted health facilities.

Table 4: Key Indicators Table for WASH

	Cluster for 2018		UNICEF and partners for 2018	
	Target (Jan-Dec)	Results (Jan-Dec)	Target ⁴ (Jan-Dec)	Results (Jan-Dec)
WATER, SANITATION AND HYGIENE				
# of target population provided with access to safe water as per agreed standards (7.5-15 litres of water per person per day)	2,200,000	2,654,555	800,000	520,221
# of target population provided with access to appropriate sanitation facilities	1,100,000	780,384	300,000	158,274

4.4 Child Protection

Despite access constraints in some areas, UNICEF and partners exceeded the annual target by reaching 257,482 children (120,545 girls, 136,937 boys) with dedicated PSS through child-friendly spaces, schools and a community-based approach intended to consolidate the supportive and protective skills of caregivers, social groups and networks. In total, 18,090 caregivers and community members received PSS through focus group discussions and lifesaving messaging. A simplified PSS manual was finalized and translated into seven local languages to build capacity of frontline workers. Two roving partner organizations provided on-site PSS capacity building to implementing partners.

National FTR services reached 2,152 new registrations and reunified 1,112 unaccompanied and separated children (556 girls, 556 boys); formal case management was expanded to six new implementing partners. National case management standard operating procedures accommodating all types of extremely vulnerable children were finalized and 70 humanitarian workers trained on coaching and supervision.

In partnership with the United Nations Mine Action Service, 123,952 children were reached with mine risk awareness messages, while 1,546 children received dedicated mine risk education (MRE) training to promote mine risk safety in their communities and among their peers. Capacity building on MRE was provided to 12 implementing partners, who then received accreditation from mine action authorities.

GBV risk mitigation, prevention and response services were prioritized, exceeding the target by supporting 190,992 people (67,817 women, 52,013 girls, 37,072 boys, 34,090 men). UNICEF South Sudan provided financial and technical support to GBV coordination, implementation of the Real-Time Accountability Partnership on GBV in emergencies, UN Joint

⁴ UNICEF's targets for child protection and education are higher than those fixed in the Humanitarian Response Plan (HRP) as UNICEF's requirements in the HAC are higher than those in the HRP.

Programme (UNJP) on GBV, Joint Communiqué to end Conflict Related Sexual Violence, and protection from sexual exploitation and abuse.

As part of implementation of the action plans signed by the Sudanese People's Liberation Army (SPLA) and the SPLA in Opposition (SPLA-IO) to stop and prevent grave child rights violations, UNICEF in collaboration with United Nations Mission in South Sudan (UNMISS) and the National Disarmament, Demobilization and Reintegration (DDR) Commission, successfully released 955 children (265 girls) associated with armed groups and enrolled them into reintegration programmes in Pibor (Jonglei) and Yambio (Western Equatoria). UNICEF continues to provide reintegration support to children who were released or escaped from 2015–2017, including economic reintegration services such as animal husbandry, agricultural training, vocational training, and small business start-up. In parallel, 1,552 other children in emergency situations (1,041 girls) were also supported with economic strengthening services.

Table 5: Key Indicators Table for Child Protection

	Cluster for 2018		UNICEF and partners for 2018	
	Target (Jan-Dec)	Results (Jan-Dec)	Target ⁵ (Jan-Dec)	Results (Jan-Dec)
CHILD PROTECTION				
# of children reached with psychosocial support (PSS)	271,000	296,256	250,000	257,482
# of unaccompanied and separated children (UASC) and missing children registered ⁶	13,700	11,635	13,700	12,709* ⁷
# of children reached with life-saving mine risk education (MRE)			120,000	123,952
# of people reached by gender-based violence (GBV) prevention and response services			140,000	180,262

4.5 Education

Continued Back-to-Learning campaigns led to over half a million children (559,042; target 500,000) being brought back to and retained at school, in partnership with 29 international and national CSOs. To support this, 460 temporary learning spaces (TLS) were established, with 38 classrooms rehabilitated by implementing partners. Challenges persist in inaccessible counties in Greater Upper Nile and conflict-affected parts of southern Unity and Western Equatoria, where schools are either closed or functioning irregularly. UNICEF South Sudan and partners are closely monitoring the situation and will resume interventions when security permits.

UNICEF South Sudan procured essential items for children and teachers, distributed with the support of 29 Cluster partners. The materials included 11,891 children's kits; 11,870 teachers'

⁵ UNICEF's targets for child protection and education are higher than those fixed in the Humanitarian Response Plan (HRP) as UNICEF's requirements in the HAC are higher than those in the HRP.

⁶ The reported numbers for both cluster and UNICEF results are cumulative since the breakout of the conflict in December 2013.

⁷ The number of UASC registration has been updated after verification exercise conducted in November 2018 which resulted an increase in UNICEF UASC numbers. Registration of these children in national database is ongoing.

kits; 2,197 early childhood development (ECD) kits; 2,976 recreation kits; 478,732 school bags; and 59,041 dignity kits, benefitting 559,042 children and their teachers in primary schools and alternative learning programme facilities.

Between January and October, 7,347 volunteer teachers (1,724 women), education officials and Parent Teacher Associations (PTA) members were provided with induction and school management training (target 5,200). This training had a positive impact on classroom interaction and management by the volunteer teachers. PTA members had local support as they play a key role in participatory management of schools, especially TLS.

Table 6: Key Indicators Table for Education

	Cluster for 2018		UNICEF and partners for 2018	
	Target (Jan-Dec)	Results (Jan-Dec)	Target ⁸ (Jan-Dec)	Results (Jan-Dec)
EDUCATION				
# of children and adolescents 3-18 years provided with access to education in emergencies	674,619 (238,097 girls)	685,720 (285,344 girls)	500,000	559,042 (227,051 girls)
# of teachers and members of parent-teacher association (PTA) and school management committee (SMC)	5,465 (2,197 female)	10,181 (3,119 female)	5,200	7,347 (2,272 female)

5. Engaging and building capacity of local communities

UNICEF South Sudan supported continuous capacity building of Government and non-governmental actors; advocated for enhanced use of evidence in planning; and provided technical inputs to ensure rigorous review and validation of survey results. The average reporting rate of nutrition sites in South Sudan improved gradually from 86 per cent to 98 per cent between 2016 and 2018. UNICEF South Sudan supported training of 60 staff from CSOs and Government on the use of the revised Nutrition Information System (NIS) platform and data collected through the NIS has been instrumental in supporting state-level evidence-based planning.

To ensure ownership and sustainability of the safe water supply infrastructure, 218 WASH committees were formed and trained (40 per cent women) on minor repair and maintenance of water points with provision of basic spare parts. UNICEF South Sudan continued to strengthen the capacity of registered pump mechanics associations to support WASH committees with additional technical expertise for operation and maintenance, management of the spare part supply chain at community level, and of manual drillers associations for construction of water points.

UNICEF South Sudan conducted capacity building training for 3,945 teachers and education personnel (828 female) and 3,402 PTA and school management committees (SMC) members (1,444 female), against a combined target of 5,200. The teachers were provided with induction training covering topics such as classroom management; education in emergencies; life skills,

⁸ UNICEF's targets for child protection and education are higher than those fixed in the Humanitarian Response Plan (HRP) as UNICEF's requirements in the HAC are higher than those in the HRP.

peacebuilding and conflict-sensitive education; provision of PSS; and delivery of life-saving messages to students. School heads were trained on management of schools, including budgeting; enrolment; school attendance; security of premises; human resource management, and school supply management. PTA members were trained on their role in participatory management of schools, especially managing the TLS.

A uniform set of teacher training modules for a Continuous Professional Development programme was developed during the year, and the first trainings, which take place in phases over 40 days, were held in November 2018.

Through the Global Partnership for Education (GPE), the Ministry of General Education and Instruction (MoGEI) was supported to complete the development of textbooks and teacher guides based on the new South Sudan curriculum for all 15 primary and secondary subjects except Islamic Religious Education and Arabic language, which the MoGEI is developing with the assistance of the Government of Egypt. UNICEF partners oriented 16,010 teachers on the new competency-based curriculum. Assistance was also provided to MoGEI for the translation of all primary grade 1 subjects (mathematics, social studies, science and religious education) into five local languages (Dinka, Nuer, Zande, Bari and Toposa). Grade 1 literacy primers and teacher guides for these same five languages were also produced.

To create community-engagement and demand-generation for services, UNICEF Communication for Development (C4D) team launched the Integrated Community Mobilization Network (ICMN) in early 2018 in all 10 states, in collaboration with 12 local partners. Each of the 2,500 community mobilizers (with 500 supervisors) supported 250–300 households (40 per cent of the population) to ensure informed decision-making and to build community capacity and ownership. In 76 out of 80 counties, ICMN efforts have been scaled-up to generate integrated awareness on GBV services and strengthen community feedback mechanisms for accountability to affected populations (AAP). Community mobilizers have been visiting pregnant women/mothers for antenatal care (ANC) and postnatal care check-ups, consequently promoting institutional deliveries (now 68 per cent all deliveries). In 2018, South Sudan experienced multiple disease outbreaks including Guinea worm, hepatitis B, measles, and rift valley fever. The C4D team spearheaded outbreak response activities in coordination with multiple stakeholders, with the ICMN key in reaching the masses ensuring a polio-free South Sudan.

Progress in child protection systems building was demonstrated through UNICEF South Sudan's advocacy and technical support to Government, resulting in the Civil Registry Act 2018 being signed into law. This is a milestone that will see children being registered and receive their birth certificates, with civil registration a fundamental tool for planning and good governance. Meanwhile, ICMN was instrumental in increasing birth notifications across the country from 47 per cent to 62 per cent.

Additionally, the Policy on Children without Appropriate Parental Care was passed, facilitating appropriate care for the most vulnerable children, with associated comprehensive case management guidelines contextualized for South Sudan. To support the formal comprehensive case management system, the Child Protection Information Management System (CPIMS) is being transitioned towards CPIMS+ with the leadership of UNICEF South Sudan.

6. Humanitarian leadership and coordination

In 2018, UNICEF South Sudan continued to support Clusters (WASH, Nutrition, Education and Child Protection), including strengthening of their leadership and staffing capacity to enable strategic coordination in Juba and sustained support to sub-national level clusters. Through the cluster mechanism, UNICEF South Sudan supported the effective and timely implementation of the 2018 Humanitarian Response Plan (HRP) which had a budget of about US\$ 827.3 million to reach an estimated seven million people in need. The clusters informed key decisions at the Humanitarian Country Team (HCT) related to protection, red-lines and overall advocacy in South Sudan.

UNICEF South Sudan through Cluster Coordinators systematically engaged and informed strategic decisions made by the Inter Cluster Working Group, which oversees the operational aspects of the response, through prioritization of response locations, allocation of resources (South Sudan Humanitarian Pooled Fund) and sharing timely and credible data to inform key programming decisions. The systematic sharing of data on 5 Ws' (Who, What, Where, and When) enabled agencies to maximise efficiency gains and reduce duplication of efforts. Various levels of capacity building exercises for partners were held in Juba in coordination with the Global Cluster team for Child Protection sub cluster, Nutrition, Education and WASH cluster team members.

Despite the widespread violence, and prioritization of humanitarian action, the United Nations continued a combined effort to build resilience and support recovery, particularly in areas where there is stability to lay the groundwork for durable peace and, ultimately, sustainable development. UNICEF South Sudan simultaneously supported humanitarian needs while building local capacities and resilience in basic service delivery at household and community levels in Aweil, Yei, Torit and Yambio. Through 50 IRRM missions, FAO, UNICEF and WFP pooled resources and expertise (air assets, security personnel, biometric information sharing and management, access negotiation) to deliver life-saving services, allowing UNICEF to reach about 600,000 underserved beneficiaries in 2018. In partnership with FAO, UNDP, UNMISS and WFP, the Joint Stabilization and Recovery Programme supports communities holistically by enhancing livelihoods and food security, productive infrastructure, improving basic social services, and strengthening local peace processes and formal and informal institutions. In Northern Bahr El Ghazal, tens of thousands of people benefited in 2018 including through primary health care services and school feeding for children; the restoration of Aweil community centre, enabling better access to basic services for women and youth; support for commercial farming; and vocational training for women, supporting self-employment and sustainable income.

7. Results achieved from humanitarian thematic funding

The humanitarian thematic funding has contributed to controlling the cholera outbreak that started in 2016. More specifically this funding was used in cholera hotspot areas like PoCs and IDP sites to manage the warehouses for core pipeline supplies and coordinate WASH interventions in Northern Bahr el Ghazal, Jonglei and Unity states. A total of 56,500 people were reached with improved access to safe drinking water, adequate sanitation and hygiene promotion, including solid waste management. Key supported activities included: operation

and maintenance of 22 boreholes, support to one SWAT system, water trucking, rehabilitation of 100 blocks of latrines and roll out of nine hygiene promotion campaigns. In addition, this funding enabled pre-positioning and delivery of WASH critical supplies like soap, aluminium sulphate, latrine digging kits, dignity kits, squatting pans, etc., during the dry season to reach remote locations.

The Ebola outbreak currently occurring in the Democratic Republic of the Congo is at risk of spreading to neighbouring countries. Given South Sudan's limited core capacities, including human resources, the country has prioritized Ebola preparedness to ensure that any imported or local transmission is promptly detected and rapidly contained. UNICEF South Sudan supported the development of the national multi-sectoral Ebola Operational Preparedness and Response Plan. UNICEF South Sudan also actively participated and provided technical support to Technical Working Groups (TWG) on case management; risk communication and social mobilization; and infection prevention and control. UNICEF South Sudan pre-positioned 60 tents for the establishment of 10 isolation centres and over 20 temporary holding sites in targeted health facilities located near the border in the seven high-risk states. Procurement of Personal Protective Equipment (VHF500) kits has also been initiated to cover identified gaps. A major constraint affecting progress was inadequate funding. Humanitarian funding was thus critical in supporting EVD prevention efforts.

The thematic humanitarian funding also supported the access to quality education for 24,239 children (9,695 girls), in 38 schools (including 11 ECD centres and 27 primary schools), in the former states of Upper Nile, Unity, Jonglei and Warrap. Due to the very low primary school enrolment rate for girls (18 per cent) in South Sudan, UNICEF adopted an approach specifically aimed at enrolment and retention of girls in school. Examples of this approach included community mobilisation campaigns, such as the Back to Learning (BTL) initiative and working in close cooperation with community-based PTAs and SMCs. A total of 220 PTA/SMC members were trained on school governance and management skills, and 300 teachers (120 females) were trained on quality education. In line with Education Cluster recommendations, UNICEF continued to pay incentives of US\$ 40 per month to 200 volunteer teachers (80 female). These incentive payments were an important instrument to motivate and incentivise volunteer teachers to teach in school.

A total of 7,589 children (47 per cent girls) and 4,634 adult school community members received key life-saving messages on child protection, including grave child rights violations, prevention of family separation, how to recognize and respond to children in distress, MRE education and how to report child protection concerns within the community through community-based child protection committees and through child protection help desks in schools. Furthermore, 3,460 children received PSS in schools. Finally, 66 teachers, PTA, and SMCs were trained on existing referral pathways that are established in their location to refer children with protection concerns to the appropriate service providers.

8. Assessment, Monitoring and Evaluation

Despite huge investment in nutrition in South Sudan over the last five years, no national level data had been available on key nutrition indicators since 2010. In 2018, thanks to a UNICEF South Sudan-led initiative, the nutrition data gap was reduced with generation of national-level

data on stunting, acute malnutrition, IYCF and vitamin A coverage, supported by near real-time data. Thanks to the data, it was possible to show that the national GAM prevalence has decreased from 23 per cent to 13 per cent and that stunting prevalence has decreased from 31 per cent to 17 per cent between 2010 and 2018.

UNICEF South Sudan, in collaboration with FAO and WFP, conducted the FSNMS survey which provide critical inputs for preparing the IPC, and for planning and prioritizing UNICEF South Sudan interventions. UNICEF South Sudan supported 45 county-based Standardized Monitoring and Assessment of Relief and Transitions (SMART) Surveys to inform the IPC and the 2019 HRP. Improved FSNMS data quality was achieved through activities such as revision of the data collection tool, harmonization of training, and regular data checks and strengthened supervision.

UNICEF South Sudan supported the MoH to undertake a survey that has informed a five-year strategic plan for the National Expanded Programme on Immunization (EPI). Results revealed a 42 per cent rate of non-vaccination due to lack of information which will be addressed through a national communication strategy for EPI.

UNICEF South Sudan helped support the operationalization of the Boma Health Initiative (BHI) to boost demand for and use of essential services, whilst strengthening community resilience. MoH with support from UNICEF South Sudan and Management Sciences for Health (MSH) developed and validated the BHI Costing and Investment Case Analysis which revealed that if the initial BHI package is implemented at scale, by 2028 a total of 129,576 deaths could be averted, including 35,491 neonatal deaths, 88,751 child (1–59 months) deaths and 5,334 maternal deaths. A community health management information system (CHMIS) was developed and pre-tested with support from the Liverpool School of Tropical Medicine to monitor routine data emerging from the BHI nationwide.

A WASH knowledge attitudes and practices (KAP) survey was conducted to inform CLTS programming. Community mobilizers from the ICMN supported families with inadequate or no knowledge of how to prepare oral rehydration salts (ORS) solution and of WASH key messages.

Research was conducted including: an assessment on early grade literacy; a back to learning assessment for previously out-of-school children; a joint assessment with WFP for the school feeding programme; an evaluation of the five-year GPE 2012–2017; and assessment of teacher incentives on the impact of teaching and learning in schools.

UNICEF South Sudan and the country-level UN Country Task Force for Monitoring and Reporting (CTFMR) on grave violations affecting children in armed conflict in 2018 worked progressively with Government Security Forces in developing and implementing an action plan to end grave violations affecting children. From January–September 2018, the CTFMR documented and verified 235 reported incidents of grave violations against children, affecting over 3,839 boys and over 3,342 girls. The overall trends of 2018 show an increase in reported incidents, particularly on recruitment and use of children by armed forces and groups, sexual violence and, abduction.

Programme progress results especially against high-frequency indicators were collected monthly through partners. Significant efforts were done in 2018 to develop and design a centralised database that would systematically collect field data (quantitative results) and enable better reporting, analysis, and feedback to programme sections and partners. These systems and tools have been aligned to existing systems used by the Government or clusters. Health and WASH programmes were the first to adapt the new system.

More than 1,000 field monitoring visits across UNICEF South Sudan-supported programmes were conducted using digital field monitoring tools facilitating real-time data collection and analysis. This tool is continually being strengthened to support evidence-based programming on the situation of children and women and is ultimately link with the Harmonized Approach to Cash Transfers (HACT) related programme visits.

In 2018, 466 HACT programme visits (134 per cent of the minimum requirement of 347 for the year) and 126 financial spot checks (126 per cent of the minimum requirement of 100 for the year) have been conducted, ensuring that UNICEF's management performance against the targets for assurance activities were fully achieved. The number of assurance activities were increased in response to emerging risks. A total of 36 partners have been micro-assessed against the planned figure of 21 implementing partners. An audit of 36 partners has been completed for 2018. To effectively manage the high volume of assurance activities, third-party firms were contracted to conduct micro-assessments, spot checks and audits. To further build the capacity of staff members and partners, UNICEF continued supporting HACT training for Field Offices and implementing partners, with further plans for more training in 2019 using the updated HACT framework released in mid-2018. Coaching and technical support were provided to develop partnership agreements, monitor liquidation of direct cash transfers (DCT) and address cases which required close attention.

UNICEF South Sudan has fully utilized the Partnership Management module in eTools and rolled out the Financial Assurance Module, with 91 assurance activities (55 spot checks and 36 audits) of implementing partners reported in eTools and action plan assigned to the section lead Managers. In addition, as part of UNICEF's role as the Chair of the Inter-Agency HACT Working Group, UNICEF South Sudan shared a list of available assurance reports for implementing partners with United Nations partners. UNICEF HACT leads also regularly participated in the Partnership Review Committee (PRC) to systematically share findings and recommendations around implementing partners, particularly for moderate- to high-risk partners.

9. Financial Analysis

The flexibility provided by thematic humanitarian funds were greatly appreciated by UNICEF South Sudan. These unearmarked funds were especially useful in providing UNICEF South Sudan with the flexibility to use the resources to meet the most urgent programmatic needs. Thematic funding was critical to control cholera and prevent EVD spread from neighbouring countries. In addition, flexible funding also helped to implement emergency WASH interventions like provision of safe water and sanitation, as well as support coordination of WASH activities implemented by partners across the country for improved effectiveness. Thematic funds were also used to cover the shortfall in the cost of transportation of education

materials and training of teachers. The flexible funds were extremely useful to deliver critical child protection services to extremely vulnerable children, women and their communities to minimize protection risks, particularly by ensuring continued provision of quality technical expertise.

Table 7: 2018 Funding Status against the Appeal by Sector (in USD)

Sector	Requirements	Funds Available Against Appeal as of 31 December 2018*		% Funding Gap
		Funds Received in 2018	Carry-Over	
Health	26,669,780	10,388,896	5,887,710	39%
Nutrition	48,185,091	39,110,946	17,465,326	0%
WASH	43,455,000	12,605,087	9,000,639	50%
Education	40,000,000	23,780,523	21,896,493	0%
Child Protection	25,000,000	12,493,533	10,592,931	8%
Total	183,309,871	98,378,985	64,843,099	19%

Table 8: Funding Received and Available by 31 December 2018 by Donor and Funding type (in USD)

Table 2 - Funding Received and Available by 31 December 2018 by Donor and Funding type (in USD)

Donor Name/Type of funding	Programme Budget Allotment reference	Overall Amount*
I. Humanitarian funds received in 2018		
a) Thematic Humanitarian Funds		
See details in Table 3	SM/14/9910	3,850
	SM/18/9910	6,205,693
b) Non-Thematic Humanitarian Funds		
Belgian Committee for UNICEF	SM180121	50,371
German Committee for UNICEF	SM180132	331,288
German Committee for UNICEF	SM180258	637,241
German Committee for UNICEF	SM180578	510,910
Swiss Committee for UNICEF	SM180284	715,746
Canada	SM180018	2,269,952
Czech Republic (The)	SM180428	227,273
Denmark	SM160617	115,363
Ireland	SM180387	1,165,501
Japan	SM180066	2,000,000
Kuwait	SM170681	625,000
Norway	SM170656	6,870,147
SIDA - Sweden	SM180175	2,796,941
The United Kingdom	SM160378	13,153,683
USA USAID	SM170503	20,085,957
USA (USAID) OFDA	SM180227	6,904,800
USA (USAID) OFDA	SM180252	4,000,000
USA AF S USSESSS OFFICE	SM180410	2,000,000
Germany	SM180003	2,297,804
European Commission / ECHO	SM180046	3,975,155
Total Non-Thematic Humanitarian Funds		70,733,132
c) Pooled Funding		
(i) CERF Grants		
(ii) Other Pooled funds - including Common Humanitarian Fund (CHF), Humanitarian Response Funds, Emergency Response Funds, UN Trust Fund for Human Security, Country-based Pooled Funds etc.		
CERF		0
Humanitarian Response Fund	SM180010	900,001
Humanitarian Response Fund	SM180011	1,025,004
Humanitarian Response Fund	SM180182	202,551
Humanitarian Response Fund	SM180183	424,321
Humanitarian Response Fund	SM180461	200,090
Humanitarian Response Fund	SM180463	375,006
Humanitarian Response Fund	SM180464	199,470

Humanitarian Response Fund	SM180465	1,083,153
d) Other types of humanitarian funds		
USAID/Food for Peace	KM180001	3,361,886
USAID/Food for Peace	KM180002	266,760
USAID/Food for Peace	KM180003	3,127,485
USAID/Food for Peace	SM180051	6,852,255
USAID/Food for Peace	SM180427	4,435,360
Swiss Committee for UNICEF	KM170053	225,000
Total humanitarian funds received in 2018		99,621,017**
II. Carry-over of humanitarian funds available in 2018		
e) Carry over Thematic Humanitarian Funds		
Thematic Humanitarian Funds	SM/14/9910	5,996,306
f) Carry-over of non-Thematic Humanitarian Funds		
Norway	SM170656	6,739,520
USA USAID	SM170503	13,361,827
The United Kingdom	SM160378	15,335,942
German Committee for UNICEF	SM170550	161,311
German Committee for UNICEF	SM170551	152,915
USAID/Food for Peace	KM170005	1,531,650
USAID/Food for Peace	SM170195	3,171,581
German Committee for UNICEF	SM150626	4,430
Denmark	SM160617	3,219,178
Belgian Committee for UNICEF	SM170217	372,953
Germany	SM180003	1,106,244
UNDP - MDTF	SM180011	957,948
UNDP - MDTF	SM170669	560,750
Italy	SM170308	589,789
Germany	SM170573	2,034,319
Permanent Mission of the Slovakia	SM170574	109,707
UNDP - MDTF	SM180010	841,122
German Committee for UNICEF	SM170234	124,594
UNDP - MDTF	SM170667	1,004,944
Belgium	SM170358	210,375
Norway	SM170244	53,817
UNDP - MDTF	SM170668	560,500
USA (USAID) OFDA	SM170221	643,154
USAID/Food for Peace	KM160006	144,425
USAID/Food for Peace	SM160243	70,491
USA USAID	SM150378	472,528

USA (USAID) OFDA	SM170043	224,582
UNDP - MDTF	SM170255	81,788
UNDP - MDTF	SM170256	372,472
The United Kingdom	SM170658	2,532,936
Swiss Committee for UNICEF	KM170053	225,000
Japan	SM170067	343,528
European Commission / ECHO	SM170287	1,293,770
Permanent Mission of the Slovakia	SM170436	60,562
UNDP - MDTF	SM170416	115,297
UNDP - MDTF	SM170417	57,523
UNDP - MDTF	SM170418	12,920
Total carry-over non-Thematic Humanitarian Funds		58,856,392
Total carry-over humanitarian funds		64,852,698
III. Other sources		
Example: Regular resources diverted to emergency	GC/xx/6xxx-	
Example: Regular resources set-aside or RR for unfunded OR used for emergency	GP/18/xxxx or GS/18/xxxx	
Example: EPF if not reimbursed by 31 Dec 2018**	GE/xx/xxxx	
Total other resources		0

**Amounts do not include refunds and adjustments from previous years though reflected in the HAC

Table 9: Thematic Humanitarian Contributions Received in 2018

Thematic Humanitarian Contributions Received in 2018 (in USD): Donor	Grant Number	Programmable Amount	Total Contribution Amount (in USD)
Australian Committee for UNICEF	SM1899100182	23,887	25,081
Canadian UNICEF Committee	SM1899100029	90,772	95,311
Canadian UNICEF Committee	SM1899100226	36,602	38,432
Czech Committee for UNICEF	SM1899100354	10,498	11,023
Danish Committee for UNICEF	SM1899100043	266,847	280,189
Finnish Committee for UNICEF	SM1899100357	216,765	227,603
Japan Committee for UNICEF	SM1899100053	368,460	386,883
Norwegian Committee for UNICEF	SM1899100077	1,428,571	1,500,000
Portuguese Committee for UNICEF	SM1899100084	71,059	74,612
Swedish Committee for UNICEF	SM1899100023	512,028	537,629
United Kingdom Committee for UNICEF	SM1899100331	18,972	19,921

United States Fund for UNICEF	SM1899100011	344,996	362,246
United States Fund for UNICEF	SM1899100183	226,190	237,500
United States Fund for UNICEF	SM1899100243	45,238	47,500
German Committee for UNICEF	SM1899100064	465,154	488,412
German Committee for UNICEF	SM1899100157	351,461	369,034
German Committee for UNICEF	SM1899100285	238,095	250,000
Korean Committee for UNICEF	SM1899100080	44,330	46,546
Swiss Committee for UNICEF	SM1899100218	584,283	613,497
Hong Kong Committee for UNICEF	SM1899100115	541,123	568,179
UNICEF-China	SM1899100404	24,853	26,096
UNICEF-Croatia	SM1499101446	3,667	3,850
Australian Committee for UNICEF	SM1899100182	23,887	25,081
Canadian UNICEF Committee	SM1899100029	90,772	95,311
Canadian UNICEF Committee	SM1899100226	36,602	38,432
			6,209,543

10. Future Work Plan

In 2019, UNICEF will provide life-saving humanitarian assistance in South Sudan through a timely and effective integrated package of nutrition, health, WASH, child protection and education services delivered through interconnected, complementary responses. To ensure that support has a wide reach, services will be delivered through static operations, direct outreach and rapid response modalities. UNICEF's operations will be led by its 13 field offices to enable wide coverage and quality programming across the country. UNICEF's leadership of the nutrition and WASH clusters and child protection area of responsibility and its co-leadership of the education cluster will enable strategic planning, coordinated response, capacity building of partners and advocacy both at the national and state levels.

Emergency cash programming will be implemented through UNICEF's strong existing collaborations and inter-agency mechanisms such as the Cash Working Group. The response will expand in 2019 to include recovery and resilience programming in selected field locations, including basic social service delivery, community-based system strengthening and accountability to affected populations. UNICEF will invest in increasing the localization of aid in South Sudan through capacity building and targeted resource allocation. Following the peace deal, UNICEF will also further invest in building the capacities of central and sub-national state authorities.

In 2019, UNICEF humanitarian response will aim to reach the following results:

Nutrition:

- 220,700 children aged 6 to 59 months with SAM admitted to therapeutic care.
- 984,700 caregivers of children aged 0 to 23 months reached with infant and young child feeding counselling.

Health:

- 475,000 children aged 6 months to 15 years vaccinated against measles.
- 200,000 children and pregnant women provided with insecticide treated nets in malaria-endemic areas.

WASH:

- 800,000 people accessing the agreed quantity of water for drinking, cooking and personal hygiene.
- 300,000 people accessing appropriate sanitation facilities.

Child protection:

- 275,000 children reached with psychosocial support services.
- 168,000 people reached with gender-based violence prevention and response services.

Education:

- 729,000 children accessing quality formal and non-formal early learning, pre-primary, primary or secondary education.
- 5,500 teachers trained on education in emergencies basic pedagogy and learner-centred methodology.

11. Expression of Thanks

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

UNICEF South Sudan's humanitarian interventions in 2018 would not have been possible without the continued generous support from resource partners both from the public and private sector. Results achieved in 2018 for children and women in South Sudan were possible thanks to donors' support and more specifically to thematic flexible funding that allowed UNICEF South Sudan to respond more effectively and efficiently to the needs of all children and women across the country. It is thus critical that donors continue providing flexible funding in the future.

12. Annexes

12.1 Case study

Top Level Results: Strengthened Ebola preparedness and prevention of disease outbreaks to prevent disease outbreak in South Sudan.

Issue/Background: The risk of EVD spreading from the Democratic Republic of Congo to South Sudan was elevated by WHO from “high” to “very high” on 28 September 2018, and 22 counties of South Sudan, which border the Democratic Republic of Congo and Uganda, were designated by the MoH as high-risk areas for the importation of Ebola. UNICEF is the designated Co-Lead for the Risk Communication, Social Mobilization, and Community Engagement (RCSMCE) pillar and Co-Chair of the RCSMCE Technical Working Group to raise awareness, minimize risky behaviours and practices, and facilitate community ownership for responding to Ebola in case of an outbreak. The ICMN established by UNICEF, comprising nearly 2000 mobilisers nationwide, offers a unique platform for rapid and wide-scale awareness building and the engagement of communities for EVD preparedness at the grassroots.

Resources Required/Allocated: The thematic humanitarian funding was used to build partnerships, train mobilisers, develop training materials, and development and distribution of interpersonal communication, information education and communication (IEC) print materials, broadcast multi-lingual radio programmes, and support coordination, leadership, monitoring, and supervision of socio-behavioural interventions.

Progress and Results: As the Co-Chair of the RCSMCE Technical Working Group, UNICEF in close collaboration with the Ministry of Health has provided technical oversight, leadership, and coordination for all EVD RCSMCE activities. Since November 2018, UNICEF and its partners have reached over 475,000 people in the 22 EVD high-risk counties through interpersonal and group communication methods, with EVD key messages and health protection information. Talk shows and jingles in various languages were broadcast from 21 radio stations, reaching an estimated two million people in a weekly cycle of broadcasts.

Criticality and Value Addition: Communicating risks, mobilizing society, and engaging communities are critical to all aspects of Ebola preparedness and response. To prevent, or interrupt, Ebola transmission, communities and individuals must make changes to many of their extant social and cultural practices. RCSMCE interventions aim to help communities and individuals understand and take ownership of their situation and take the necessary actions to prevent Ebola, thereby creating a demand-driven response.

Challenges and Lessons Learned: The RCSMCE interventions to date have been primarily directed at providing basic Ebola awareness and health protection messages. But as the unprecedented West African Ebola outbreak of 2014-2015, and the ongoing outbreak in the Democratic Republic of Congo have shown, much greater community engagement is required for preparing communities in EVD containment measures, in case of an outbreak. From an RCSMCE perspective, key socio-behavioural preparedness challenges include (i) Ensuring that no stigmatization, or violence, is directed at persons who report suspected Ebola cases from within the community; (ii) Gain community acceptance for the possible quarantine of

suspected Ebola cases (e.g. family members or whole sections of the community) for up to 21 days; and (ii) Prepare communities to put aside deeply-rooted cultural beliefs and rituals related to death and burials, and make them accept the Safe and Dignified Burial (SDB) protocols which is a core Ebola prevention and control strategy. However, the greater and more complex challenge is that although there are no confirmed cases of Ebola in South Sudan, the country will have to remain highly vigilant and maintain a heightened state of preparedness as long as the Ebola epidemic in neighbouring Democratic Republic of Congo is not brought fully under control.

Moving Forward: The UNICEF-driven EVD preparedness RCSMCE initiatives, which are in support of the MoH, are part of a broader set of interventions for strengthening capacities and systems, for South Sudan to be able to respond efficiently and effectively to any public health emergency. With guidance from the National Task Force, and under the leadership of the RCSMCE Technical Working Group, coordinated plans and budgets are being finalized for the next phase of activities from March – August 2019.

12.2 Human interest story

See attachments

12.3 Video

A video of the Thaker IRRM mission has been produced and can be viewed through the following link: <https://www.youtube.com/watch?v=b3dPZ7ij2Lc>

12.4 Two pagers and donor statement per donor contribution

See attachments

12.5 Donor feedback form

Report Feedback Form

Project title: Consolidated Emergency Report (CER) 2018
Grant number: SM149910/SM189910

UNICEF is working to improve the quality of our reports and would highly appreciate your feedback. Kindly answer the questions below for the above-mentioned report. Thank you!

Please return the completed form back to UNICEF by email to:

Name: Jennifer Banda

Email: jebanda@unicef.org

**SCORING: 5 indicates “highest level of satisfaction” while
0 indicates “complete dissatisfaction”**

1. To what extent did the narrative content of the report conform to your reporting expectations?
(For example, the overall analysis and identification of challenges and solutions)

5	4	3	2	1	0
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you have not been fully satisfied, could you please tell us what we missed or what we could do better next time?

2. To what extent did the fund utilization part of the report meet your reporting expectations?

5	4	3	2	1	0
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you have not been fully satisfied, could you please tell us what we missed or what we could do better next time?

3. To what extent does the report meet your expectations in regard to the analysis provided, including identification of difficulties and shortcomings as well as remedies to these?

5	4	3	2	1	0
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you have not been fully satisfied, could you please tell us what we could do better next time?

4. To what extent does the report meet your expectations with regard to reporting on results?

5	4	3	2	1	0
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you have not been fully satisfied, could you please tell us what we missed or what we could do better next time?

5. Please provide us with your suggestions on how this report could be improved to meet your expectations.

6. Are there any other comments that you would like to share with us?

Thank you for filling this form!