

UNICEF South Sudan

Consolidated Emergency Report 2016



© UNICEF/South Sudan/2016/Ruble

March 2017

Contents

List of Acronyms.....	- 2 -
1.0 Executive Summary.....	- 3 -
2.0 Humanitarian Context.....	- 4 -
2.1 Country Situation	- 4 -
2.2 Purpose of the 2016 Emergency Appeal	- 5 -
3.0 Key Results in 2016	- 5 -
3.1 Health	- 5 -
3.1.1 Key Indicators Table for Health.....	- 6 -
3.2 Nutrition	- 6 -
3.2.1 Key Indicators Table for Nutrition	- 7 -
3.3 Water, Sanitation and Hygiene (WASH)	- 8 -
3.3.1 Key Indicators Table for WASH	- 8 -
3.4 Education	- 9 -
3.4.1 Key Indicators Table for Education.....	- 9 -
3.5 Child Protection.....	- 10 -
3.5.1 Key Indicators Table for Child Protection	- 11 -
4.0 Resilience	- 11 -
5.0 Monitoring and Evaluation	- 12 -
6.0 Resources.....	- 13 -
7.0 Future Work Plan and 2017 Priority Actions	- 15 -
8.0 Expression of Thanks.....	- 16 -
9.0 Annexes.....	- 17 -
9.1 Photo Essay	- 17 -
9.2 Two pagers per donor contribution	- 20 -
9.3 Donor feedback form.....	- 21 -

List of Acronyms

ANC:	Ante-natal Care
BtL:	Back to Learning
CBO:	Community Based Organisation
CMAM:	Community Management of Acute Malnutrition
CPA:	Comprehensive Peace Agreement
CERF:	Central Emergency Response Fund
CHF:	Common Humanitarian Fund
ECD:	Early Childhood Development
EiE:	Education in Emergencies
EMMS:	Expanded Maternal Mortality Survey
FSNMS:	Food Security and Nutrition Monitoring System
FTR:	Family Tracing and Reunification
GAM:	Global Acute Malnutrition
GBV:	Gender Based Violence
GPAA:	Greater Pibor Administrative Area
HAC:	Humanitarian Action for Children
HRP:	Humanitarian Response Plan
ICF:	Interim Cooperation Framework
IDP:	Internally Displaced Person
IYCF:	Infant and Young Child Feeding
IPC:	Integrated Phase Classification
LLITNs:	Long lasting Insecticide Treated Nets
MAM:	Moderate Acute Malnutrition
MRM:	Monitoring and Reporting Mechanism
NGO:	Non-Governmental Organization
NIWG:	Nutrition Information Working Group
OTP:	Out-Patient Therapeutic Programme
PMTCT:	Prevention of Mother to Child Transmission
PoC:	Protection of Civilian
RRM:	Rapid Response Mechanism
RUTF:	Ready-to-use therapeutic food
SAM:	Severe Acute Malnutrition
SHHS:	Sudan Health Household Survey
SSP:	South Sudanese Pound
UNICEF:	United Nations Children's Fund
WFP:	World Food Programme

1.0 Executive Summary

The humanitarian needs facing children in South Sudan today are as great and as urgent as they have ever been. Heightened insecurity in many parts of the country was a key challenge for UNICEF South Sudan in 2016, made worse by serious access constraints. Heavy fighting in the capital, Juba, between the armed forces of the Government and those aligned with the Opposition in July 2016 led to a further weakening of the already-fragile 2015 Peace Agreement. Following the outbreak of fighting in Juba, conflict spread to the previously peaceful Equatorias; while armed conflict continued in the volatile areas of Upper Nile and Unity.

Renewed conflict since July 2016 only deepened the humanitarian crisis in South Sudan, with women and children facing immediate risks of violence, displacement, hunger and life-threatening diseases. These risks are exacerbated by the rapidly deteriorating economic situation, with inflation above 800 per cent. Since December 2013, nearly 3 million people have been displaced, including 1.1 million people seeking refuge in neighbouring countries. Children comprise almost 70 per cent of refugees.

Refocusing on lifesaving needs was critical in 2016, particularly following the July events. Increased chronic levels of acute malnutrition in Northern Bahr el Ghazal led UNICEF to develop a scale-up plan to address the ongoing health and nutrition crisis. UNICEF also scaled up its emergency intervention plan for Greater Equatoria in response to rising insecurity and displacement and took the lead in setting up lifesaving services in displacement sites following fighting in Wau, Western Bahr el Ghazal. After the July crisis in Juba, UNICEF provided a multi-sector response, in many cases through direct assistance, as most partners' international humanitarian staff had been evacuated. UNICEF also directly delivered lifesaving basic health; nutrition; water, sanitation and hygiene; and protection services through 19 Integrated Rapid Response Mechanism missions in 2016, in partnership with the World Food Programme, reaching over 225,000 beneficiaries by 31 December.

During the course of 2016, UNICEF and its partners have treated 208,502 children for severe malnutrition; Vaccinated a total of 3,183,468 children against polio under the Global Polio Elimination Initiative; Treated 1,997,642 individuals - including 715,990 children under five for Malaria; Provided access to safe drinking water to 939,702 people, and access to sanitation facilities and services to 281,951 people; Reached 313,832 children with education services; and Provided about 718,744 children with critical child protection services, including psychosocial support and family tracing.

UNICEF leads the WASH, Nutrition and Education humanitarian clusters in South Sudan, as well as the Child Protection sub-cluster. Within the Health cluster, UNICEF provided leadership on vaccination, communication and social mobilization. UNICEF also supported the core supply pipelines for the Education, WASH and Nutrition clusters, providing essential humanitarian supplies to over 130 partners.

By the end of the year, implementation of the dry season contingency plan was well underway, with supplies prepositioned in UNICEF and partner warehouses across the country, to ensure that enough supplies would be available to support programme implementation throughout the wet season. In December 2016, updated contingency plans were in place for all states and field offices.

Despite the scaled up efforts and the substantial gains that have been made in 2016, humanitarian needs continue in 2017 with more than 4 million children in need of protection and assistance across the country. With the current needs far outstripping the funding available, the lives of tens of thousands of children are at risk.

2.0 Humanitarian Context

2.1 Country Situation

Four years into the current conflict, South Sudan is at risk of losing a generation of children. Despite the signing of a Peace Agreement in August 2015, the situation of children has worsened in 2016 compared to 2015. An estimated 7.2 million people in South Sudan were affected by armed conflict, inter-communal violence, economic decline and disease outbreak. This includes over 1.89 million displaced people and over 1.5 million refugees since December 2013. Children comprise almost 70 per cent of refugees.

Fighting between Government and Opposition aligned forces that started on 8 July in Juba resulted in heavy casualties and mass displacement. Over 200 people, including civilians, were killed during the fighting, which also caused new displacement of over 50,000 people (mainly children and women) from their homes to UN compounds, schools and places of worship in Juba. Meanwhile the conflict spread to previously stable parts of the country, including the Equatorias.

As the security situation continues to deteriorate in the Greater Equatoria region, the number of South Sudanese fleeing into neighbouring countries continues to rise. Since July 2016, more than 394,500 refugees have entered Uganda alone; over 86 per cent of the refugees are women and children. While Greater Upper Nile (Jonglei, Upper Nile and Unity states) used to be considered the main conflict affected region in South Sudan, approximately 56 per cent of South Sudanese refugees are now from the three states of Greater Equatoria. In Wau, the security and humanitarian situation also deteriorated in 2016. Following fighting between the SPLA and armed groups associated with the SPLA in Opposition, over 65,000 people were displaced and sought shelter in the UN Protection of Civilian (PoC) site as well as in churches in Wau.

Mass displacement and ongoing insecurity with limited to no access by humanitarian actors has created a severe food crisis. Central and southern Unity were the most-affected, with thousands of civilians continuing to hide deep in the bush or on small islands for protection, with few food sources, resulting in food security and nutrition reaching near catastrophe levels. Northern Bahr el Ghazal and parts of Central Equatoria also reached emergency levels. With insecurity restricting access for humanitarian assistance in many of these areas, the population have exhausted their coping mechanisms. As regular livelihood activities continue to be disrupted across the country and with food availability constrained, high levels of acute malnutrition are expected in the first half of 2017, with more than quarter of a million children likely to be affected by severe acute malnutrition.

As the humanitarian crisis in South Sudan deepened and spread to all regions, the operating environment remained highly complex. Bureaucratic procedures slowed the delivery of humanitarian assistance, as did an increase in the denial of humanitarian access, as well as attacks targeting humanitarian convoys and UN and NGO compounds and workers. Transported supplies were looted and hampered by insecurity. The current operating environment is further complicated by an increase in the number of different armed groups that have emerged, making access negotiations even more difficult. South Sudan maintained its UN system-wide Level 3 (L3) status, reserved for the most severe, large-scale humanitarian crises in the world. A further extension has been granted to June 2017 recognizing the dire humanitarian situation for children in the country.

Horrific violence and human rights violations, including sexual violence, continue to be reported. During 2016 a total of 1,025 incidents of children's rights violations affecting 23,489 children were documented. Communities' ability to keep children safe from violence, abuse and exploitation are stretched to their limit. There are over 800,000 children believed to be affected by psychosocial distress; the number of registered unaccompanied, separated and missing South Sudanese children has climbed to 37,000; sexual violence is widely pervasive and while 1,755 children were released from an armed group, there are now almost 17,000 more children who are being used by armed forces and groups. Nearly a third of the incidents were documented in Greater Equatoria, more than twice the figure of 2015.

The ongoing insecurity has also had a devastating impact on the health and education of children. During the second and third quarters, South Sudan experienced an upsurge in malaria cases, from over 100,000 cases per month to a peak of over 222,000 cases. Approximately 40 per cent of cases were among children under five years of age. The health and nutrition situation has been compounded

by the economic crisis, both in terms of rapidly increasing food prices and lack of food in markets, but also the inability of families to afford safe water causing people to revert back to the use of untreated water. The ongoing crisis has aggravated an already difficult education situation in South Sudan, more than half the country's children (51%) are out of school, the highest proportion in the world. In conflict affected areas, nearly one in every three schools has been destroyed, damaged, occupied or closed.

2.2 Purpose of the 2016 Emergency Appeal

In response to the complex humanitarian needs faced in 2016, the humanitarian community developed and revised the 2016 Humanitarian Response Plan (HRP) through which the needs of 6.1 million emergency affected people were meant to be met. UNICEF's humanitarian needs as reflected in the \$1.3 billion HRP stood at US\$123.7 million. Given the fact that the full extent of UNICEF South Sudan's humanitarian needs were not included in the HRP, the overall 2016 humanitarian requirement as reflected in the 2016 Humanitarian Action for Children was \$US165 million.

As in past years, UNICEF was heavily involved in the preparation, coordination and finalization of the Humanitarian Response Plan. As cluster lead for WASH, Nutrition and Education, and sub-cluster lead for Child Protection, UNICEF works with partners to identify and quantify emergency needs in the country; develop common objectives, indicators, targets and strategies to achieve results; coordinate project preparation; review and prioritize; develop overall plans; collectively monitor the progress against the annual work plan and reports to OCHA at mid-year and year-end.

3.0 Key Results in 2016

3.1 Health

Despite the challenging context in South Sudan in 2016, 1,481,117 beneficiaries received primary health care services of which 557,588 were children under the age of five.

UNICEF played a key role in the provision of vaccine and spearheading the social mobilization activities through partnerships with Ministry of Health, WHO, and other implementing partners across the country. A total of 2,084 measles cases were reported in 2016 during 15 outbreaks; with 20 recorded deaths. Outbreak response campaigns were undertaken in the affected areas. Supplemental immunization activities have also been carried out in original conflict affected areas, at PoC site entry gates, and within host communities in areas that have been cut-off from services. Through the integrated vaccination campaign and RRM, 609,855 children in the conflict-affected states were vaccinated against measles, while 1,393,103 children were vaccinated against polio.

UNICEF continued to be a major player ensuring that robust preparedness measures are in place for endemic disease outbreaks and upsurges such as measles, polio, malaria, and cholera. Adequate supplies were procured and prepositioned, and staff were deployed in areas with emerging humanitarian needs through displacement and disease outbreaks. Whenever necessary, the RRM modality was employed to reach beneficiaries who were cut off from services. As part of an integrated UNICEF response, sector-specific activities were also carried out in Wau (June), Juba (July), Northern Bahr el Ghazal (September), and Yei (October).

Malaria transmission occurs throughout the year and is a leading cause of morbidity and mortality across South Sudan; however, during the second and third quarters, South Sudan experienced an upsurge in malaria cases, from over 100,000 cases per month to a peak of over 222,000 cases. Approximately 40 per cent of cases were among children under five years of age. This upsurge is probably due to population displacement, which increased vulnerability because of poor shelters, environmental conditions, access to treatment and reporting of cases. By the end of October, 1,997,642 individuals – including 715,990 children under five – had been treated for malaria countrywide, a 4 per cent increase compared to 2015 as a whole. Of all the cases treated, 547,494 (27%) were treated with direct UNICEF support at both community and facility levels. UNICEF scaled up integrated malaria prevention and control activities, including indoor residual spraying (IRS) and larviciding activities, along with distribution of 235,374 long-lasting insecticide treated nets (LLITN), and prompt treatment of cases among the most vulnerable communities.

To respond to the Cholera outbreak in 2016, robust preparedness measures were put in place in 11 identified high risk counties across 5 states and at least 1,500 cases directly benefited from UNICEF support through case management at the ORP level. UNICEF through partners ensured Critical supplies (Diarrhoeal Disease Kits, Oral Rehydration Solution, tents and beds) were procured and prepositioned at county level, supplies were distributed to 45 possible ORP sites, a total of 222 frontline health workers were trained in cholera case management at both referral and referring facilities. The decrease in the case fatality rate from 2.6 per cent in 2015 to 1.78 per cent in 2016 was also attributable to these preparations and the more intensive integrated community-level interventions that emphasised heightened community surveillance for early case detection.

As the crisis in the country deepened, the operating environment facing UNICEF and health partners became increasingly difficult. Flight safety clearances and lengthy bureaucratic procedures for transportation hindered the provision of much needed life-saving supplies to affected communities. Local capacity is also very limited; over 200 health facilities have been damaged and over 30 per cent of health workers have fled for safety. UNICEF's achievements in 2016 were made possible through the development of strategic partnerships with government, donors and implementing partners; direct service delivery through the RRM; and the prepositioning of key supplies. However, due to insecurity, the humanitarian aid, notably vaccination against measles and distribution of mosquito nets could not meet the planned targets as per the table below (3.1.1.).

3.1.1 Key Indicators Table for Health

	Cluster 2016 ¹		UNICEF and partners for 2016		
	Target (Jan-Dec)	Results (Jan)	Target ² (Jan-Dec)	Results (31 Dec 2016)	Performance %
HEALTH					
# of children 6 months-15 years in humanitarian situations vaccinated for measles			1,117,904	609,855	54.5%
# of long-lasting insecticide treated nets (LLITN) distributed			400,000	235,374	39.2%
# of preventive and curative consultations provided to children under 5 years			600,000	557,588	92.9%

3.2 Nutrition

In 2016, UNICEF facilitated management of severe acute malnutrition integrated with an infant and young child feeding (IYCF) component, micronutrient supplementation and provision of critical nutrition services. It also provided technical assistance and support for finalization of nutrition guidelines and strategies, contributed to the Food Security and Nutrition Monitoring System (FSNMS); and conducted a SMART survey, urban assessments and IPC analysis of acute malnutrition.

In 2016, children with severe acute malnutrition received continuous treatment because of nutrition supplies prepositioned in state warehouses. Regular monitoring was conducted in conflict-affected states. Overall, states with warehousing facilities did not experience stock-outs so services continued though recurring insecurity in some areas caused obstructions. UNICEF and 47 cluster partners supported the treatment of 218,504 children with SAM nationwide, and UNICEF programming achieved an 86.3 per cent recovery rate for children enrolled in the severe acute malnutrition treatment, well above the international sphere standard of 75 per cent. In addition, 86 per cent of targeted children with severe acute malnutrition were reached with treatment throughout the year (with the exception of some challenges faced during the July conflict, which caused prolonged delays in transportation of nutrition supplies from Uganda into South Sudan).

¹ WASH and Education Clusters and Child Protection Sub-Cluster compile cluster partners' results monthly. To provide an up-to-date snapshot, UNICEF may report tentative results bi-weekly before compiled by the Clusters.

² UNICEF's targets for child protection and education are higher than those fixed in the Humanitarian Response Plan (HRP) as UNICEF's requirements in HAC are higher than those in the HRP.

Inappropriate infant and young child feeding (IYCF) practices is the most serious obstacles to preventing malnutrition. UNICEF supported capacity building efforts in IYCF in 2016 for Ministry of Health and NGO personnel nationwide. A total of 2,990 staff, primarily from NGOs and state Ministries of Health, have been trained by the master trainers. A total of 735,819 pregnant women and mothers with children under two years were reached with key MIYCN messages during individual counselling sessions, and a further 650,146 people (including over 6,000 men) were reached through group counselling.

During the second round of National Immunization Days campaign in 2016, 2,370,989 children aged 6-59 months received vitamin A supplementation and 1,841,228 children aged 12-59 months received deworming tablet. A total of 17,871 women received multiple micronutrient tablets in Lakes, Eastern Equatoria and Upper Nile during antenatal clinic sessions.

Despite the substantial progress that was made, the nutrition response continued to be constrained by the on-going conflict, poor infrastructure, access constraints in Greater Upper Nile and the spread of fighting to previously stable Equatoria States. However, in 2016 UNICEF's unique partnership with WFP continued to scale up nutrition interventions and ensured that communities in these hard-to-reach locations (especially children under five) could access life-saving nutrition services through the Rapid Response Mechanism (RRM). UNICEF and WFP jointly conducted 24 RRM missions in 24 locations in 2016 and screening 61,181 children and 15,354 pregnant and lactating women (PLW) for acute malnutrition. Of the children screened, 985 had SAM and 3,863 had MAM. Those children were either treated or referred to the nearest OTP or TSFP sites for treatment. Similarly, a total of 769 acutely malnourished pregnant and lactating women were identified and referred for treatment. In addition, more than 4,600 children aged 6-59 months also received emergency food rations in Yei, Central Equatoria state through an RRM response. The number of SAM treatment sites increased from 299 pre-crisis to 559 which are currently functional. Nutrition services are increasingly integrated with almost a third of sites are now integrated into health facilities. Half of all nutrition service centres provide treatment for both SAM and MAM, improving the continuum of care ensuring children with acute malnutrition are identified and treated through recovery.

UNICEF is the lead nutrition cluster agency and contributes two positions to support coordination of the nutrition partners in South Sudan. These posts include the Nutrition Cluster Coordinator and the Information Management Specialist. As Nutrition cluster lead, UNICEF is responsible for maintaining the nutrition pipeline for the cluster partners. UNICEF, through donor support, procured, prepositioned and delivered supplies to treat children with SAM including ensuring the pipeline of ready-to-use therapeutic food (RUTF). In 2016, over 40 partners continue to participate in the nutrition response coordination meetings in the country including preparing the nutrition response plan and regular coordination meetings bi-weekly at the national level. Similar coordination efforts happen at the state level with UNICEF personnel as chair for the sub-nutrition clusters. The nutrition cluster works closely with OCHA in terms of coordination of nutrition response efforts across the country and mobilize additional emergency resources through OCHA.

3.2.1 Key Indicators Table for Nutrition

	Cluster 2016		UNICEF and partners for 2016		
	Target (Jan-Dec)	Results (Jan)	Target ³ (Jan-Dec)	Results (31 Dec 2016)	Performance %
NUTRITION ⁴					
# of targeted children 6-59 months with severe acute malnutrition (SAM) admitted to therapeutic care	205,218	212,002	253,506	218,504	86.1%
% of exits from therapeutic care by children 6-59 months who have recovered	>75%	86.2%	>75%	86.3%	-

³ UNICEF's targets for child protection and education are higher than those fixed in the Humanitarian Response Plan (HRP) as UNICEF's requirements in HAC are higher than those in the HRP.

⁴ 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. Complete results of nutrition interventions will become available in February when partners' reports are compiled and validated.

# of pregnant and lactating women with access to infant and young child feeding (IYCF) counselling for appropriate feeding	567,366	1,027,985	567,366	735,819	129.6%
--	---------	-----------	---------	---------	--------

3.3 Water, Sanitation and Hygiene (WASH)

In 2016, UNICEF continued to play a pivotal role in WASH emergency response, building capacity for more effective response through its leadership of the WASH cluster and fulfilment of the Core Commitment for Children through direct interventions in emergencies. UNICEF continued to support communities in conflict-affected and epidemic-prone areas to improve their access to equitable and sustainable WASH services. Despite the ongoing conflict and worsening economic crisis, UNICEF made significant gains in the delivery of essential WASH services to vulnerable and emergency-affected communities. Provision of safe water is a cornerstone of UNICEF's initiative to support Guinea-worm eradication efforts. In 2016, 14 new boreholes were drilled and/ or rehabilitated in areas of South Sudan where Guinea worm is endemic. This has directly contributed to a steady decrease in Guinea-worm cases in South

This is particularly important as over 60 per cent of the population is estimated to have reverted to using untreated water sources as they could not afford to buy safe water due to the deteriorating economic situation. In collaboration with WASH Cluster partners and local authorities, or, where necessary, through direct implementation, 742,221 people have been reached with safe water supply and 252,764 with safe sanitation.

However, gains achieved in recent years were significantly affected by the upsurge in fighting, which resulted in further destruction of wash facilities in Juba, Wau, Torit, Yei, Yambio and their surrounding areas. The situation was further complicated by the July 2016 cholera outbreak that is still continuing in many parts of the country. Due to the many challenges, UNICEF focused on identifying and working with organizations at the grassroots level, to reach more remote areas and ensure the sustainability of facilities. The training of water committees was also important to the sustainability of WASH facilities. Where partners were not operational, UNICEF used RRM to provide 194,641 people with WASH supplies; 184,460 people with hygiene promotion messages and 145,417 with access to safe water supply who would not otherwise have accessed services. Other direct implementation included working with private contractors/service providers, particularly in PoCs and IDP sites for services such as water trucking, garbage collection and sewerage desludging.

The integration between WASH and GBV programmes continued to be strengthened in 2016 ensuring that all WASH facilities are designed and implemented taking gender needs into consideration. Gender segregated latrines were constructed to ensure dignity and privacy for women and girls using semi-permanent materials and providing locks on the doors. Colour coding ensures that men and women used different facilities appropriate to their gender. In schools, sanitary blocks were constructed to give girls an additional space for menstrual hygiene management.

As Cluster lead, UNICEF reinforced the effectiveness of the WASH Cluster Coordination system by providing adequate capacity in terms of a dedicated WASH Cluster Coordinator, Information Management Officer and a Monitoring and Evaluation Officer at the national level. Training was provided to state WASH Cluster focal points to strengthen their capacity in supporting partners. As lead agency of the WASH Sector, UNICEF supported sector coordination through training and facilitation of various Technical Working Groups and information sharing with the WASH Donor Group.

3.3.1 Key Indicators Table for WASH

	Cluster 2016		UNICEF and partners for 2016		
	Target (Jan-Dec)	Results (Jan)	Target (Jan-Dec)	Results (31 Dec 2016)	Performance %
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)	2,400,000	1,946,046	610,000	742,221	122%

# of target population provided with access to appropriate sanitation facilities	1,200,000	589,536	365,000	252,764	69%
--	-----------	---------	---------	---------	-----

3.4 Education

The ongoing crisis has aggravated an already difficult education situation in South Sudan, with low rates of enrolment, limited girls' participation in schooling and poor school infrastructure. More than half the country's children (51%) are out of school, the highest proportion in the world. Nearly one in every three schools in conflict affected areas has been destroyed, damaged, occupied or closed. In 2016, more than 30 schools are reportedly still being used for military purposes. Meanwhile, many teachers are no longer working because of delays too, and non-payment of salaries, and comparatively low pay. Many teachers leave seek employment opportunities outside of the school system or do additional jobs compromising the quality of education. Around 16 percent of schools lost more than a month of schooling in 2016, almost double the proportion in 2015.

In response, UNICEF's Back to-Learning (BtL) Initiative, launched in 2015, has continued to revitalize communities and bring children "back" to the education system and learning. In 2016, UNICEF and partners reached 313,832 children (M: 194,576; F: 119,256) with education services, and trained 8,992 teachers, 3,275 parent-teacher association and school management committee members, and other education personnel to deliver education in 299 temporary learning spaces across ten states. UNICEF provided schools with 281,000 textbooks and teacher guidebooks to benefit over 300,000 children and 7,500 teachers. Customizing children's and teachers' kits in Schools in-Boxes for the country and procuring them locally was a step towards building national capacity to procure supplies cost effectively, build national capacity and ensure appropriateness. In 2016, UNICEF also printed and distributed 393,000 textbooks for grades P1-8 and ALP along with teacher's guide for all subjects.

Through active cluster leadership in the education cluster, UNICEF provided technical capacity building to partners and identified key gaps in remote areas, including those reached through the RRM. UNICEF supported the Education cluster through funding of the Education Cluster Coordinator and Information Management Officer. Throughout 2016, needs, gaps and priorities for response have been identified and communicated to Education cluster members through: 1) Mobilization of partners to participate and collect education data in Initial Rapid Needs Assessment (IRNA); 2) Analysis of assessment reports from partners secondary data review (SDR); 3) Exchange of information and identification of partners in bilateral and Education cluster meetings. By the end of the year, an assessment of the status of Education was carried out across the country with representative samples. A new prioritization database was developed on the basis of lessons learnt from the assessment, using a composite index of severity indicators which can reliably be collected in South Sudan.

The main challenge in EiE has been a lack of experienced NGO partners on the ground, technically competent and committed to conflict-sensitive programming. Relevance, effectiveness and efficiency of the response by cluster partners was monitored through field missions by the Education Cluster Coordinator and other key staff. This resulted in the development of a "Partners Risk Rating" matrix used by the cluster and Education section to prioritize or de-prioritize partners.

The renewed conflict in July in Juba and elsewhere in the country, and heightened insecurity that followed forced almost all of UNICEF's education partners to stop project implementation for 2 -3 months. Despite the constraints, the targets of the key education indicators could be reached.

3.4.1 Key Indicators Table for Education

	Cluster 2016		UNICEF and partners for 2016		
	Target (Jan-Dec)	Results (Jan)	Target (Jan-Dec)	Results (Dec 2016)	Performance %
EDUCATION⁵					

⁵ Results of education activities will be reported in February when schools re-open after vacation.

# of children and adolescents 3-18 years provided with access to education in emergencies	494,680	377,197	325,000	313,832	96.5%
# of teachers and members of parent-teacher association (PTA) and school management committee (SMC) trained	15,620	13,210	10,000	9,269	92.6%

3.5 Child Protection

The year was marred by renewed fighting and insecurity; placing more children at risk of violence and abuse. Persistent conflict coupled with worsening food insecurity and grave child rights violations continued to stretch the capacity of communities to keep children safe from violence, abuse and exploitation. It is estimated that over 876,000 children are experiencing some form of psychosocial distress.

A further 37,000 South Sudanese children have been separated from their families across the region, including over 14,000 who have been registered as separated, unaccompanied or missing within the country. If these children are not returned to safe, family based care environments, they face increasing risks of child recruitment, child marriage, exploitation and other forms of violence.

Throughout 2016, UNICEF responded to extremely vulnerable children and victims of rights violations in the current emergency context. Sexual violence remains pervasive and requires emergency response services and risk mitigation measures. UNICEF supported GBV prevention and response activities in a number of locations including Juba, Mundri (Western Equatoria), Bor (Jonglei) and Wau (Western Bahr Ghazal.) After broke out in Wau in June 2016, UNICEF provided emergency response support to survivors of GVB through case management, psychosocial and referral services. Four new Women and Girl Friendly Spaces were opened in Wau in the displacement sites reaching 2149 girls and 3571 women. In 2016, UNICEF supported training for 299 service providers on survivor-centred response to gender-based violence (GBV), including 178 medical professionals who received training on clinical management of rape (CMR). UNICEF supported GBV activities reached a total of 124,023 individuals throughout South Sudan in 2016.

Grave child rights violations continued to be reported through the MRM in 2016, approximately 17,000 children have been recruited or used by armed forces and groups since January 2014. The National Disarmament, Demobilization and Reintegration (DDR) Commission, with UNICEF support, secured the release of 120 (145) boys from the Cobra Faction and 25 boys from the SPLA-IO in Pibor, as well as 20 from the Government aligned forces in Unity. These children were reunified with their families, and they are receiving reintegration packages and services, with other children identified as vulnerable in the local host communities. While some children are being released from the armed forces, more children continue to be recruited and used in other parts of the country. The reintegration of released children remains a fragile opportunity. In Pibor, for example, there are virtually no basic social services for these children. A multi-sectoral, multi-year investment in education, WASH and health, to complement the socio-economic reintegration services is required.

In 2016, 1,025 incidents of grave child rights violations in South Sudan were reported through the Monitoring and Reporting Mechanism (MRM). Nearly a third of all incidents were in the Equatorias; more than double the number of incidents documented in 2015. Over three-quarters of the incidents in the Equatorias were documented after July 2016. Attacks on schools and health incidents of attacks on schools and 30 attacks on health facilities and medical workers. The incidents included attacks on schools and health clinics in the POC site in Malakal and in Pibor during armed clashes. Medical facilities were also looted as armed forces and armed groups passed through and engaged in fighting in several villages in the Equatorias.

Against this backdrop, UNICEF has sought to further strengthen its field presence to better predict and respond to implementation barriers and it has adapted its strategy to include direct service delivery where necessary. A new staffing structure has been agreed for the child protection section during the country program strategy for 2016-2018. Whilst short-term surge staffing was used in the first half of 2016, it is apparent that continued, intensive levels of technical support is needed to support partners to respond. Consequently, additional technical specialists have been recruited at the national and state levels to ensure that UNICEF is ready to provide this support.

Additional efforts to support Government child protection initiatives included delivering birth notification services to 60,997 under-fives (33,074 girls and 27,923 boys) in selected healthcare facilities. The National Psychosocial Support (PSS) Task Force led by UNICEF has increased its use of locally-appropriate activities and materials to promote more culturally-relevant, sustainable PSS interventions that are initiated and led by community based actors. Dramatic improvements in Family Tracing and Reunification (FTR) results in 2015 and 2016 were partly due to intensified UNICEF support for the National FTR Lead Agency, with greater emphasis on case management and an improved inter-agency networking for family tracing.

UNICEF also provided support to Mine Action partners who delivered mine risk education (MRE) to 281,682 people (223,514 children and 58,168 adults) in Upper Nile and Central Equatoria including rolling out MRE in functional schools, temporary learning spaces, child-friendly spaces, and other community locations affected by landmines or ERWs.

In addition, UNICEF has sustained its leadership role in the coordination of the child protection sub-cluster investing in a Cluster Coordinator who enabled the Cluster to track progress, analyse results, identify gaps and make the strategic shifts required for a coherent and evidence based response. UNICEF also led the Upper Nile State GBV sub-cluster. UNICEF also co-chairs the UN Country Task Force for Monitoring and Reporting. In addition, UNICEF partnered with the ministries responsible for gender and child welfare, health, and justice, the NDDRC, and around 30 civil society organizations to ensure that broader child protection services are delivered and to promote capacity building of Government institutions where the Child Protection program supported the implementation of the above mentioned interventions through existing implementing partners and coordinated the implementation with the Protection Cluster and the sub-clusters for Child Protection and Gender Based Violence.

3.5.1 Key Indicators Table for Child Protection

	Cluster 2016		UNICEF and partners for 2016		
	Target (Jan-Dec)	Results (Jan)	Target (Jan-Dec)	Results (Dec 2016)	Performance %
CHILD PROTECTION					
Children and adolescents reached with critical child protection services	731,218	700,000	610,000	693,067	114%
People receiving GBV prevention and response services			120,000	124,023	103%

4.0 Resilience

As seen over years, crisis in South Sudan affects its people in two ways- by the crisis itself and post crisis disease outbreaks and economic turbulence. So any programme targeting resilience building ideally targets peace building, disease outbreak preparedness and social security.

UNICEF continued strengthening communication for development activities, through its partners, conducted school level orientations promoting expected behaviour change to withstand disease outbreak like cholera. Social mobilizers visited and oriented more than 3 schools per week in his/her assigned area providing key messages on cholera, immunization, safe water, malaria prevention, peace building, nutrition, gender mainstreaming, family reunification and continuation of education during emergency. They used booklets, poster, banners, flipcharts and hands on demonstration. Community drama and folksong shows were also organized by enhancing the capacities of mobile theatre professionals using participatory theatre approach and forum theatre to empower communities to better know, claim and fulfil their rights

UNICEF's ongoing Communities Care Program - the main focus of the program has been to alter individual behaviors, collective practices and widely held beliefs that contribute to sexual violence

against women and girls. C4D has made tremendous strides in pushing the resilience agenda in GBV prevention by developing and disseminating Information, Education and Communication (IEC) materials to support implementation of the IASC Guidelines on Integrating Gender-based Violence Interventions in Humanitarian Action, a resource that provides guidance for all sectors of humanitarian response to integrate GBV risk mitigation into their programming. More importantly, C4D and CP have worked intensively on radio programming on GBV awareness through a partnership with Voice for Change and Spirit FM to further disseminate GBV prevention messaging to reduce risk and ensure women and girls are provided services and a protective environment. The process of shifting social norms has been intensive in ensuring the involvement and buy-in of key decision makers, stakeholders and agents of change of both genders through community based organizations. C4D has worked with CP to ensure that the whole community; men, women, boys and girls alike benefit from the creation of healthier, safer and more peaceful communities in which all members enjoy their right to live free from violence is a powerful means to promote buy-in among stakeholders. The process has been guided by “pathway of change” based on evidence and experience from GBV programming and other programs that have used social norms change for GBV prevention in other contexts.

Social mobilizer through house to house visits, community meetings, and different stakeholders’ orientation. Last year, as a part of cholera outbreak response, 1455 volunteers reached 1.3 million people through house to house visits, 216,606 students through school orientation and additional . They have also reached additional 1.2 million people through other interventions like community meetings, market intervention, water point intervention, public announcement, display of IEC materials. Other programmes like “Polio outbreak response” has even higher reach.

Besides channels for interpersonal communication, radio played a pivotal role in resilience building. Despite the fact that it is comparatively lower coverage than interpersonal communication channels, it transmit messages more effectively with due details in a more entertaining way. UNICEF has effectively utilized 32 mainstream and community radio channels throughout the year promoting peace building, WASH, immunization, education, nutrition, child protection etc. through songs, talk shows, spots and announcements in four languages reaching minimum 1.5 million people every day.

All these interventions facilitated community in reducing frequency of manmade crisis, survive in post crisis disease and hunger, and continue education of their children.

5.0 Monitoring and Evaluation

In response to the conflict and the deteriorating situation of children, UNICEF has scaled up its humanitarian interventions to reach as many affected children as possible. The programme was spread broadly across the conflict-affected states and included service delivery, community mobilization, some emergency-related capacity development of partners and communities, and direct implementation modality under the joint UNICEF-WFP Rapid Response Mechanism to increase coverage to hard-to reach areas. Additionally, UNICEF continues to provide recovery/systems strengthening in other States not directly affected by the ongoing conflict.

Field monitoring has been considered one of the most important quality assurance measure in the implementation of the humanitarian responses. Field monitoring triangulates results reported by UNICEF’s implementing partners, giving UNICEF and its partners a reality check of what is happening on the ground in the high risk environment. It allows UNICEF and its partners to identify bottlenecks and barriers to achieving desired programme results. While field monitoring has been part of programmatic tool, the sudden onset of conflict, and increased response along with its geographic spread has made it extremely difficult for the UNICEF staff alone to effectively undertake field monitoring of programme implementation. A third party monitoring has been implemented in 2015 – 2016. In areas that were not accessible by UNICEF staff, the third-party assurance activities served to extend the reach of UNICEF’s own human resource capacity, whilst in areas that were accessible by UNICEF staff, the third-party assurance activities were used as an independent source of information.

The implementation capacity of partners in financial management, monitoring and reporting varied considerably, and this has posed risks to programme implementation, and proper utilization of UNICEF’s resources. To track progress and improve the quality of service delivery, UNICEF invested in strengthening implementing partners’ monitoring capacity. Information was generated through regular implementing partner reporting, and analysis of routinely collected data and surveys. Need assessments, field missions, situation reports, and specially developed sector-specific monitoring

frameworks were also used to generate information for emergency responses. Cluster reporting mechanism was also used to assess service delivery progress as well as performance of partners. The data and information from partners in the field feed to the Sitrep, which is biweekly issued to inform donors and partners the current situation, achievement/progress and challenges from the ground.

6.0 Resources

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.

Table 1: 2016 Funding Status against the Appeal by Sector (in USD)

Sector	Requirements**	Funds Available Against Appeal as of 31 December 2016*	% Funded
Nutrition	31,100,196	36,796,838	-18%
Health	25,445,893	17,808,946	30%
WASH	43,665,500	31,669,367	27%
Child Protection	37,638,000	14,672,884	61%
Education	27,376,000	21,732,394	21%
Total	165,225,589	122,680,430	29%

* Funds received include cost recovery. ** The requirements noted above include the indirect cost recovery of 8% as per UNICEF's Executive Board decision.

Table 2: Funding received and available by 31 December 2016 by Donor and Funding type (in USD)

Donor Name/Type of funding	Programme Budget Allotment Reference	Overall Amount
I. Humanitarian funds received in 2016		
a) Thematic Humanitarian Funds		
See details in Table 3		1,713,314
b) Non-Thematic Humanitarian Funds		
USA USAID	SM150378	37,213,146
The United Kingdom	SM160378	14,159,963
European Commission / ECHO	SM160228	12,369,932
USA (USAID) OFDA	SM160038	6,000,000
Germany	SM160035	3,278,689
Japan	SM160091	3,100,000
Denmark	SM160006	2,907,822
USA (USAID) OFDA	SM160180	2,900,000
Denmark	SM160617	2,354,452
Norway	SM150551	2,334,267
Canada	SM160147	2,215,657
The United Kingdom	SM150608	2,110,065
The United Kingdom	SM150449	2,032,078
SIDA - Sweden	SM160392	1,184,834
USA (USAID) OFDA	SM160275	750,000
The United Kingdom	SM150586	481,627
USAID/Food for Peace	SM160243	453,459

Donor Name/Type of funding	Programme Budget Allotment Reference	Overall Amount
Republic of Korea	SM160609	300,000
Switzerland	SM160634	211,000
Czech Republic (The)	SM160602	117,739
Total Non-Thematic Humanitarian Funds		96,511,981
c) Pooled Funding		
UNDP - MDTF	SM160027	1,250,000
UNDP - MDTF	SM160480	900,001
UNDP - MDTF	SM160185	772,678
UNDP - MDTF	SM160271	614,990
UNDP - MDTF	SM160186	600,000
UNDP - MDTF	SM160478	600,000
UNDP - MDTF	SM160272	475,000
UNDP - MDTF	SM160479	444,008
UNDP - MDTF	SM160477	426,382
UNDP - MDTF	SM160187	400,003
UNDP - MDTF	SM160481	369,268
UNDP - MDTF	SM160476	314,992
UNDP - MDTF	SM160619	300,000
UNDP - MDTF	SM160031	249,931
UNDP - MDTF	SM160475	149,833
UNDP - MDTF	SM160446	61,632
UNOCHA	SM160209	2,500,000
UNOCHA	SM160262	1,118,552
UNOCHA	SM160214	859,344
UNOCHA	SM160208	750,000
UNOCHA	SM160245	453,868
Total of Pooled Funding		13,610,481
d) Other type of humanitarian funds		
In-Kind: USAID/Food for Peace	KM160008	3,172,230
In-Kind: USAID/Food for Peace	KM160006	2,009,497
In-Kind: United States Fund for UNICEF	KM160039	289,076
Total of other type of humanitarian funds		5,470,803
Total Humanitarian Funds received in 2016 (a+b+c+d)		117,306,580
II. Carry-over of Humanitarian Funds available in 2016		
e) Carry over Thematic Humanitarian Funds		1,078,192
f) Carry-over of Non-Thematic Humanitarian Funds		11,387,832
Total Carry-over humanitarian funds (e+f)		11,387,832
III. Other sources		0
Total other sources		0

Table 3: Thematic Humanitarian Contributions Received in 2016 (in USD)

Thematic Humanitarian Contributions Received in 2016	PBA Reference	Programmable Amount (in USD)	Total Contribution Amount (in USD)
United States Fund for UNICEF	SM1499101174	437,000	475000
Portuguese Committee for UNICEF	SM1499100833	313,503	340764
French Committee for UNICEF	SM1499101236	255,271	277469
United States Fund for UNICEF	SM1499100849	117,231	127425
United Kingdom Committee for UNICEF	SM1499101149	92,929	101010
Spanish Committee for UNICEF	SM1499101182	88,132	95796
Italian National Committee	SM1499101123	78,930	85794
German Committee for UNICEF	SM1499100974	48,833	53079
UNICEF-THAILAND	SM1499100895	47,030	51120
Luxembourg Committee for UNICEF	SM1499100881	40,328	43835
Australian Committee for UNICEF	SM1499101117	25,566	27789
United Kingdom Committee for UNICEF	SM1499101210	14,145	15375
New Zealand Committee for UNICEF	SM1499101197	10,884	11830
International On-line Donations	SM1499100752	6,465	7027
		1,576,248	1,713,313

7.0 Future Work Plan and 2017 Priority Actions

In line with the country's inter-agency 2017 HRP, UNICEF is requesting US\$181 million to meet the humanitarian needs of children in South Sudan in 2017. As the conflict continues in its fourth year and the coping mechanisms of the IDPs and the host communities are exhausted, additional resources are needed to ensure that UNICEF is able to respond to these escalating needs. Humanitarian needs are expected to increase in South Sudan, with on-going fighting and historically high levels of food insecurity and malnutrition. UNICEF will continue to adapt and innovate to reach the most vulnerable children and families. A flexible set of programme modalities – including rapid response, longer-term direct implementation, working through NGO partners, supporting community networks and building government capacity – will be used as appropriate by UNICEF staff working out of ten field offices.

UNICEF will develop local capacities and ensure accountability to affected populations by building on existing community networks and other community-based resources to assess, plan and implement the response. UNICEF co-leads the nutrition, education and water, sanitation and hygiene (WASH) clusters as well as the child protection sub-cluster, and is at the forefront of the humanitarian response in South Sudan. Where possible, resilience-based programming will bridge the humanitarian-development divide. Through the Rapid Response Mechanism (RRM), UNICEF will deploy integrated missions to hard-to-reach areas, providing life-saving support to otherwise inaccessible populations. The joint UNICEF-WFP Nutrition Scale-Up Plan will continue into its third year. The back-to-learning effort will build on the success of previous years and bring conflict-affected children, particularly girls, back to school. In 2017, UNICEF will focus on increasing the quality of education services and end-user monitoring. WASH interventions will provide access to safe water and improved latrine facilities. In health, UNICEF will focus on improving the quality of care in health care facilities and strengthening

immunization activities. UNICEF will continue to monitor and report on grave violations against children, advocate for respect for child rights and support family tracing and reunification efforts for unaccompanied and separated children. Social mobilization will be used to generate social and behavioural change.

8.0 Expression of Thanks

UNICEF South Sudan's humanitarian interventions in 2016 would not have been possible without the continued generous support from funding partners from both public and private sector. Acting as the "provider of last resort" and thereby saving thousands of lives that would have otherwise been lost, was possible because donors were willing to give un-earmarked and flexible funding allowing UNICEF South Sudan to determine where it could be used most effectively. Despite substantial progress, South Sudan remains one of the most difficult and dangerous countries for children. The renewal of conflict in July, and the violence that ensued has had a damaging effect on the children of South Sudan, already suffering immensely. In the face of growing food insecurity crisis, children are the first to suffer. Children in South Sudan are being threatened not only by a lack of access and capacity, but also by a lack of funds. With the current needs far outstripping the funding available, the lives of tens of thousands of children are at risk.

Like all children, the children of South Sudan have the right to be happy, healthy, and to reach their full potential. By providing them with these opportunities we invest not just in their futures, but in the future stability and growth of South Sudan. Despite substantial progress made during 2016, South Sudan remains one of the most difficult and dangerous countries for children. With the conflict now in its fourth year and with the current needs far outstripping the funding available, the lives of tens of thousands of children are at risk. In this current crisis, which is primarily a children's crisis, the sustained and generous support of our donors will be even more important to tackle the challenges and ensure that the priority needs of the children and women of South Sudan are met.

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

9.0 Annexes

9.1 Photo Essay

In Photos: The Children Fighting For an Education in South Sudan

By Kayla Ruble, February 22, 2016 | 8:40 pm

When fighting broke out in Nyaturo Diew's hometown almost two years ago in South Sudan her elementary school was destroyed. The violence in Bentiu forced the 11-year-old, who would like to work in a hospital someday, out of classes for a year. Fighting in the town also disrupted 12-year-old Tabitha Nyapuop's education, forcing her out of school for nearly two years. Nyapuop now says she wants to get the education her mother never had, and she hopes to eventually teach a new generation of children in the world's youngest nation.

Diew and Nyapuop are two of around 1.8 million school age children who have been kept out of school in the East African country — which gained independence from Sudan in 2011 — due to conflict that has gripped South Sudan since 2013, when fighting broke out between the government and rebel forces in Juba.



Nyaturo Diew in the Dawa Primary School in Bentiu Town, South Sudan. Photo via UNICEF

Fresh fighting was seen this week when clashes erupted at an internal displacement camp in the city of Malakal, killing at least 18 people and causing up to 26,000 people — more than half the camp's population — to flee. In total, the conflict has left more than 50,000 people dead over the last three years, nearly 2 million displaced, and 50 percent of children out of school — a higher proportion than in any other country in the world.

"I want my home to return to the way it was before, when people used to go to school and when there was peace," Diew said earlier this month, according to testimonies gathered by the United Nations children's agency UNICEF.

The girls are now attending school as part of a joint UN and South Sudan government initiative in Bentiu that has seen new elementary schools open throughout the country since the start of 2015. Children in South Sudan have been out of school, in some cases, for more than three years. For thousands of younger children, the conflict has prevented them from even starting school in the first place.



Twelve-year-old Tabitha Nyapuop at the Naath Primary School in the Bentiu displacement camp in South Sudan. Photo via Unicef

"A child not in school is a child robbed of her rights and her future," said Jonathan Veitch, UNICEF's Representative in South Sudan. "Societies will not function if we fail to educate our children." Around 360,000 children are now in school as a result of the program, with the aim to add another 500,000 this year, if UNICEF can raise the \$75 million required.

Meanwhile the continued violence is contributing to an environment where more than a hundred schools were destroyed, closed, or occupied in 2015 alone. Since the beginning of the year, tens of thousands of people have already fled their homes or displacement sites due to fighting and hunger in the country, which consistently appears among the lowest ranked nations on human development indexes.

Conflict is keeping an estimated 20 million children around the world out of school, but because education is not seen as a core intervention tool in emergency response, programs addressing this situation in war-torn countries like South Sudan are typically underfunded. The lack of access to education is just one example of how life for the people of South Sudan has stalled since the fighting began. From losing loved ones to being forced into displacement camps indefinitely, families' lives have been put on hold.



Haj Abdullah Kuol during class at the Dawa Primary School in Bentiu Town. Photo via UNICEF

"The entire population is stuck in limbo, but in the meantime children are growing up and missing out on fundamental education during their most formative years," said Juliette Delay, global communications officer for International Rescue Committee, during an interview with VICE News last month.

This week's fighting at a UN-managed displacement camp in Malakal was the latest incident showing the lack of security experienced by South Sudan's population, even those living in the so-called "protection of civilian" (PoC) sites run by the UN.

Clashes reportedly broke out on Wednesday between youths from the Dinka and Shilluk ethnic groups. The fighting lasted three hours and the UN said peacekeepers dispersed the crowd with tear gas. International medical charity Doctors Without Borders, or MSF, reported two of its staff members were among the 18 people killed, while their medical facility at the PoC site treated dozens of wounded people. Hundreds sought shelter in the building during the fighting. The national army entered the site the following day.

"This attack on civilians is outrageous and we demand that armed groups stop these actions", Marcus Bachmann, coordinator of MSF projects in South Sudan, said in a statement on Friday. "People came to the PoC looking for protection and this should be a sanctuary respected by all parties."

Around 48,000 people were living in the Malakal PoC before last week's clashes, while a total of 200,000 people live in similar sites around the country. Hundreds of thousand more are displaced and living in more informal conditions.



James Jidit Matai, 14, at the Hope Primary School in the Juba displacement camp where he lives with his uncle. Photo via UNICEF

Condemning the Malakal attack, the UN Security Council said the attack could constitute war crimes and urged the government to promptly investigate the attack, to ensure justice and hold those responsible for the attack accountable.

According to Ryan D'Souza, an Advocacy Officer at the Global Centre for the Responsibility to Protect, the latest violence is another example of the UN's inability to adequately protect civilians, including from abuses perpetrated by their own government. D'Souza stressed the importance of both keeping people safe and seeking proper accountability in order to end South Sudan's rampant impunity.

"People can't comprehend the horrendous situation," D'Souza said, adding that the humanitarian needs in South Sudan are unprecedented.

"The least they should be doing is protecting those inside the camps," he added, referring to the UN peacekeepers. "These people come to the bases because they think it's the only way they could be afforded protection."

9.2 Two pagers per donor contribution

See attachments

9.3 Donor feedback form

Report Feedback Form

Project title: Consolidated Emergency Report (CER) 2016

Grant number: SM149910

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: Nadia Ben Mohamed

Email: nbenmohamed@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

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

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

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

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!