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**United Nations Children's Fund**

Executive Board

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Item 6 (a) of the provisional agenda\*

**Country programme document****South Sudan***Summary*

The country programme document (CPD) for South Sudan is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of \$16.30 million from regular resources, subject to the availability of funds, and \$99.13 million in other resources, subject to the availability of specific-purpose contributions, for the period July 2016 to June 2018.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the annual session of 2016.

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\* E/ICEF/2016/5.



## Programme rationale

1. South Sudan suffers from the legacy of five decades of conflict that have claimed more than 2.5 million lives, displaced 4 million people, disrupted socioeconomic services and systems and taken a heavy toll on the survival and well-being of the country's population, especially children. Following the 2005 Comprehensive Peace Agreement, institutions of governance and social services were largely built from scratch. However, since the creation of South Sudan in July 2011, the new State has not been able to deliver on much-needed security, rule of law and basic social services, despite its high potential wealth from natural and agricultural resources. The country's development is constrained by conflict, weak governance, inadequate access to basic services, lack of physical infrastructure, frequent disasters, including floods and epidemics, and widespread animal and crop disease.

2. With the outbreak of hostilities in December 2013, the attention and resources of aid partners focused on emergency response, with little emphasis on development issues. The war resulted in the displacement of more than 2.2 million people and thousands of deaths, including those precipitated by a high prevalence of undernutrition and disease. As a result of the conflict, 970,000 children have lost access to education, 800,000 children are in psychological distress and as many as 16,000 children have been recruited into armed groups. If the Agreement on the Resolution of the Conflict in the Republic of South Sudan (the "Peace Agreement") signed in August 2015 holds, it may be possible to return to addressing the causes of conflict and the country's development priorities.

3. Available data suggest that human development remains extremely limited. Maternal and child mortality, out-of-school children, undernutrition and gender inequality remain among the worst in the world. Even before December 2013, more than 1 in 10 children died before their fifth birthday, and 1 in 100 pregnancies ended in the death of the mother. National plans to tackle the high rates of child and maternal mortality and morbidity are still under development, and maternal and child health programmes are constrained by social norms, high cost and distance to facilities. Immunization rates remain extremely low, leaving many children vulnerable to preventable diseases. Malaria is endemic, and the entire population is at risk of infection. In 2014, an estimated 12,740 people died from AIDS-related illnesses, and out of 18,000 new HIV infections, 3,500 were among children younger than four.

4. The prevalence of undernutrition is high among children under five, with rates of stunting and underweight respectively at 31 per cent and 28 per cent. Global acute malnutrition rates that were regularly above the 15 per cent emergency threshold have doubled since the outbreak of hostilities in the conflict-affected states of the Greater Upper Nile region and the states of Northern Bahr el Ghazal and Warrap. Caregivers often lack knowledge of appropriate infant and young child feeding practices, and less than half of infants (45 per cent) are exclusively breastfed for the first six months. Households with land often do not know how to grow healthy food and the Government has limited capacity to prevent and address undernutrition.

5. It is estimated that only 59 per cent of the population has access to an improved water supply and 7 per cent to improved sanitation. Underinvestment,

scarce technical capacity and shortages of spare parts limit the maintenance of water and sanitation systems. Poor practices, such as not washing hands with soap, open defecation and inadequate treatment and storage of water, lead to low absorption of micronutrients, undernutrition and cholera.

6. Since 2010, primary school attendance has fallen from 1.4 million to 1.1 million. At 30 per cent, the net enrolment rate for girls in primary school remains more than 10 points lower than that of boys, and less than half the average for Eastern and Southern Africa. While primary enrolment increased since 2013 in the seven states not affected by the conflict — with strong gains in schooling among girls in the older years — the impact of the conflict accounts for much of the overall decline. Inequalities in access remain high: Children living in poverty, children from pastoralist communities and children with disabilities are less likely to attend school. The number of children attending pre-primary education is growing, albeit from a very low base.

7. Barriers to education include the formal and informal cost of going to school, distance to school, lack of investment in education, limited government accountability, low quality and relevance of the curriculum, shortage of qualified teachers, limited community participation in school management and destruction of schools during conflict. In many parts of South Sudan, harmful social norms further constrain girls' education: Girls are frequently taken out of school to be married in exchange for a bride price, and some parents do not send their daughters to school for fear they will get pregnant. While the Government recognizes inclusive education as a key pillar of the currently under development Education Policy Framework, interventions in support of children with disabilities remain very limited.

8. Children and adolescents experience widespread violence, exploitation, abuse and neglect. In recent years, there has been continued militarization and wider circulation of firearms, and violence has often become the primary means to resolve disputes. Landmines and explosive remnants of war continue to kill and injure, threatening communities and limiting mobility. While inter-ethnic abductions of children were already a common practice before the current conflict began, children have since been both targets and perpetrators of grave violations. In 2015, more killings, sexual violence and recruitment of children by armed forces and armed groups were recorded by the dedicated Monitoring and Reporting Mechanism (MRM) than in previous years. As of January 2016, 11,862 children were registered as unaccompanied, separated or missing.

9. Gender-based violence is a daily reality for girls and women, with child and forced marriage among the most common harmful traditional practices. Gender-based violence is driven by social norms that endorse gender inequality, tolerance to violence, stigma against survivors and bride price. Survivors have limited access to support because of stigma and the absence of trained law enforcement personnel and relevant medical, legal, or psychosocial services. While much has been done at policy level to introduce a justice system for children, implementation has lagged and there is limited interaction between the formal judicial system and customary practices used to solve disputes. The lack of a functioning justice system further contributes to the culture of tolerance and impunity.

10. The civil registration and vital statistics system remains under-resourced, limiting the delivery, coverage and quality of birth registration. Unregistered

children are less able to access services and more vulnerable to abuse, neglect and exploitation.

11. Government expenditure on the social sectors is minimal, with only 3 per cent of the national budget for 2015-2016 allocated to health and 4.3 per cent to education. Even this modest allocation has been undermined by the reduction in government oil revenues and the de-prioritization of funding to the social sectors, leaving the salaries of critical workers unpaid. There is limited government capacity to implement legislation adopted in recent years; all sectors lack adequate facilities and qualified professionals, and decision-making is hampered by lack of capacity to collect accurate data and limited mechanisms for communities to participate, while there is no social safety net to support the most vulnerable families. The very limited State capacity means that international aid agencies and civil society deliver most social services countrywide, both in emergency and non-emergency situations.

12. A key lesson from the country's first United Nations Development Assistance Framework (UNDAF), 2011-2016, is the need to maintain core development programming, even during acute humanitarian crises, to prevent further erosion of the already limited capacity to deliver public services. As important is investing in capacities of subnational governments and communities to promote service continuity during crises and ensuring that conflict-sensitivity and peacebuilding are mainstreamed in all interventions. Another lesson is the significance of inter-agency collaboration, highlighted by the partnership with the World Food Programme (WFP), which helped to support the scaling up of national nutrition programming and promoted the recognition of the nutrition situation nationally and globally.

13. The 2015 *Situation Assessment of Children and Women in South Sudan* provides evidence on the magnitude and depth of problems facing children, women and communities. The volatile context and the lessons learned and gains made as a result of scaling up humanitarian interventions highlight the need for flexibility in programming, strengthening community resilience and building systems for delivery of basic social services.

14. UNICEF has the comparative advantage of being able to work holistically across sectors along the humanitarian to development continuum, using conflict-sensitive approaches and leveraging its strong working relationships at community and government levels. Through its equity focus and specialized mandate, the organization is well placed to address the rights of girls, women and young people, to integrate dialogue on conflict and peacebuilding activities with service delivery and to reach underserved communities. Service delivery and capacity development will therefore remain the cornerstones of the new programme, supported by policy dialogue, evidence-based advocacy, cross-sectoral linkages and strong partnerships.

## **Programme priorities and partnerships**

15. The UNICEF programme of cooperation is fully aligned with the Peace Agreement and the United Nations country team Interim Cooperation Framework (ICF), two strategic documents that will shape development efforts and support the Government in adapting the Sustainable Development Goals to the local context.

16. The 2015 Peace Agreement represents the country's roadmap for progress until a national development framework is put in place in the transition to 2018 when

national elections are due. UNICEF will support the Peace Agreement through advocacy for the return, reintegration and resettlement of internally displaced persons (IDPs) and refugees, and the provision of basic social services to the most vulnerable and conflict-affected children and communities, including demobilized children previously associated with armed groups (chapter I, 16.6, and chapter III, 1.1, 1.2.1 of the Agreement); advocacy for social sector budgeting (chapter IV, 6.2.2); the design of the social welfare development policy (chapter IV, 7.1.7); and the involvement of children and youth in peacebuilding and in developing national legislation (chapter I, 2.1.7, chapter IV, 3.1).

17. In January 2016, the two-year ICF replaced the UNDAF, which ended early to adapt to a shifting national context. The framework's principles of *realism*, *recovery*, *resilience* and *reaching the most vulnerable* echo the priorities of UNICEF. The imperatives to enable children to survive and thrive, reduce stunting, improve education access, quality and learning outcomes, achieve results for adolescents and scale up social protection provide clear foundations for UNICEF to contribute to the five strategic outcomes of the ICF: (a) More resilient communities; (b) Strengthened social services for the most vulnerable; (c) Strengthened peace and governance; (d) Invigorated local economy; and (e) Improved status of women and youth. The outcomes of the framework focus on both peacebuilding and laying foundations for inclusive development, allowing UNICEF to pursue its mandate while sharing information and developing synergies with other agencies in joint risk management, advocacy, fundraising, programming, implementation and monitoring of activities.

18. Recognizing the need to focus on the most critical issues in a volatile context, UNICEF will concentrate on key results that are achievable within two years. Initiatives will aim to protect the development gains made since the country's creation, address conflict-related losses and strengthen resilience, and continue advocating for the protection and promotion of children's rights. UNICEF will have a particular focus on empowering girls and women in the most disadvantaged communities, and improving access to and use of services while building community resilience to stresses and shocks. UNICEF will provide guidance and support in the return and reintegration of IDPs and refugees, concentrating on the immediate and long-term needs, rights and welfare of children, youth and women.

19. The overall goal of the country programme is that, by June 2018, 2.4 million children in South Sudan will have improved access to integrated basic social services and increased fulfilment of their rights. The emphasis will be on empowering girls, supporting the return and reintegration of displaced populations and building the resilience of the most disadvantaged communities. An important strategy will be to ensure a continuum of UNICEF development and humanitarian programming in an environment in which the humanitarian response is expected to be required to remain at a very high level over the next two years. UNICEF will pursue environmentally-responsible implementation strategies such as the use of solar power for water systems and the integration of climate change adaptation and disaster risk reduction into the national curriculum.

20. **The health programme** will contribute to the improved and equitable use of maternal, newborn and child health and HIV services by infants, children, adolescents and pregnant and lactating women, especially those from poor and marginalized groups, strengthening social services (ICF outcome 2), building

resilience (outcome 1) and improving the status of women and youth (outcome 5) through:

(a) *Strengthening routine immunization and polio response* by supporting the delivery of integrated immunization services closer to communities and reducing the need for vaccination campaigns. New vaccines will be introduced and coverage of polio, measles and tetanus immunization increased by strengthening the cold chain and improving immunization programme management.

(b) *Focusing on three of the major killers of children under five — malaria, pneumonia and diarrhoea* — by supporting the development and dissemination of the National Child Health Policy and strategies to scale up an Integrated Child Health Programme through implementation of Boma Health Initiatives (community health services) to fill the current service delivery gap for prompt treatment of children under five.

(c) *Enhancing maternal and newborn health*, the elimination of mother-to-child transmission of HIV and early infant diagnosis of HIV by coordinating national and local efforts, and by increasing the number of facilities offering basic and comprehensive emergency obstetric and newborn care services, including during humanitarian response and disease outbreaks.

(d) *Institutionalizing birth registration services* in the context of a national civil registration system by building on the national birth notification and registration exercise that will help to ensure the recognition of children's identity and rights to basic services.

(e) *Supporting the creation of an enabling policy and institutional environment* to effectively scale up delivery of quality maternal, neonatal and child health services in both humanitarian and non-humanitarian settings.

21. **The nutrition programme** will contribute to the improved and equitable provision of evidence-based nutrition interventions for children and for women of childbearing age, including pregnant and lactating women. It will support ICF outcomes 1, 2, and 5 while building sector coordination capacity in emergency and non-emergency settings through:

(a) *Strengthening the capacity of health facilities and communities* to provide quality community-based management of acute malnutrition (CMAM) services following national guidelines, by integrating nutrition services in primary health care centres and units, managing supplies, mobilizing communities and directly implementing activities in hard-to-reach areas.

(b) *Increasing support to children, caregivers and communities for improved nutrition and provision of appropriate care and infant and young child feeding (IYCF)* through direct provision of and capacity-building on IYCF services and micronutrient supplementation and through strengthening links with water, sanitation and hygiene (WASH) promotion activities.

(c) *Strengthening systems and capacity to scale up equitable, evidence-based nutrition interventions and produce robust data*, through the coordination of nutrition activities at national and state levels, implementation of nutrition surveys and assessments, capacity development of partners, and development of national guidelines and training packages for CMAM and IYCF, and strengthening strategic partnerships with the Government, communities and the agriculture sector.

22. The **water, sanitation and hygiene** programme will contribute to improved access to equitable and sustainable WASH services in conflict-affected, underserved and epidemic-prone communities. It will help to deliver quality, equitable and sustainable services (ICF outcomes 1 and 2), and prevent and respond to water-related diseases and focus on women and children (outcome 5) by:

(a) *Supporting the final push to eradicate guinea worm disease* by promoting improved hygiene practices, household water safety and safe sanitation in endemic and post-endemic villages.

(b) *Improving water supply* by developing associations of water users and small-scale service providers to support the rehabilitation of destroyed water systems in conflict and post-conflict rural and urban areas, creating public-private partnerships for maintenance, strengthening the capacity of water technicians' associations, increasing the number of WASH committees and, where relevant, introducing affordable and equitable water tariffs.

(c) *Increasing the number of open-defecation-free (ODF) villages* through community-led total sanitation, providing more affordable sanitation options, establishing a pool of master trainers at state and county levels and setting up a community mechanism for ODF monitoring.

(d) *Building WASH sector coordination capacity* to enable the Government at national, state and county levels to effectively lead and coordinate WASH activities in development and humanitarian action and strengthening linkages between the two.

(e) *Accelerating integrated hygiene promotion* focusing on high-impact activities that promote hand-washing with soap, support water safety at household level and maximize community participation in hygiene promotion linked with community-based nutrition activities.

23. The **education and adolescent development** programme will contribute to increased and more equitable access to quality basic education with learning outcomes for children aged 3 to 18, particularly adolescents, girls and other vulnerable groups. It will contribute to ICF outcomes 1, 2, and 5 through:

(a) *Strengthening systems to provide formal and alternative learning pathways* for disadvantaged and excluded children, with an emphasis on measurable learning outcomes. This will involve: implementing the national curriculum, developing a literacy and numeracy national assessment, supporting out-of-school children through the Accelerated Learning Programme (which provides primary education for overage children), scaling up flexible education services with life skills, peacebuilding and conflict-sensitive education for marginalized children, operationalizing the education monitoring and evaluation (M&E) strategy, strengthening quality assurance systems and advocating for an increased budget for education.

(b) *Increasing attention to early childhood development (ECD)* and strengthening interventions that support the transition from pre-primary to primary, and from primary to secondary education through the development and implementation of an integrated ECD strategy, the formation of coordinating mechanisms that will, in the long term, improve quality and contribute to increased student retention and promotion once they enter primary school.

(c) *Increasing national, subnational and community capacity for education service delivery* to protect and provide education to children and adolescents in emergency and non-emergency settings aligned with child-friendly school standards, the South Sudan Minimum Standards for Education in Emergencies and the UNICEF Core Commitments for Children in Humanitarian Action.

24. **The child protection programme** will focus on strengthening systems and capacities to provide gender-sensitive responses to address and reduce the risk of exploitation, violence and abuse of children and adolescents, with a focus on girls (contributing to ICF outcomes 2 and 5), and will contribute to strengthen peace (outcome 3) in emergency and non-emergency settings, through:

(a) *Building capacity to promote sustainable community-based child protection responses* and supporting the Government to expand and strengthen the justice system, including through the adoption of child-friendly legal procedures for children in contact with the law, with a priority to strengthen birth registration within the national civil registration system.

(b) *Providing emergency child protection and services addressing gender-based violence against children* focusing on the most urgent and life-saving opportunities, including gender-based violence prevention and response, family tracing and reunification, psychosocial support, release and reintegration of children associated with armed forces and armed groups, and mine-risk education. This will include helping the child protection subcluster (CPSC) to improve the quality of services and accountability to children.

(c) *Sustaining advocacy for the rights of children* by strengthening the collection, analysis and use of information through the MRM, situation monitoring, assessments of programme implementation, research on child protection and gender-based violence to support increased allocation of resources and the scaling up of high-impact interventions. Maintain a leading role in coordination structures, including the technical working groups on justice for children and on civil registration.

25. **The social policy programme** will contribute to improve knowledge, the policy environment and systems for excluded and disadvantaged children, contributing to ICF outcomes 2 and 5 through:

(a) *Evidence generation, analysis, policy dialogue and advocacy*, including child-focused multisectoral, multi-agency analyses and monitoring of vulnerability will help to assess child poverty, advocate for the rights of children and women, and support partners in developing programmes and policies and advocating for improved legislation and fiscal space to realize these rights.

(b) *Building social protection capacity to reduce vulnerability and strengthen resilience* by supporting the Government to set up a child-sensitive social protection system in collaboration with WFP and the World Bank. The system will help to better map vulnerability, target beneficiaries, deliver social protection services and monitor and evaluate initiatives. It will include a government-led pilot child grant programme to help extremely poor families to reduce undernutrition and increase school attendance of their children.

(c) *Capacity development in social inclusion*: UNICEF will improve the timeliness, relevance and quality of the knowledge produced and used for advocacy



and development of more inclusive, conflict-sensitive and child-centred programmes and policies. It will promote the use of participatory approaches that give a voice to children, youth and vulnerable communities.

26. **The programme effectiveness component** will ensure the programme is effectively designed, coordinated and managed, both centrally and in field offices, to meet quality standards and achieve results for children. External communication will raise awareness of the situation of marginalized children and youth and strengthen the capacity of the media, civil society, children and youth to advocate for policy change promoting children's rights and welfare. Communication-for-development approaches will support emergency and development programmes to promote the adoption of behaviours that increase the demand for and utilization of life-saving, care and social services, as well as community participation in programme planning and monitoring. It will focus on girls, youth, adolescents and mothers, empowering them to eliminate negative behaviours, address violence and increase their participation in decision-making. Operational support and field operations will be critical components to deliver on effectiveness.

### **Implementing strategies**

27. UNICEF will focus on service delivery, especially in remote and conflict-affected areas, working with civil society organizations to supplement government capacity, delivering essential supplies and providing services to the most vulnerable. UNICEF will develop an early warning system and will ensure vulnerability-focused and risk-informed programming while adapting its support to different country situations. Concurrently, UNICEF will support demand generation for services and the creation of permanent systems by building the capacity of government and non-governmental organizations, local authorities and communities to gradually assume their own responsibilities. To develop an enabling policy environment, evidence generated from research and programme monitoring will support policy dialogue and equity-focused advocacy. UNICEF will strengthen collaboration between sectors across development and humanitarian initiatives and will continue to support sector and cluster coordination in education (with Save the Children) and WASH, nutrition, health and child protection (in collaboration with the Government, key implementing partners and bilateral agencies).

### **Partnerships**

28. UNICEF will continue to work with the ministries of Finance and Economic Planning; Health; Education, Science and Technology; Gender, Child and Social Welfare; Energy, Dams, Irrigation and Water Resources; Interior and Wildlife Conservation; Justice; and Information at the national and state levels; the National Bureau of Statistics; and the National Disarmament, Demobilisation and Reintegration Commission.

29. In a context where most social services are delivered by non-governmental actors, it is key to establish strong partnerships with non-governmental organizations (NGOs), United Nations agencies and multilateral bodies. UNICEF will work with all United Nations agencies, the United Nations Mission in the Republic of South Sudan (UNMISS) and the World Bank, local and international

NGOs, and global programmes such as the Global Partnership for Education, the Expanded Programme on Immunization (EPI), Gavi, the Vaccine Alliance, the Global Fund to Fight AIDS, Tuberculosis and Malaria and the Scaling Up Nutrition movement. In hard-to-reach and conflict-affected areas, UNICEF will work with community structures, faith-based organizations and other civil society groups.

30. In Abyei, an administrative area whose final status is yet to be determined, the programme will continue to collaborate with the UNICEF Sudan Country Office on joint interventions and cross-sectoral support.

### Summary budget table

<i>Programme component</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Health	1 209	14 105	15 314
Nutrition	1 120	5 122	6 242
Water, sanitation and hygiene	1 120	13 600	14 720
Education and adolescent development	1 120	42 865	43 985
Child protection	1 412	10 716	12 128
Social policy	1 966	1 280	3 246
Programme effectiveness	8 353	11 444	19 797
<b>Total</b>	<b>16 300</b>	<b>99 132</b>	<b>115 432*</b>

\* It is estimated that \$245 million will be needed in other resources emergency funds.

### Programme and risk management

31. This country programme document outlines UNICEF contributions to national results aligned to the Interim Cooperation Framework and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures.

32. The ability to implement programming relies on key assumptions, including that the Peace Agreement will hold and that the dividends from peace can be quickly demonstrated; that government priorities can shift from security to development; that human rights principles, gender equality and social inclusion can be incorporated into the country's development plans; and that caregivers and communities are ready to adapt their sociocultural beliefs and practices over time. The country programme is also based on the assumption that adequate resources will be available for implementation, that UNICEF will continue to engage constructively with the Government and other partners in equity-based policy dialogue and programming; that safe access can be assured; that the concurrent implementation of development and humanitarian programmes will not overstretch resources; and that rapid staff turnover and possible loss of institutional memory does not disrupt the momentum in programming.

33. Key risks include the lack of reliable data preventing UNICEF from reaching the most vulnerable; the lack of funds; ongoing conflict; low capacity; weak support from the Government and delays in the supply chain undermining service delivery; humanitarian crises depleting programme resources and attention; price volatility and inflation further affecting food security; and the cost of service provision and political instability hindering the achievement of programme objectives.

34. To mitigate risks, UNICEF will work within the United Nations system to document successes and failures, monitor risks, build capacity for contingency planning and business continuity, strengthen community resilience, streamline conflict-sensitive monitoring systems, use third-party monitoring as relevant, and expand its donor and partner base. UNICEF will also work with partners to develop an early warning system and design risk reduction mechanisms in development activities to facilitate more effective humanitarian relief during crises. UNICEF will strengthen its national human resource base, hiring staff with competencies in both humanitarian and development work. UNICEF will continue to enhance the capacity of staff and partners to comply with the harmonized approach to cash transfers to mitigate financial risks in programme implementation.

## **Monitoring and evaluation**

35. Monitoring for results will be strengthened within UNICEF, alongside improved programme planning and use of tools to manage information on partnership agreements and field operations for both development and humanitarian responses. The M&E framework will help to ensure rigorous, results-based management, and specific evaluations will be undertaken to inform programme strategy and design. UNICEF will continue to strengthen government capacity to collect, analyse and use programme and survey data — including implementing a multiple indicator cluster survey (MICS) — to obtain an accurate picture of the situation of vulnerable groups and to measure the impact of programmes and policies.

36. The ICF will serve as a United Nations-wide monitoring, reporting and accountability tool. UNICEF will work with other United Nations agencies to monitor progress in the achievement of its strategic outcomes, updating common indicators and conducting joint studies, analyses and evaluations.

## Annex

## Results and resources framework

## South Sudan-UNICEF country programme of cooperation, July 2016-June 2018

<b>Overall outcome:</b> By June 2018, 2.4 million children in South Sudan will have improved access to integrated basic social services and will benefit from increased fulfilment of their rights, with a focus on empowering girls, supporting the return and reintegration of displaced populations, and building the resilience of the most disadvantaged communities to chronic stresses and sudden shocks.							
<b>Convention on the Rights of the Child:</b> Articles 4, 6-7, 9-10, 20, 22, 24, 26, 28-29.							
<b>National priority:</b> South Sudan Development Plan: Improved and expanded social services							
<b>Interim Cooperation Framework (ICF) outcomes involving UNICEF:</b> 1. Strengthened community resilience; 2. Strengthened social services for the most vulnerable; 3. Strengthened peace and governance; 4. Reinvigorated local economy; 5. Improved status of women and youth.							
<b>ICF outcome indicator measuring change that includes UNICEF contribution:</b>							
Indicator 2.1. Proportion of births attended by skilled health professionals							
Indicator 2.2. Moderate acute malnutrition treatment recovery rate in children and pregnant and lactating women							
Indicator 2.3. Percentage of children and adults enrolled in education (gender-disaggregated)							
UNICEF outcomes	Key progress indicators, baselines and targets	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
					RR	OR	Total
<b>Programme component:</b> Health							
<b>Related UNICEF Strategic Plan outcomes:</b> 1. Health; 2. HIV and AIDS							
Improved and equitable use of maternal, newborn and child health and HIV services by infants, children, adolescents and pregnant and lactating women, especially those from poor and marginalized groups.	<ul style="list-style-type: none"> <li>Percentage of children under 1 year of age receiving Penta-3 vaccine Baseline: 58% (Ministry of Health (MoH) 2014) Target: 70%</li> <li>Percentage of children aged 0-59 months treated for malaria Baseline: 51% (Sudan Household Health Survey,</li> </ul>	Routine immunization and outreach EPI reports, MICS	<ul style="list-style-type: none"> <li>Immunization systems strengthened to deliver routine and supplementary services in emergency and non-emergency settings;</li> <li>Improved capacity to provide integrated case management services for common childhood illnesses in emergency and non-emergency settings;</li> </ul>	MoH at central and state levels WHO, UNAIDS	1 209	14 105	15 314

UNICEF outcomes	Key progress indicators, baselines and targets	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
					RR	OR	Total
	SHHS 2010) Target: 80% <ul style="list-style-type: none"> <li>Percentage of births attended by skilled health personnel Baseline: 19% (SHHS 2010) Target: 30%</li> <li>Percentage of pregnant women living with HIV on antiretroviral prophylaxis/treatment Baseline: 78% (SHHS 2010) Target 85%</li> </ul>		<ul style="list-style-type: none"> <li>Strengthened systems to deliver integrated maternal and neonatal health, prevention of mother-to-child transmission of HIV, early infant diagnosis and birth registration services.</li> </ul>				
<b>Programme component:</b> Nutrition							
<b>Related UNICEF Strategic Plan outcome:</b> 4. Nutrition							
Improved and equitable provision of evidence-based nutrition interventions for children, and for women of childbearing age, including pregnant and lactating women.	<ul style="list-style-type: none"> <li>Percentage of children aged 0-6 months in target areas exclusively breastfed Baseline: 45% (SHHS 2010) Target: 65%</li> <li>Percentage of children aged 6-59 months receiving at least 1 dose of vitamin A supplementation Baseline: 90% (Food Security and Nutrition Monitoring System (FSNMS) 2015) Target: 90%</li> <li>Death rate from severe acute malnutrition (SAM) Baseline: 0.36% (UNICEF 2015) Target: &lt;10%</li> </ul>	MICS, FSNMS	<ul style="list-style-type: none"> <li>Selected health facilities and communities able to provide quality integrated management of SAM, in line with national guidelines;</li> <li>Enhanced support for children, caregivers and communities for improved nutrition and provision of appropriate care and infant and young child feeding in emergency and non-emergency settings;</li> <li>Strengthened government and partner capacity to scale up equitable, evidence-based nutrition interventions and provision of robust data.</li> </ul>	MoH	1 120	5 122	6 242

UNICEF outcomes	Key progress indicators, baselines and targets	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
					RR	OR	Total
<b>Programme component: Water, sanitation and hygiene (WASH)</b>							
<b>Related UNICEF Strategic Plan outcome: 3. WASH</b>							
Target population in conflict-affected, underserved and epidemic-prone communities has improved access to equitable and sustainable WASH services.	<ul style="list-style-type: none"> <li>Percentage of households with access to improved source of drinking water Baseline: 59% (WHO/UNICEF Joint Monitoring Programme (JMP) 2015) Target: 69%</li> <li>Number of guinea worm cases reported Baseline: 5 (WHO, Early Warning and Disease Surveillance 2015) Target: 0</li> <li>Percentage of population with access to an improved sanitation facility Baseline: 7% (JMP 2015) Target: 15%</li> </ul>	WASH Management Information System (MIS), field monitoring reports, evaluation reports	<ul style="list-style-type: none"> <li>Improved availability of affordable and sustainable safe water supply facilities in vulnerable areas, schools and health facilities;</li> <li>Increased availability of sustainable sanitation facilities and improved hygiene practices at household and institutional level, with an emphasis on behaviour change and ODF communities;</li> <li>Improved policy and knowledge management at national- and state-level government and within local civil society;</li> <li>Effective WASH preparedness services and response for emergency-affected populations delivered in line with the Core Commitments for Children in Humanitarian Action.</li> </ul>	Ministry of Electricity, Dams, Irrigation and Water Resources Oxfam GB WASH cluster partners Juba City Council State and county authorities	1 120	13 600	14 720
<b>Programme component: Education and adolescent development</b>							
<b>Related UNICEF Strategic Plan outcome: 5. Education</b>							
Children aged 3-18, and particularly adolescents, girls and other vulnerable	<ul style="list-style-type: none"> <li>Percentage of children aged 3-6 enrolled in early childhood development centres.</li> </ul>	EMIS	<ul style="list-style-type: none"> <li>Strengthened national systems to provide basic education and alternative learning, with life skills,</li> </ul>	Ministry of Education, Science and Technology	1 120	42 865	43 985

UNICEF outcomes	Key progress indicators, baselines and targets	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
					RR	OR	Total
groups, have increased and more equitable access to quality basic education with learning outcomes.	<p>Baseline: Female 48%; Male 52% (Education Management Information System (EMIS) 2015) Target: Female 53%; Male 56%</p> <ul style="list-style-type: none"> <li>Percentage of children aged 7-18 enrolled in formal primary or alternative education system. Baseline: Total 35%; Female 30%; Male 39% (EMIS 2015) Target: Total 42%; Female 35%; Male 45%</li> <li>Primary education completion rate. Baseline: Total 9.95%; Female 6.2%; Male 13.7% (EMIS 2011) Target: Total, 10.5%; Female 7%; Male, 14%</li> </ul>		<p>peacebuilding and conflict-sensitive education for children and adolescents, including disadvantaged and excluded children, with measurable learning outcomes;</p> <ul style="list-style-type: none"> <li>Increased support to Government and partners to improve transition from early childhood development to primary and primary to secondary education;</li> <li>Improved national, subnational and community capacity to protect and provide quality education to children and adolescents.</li> </ul>	<p>European Union United Kingdom Department for International Development United States Agency for International Development Government of Norway WFP</p>			
<b>Programme component:</b> Child protection							
<b>Related UNICEF Strategic Plan outcome:</b> 6. Child protection							
Children and adolescents at risk of, or exposed to, violence, exploitation and abuse have their risk reduced, mitigated and, where possible, their safety, dignity and health restored.	<ul style="list-style-type: none"> <li>Number of children reached with birth notification services Baseline: 199,225 (UNICEF 2015) Target: 250,000</li> <li>Number of children and adolescents reached with critical child protection services Baseline: 367,807 (UNICEF 2015) Target: 800,000</li> </ul>	<p>MoH records, records from teaching and civil hospitals Survey reports CPSC database, (gender-based violence information management system)</p>	<ul style="list-style-type: none"> <li>Ministry of Gender, Child and Social Welfare (MGCSW), MoH and selected state ministries have laws and regulatory frameworks and service delivery systems in place to improve children's access to justice and birth registration services;</li> <li>Children at risk of, or exposed to, violence, exploitation and abuse are increasingly able to access and benefit from higher quality core child protection</li> </ul>	<p>MGCSW MoH Ministry of Interior and Wildlife Conservation National Bureau of Statistics (NBS) Ministry of Justice Child Protection Unit of Sudan's People Liberation Army National Disarmament,</p>	1 412	10 716	12 128

UNICEF outcomes	Key progress indicators, baselines and targets	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
					RR	OR	Total
			and gender-based violence services in emergency and non-emergency settings.	Demobilisation and Reintegration Commission CPSC United Nations agencies UNMISS			
<b>Programme component:</b> Social policy							
<b>Related UNICEF Strategic Plan outcome:</b> 7. Social inclusion							
Improved policy environment and system for disadvantaged and excluded children.	<ul style="list-style-type: none"> <li>Policy and design of key elements of permanent child-sensitive social protection system established. Baseline: n/a Target: Policy approved</li> <li>Number of child recipients of child-grant project. Baseline: 0 Target: 2000</li> </ul>	Project report	<ul style="list-style-type: none"> <li>Enhanced government capacity to deliver child-centred social protection services;</li> <li>Strengthened UNICEF and partner capacity to produce equity-focused data, evidence-based evaluations and analytical studies.</li> </ul>	MGCSW NBS World Bank WFP	1 966	1 280	3 246



UNICEF outcomes	Key progress indicators, baselines and targets	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
					RR	OR	Total
<b>Programme component:</b> Programme effectiveness							
Country programmes efficiently designed, coordinated, managed and supported to meet quality standards in achieving results for children.	<ul style="list-style-type: none"> <li>Percentage of management and programme priorities indicators meeting the scorecard benchmarks Baseline: n/a Target: 100%</li> </ul>	inSight Scorecard Dashboard	<ul style="list-style-type: none"> <li>Enhanced capacity of country office to effectively communicate on child rights issues;</li> <li>Increased community demand for, and utilization of, life-saving, care and protective services;</li> <li>Enhanced capacity of social and community networks and institutions for effectively engaging children, youth and women for development and peacebuilding.</li> </ul>		8 353	11 444	19 797
<b>Total resources</b>					<b>16 300</b>	<b>99 132</b>	<b>115 432</b>