

southern sudan

2024

consolidated donor report



For every child
Health, Education, Equality, Protection
ADVANCE HUMANITY





boys at the mangbondo community centre
photo editing, design and layout by michelle mathews
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southern sudan

2004

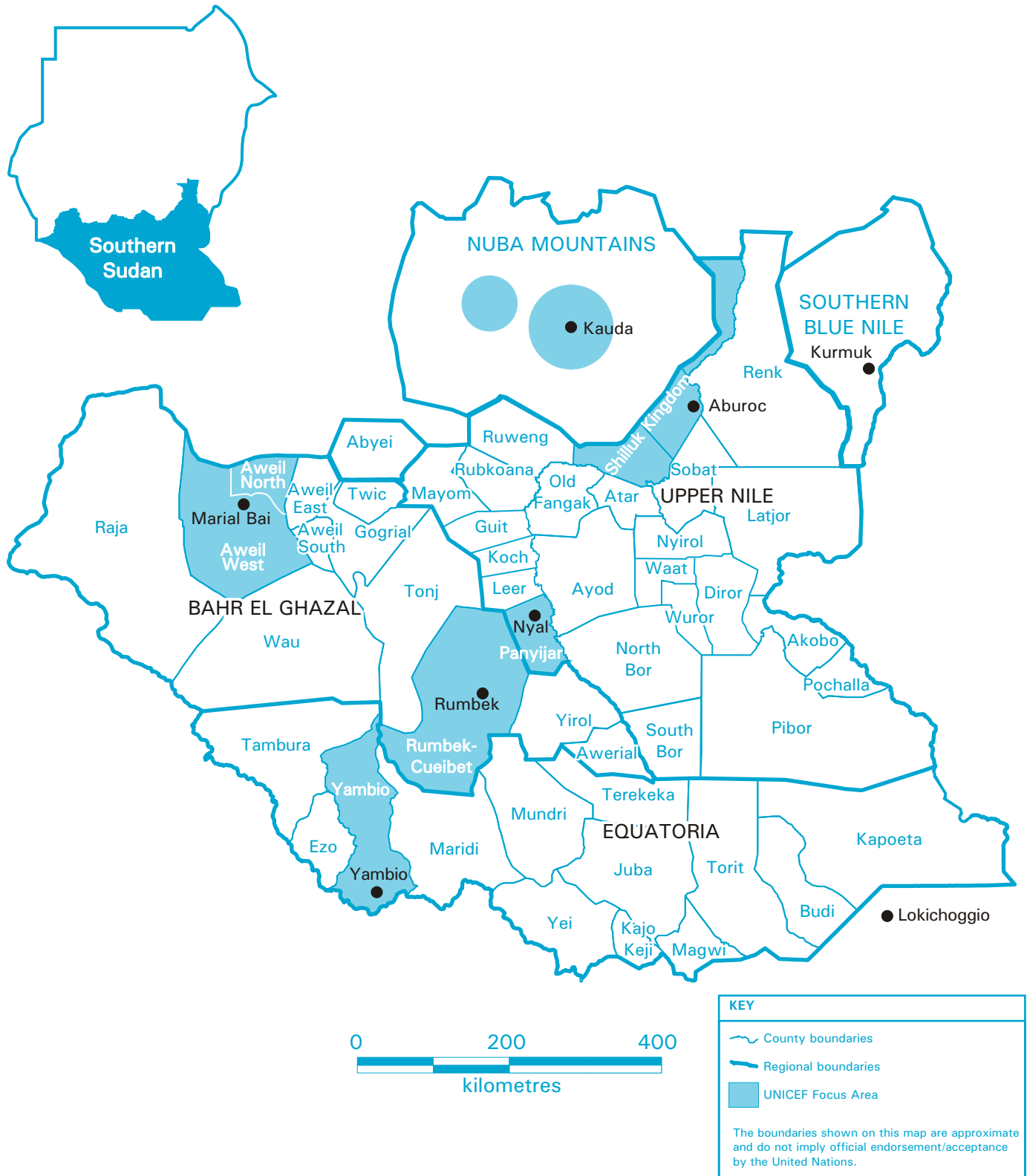
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southern sudan and unicef focus areas





a young boy at peace celebrations, rumbek, january 2005

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The year 2004 was an historic turning point for Sudan. Protracted peace negotiations finally bore fruit as the Government of Sudan (GoS) and the Sudan People's Liberation Movement (SPLM) signed an intricate **peace agreement** to share national power and resources and end 21 years of civil war. Southern Sudan in early 2005 is emerging from an uneasy period of "no war, no peace". The agreement is also widely thought to contain some of the elements needed to settle other political crises and conflicts elsewhere in Sudan, especially Darfur and the northeast.

The ability of UNICEF to make a lasting difference in the lives of children in southern Sudan has been to a great extent hostage to this prolonged peace process. UNICEF's role at the heart of Operation Lifeline Sudan (OLS) since 1989 has helped save hundreds of thousands of lives.

But as it enters a new chapter of its history, Sudan will need more than a lifeline. UNICEF, with donors and implementing partners in 2004, has been able to invest in longer-term programming, **capacity building** and preparations for peace and the upheavals that will come with the implementation of the agreement.

The **security situation and humanitarian access** remained relatively stable during 2004, and the continued growth of civilian counterpart institutions in key sectors such as health and education enabled more ambitious and coherent interventions beyond pure emergency relief. However, the final year of political negotiations presented a hiatus in some UNICEF plans. For example, large-scale cross-line child disarmament, demobilisation and reintegration (DDR) was not possible in 2004.

polio vaccine delivery by bicycle,
nyal



Nevertheless, with **strong donor support**, UNICEF has capitalized on the relatively tranquil environment during 2004 to reach more children than ever before with vaccinations, school supplies and safe water. These basic social services have been provided alongside numerous milestone achievements in influencing and facilitating policy development to protect and champion the rights of children and women.

Advocacy and policy development work resulted in an SPLM agreement to develop a comprehensive and inclusive Children's Act, as well as a child welfare policy for southern Sudan. More than 10,000 women, children and other stakeholders were consulted on the contents of the Act, which is based on international legal standards governing child protection. In addition, the GoS and the SPLM/A both committed to the release of all children in the armed forces as part of the final peace agreement. UNICEF has also successfully expanded the geographical coverage of **child protection services** in southern Sudan by supporting five new agencies (four of them Sudanese) to begin community based child protection work.

Since 2000, UNICEF has worked to increase **access to basic social services** in several focus areas — Rumbek, Yambio, Panyijar, Shilluk, Aweil North/West and the Nuba Mountains — while simultaneously implementing global programmes in all accessible areas of SPLM-controlled southern Sudan (such as routine immunization and maintenance of water points). Programme targets for these focus areas were generally met and sometimes exceeded during 2004, with the notable exception of Shilluk Kingdom where severe politically-instigated conflict constrained access for most of the year.

By providing essential medicines and supplies and training health workers, UNICEF provided access to **primary health care** for 1.3 million people in 2004. Routine **immunization coverage** continued its slow but steady improvement, while extra measles immunization campaigns have dramatically boosted the number of the children vaccinated — more than 823,000 children under fifteen were reached in 2004, compared to 290,000 in 2003. UNICEF provided **Vitamin A** capsules for distribution alongside polio campaigns for over 1.4 million children under five.

More than 200,000 people — double the 2003 number — received life saving information at **HIV/AIDS awareness** sessions. UNICEF developed an operational research framework to review current **maternal health care** services and train health workers at 18 facilities during 2005. Findings of the research will be used to create a comprehensive safe motherhood package for southern Sudan. In addition to reducing appalling maternal mortality rates, this initiative will introduce Prevention of Mother to Child Transmission (PMTCT) of HIV services to southern Sudan.

During 2004, UNICEF ensured **access to safe water** for an estimated 1.3 million people by creating new water sources and enabling the repair or rehabilitation of existing water points with training and spare parts. **Hygiene awareness** teams reached over 74,000 people with key messages on how to protect themselves and their children from waterborne diseases.

Nearly every school in SPLM areas and more than 412,000 children benefited from the distribution of basic **education materials** in 2004. Thanks to a variety of successful strategies to bring schools closer to young girls and to give older girls a chance to finish their education, **girls' enrolment** in primary school in UNICEF focus areas increased by 45% — with 16,300 more girls in school in 2004.

UNICEF also supported host communities to be able to absorb potentially massive **returnee arrivals** in 2005 with additional water, education and health facilities. Taking an early lead in this expansion, the Quick Start Community Improvement Programme provided a special funding mechanism for social service projects implemented by Sudanese NGOs, community based organizations (CBOs) and international NGOs. In 2004, more than 100 projects were funded with a wide geographical spread across southern Sudan, building local capacity, reaching underserved areas, and providing visible benefits to communities on the threshold of peace.

Although each of the sectoral programmes has a built-in **emergency response** element, UNICEF also distributed family shelter and relief items to about 25,000 people affected by emergencies during 2004. With core support from UNICEF, the OLS security operation continued to provide an essential safety net for all OLS staff members attempting to access vulnerable populations.

A key element in expanding service provision, targeting funding and assessing impact is a sound statistical starting point. UNICEF commissioned an expert demographer to analyze and review a wide variety of population estimates, as well as surveys and studies on **basic social indicators** for southern Sudan to arrive at some generally-accepted estimates as a starting point. The resulting document, *Towards a Baseline*, was published jointly with the SPLM New Sudan Centre for Statistics and Evaluation (NSCSE) and has provided a basis for socio-economic planning, monitoring and evaluation being conducted by the nascent local authorities, external actors such as donors and the World Bank, UN agencies and NGOs.

Even assuming a positive implementation of the peace agreement, UNICEF expects a turbulent and unpredictable political, security and humanitarian climate in 2005. Food security, vulnerability to disease outbreaks and the political environment remain fragile. Responding to priority needs in a rapidly changing environment while simultaneously supporting the peace agreement will require flexibility on the part of UNICEF, partners and the donor community.

UNICEF is better positioned to improve **malaria prevention and treatment** in the coming months with the supply of 90,000 treated bednets and the introduction of a new drug therapy to address chloroquine resistance. Lessons learned from the evaluation of past **child DDR** efforts are guiding preparation for large scale demobilisation and reintegration work in 2005. Programme weaknesses, such as HIV activities targeting and involving youth, have been identified and will be corrected in 2005. Improved supply and logistics operations should allow UNICEF to meet the many unique challenges of expanded operations in southern Sudan.

4 trends affecting children and women

In May 2004, the GoS and SPLM agreed on blueprints for sharing political power and national resources within a “**one-country, two systems**” formula. The status of three contested areas straddling north and south Sudan was also agreed. However, the **Darfur crisis** simmered, undermining confidence in the north-south peace process and diverting political and aid resources from the south. Negotiations on implementing the suite of agreements continued up to the end of December, culminating in two final agreements on implementation of security arrangements and general monitoring issues, including the role of the UN. The full package of agreements was signed on January 9 2005.

Against this political backdrop, the people of southern Sudan remained **mired in desperate poverty and exhausted by war**. Most were only cautiously optimistic about prospects for peace thanks to many false dawns in the past and a strong sense of oppression and injustice. But expectations are high for the impact that UNICEF and other external actors can have in contributing to a peace dividend. A recent survey by the National Democratic Institute in partnership with the NSCSE (December 2004) suggests the **priorities for the people of southern Sudan** largely coincide with UNICEF's programme areas: “There is a broad consensus on the short list of issues the GoSS [Government of South Sudan] will need to address urgently. Featuring highest for a majority of participants is education, followed by food, health care, clean water and security, as well as the settling of disputes...”

The **population** of SPLM areas in 2003 was estimated at **7.5 million** — excluding government-held towns in the south and the three contested areas of Nuba, Abyei and Southern Blue Nile - and is rising sharply with the return of hundreds of thousands of internally displaced people (IDPs) and some refugees coming back from neighbouring countries to the south.

UN agencies estimate that up to 400,000 people (over 50% children) returned to SPLM areas during 2004, far fewer than anticipated had a peace agreement been signed earlier, but already enough to strain the meagre resources of southern communities. **At least 500,000 more returnees are expected in 2005.**

Returnees, particularly women and children, face a barrage of risks and violations of their rights along the routes of return and in their final destination. Mechanisms to protect the most vulnerable are beginning to develop but urgently need to be strengthened. Efforts to establish a rapid family tracing system were hampered by lack of donor funding in 2004.

However, in many cases, those who are returning from other parts of Sudan or neighbouring countries are in fact better off than those who have stayed behind. An equitable response to returnee arrivals will have to take into account the needs of those who stayed behind and not introduce unbalanced entitlements. Resources provided by UNICEF in 2004 have been geared **to support the community as a whole**, while providing a safety net for the most vulnerable, regardless of their “category”.

Thanks to the ongoing negotiations, cessation of hostilities and relative calm amongst armed opposition groups in southern Sudan, daily life in many parts of southern Sudan went on peacefully in 2004. But the dismal effects of a generation of war mean that southern Sudan is one of the worst places on the planet to be or to raise a child.

IDP migration and the takeover of southern towns by the southern government will complicate the monitoring of quantitative progress towards the Millennium Development Goals until a census is undertaken. To cope with conflicting statistics, UNICEF and the NSCSE produced a landmark study (*Towards a Baseline*) in 2004 to provide credible estimates for **key demographic and social indicators**.

The report estimates that **one out of every four children dies before the age of five**, mainly from preventable or easily treated diseases. Acute malnutrition rates in children under five are among the highest in the world. Maternal mortality is astronomically high and access to health services, education and clean water is minimal. The survey, based on available literature, statistics and models, suggests that the long-running OLS relief effort in which UNICEF has played a leading role for 15 years, has nevertheless kept an even worse situation at bay.

Delivery of humanitarian assistance remained costly during 2004, due to the need to transport most inputs by air, but agencies were generally able to access populations in need with some notable exceptions: parts of Upper Nile controlled by pro-government militia; southern Blue Nile, where the GoS denied flight access for much of the year; and the Shilluk Kingdom, which suffered severe politically-instigated conflict. A deliberate attack on aid workers, including UNICEF staff, early in the year in Western Upper Nile underlined the fact that southern Sudan remains a **volatile environment** for the delivery of assistance.

Thawing north-south relations allowed various **"cross-line" activities** to gain momentum, including mine clearance. By December, the GoS had agreed to extend demining activities that have so far been focused on major road corridors in the south and the Nuba Mountains. The next stage should enable the opening of routes for aid and trade across frontlines connecting the largely rural SPLM areas with formerly government-held towns in the south. A curriculum and other learning materials for Mine Risk Education (MRE) have been developed and dissemination expanded in 2004 in preparation for the influx of returnees who are unfamiliar with the territories where they will be traveling or settling.



drama teams stress the importance of hygiene and clean water, marial bai

Favourable rains and a good 2003/2004 harvest resulted in a slightly improved nutritional situation during 2004, but only by comparison with bleak previous years. Global Acute Malnutrition (GAM) averaged 19%, with many locations reporting rates above 25%, indicating multiple crisis situations. Rains for the 2004/2005 harvest were poor and **food security and malnutrition** are likely to worsen in 2005.

Often weakened by malnutrition or diarrhoea, southern Sudanese children are easy prey for a menagerie of **tropical diseases** that their environment hosts. In 2004, after supporting final rounds of immunization against a Yellow Fever outbreak, UNICEF contributed to the containment of an Ebola outbreak in Yambio. Sadly, even predictable and vaccine preventable diseases such as **measles** claimed far more lives than Ebola during the year in Yambio alone, and better surveillance shows that measles threatens children and adults across a wider age range than previously thought.

Polio — on the verge of eradication with no new cases in southern Sudan since 2001 — has re-emerged with a major outbreak in Sudan in late 2004, including a handful of cases in southern Sudan. Genetic analysis shows that most new cases can be traced back to Nigeria, but a few are indigenous virus that remained in areas that have been inaccessible over the last several years.

6 trends affecting children and women

Polio efforts in 2004 were not as extensive as in previous years due to the prioritization of global resources to address the outbreak in West Africa. The resurgence of the disease throughout Sudan now threatens to re-infect neighboring countries, further undermining the global effort to eradicate the disease.

Delays in the peace process and unresolved ethnic and military tensions have slowed down positive trends in **child disarmament, demobilisation, and reintegration (DDR)**. UNICEF estimates that approximately 17,000 children remain with armed groups nationwide, at least 3,000 of whom are in the SPLA. Some new recruitment of children took place, despite the release of 800 children from the SPLA during the year. The GoS and the SPLM/A have both committed to the release of all children in the armed forces as part of the final peace agreement. Mass demobilisation of children from GoS allied forces could result in complex DDR challenges in 2005 as many of the children will be returning to communities in the south.

Children's involvement in the military takes place in the absence of any **policy framework for child welfare** in southern Sudan. But during 2004, more than 10,000 women, children and men have been consulted on the content of a forthcoming Children's Act for southern Sudan, which will be formally drafted in early 2005. Involving children in that process is one example of a radical increase in the participation of children and youth in community-based protection networks, dialogues and studies on issues affecting them.

Abduction of children from one community by another during armed raids and the excessively early marriage of young girls motivated by bride price continue with little improvement. UNICEF also anticipates that more adolescents will migrate to the towns in the south, rejecting the traditional rural lifestyle of the south.



a teenage girl at the first science lab at yabongo girls secondary school, yambio

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Only one out of every five school-age children is in class and there are three times more boys than girls in school. Dropout rates among girls are high; **only one in every 100 girls completes primary school**. Slow but steady progress is being made each year to bring more girls to school and retain them in class. Political will to press the issue has been clearly demonstrated by the top SPLM leadership. In July, a groundbreaking Dialogue on Girls' Education formed the basis of a Girls' Education Policy to be completed in 2005. Some key strategies for increasing girls' access to education — such as Community Girls' Schools Project — are being adopted by partners, raising hopes for further progress in closing the gender gap.

Although half of the 1,800 “schools” in SPLM areas are conducted in the open air, school children enjoy better access to clean water and sanitation than the general population. **Only about 30% of the population has access to safe drinking water** and even fewer (16%) have access to sanitation facilities.

The situation has not changed significantly per capita in the past year due to the increase in population, although access to clean water was created or reinstated (through repairs and maintenance) for more than 1.4 million people during 2004.

HIV/AIDS is a threat that will increase in severity in peacetime, due to greater mobility among the population within Sudan and travel in and out of neighbouring countries. A second major application to the Global Fund to tackle HIV/AIDS in southern Sudan was successful, and a sub-national strategy is being formulated. Results from UNICEF-supported testing centres are providing more detail on the spread of the disease, ranging from very few positive cases in some isolated areas to much higher rates, especially among women, along the southern border. Data remains too limited to revise the 2003 prevalence estimates for the general adult population in SPLM areas (3-4%), but recent estimates from Yambio indicate prevalence rates of up to 10%.

Prevention of mother-to-child HIV transmission is being pursued through strengthened maternal health care in general. The lack of maternal health care, combined with high fertility rates, gives rise to **one of the worst maternal mortality rates in the world**, estimated at 1,700 per 100,000 live births. A girl born in southern Sudan today has a greater chance of dying during pregnancy or childbirth than of completing her primary school education.

Primary health care in Sudan is rudimentary, but progress has been made in increasing routine immunization coverage, delivering essential medical supplies, training health staff and making more effort to prevent malaria by the distribution of bed nets. Health workers, like soldiers and civil servants, are generally unpaid, although it is hoped that this will soon change with new funding mechanisms available to the SPLM.

In 2004, the **Capacity Building Trust Fund** became operational as a mechanism to channel donor support to the SPLM as it prepares to form a southern government. At the request of the UN and the SPLM, UNICEF serves as custodian of the fund, which is intended to support civil expenditure necessary to get systems of governance started until other multi-lateral funding mechanisms can be established.

The conclusion of the north-south peace agreement and the first stages of implementation will prompt expansion of international investment in southern Sudan to meet both the opportunities for recovery and heightened popular expectations. Along with international funds, ample resources from shared national oil revenue will provide a **public sector funding base** that, if properly managed, should help to build up southern Sudan's institutions and services.

Throughout the year, the GoS and SPLM worked to outline priorities and estimate costs for **reconstruction** in partnership with the UN and the World Bank through the Joint Assessment Mission (JAM) process. A final document is expected in early 2005 for consideration at a donor pledging conference. While funds mobilized by the JAM will not be disbursed until late 2005 at the earliest, the rights and needs of children and women were championed across the various sectoral clusters by UNICEF so as to keep children's issues high on the agenda amongst a plethora of competing priorities for the coming years.

polio campaigns require a massive inter-agency effort

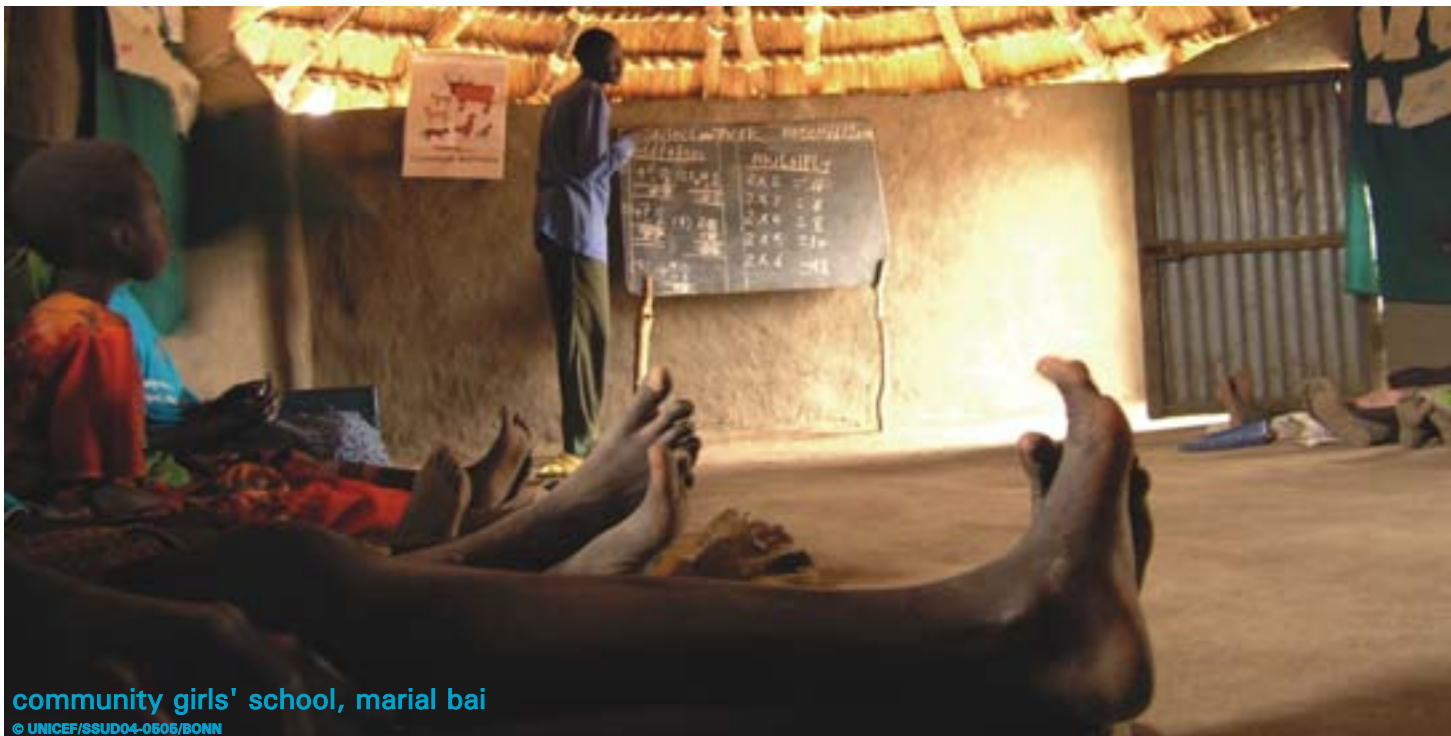


UNICEF OLS Southern Sector works in direct coordination with the Sudan People's Liberation Movement (SPLM) through their humanitarian wing, the Sudan Relief and Rehabilitation Commission (SRRC), and acts as a lead agency in the OLS consortium which comprises seven UN agencies and 41 NGOs. This lead role has involved providing overall coordination for the entire consortium through the OLS Support Unit, as well as a security umbrella and some common services for all OLS personnel in southern Sudan. As the peace process progressed and more agencies became active in southern Sudan, key aspects of this arrangement were adjusted. While UNICEF continues to provide the bulk of personnel and operational support to the common OLS Security Operation, wider OLS coordination services, including those for Emergency Preparedness and Response, will be assumed by UN OCHA from January 2005.

The UNICEF Chief of Operations has traditionally also served as the UN Deputy Humanitarian Coordinator (DHC) for the south. However, a decision was made in late 2004 to delink the two roles within the wider context of preparations for a large UN peace support mission. Although the former structure afforded UNICEF unique opportunities to influence international involvement in southern Sudan, the ability of the Director of the UNICEF Southern Sudan office to focus full time on the UNICEF programme in 2005 will be a welcome adjustment as we face a particularly challenging year.

UNICEF continued to serve as the focal agency for coordination of the education, health, nutrition, child protection and WES sectors in southern Sudan (coordination of wider protection issues has been handed to UNHCR and OCHA). In this role, UNICEF participates in multiple interagency coordination mechanisms, both at the technical sectoral level and inter-sectorally within southern Sudan, as well as coordination forums linking northern and southern Sudan. The financial and human resources devoted to this coordination component are significant and are a recurring theme in the following programme summaries.

It is important to note that unless otherwise specified, the use of "southern Sudan" in this report refers to SPLM-controlled areas and not to the geographic south as a whole (which includes enclaves of government-controlled territory not accessible to UNICEF Southern Sudan programmes). UNICEF programmes are being harmonized and aligned, both in SPLM-controlled transitional areas and former government areas served from the UNICEF Sudan Country Office, in preparation for programmes to serve the whole region to be governed by an incoming southern government.



community girls' school, marial bai

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Only about 500,000 of an estimated 1.5 million school age children are enrolled in school. Some 8,000 teachers — the majority untrained volunteers — cover more than 1,800 schools in SPLM controlled areas.

UNICEF uses a variety of strategies to address the issues behind poor enrollment and retention in southern Sudanese primary schools. On the most basic level, there are not enough schools, and UNICEF has supported the construction of more. At another level, schools need basic materials to operate and UNICEF provides supplies so that children and teachers have the minimum materials necessary. To improve the quality of education, teacher training and curriculum development are pursued. To provide an enabling environment, and a framework for massive scaling up, UNICEF supports policy development, capacity building and coordination with the SPLM Secretariat of Education (SOE). Common policies and coordinated programming is ensured among bilateral, multilateral, civil society and NGO stakeholders.

During 2004, UNICEF-funded programmes directly expanded access to basic education to an additional 21,000 children in UNICEF focus areas, including 16,300 girls. A total of 128,000 children are now in school in UNICEF focus areas, up from 107,000 in 2003, representing a 20% increase in enrolment. Girls' enrolment in UNICEF focus areas has nearly doubled with about 30% of school age girls now in school, compared to the southern Sudan average of 16%.

UNICEF contributed to the expansion and improvement of education services in many other areas through the distribution of education supplies to all schools, teacher training and provision of textbooks. Unfortunately, enrolment data from other counties (aside from UNICEF focus counties) is not yet available in order to measure 2004 progress to enroll more children in school and reduce the gender gap. Tentatively, UNICEF estimates that at least an additional 100,000 children were enrolled in school during 2004.

increasing girls' access to education

To increase girls' access to education and reduce the huge gender gap, UNICEF continued to scale up several successful strategies for bringing more young girls to school and helping older girls complete their education. An additional 174 Community Girls' Schools were established, giving more than 5,000 young girls first-time access to education. UNICEF is now supporting 253 one-classroom schools for girls through the project, with a total enrolment of 8,855 girls. In 2005, UNICEF will work with local partners to introduce Community Girls' Schools in new areas such as Southern Blue Nile, Eastern Equatoria and Central and Eastern Upper Nile.

UNICEF also supported the establishment of 26 new evening learning centres, designed to give adolescent girls who had dropped out of formal school (often due to early marriage and pregnancy) a chance to complete their primary education. A total of 9,110 learners are now enrolled in 60 evening learning centres.

With strong support from UNICEF, the SOE hosted a groundbreaking "National" Dialogue for Girls' Education in July 2004. The event brought together 185 participants including chiefs, women's groups, teachers, parents, children, county and regional education authorities, NGOs and UN agencies. This event formed the basis for policy development that the SOE should complete in 2005 with ongoing technical assistance from UNICEF.

Administrative assistance was channeled to two formal girls' schools in Yambio and Rumbek, where about 2,000 girls are enrolled, including 100 secondary school students. UNICEF also provided scholarship funds to ensure that 1,100 underprivileged, orphaned or disabled girls were able to join school or remain in school.



provision of school supplies and textbooks

Schools across southern Sudan continue to depend on UNICEF and its donors for provision of basic teaching and learning materials, down to the simplest items like pencils and chalk. In 2004, UNICEF distributed 1,900 basic education kits, 253 Community Girls' School kits and 467 emergency education kits, benefiting 412,355 children and their teachers. Nearly every existing school in SPLM-controlled areas was reached through this massive distribution effort, thanks to logistical assistance from multiple local and international NGOs.

In recent years, UNICEF has equipped printing presses in each region of southern Sudan to support local production of textbooks. In 2004, 19,000 primary school textbooks were produced from the printing unit in the Nuba Mountains, bringing the pupil:book ratio in Nuba to the target of 2:1 for four core primary subjects. For the rest of southern Sudan, 26,000 textbooks were printed locally and an additional 115,000 were procured in Nairobi for distribution to 350 schools. This brings the total number of schools that have reached the target pupil:book ratio to 700. Maintenance of the presses at full capacity is difficult in the logistically complex environment of southern Sudan, but the cost savings are striking.

training teachers

Teachers in southern Sudan are often untrained and educated only to a slightly higher level than their students. Lack of salaries for teachers has an adverse effect on both teacher and pupil attendance in formal schools. The success of the Community Girls' Schools and the evening learning centres, for example, is attributed to the fact that teachers in those classes receive some incentives.

UNICEF supported training of 1,115 teachers in 2004. Progress is being made to encourage more women to join or stay in the profession. In Yambio, the 2004 intake of 150 teachers into the Distance Teacher Education Programme included 35 female teachers, compared to only 10 female students in the first class in 2002. The presence of female teachers removes some of the fears parents have about sending their daughters to school, but only 6% of all teachers in southern Sudan are female.

Therefore, although UNICEF was prepared to provide teacher training for up to 500 female teachers during 2004, very few qualified participants could be identified. Because the lack of language skills often poses a barrier for female teachers, UNICEF conducted an intensive English language course in the Nuba Mountains, enabling 53 women to qualify for the next intake at the Distance Teacher Education Programme. Thirty-five women in Aweil West were also identified to begin an intensive English course in January 2005. After completion, they will be absorbed into the teaching profession and will be targeted for teacher training as part of preparation for the expected arrival of returnees to northern Bahr el Ghazal. Provision of such classes is one key way to tap the potential resource of female teachers who have been educated in Arabic.



In partnership with Africa Educational Trust (AET), UNICEF helped the SOE to develop and print child-friendly posters and lesson plans, specifically targeting untrained teachers in the least-served schools. About 500 schools received these resource kits and 1,000 teachers were trained on child-centred lesson planning. UNICEF also distributed head teachers' kits to 200 schools alongside management and record keeping training for head teachers. Forty Parent Teacher Associations were trained to improve management structures for targeted schools.

So far, no teacher training programme in SPLM areas has been accredited. In 2004, UNICEF assisted the SOE to develop an accreditation framework for the various teacher-training programmes in southern Sudan to allow for certification of teachers. The framework will be used as the basis for future legislation.

community girls' schools — bringing education closer to home

Ten-year-old Hellena Cholhok is the first girl ever to go to school in her family. She started in April 2003, when UNICEF helped establish a one-room community girls' school in a dusty clearing near her village of Panbarkou, in the heart of southern Sudan. Hellena, one of seven children in her family, was among the first group girls to enroll. Now in Grade 2, she is learning to read and write English, but maths and science are her favourite subjects. Her dream is to finish school and become a nurse. If she succeeds, she will have defeated enormous odds. Only one percent of girls in southern Sudan complete primary school.

The nearest regular primary school is about an hour's walk away. Many boys make the daily trek, and there are typically three boys to every girl in regular schools. But often parents will not allow their young daughters to venture so far from home unaccompanied. Natural protectiveness is heightened by the expectation of bride price received when girls marry, one of very few sources of family income after years of civil war. Hellena and her peers are also expected to help at home with domestic chores and care for younger siblings.

Bringing classrooms closer to home in single-sex Community Girls' Schools has become one of the most successful strategies for reducing the huge gender gap and contributing to the future rebuilding of the war-ravaged region.

Hellena's father, Meen, is proud. "I want my daughters to take part in leading the country, to play a greater part in building their community. I want them to be role models."

Community Girls' Schools are open year-round, but run on a flexible schedule determined by teachers and parents in each community. There are no lights, no desks and no chairs.



hellena (standing), her sister deborah and their father

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But the class has enough pens and exercise books for all the girls, one large blackboard and a very enthusiastic teacher, Daniel Majok.

Daniel has completed only eight years of school himself. A two-week intensive teacher training course put him on the same level as most other teachers in southern Sudan; less than 10% have completed a full teacher training programme. On any given day, Daniel can tell you exactly how many girls are absent from Panbarkou and in most cases he also knows why. Several of them have recently been ill with malaria. If they don't show up soon, the teachers will visit their homes and find out what's wrong. This degree of follow-up and motivation isn't always found in regular primary schools in the area. As a result, community girls' schools have much higher attendance rates than regular schools.

One of Hellena's classmates is the daughter of the village chief. He says "Since this school started, I can already see changes in our girls. Their attitudes are more mature, they sit and discuss things to find solutions. As their parents, we are very proud of them and hope they will take the same path as the people who are supporting us to educate them. My daughter here wants to be a nurse, or maybe someday she would also work for UNICEF. Either way I am happy if she helps the community and teaches others about a better life."

targeting youth with life skills education

Through the Life Skills curriculum, the UNICEF mainstreams HIV/AIDS and hygiene awareness for out-of-school youth and adolescent girls in particular. In 2004, the Life Skills programme reached approximately 14,000 young people with key messages on how to keep themselves and their families healthy. More than 200 mentors were trained in UNICEF focus areas and three new modules on topics including peace education, mine risk education and the environment/civic education were developed, field tested and produced.

A Life Skills conference in October brought together over 120 participants, primarily adolescents and youth, to review the progress of the programme and to train selected youth on communication and facilitation skills to expand the programme to new locations in 2005. Acknowledging the fact that during the civil war many young people permanently lost the chance to complete a conventional education, Life Skills represents a second chance to gain some vital knowledge and skills. With better monitoring mechanisms in place to measure impact, the programme is now well-positioned for expansion. UNICEF plans to reach at least 100,000 youth in 2005.

capacity building for the secretariat of education

To support local education authorities to plan, coordinate, implement and monitor education programmes in UNICEF focus areas and areas of expected return, UNICEF provided logistical, financial, material and training support to four County Education Department offices in UNICEF focus areas. UNICEF also supported the SOE to establish Girls' Education offices in Upper Nile and northern Bahr el Ghazal; insecurity prevented the planned opening of a Girls' Education office in Shilluk.

preparing for returnee children

The well-received radio learning initiative launched by UNICEF in early 2003 was temporarily put on hold in most locations in 2004 while the SOE deliberated with other partners on potential strategies for expansion. In early 2005, UNICEF will re-institute the English language lessons in 150 schools, targeting returnee areas where children coming from Arabic school systems will particularly need to learn English. The initiative provides lively and participatory English language lessons guided by a half hour's audio cassette or broadcast.

A joint north/south UNICEF mission was conducted in April 2004 to review education issues emerging from the new political arrangements and the influx of returnees. The findings of the assessment were used to help the newly established Education Desk for Reintegration of Returnees at the SOE to develop appropriate policy.

education funding in 2004: 76% of appeal funded

total appeal for 2004	\$6,660,000
UNICEF regular resources	\$650,000
UK (DFID)	\$ 2,970,896
Netherlands	\$ 684,229
Sweden	\$ 490,944
German Committee for UNICEF	\$ 245,098
US Fund for UNICEF	\$ 57,144
total funds received	\$5,098,311



Although UNICEF frequently mounts emergency response to the needs of displaced or other vulnerable populations, the bulk of activities over the past four years have been concentrated in UNICEF focus areas. Between 2000 and 2004, the number of water points in Yambio more than doubled, while the number of water points in areas such as Panyijar and Aweil North increased from nine to 68 and four to 39 respectively. Between 50-90% of these improvements was the direct result of UNICEF intervention.

During 2004, UNICEF successfully expanded safe water coverage to an additional 147,000 people through the creation of new water points, and maintained access to clean water for 1,219,000 people through operation and maintenance of existing water points.

Hygiene and sanitation awareness sessions reached 74,100 people and more than 24,000 people benefited from the provision of sanitation facilities, including latrines and hand washing facilities for many school children. The sustainability of WES services was increased through the training of more than 200 counterparts, such as pump mechanics.

Each safe water point contributes to the reduction of water-borne diseases and malnutrition among children and women in the area, but this is certainly not their only benefit. A nearby water point also means that girls and women are no longer forced to spend the better part of their day fetching water. Mothers have more time to spend with young children at home and girls are more likely to be able to attend school. In this way, UNICEF's WES programme plays a major role in ensuring that southern Sudanese children realize their right to education, as well as clean water and improved health.

About 70% of the population in southern Sudan lacks access to safe drinking water and UNICEF estimates that only half of all existing water points are functional at any one time. Approximately 16% of households have access to sanitation facilities, and open defecation is commonplace in all locations. Not surprisingly, diarrhoea caused by unsafe drinking water and poor hygiene accounts for more than 20% of the deaths of children under five 19,000 per year.

UNICEF's response through the Water and Environmental Sanitation (WES) programme focuses on three key strategies: provision and upkeep of safe water and sanitation facilities, hygiene and sanitation education, and the development of an enabling policy environment. Underlying each of these strategies is a strong focus on capacity building of local counterparts and communities to manage their own water supply.

providing access to safe water

In 2004, UNICEF created 137 new water points through a combination of deep drilling, hand drilling and hand digging in Equatoria, Bahr el Ghazal, Upper Nile, Nuba Mountains and Southern Blue Nile. All new water sources were completed with platforms and hand pumps, extending safe water coverage to an estimated 137,000 people. Five spring catchments were protected in western Equatoria, benefiting additional 10,000 people. Twenty wells were planned for the Shilluk Kingdom, where insecurity and lack of access made work impossible during 2004. With technical training and spare parts provided by UNICEF, counterparts repaired 1,219 existing water points, ensuring continued access to clean water for 1.2 million people throughout southern Sudan.

UNICEF increased the number of project cooperation agreements with NGOs during 2004, both for drilling activities (GOAL, DOE, SCF-UK, CMA) and operation and maintenance of existing water points through provision of spare parts and training (CRS, IRC, CEAS, SSDO). These agreements covered all areas of southern Sudan and are an important step in strengthening the water sector which has depended heavily on UNICEF for the past 15 years.

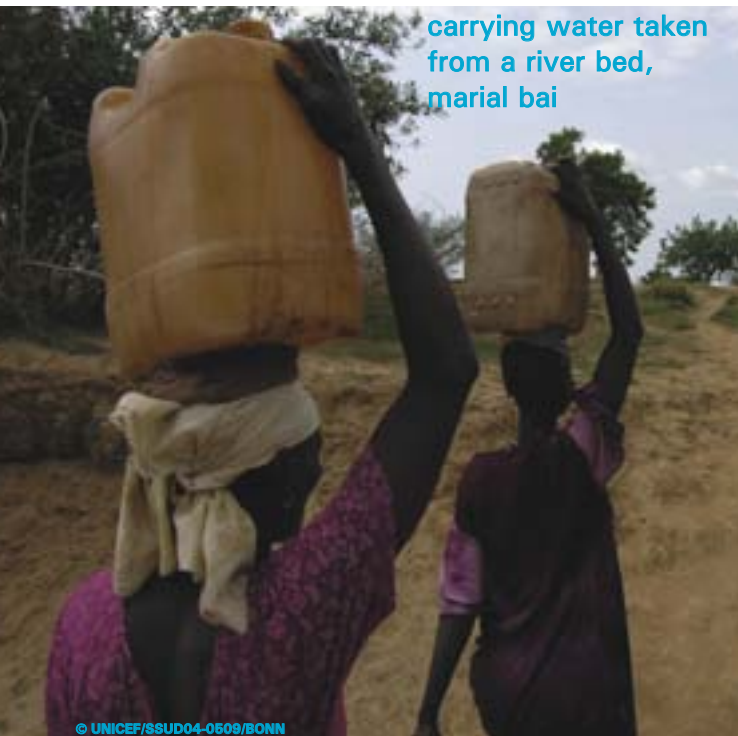
UNICEF also introduced technical alternatives for WES response during emergencies. Two fiberglass platforms were tested during 2004, in order to assess their suitability for emergency operations and for remote locations which lack construction materials (including most parts of Upper Nile). This successful pilot will be expanded in 2005. In the coming year, UNICEF will also place more focus on shallow wells, hand drilling and cheaper technologies that can be implemented by local teams. This includes a possible policy shift to an upgraded handpump (from the standard IM2) to improve village level operation and maintenance and gender equity in the sector.

celebrating the drilling of a new water point at war cuei



improving hygiene and sanitation

In 2004, UNICEF trained 133 community-based hygiene promoters and three drama teams who in turn spread vital information to 74,100 people. To promote the use of latrines and hand washing facilities at household and community level, UNICEF supported counterparts to construct 1,114 Sanplat latrines for household use, compared to 619 in 2003. At UNICEF-supported community centres, health facilities and schools in UNICEF focus areas, 81 latrines were constructed. Hand washing facilities installed at 11 schools are benefiting 2,200 school children. New strategies for hygiene promotion will be introduced in 2005, including a focus on school-based hygiene and sanitation — building on best practice from UNICEF and other WES partners.



carrying water taken from a river bed, marial bai

capacity building

To increase the technical capacity of local counterparts to maintain WES facilities in southern Sudan and to respond to emergencies, UNICEF trained four SRRC counterparts in platform construction, 18 in spring rehabilitation, 24 in hand dug wells and 181 as pump mechanics. Sudanese staff at the WES laboratory in Rumbek analyzed 400 samples during 2004 and reported incidences of contamination to pump mechanics for prompt treatment of water points. Counterpart staff trained by UNICEF maintained the WES database during the year as a vital resource for all agencies, southern Sudanese authorities and the donor community. The database has now registered 7,000 water points in southern Sudan and confirmed that 3,275 are operational. Many others are damaged beyond repair. Field surveys have been conducted in 55% of the counties in southern Sudan during the past two years to update the database.

coordination and water policy development

After a several years of limited formal coordination due to the lack of a clear counterpart, UNICEF supported the reconstituted WES coordination group in early 2004 after the SRRC appointed a Chief Water Coordinator. Agency response was prompt and positive. Various regional working groups were established, including a group to coordinate response to returnee issues.

Political responsibility for the water sector within the future government structure for southern Sudan has yet to be determined. While this continues to pose a major constraint, it is clear that concerted effort on the part of UNICEF to build confidence and demonstrate the results of good coordination can lead to positive outcomes in standards and policy development for the WES sector.

To inform various planning initiatives and to support the SPLM to develop a policy for the sector, UNICEF advocated for water policy discussions to be included in multiple fora during the year. Two successful sector coordination meetings were convened in the second half of 2004, with technical sessions to address key issues such as standardization and common approaches in operation and maintenance, and strategies to improve hygiene and sanitation interventions.

WES funding: 61% of 2004 appeal funded

total appeal for 2004	\$ 7,117,000
UNICEF regular resources	\$ 1,400,000
Netherlands	\$ 882,889
Switzerland	\$ 720,000
UK (DFID)	\$ 700,000
Finland	\$ 174,229
total funds received	\$ 4,368,062

The government of Switzerland also seconded staff for four WES positions.

Most people in southern Sudan have never seen a doctor — there are only a handful in the whole area. Health facilities are few and far between, often lack suitable sources of water, and are staffed by overstretched health workers with minimal training. Little wonder then that a glance at southern Sudan's health statistics paints a grim picture. High birth rates combined with early marriage and pregnancy, malnutrition and malaria often limit the ability of mothers to tend to their children and lead to one of the highest maternal mortality rates in the world. Under five mortality stands at 250 per 1,000 live births and even the children who survive beyond their fifth birthday, face a barrage of diseases rendered all the more dangerous by chronic malnutrition and diarrhoea.

Working closely with the SPLM Secretariat of Health (SOH), WHO, and 76 health implementers (both OLS and non OLS agencies), UNICEF programme priorities include provision of primary health care and immunization services, capacity building for health workers and counterpart structures, maternal health care, nutrition and HIV/AIDS.

primary health care

In 2004, UNICEF provided access to primary health care for more than 1,300,000 people (including an estimated 80,000 returnees or IDPs) by distributing 1,285 essential drug kits and training 100 community health workers to staff primary health care facilities. Unfortunately, primary health care coverage per capita did not increase significantly during the year, due to the increasing population in SPLM areas.

In addition to providing general primary health care resources such as essential medicines, trained health workers and adequate facilities, UNICEF focused on combating major causes of child mortality such as malaria. A total of 91,000 long lasting insecticide treated bednets (LLITNs) were purchased; only 3,000 were distributed by end 2004 due to unforeseen procurement delays.



health clinic
in panyijar

Distribution of the nets will be a major component of UNICEF's contribution to the Roll Back Malaria programme in 2005, targeting children under five and pregnant mothers. UNICEF will work closely with NGOs who specialize in the social marketing of the nets and will also capitalize on immunization campaigns as one of several mechanisms for distribution.

Another major achievement for the health of children and women in southern Sudan has been the successful standardization of malaria drugs. In response to increasing resistance to the traditional Chloroquine mono-therapy, UNICEF spearheaded an initiative to introduce a Chloroquine/Fansidar combination as an interim solution, while procuring ACT (artesunate - amiodaquine) for inclusion in all PHCU kits in 2005. ACT will be the new first line therapy in southern Sudan for 2005, but extensive training must be done at the field level to implement the shift since the ACT regimen is much more complicated to administer than the previous treatment options. Linked to this, 2004 goals for training health workers on Integrated Management of Childhood Illnesses (IMCI) and for distribution of an additional 1,215 PHCU kits were not met in 2004. The adoption of ACT results in a doubling of the cost of a typical PHCU supply kit.

Finally, UNICEF played an instrumental role in helping southern Sudan secure more than \$27 million from the Global Fund to fight malaria. This was one of many contributions to coordination for the health sector. UNICEF also provided the SOH with general logistics assistance and specific capacity building on drug management and Roll Back Malaria planning.

maternal health care

UNICEF had hoped to introduce Prevention of Mother to Child Transmission of HIV (PMTCT) services to southern Sudan in 2004. However, the assessment looking at how to launch PMTCT determined that current maternal health care services are too weak or inaccessible and cannot support PMTCT. Therefore, an extensive operational research framework was developed during 2004 targeting 18 health facilities and 45 health workers in order to analyze the current antenatal care (ANC) and emergency obstetric care (EmOC) needs and practices while providing training and enhanced services. The findings of the research will be used to develop a strategy for expanding maternal health care services for southern Sudan and help the new government in the south formulate standardized guidelines for a safe motherhood package. The project will run through early 2006 and in addition to reducing alarming maternal mortality rates, the initiative will also pilot PMTCT services in six counties.

UNICEF also trained 200 Traditional Birth Attendants (TBAs) and distributed 300 kits to equip TBAs to assist in safe deliveries. Ten midwifery kits were procured for health centres and hospitals; each kit allows a facility to assist with 50 normal deliveries.



polio immunisation, nangbimo community centre, near yambio

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saving lives through immunization

As the sole provider of vaccines and cold chain services in southern Sudan, UNICEF supports polio campaigns targeting all children under five years of age; innovative Measles and Maternal Neonatal Tetanus (MMNT) campaigns that vaccinate children against measles and women of childbearing age (WCBA) against tetanus; routine immunization of children with six main antigens through the Expanded Programme on Immunization (EPI); and emergency response to outbreaks such as Yellow Fever, meningitis and measles.

polio

In 2004, 1.9 million children under five were reached with polio vaccination during Sub National Immunization Days (SNIDs) campaigns implemented late in the year by WHO, with support from UNICEF. Polio campaigns will be ongoing throughout 2005 as part of synchronized attempts to bring the national outbreak under control.

routine EPI

While vaccination teams go door-to-door during polio campaigns, the routine EPI programme is designed for parents to bring children to health facilities to receive doses of vaccine according to a recommended schedule. Social mobilization, therefore, plays a critical role in achieving strong coverage, as do the lack of trained health workers and the logistical difficulties of maintaining a cold chain in remote locations without electricity. Through years of advocacy and raising awareness, UNICEF had encouraged 37 partners to join the EPI programme by end 2004, up from 29 in 2003. Still, only 32 out of about 50 counties in SPLM areas offer routine EPI services.

The goal of the EPI programme in 2004 was to increase routine immunization coverage from 10% to 15% of children under five. The increasing population of southern Sudan and the continued debate over the total number of children under five, means that it is impossible to determine what percentage of children have received all the recommended doses of the six main antigens. Steady progress is being made each year, and routine EPI coverage appears to have increased to at least 15% in 2004. However, there are large disparities between regions and between specific antigens — some require multiple doses while others can confer immunity through just one dose.

In terms of actual children immunized, the trend is positive. Using DPT3 for children under one as a benchmark, 16,568 children were reached in 2002, compared to 29,000 in 2003 and 34,217 in 2004.



a mother and her baby at a clinic in nyal

© UNICEF/SSUDD04-0511/BONN

Building local capacity is a major component of UNICEF efforts to strengthen routine immunization. In 2004, UNICEF trained 35 EPI staff in Mid-level Management (MLM) and 28 EPI supervisors on vaccine management and cold chain maintenance. UNICEF continued to maintain southern Sudan's cold chain, training 100 cold chain technicians and distributing and repairing cold chain equipment to facilitate all immunization services in southern Sudan. UNICEF also supported the SOH to establish its first EPI office in Rumbek. The appointment of an EPI focal point within the Secretariat is a major step forward. Additional steps to boost routine EPI in 2005 will include review of social mobilization/IEC materials and redesign of supervisory tools for immunization activities.

routine epi coverage for children under 1 from 2002 to 2004

antigen	2002	2003	2004	% increase 2003 to 2004
dpt3	16,568	29,002	34,217	18%
bcg	54,222	93,925	126,913	35%

health post at nangbimo
community centre, near yambio



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measles and neonatal tetanus

Through a combination of routine EPI activities, campaigns and response to outbreaks, more than 823,000 children under fifteen were immunized against measles in 2004, up from 290,000 in 2003.

Late in the year, UNICEF launched two MMNT campaigns as part of the pilot phase of a Mass Measles Campaign scheduled for 2005-2006. The MMNT campaigns have traditionally targeted children under five with measles vaccination and WCBA with tetanus vaccination. However, the 2004 campaigns in Tonj and Aweil counties targeted children up to 15 years of age, due to the increasing number of measles cases reported amongst adolescents and young adults. Through the campaigns, UNICEF vaccinated over 385,312 children under fifteen against measles and reached 184,757 women with tetanus vaccination.

Because beneficiary targets are calculated based on unverified population data from polio campaigns, it becomes difficult to accurately measure coverage/success. For example, using NIDs population data as a baseline, the MMNT campaign in Aweil East reached about 75% of children between six months and 15 years of age. However, post campaign coverage surveys reported a coverage rate of 91%, highlighting yet again the complexities of planning interventions in southern Sudan with no accurate baseline population data at the county and payam level.

Huge logistical constraints were encountered in transporting equipment and vaccine, prompting UNICEF to modify plans for the mass campaign with increased emphasis on central, regional and county level logistics, as well as stronger supervision of immunization teams on the ground. The Mass Measles Campaign will be implemented in two phases, starting with Equatoria in the second half of 2005 and covering to Bahr el Ghazal and Upper Nile in early 2006.

health funding: over 100% of 2004 appeal funded

total appeal for 2004	\$ 6,128,000
UNICEF Regular Resources	\$ 1,300,000
UK (DFID)	\$ 2,645,440
Netherlands	\$ 1,537,394
Norway	\$ 540,526
Centres for Disease Control	\$ 1,174,280
funds received against appeal	\$ 7,197,640



Malnutrition rates in southern Sudan are among the highest in the world. In 2004, UNICEF hoped to contribute to an overall reduction in the prevalence of malnutrition among children. Unfortunately, although the average rates in surveyed locations were slightly reduced from an average of 20.1% Global Acute Malnutrition (GAM) in 2003 to an average of 19% in 2004, they still remained well above the 10% critical threshold.

The underlying causes of malnutrition for children in southern Sudan are clear — lack of safe water and sanitation facilities and inaccessible health care create an environment where a vicious cycle of disease and malnutrition can easily take hold even when food supply is adequate. Mothers who spend much of the day collecting water cannot properly feed and care for infants and young children at home. Children who lack vital micronutrients like Vitamin A, will be even more susceptible to the host of diseases present in southern Sudan.

In this context, UNICEF has worked to create a more comprehensive approach to prevention of malnutrition and to develop more effective strategies for the treatment of malnutrition.

emergency response to save lives

Although GAM rates did not much improve in 2004, UNICEF reached more children than initially targeted through therapeutic and supplemental feeding programmes, treating displaced, returnee and host community children.

Through partners, UNICEF provided life saving food therapies to 1,760 severely malnourished children in therapeutic feeding centres in northern Bahr el Ghazal and Upper Nile. An additional 10,748 moderately malnourished children (7,000 target) were reached through home-based therapeutic care programmes in Bahr el Ghazal and Upper Nile. In 2003, the introduction of plumpy nut, a ready-to-eat food, provided a welcome alternative to therapeutic feeding at centres. Plumpy nut can be sent home with the malnourished child and does not require in patient care. This allowed many more children to be treated by agencies in 2004.

UNICEF supported ACF-US to conduct four training events on nutritional care and emergency response, reaching more than 70 participants. The majority of trainees were Sudanese, either counterpart personnel or Sudanese staff of international agencies. UNICEF also supported four of the 18 nutrition surveillance surveys conducted during the year to monitor malnutrition rates across southern Sudan.

micronutrient supplementation

Between January and October, 61,779 children (partial results) received Vitamin A supplement alongside routine immunization activities to boost their immune system and prevent blindness. This is an important achievement because although Vitamin A has been successfully distributed alongside major immunization campaigns for several years, more sustainable mechanisms for reaching children with the supplement will be needed in the future when mass campaigns are no longer in progress. During polio campaigns late in the year, 1.4 million children received Vitamin A supplement.

UNICEF also provided iodine capsules to more than 42,000 people in areas with high iodine deficiency disorder including Nuba Mountains and Equatoria. In 2005, UNICEF will continue to work to reduce micronutrient deficiency through the provision of iron, folate, Vitamin A and iodine.

growth monitoring and promotion for children

In 2004, 135 infant scales were distributed to allow health facilities to monitor the growth of young children. UNICEF reached 70% of health implementing agencies with sensitization sessions on the integration of growth monitoring and promotion into the primary health care system. The goal of this initiative is to ensure that children under two years of age are adequately monitored to avoid malnutrition, with an emphasis on training health workers on the benefits of exclusive breastfeeding and good practice in complementary feeding. Draft guidelines were circulated to agencies in 2004 and should be completed in 2005.

coordination and policy development

The focus on growth monitoring and promotion as a mechanism to reduce child morbidity and mortality comes out of southern Sudan's first attempt to outline a comprehensive nutrition policy and strategy. Early in the year, UNICEF engaged an expert to assist the SOH to draft a nutrition policy and 5-year plan of operation for southern Sudan. As part of this wider push to address the underlying causes of debilitating chronic malnutrition, a standardized nutrition reporting format was developed to enable better monitoring and situation analysis.

To help the SOH monitor progress in the health sector and to help other agencies plan and coordinate interventions, UNICEF has provided health database services on morbidity, mortality and immunization rates since 1999. In 2004, a nutrition database was added to the general health database. This will help to address the lack of accurate prevalence data on malnutrition and micronutrient deficiency rates.

plans for 2005

UNICEF will introduce several new aspects to the nutrition programme in 2005, including a focus on provision of nutritional support to people living with HIV/AIDS. Micronutrient supplementation will be strengthened, as will nutrition surveillance.

nutrition funding: 93% of 2004 appeal funded

total appeal for 2004	\$ 1,030,000
UNICEF regular resources	\$ 400,000
UK (DFID)	\$ 559,701
total funds received	\$ 959,701

UNICEF's response to the serious threat of HIV in southern Sudan has largely been mainstreamed into all sectoral programmes. For example, Prevention of Mother to Child Transmission (PMTCT) is part of a wider safe motherhood project in the health programme, the development of HIV/AIDS radio programming for southern Sudan fell under the information section, and the Quick Start programme built the capacity of community based organizations (CBOs) to deliver HIV/AIDS projects. An HIV/AIDS module is now an obligatory part of the southern Sudan security training for UN and NGO staff.

Nonetheless, some aspects of UNICEF action on HIV/AIDS also include standalone projects such as support to Voluntary Counseling and Testing (VCT) services and strengthening the HIV/AIDS component of the Life Skills curriculum which targets youth both in and out of school. In the most established part of the programme, in 2004, UNICEF reached 200,000 people — twice as many as 2003 — with basic messages on HIV/AIDS and information on how to protect themselves and their loved ones against the disease.

coordination and policy development

UNICEF played a key role in ensuring that southern Sudan's second application for funding from the Global Fund was successful. UNICEF shepherded the laborious process and engaged consultants to work on the application. The application required consultation among dozens of health agencies, close contact with the SOH and sheer determination. The result is \$28 million of funding for HIV/AIDS projects over five years that would otherwise not have been forthcoming.

By providing secretariat services and behind-the-scenes operational support to the HIV/AIDS Taskforce for South Sudan (chaired by the New Sudan National AIDS Council — NSNAC), UNICEF has facilitated work to expand southern Sudan's existing HIV/AIDS policy.

the abcs of hiv/aids prevention, rumbek



The process will continue in 2005, to include additional elements such as PMTCT and Orphans and Vulnerable Children (OVC). UNICEF provides significant support to coordination and policy development to make the response of multiple agencies and initiatives more effective. The resources available to the NSNAC are minimal.

UNICEF also supported the NSNAC to organize the first HIV/AIDS Stakeholders Conference in Rumbek in November 2004, bringing together more than 60 participants from 32 organizations. The outline of a six-year Strategic Plan for HIV/AIDS was derived from the conference and the draft of the plan will be further developed in 2005. UNICEF supported six CBOs to attend the conference.



staff pose to demonstrate testing, yambio

voluntary counseling and testing services

UNICEF has been instrumental in the introduction of testing and counseling services to southern Sudan by supporting local and international NGOs to establish and operate VCT centres since 2002. A total of 16 VCT sites are now running in SPLM-held areas, providing both a preventive strategy and a means to promote positive living for people affected by or infected with HIV/AIDS. Many of these benefit from UNICEF direct or indirect support in terms of supplies or training.

In 2004, UNICEF conducted VCT training for 32 counselors, including 22 community-based counselors who can now provide counseling support to people affected by HIV/AIDS. Trainees include teachers, peer educators and church workers. UNICEF procured 8,000 HIV test kits to support four VCT sites. 2,000 kits were distributed in 2004 and the remainder will be used in 2005.

targeting youth through the life skills programme

UNICEF trained 60 Life Skills facilitators and mentors in collaboration with the SOE in high prevalence areas of Equatoria. By improving the skills of people leading Life Skills sessions, this key programme can play an expanded role in the response to the pandemic. The Life Skills programme (see Education Section for more detail) aims to reach at least 100,000 people, mainly youth, in 2005.

plans for 2005

Major human, financial and technical resources are required to avert an all-too-predictable and unwelcome peace “dividend” — the rapid spread of HIV/AIDS. As new actors address the issue in southern Sudan, UNICEF intends to narrow its HIV/AIDS focus. Support to VCT and PMTCT services will continue, along with the Life Skills programme. Channeling Quick Start funds to 11 CBOs in 2004 proved a highly effective way to expand awareness activities to neglected areas and new strategies like this will be explored in 2005.

hiv/aids funding: 40% of 2004 appeal funded

total appeal for 2004	\$ 2,120,000
UNICEF Regular Resources	\$ 300,000
USAID/OFDA	\$ 440,000
Norway	\$ 100,000
total funds received	\$ 840,000

While child soldiers are the best-known example of child rights violations in southern Sudan, most children are at the mercy of a huge range of social, cultural and conflict-related abuses. A legal or policy framework to protect them has been absent.

policy development and capacity building

In 2004, UNICEF dramatically improved the policy environment for child welfare in southern Sudan through several simultaneous, landmark efforts including the development of a draft Children's Act based on international legal standards governing child protection. UNICEF conducted extensive consultation on the Children's Act, generating outstanding levels of support from stakeholders and obtained agreement from the SPLM to amend existing and outdated juvenile justice clauses in other laws.

The principle decision makers in the SPLM remained focused on the peace talks during 2004, constraining progress on some key policy development initiatives. A military policy on non-recruitment of children was also developed and UNICEF had anticipated its approval in November 2004, but the adoption of this crucial policy for child rights was delayed within the SPLM/A. However, the draft disarmament, demobilisation and reintegration (DDR) plan developed by the SPLM/A and GoS was backed up by a commitment to the rapid release of children in the armed forces in the peace agreement.

UNICEF has provided extensive training and capacity building support to the newly mandated SPLM Secretariat of Women, Gender and Child Welfare (SGWCW), building it up from extremely humble beginnings to a sizable and better-trained entity (staffed mainly by volunteers) with an official presence in the three regions of southern Sudan. Although the SWGCW faced difficulties in engaging senior SPLM officials to endorse planning and implementation processes, they have formulated a strategic plan and have begun work on a child welfare policy for southern Sudan.

child soldier disarmament, demobilisation and reintegration

UNICEF continued to support SPLM child DDR efforts in 2004, resulting in the removal of 800 children from the SPLA in Western Upper Nile early in the year. Unfortunately, tensions within the SPLA and uncertainty in the peace process blocked attempts to secure the release of additional children during 2004. Delays in the peace process also constrained improvements in north-south child demobilisation and reintegration and the facilitation of cross-line family reunifications.

In northern Bahr el Ghazal, UNICEF supported vocational training for 50 former child soldiers and abductees as part of a broader effort to prepare communities and NGOs to address reintegration issues that will multiply during the implementation of the peace agreement. In preparation for the final peace agreement and deployment of a UN peace support mission, UNICEF worked with partners to develop a cartoon book, "The Good Soldier", which will be used to sensitize SPLA and UN mission military personnel on the role of soldiers in child protection.

In 2004, UNICEF conducted in-depth, child-centred research into past DDR efforts in southern Sudan, resulting in a comprehensive assessment report and the identification of key lessons learned which are now guiding planning for 2005 and beyond. UNICEF was also able to help the SPLA undertake an audit of all children remaining in their forces; final figures show that some 3,000 are still serving or traveling with SPLA units. The audit is a key step in preparation for conclusive child demobilisation activities expected in early 2005, and will also help UNICEF and local authorities outline family tracing and reintegration needs for child soldiers. UNICEF continued to provide leadership to a multi-agency planning process in preparation for both national DDR and child DDR during the implementation of the peace agreement.

from soldier to teacher by age 21

Twenty-two-year-old Daniel Riong, a former child soldier, is a student at Rumbek Secondary School in southern Sudan. But he's also a teacher at the nearby Deng Nhial Primary School. In an isolated community ravaged by 21 years of civil war, multiple famines and endless cycles of disease, no one finds this strange.

Daniel's story starts like that of many children from the semi-nomadic cultures of southern Sudan. By the age of three, he was trotting alongside his father, caring for their cattle as they moved from place to place in search of pasture and water. When he turned eight, his parents enrolled him in a school near their home village, several hours' walk from Rumbek. By the time Daniel had completed six years of school, the war between the Sudan People's Liberation Movement/Army and the Government of Sudan was at its peak, and military recruiters were deployed in each community to meet conscription quotas. And so at age 14, Daniel was forced to drop out of school, leave his family and join the army.

Along with 20 other new recruits, he was taken to a training clinic for medical personnel. After completing training he and the other medics were sent to battalions throughout southern Sudan. Daniel spent the next two years marching to various front lines, working to save the lives and patch up the injuries of his comrades.

But life outside the military has not been easy. By the time Daniel was demobilised, his father had died and his mother and younger brother had been displaced by fighting around Rumbek and were living in the government-controlled north of the country. But Daniel was thrilled to be enrolled in a UNICEF-supported school.



daniel riong (left) and fellow former child soldier, moses

"I joined school at the eighth grade and was the first candidate to graduate from Deng Nhial," Daniel says proudly. Daniel is now in his third year of secondary school. When he's not studying, he teaches mathematics and science to fourth and fifth graders back at Deng Nhial.

Daniel lives with other former child soldiers and displaced people in a nearby settlement. After school, he works to support himself, cutting grass to sell for roofing houses. Every two weeks, Daniel catches a ride to his family's home area to visit his relatives.

Not surprisingly, he wants to be a doctor. "If I find a way, I'd like to go to medical school in Uganda or Australia where I have heard of good training programmes. But that will take a miracle. If I don't have the power to do that, I will continue to be a teacher. The lack of teachers is a problem for us so I am happy to help out."

Daniel isn't sure that the peace agreement will hold, but says it has given everyone hope. "Especially me! Yesterday I got a letter from my mother and brother," he says. "I have hope now that they may come back home very soon. That will be the best thing about the peace agreement for me."



separated and other vulnerable children

To improve the ability of local authorities to address child protection issues from an informed point of view and to provide protective coverage for vulnerable children including separated children, formerly abducted children and children affected by HIV/AIDS, UNICEF provided extensive capacity building for the SWGCW. Skills developed include a basic analysis of child protection and welfare issues in southern Sudan, global and local comparative knowledge on children's matters, a rights-based framework for analysis of children's protection needs and the basics of youth participation, all of which will enable the Secretariat to pursue sector coordination and policy development.

One success for the children of southern Sudan has been the expansion of geographical coverage of child protection activities.

UNICEF supported one international NGO and four Sudanese NGOs to join the sector in 2004, extending coverage to Panyijar and Leer (Western Upper Nile), Tonj (Bahr el Ghazal), Yambio (Western Equatoria) and SPLM areas of Torit (Eastern Equatoria). UNICEF supported the agencies to assess child protection concerns in their respective areas and design projects which focus primarily on preparing authorities and communities for the task of reintegrating former child combatants and other separated children.

Unaccompanied children or children who become separated from their families are of particular concern to UNICEF as agencies prepare for the return of IDPs and refugees to southern Sudan in 2005. UNICEF conducted eight protection assessments of the status of children living in military barracks and the situation of vulnerable children who are part of returning IDP groups. UNICEF also provided extensive training for local NGOs, CBOs, authorities and churches in northern Bahr el Ghazal and Western Upper Nile on separation of families and local protection and prevention methods. A pilot database was established to allow for documentation and family tracing of separated children. Although lack of funding prevented UNICEF from extending this vital resource to more locations, the database was fully functional in pilot areas of northern Bahr el Ghazal by the end of the year, managed by Save the Children-UK.

The risk of landmines and unexploded ordnance is particularly high for children and returnees. UNICEF seconded staff to the UN Mine Action Service to focus on Mine Risk Education (MRE) in 2004, resulting in the production of a specific Life Skills module and visual aids on the risks of mines and UXO, and a module for use with IDPs and humanitarian organizations working in contaminated areas. Children and youth were involved in the development of materials.



young returnee girl arriving at gok machar, january 2005

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forced and voluntary returns

As IDP returns and abuses of vulnerable IDPs became a huge concern during the year, UNICEF took the lead in interagency discussions on vulnerable children in voluntary and forced returns situations, collaborating with other partners to track, document and monitor forced returns to northern Bahr el Ghazal. The majority of those involved are women and unaccompanied children. UNICEF is supporting distribution of care packages to women and children who cannot find their families, while simultaneously drawing attention to this complex and often abusive phenomenon.

juvenile justice and children in the law

To divert children from the court system and jail, and to create an environment in which the law protects children who come into contact with it, UNICEF supported the South Sudan Law Society to provide legal aid for women and children in Yei, (Equatoria) and funded the participation of women and children in research on the position of children in customary legal cases.

Advocacy work also resulted in broad agreement that juvenile justice procedures should be diversionary and not focused on the child within the formal system. This will be reflected in the forthcoming Children's Act.

plans for 2005

The 2005 programme will be a continuation of many long term priorities already underway, including massive child demobilisation, return and reintegration; an ongoing push to expand the geographical and community-based coverage of child protection services; and advocacy with and capacity building for the new southern government and local authorities on child protection and welfare. Based on very positive experience with child and youth participation in planning and programming at the local level in 2004, UNICEF will place increased emphasis on the involvement of youth and children in protection activities and on the protection of children in the wider returns and reintegration arena. One important new element in 2005 will be preparation for an unprecedented birth registration campaign in 2006, ensuring that for the first time, children in southern Sudan realize one of their most basic rights.

protection funding: 78% of 2004 appeal funded

total appeal for 2004	\$ 5,083,000
UNICEF regular resources	\$ 650,000
UK (DFID)	\$ 2,079,764
Norway	\$ 582,175
Sweden	\$ 182,415
Netherlands	\$ 142,300
Belgian Committee for UNICEF	\$ 139,257
Netherlands Committee for UNICEF	\$ 100,000
UK Committee for UNICEF	\$ 94,402
total funds received	\$ 3,970,313

A school or a clinic without a source of clean water can only make a limited impact. The value of basic services is clearly multiplied if they are together in one place. Although UNICEF's WES, education and health programmes link up to provide integrated services at many locations, a specific initiative was launched in 2001 to take the approach further by building local capacity to manage integrated social service delivery.

Since 2001, UNICEF has helped 66 communities — in Rumbek, Aweil East/West/North, Yambio, Nuba Mountains, Shilluk and Panyijar — establish Community Centres that offer health care, primary education, safe water and sanitation facilities managed by local community committees. About 264,000 people are benefiting from integrated service provision and an additional 22 centres are underway.

As well as providing construction materials that are unavailable in the local markets, and mobilising and training local management committees, UNICEF organizes training for Community Health Workers (CHWs), Traditional Birth Attendants (TBAs), teachers and hand pump mechanics. The communities are expected to pay the staff in cash or, more often, in kind. During 2004, UNICEF continued to supply all centres with spare parts for their hand pumps, education supplies for the schools and essential drugs and supplies for their health facilities.

In 2004, local authority Community Development Officers (CDOs) continued to assume more responsibility for overseeing the Community Centre project as UNICEF moved out of an implementing role. CDOs are also responsible for training management committees at each site.



community school under construction in aweil

UNICEF planned to support the establishment of 93 Community Centres between 2001 and 2004. 24 new centres were completed in 2004 which gave 96,000 people access to primary health care services, nearly 5,000 children access to education in safe shelter, and up to 24,000 people access to safe drinking water. At another 22 locations, one or more of the components (water point, health unit and school) have been completed and management committees are trained. The 16 CDOs and the core members of 78 management committees are actively serving their communities.

Ten of the planned centres were to be established in Shilluk. Five centres were operational in Shilluk by end-2003, but insecurity during 2004 prevented progress on an additional five. The project is likely to enter a maintenance phase once the 22 outstanding centres are completed.

community capacity development funding: 18% of 2004 appeal funded

total appeal for 2004	\$ 1,830,000
Netherlands	\$ 336,322
total funds received	\$ 336,322



three generations:
rebecca (left), her daughter
(middle) and her mother (right)

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community capacity building — one woman's example

Widow and mother Rebecca Yar first sat in a classroom at the age of 25. “When I joined primary school, people made fun of me. Here I was, a grown mother with children the same age as my classmates”, she recalls. Her eldest daughter Hellen was soon catching up with her mother at school.

When her husband was killed in Sudan's civil war in the early 1990s, Rebecca was convinced that getting an education could give the family a new lease of life. “I decided that if my children can see their mother getting an education, it will encourage them and they won't ever give up on their own education”, she says.

After years of study, interrupted by fighting which forced the family to move several times, Rebecca completed grade five and now runs a UNICEF-supported resource centre for girls' education in Rumbek.

Rebecca had taught her younger children and hundreds of others at a preschool that she set up at one of the first UNICEF Community Centres at Cueicok near Rumbek.

She has also been a community activist in maintaining water pumps, spreading the word about good hygiene and HIV/AIDS and a care giver for demobilised child soldiers.

Her family's loss has turned into her community's gain. Indefatigable and inspirational, she is living proof of the transformation that education can provide in seemingly hopeless circumstances. Very few girls complete even grade five in southern Sudan and decades of civil war have dashed many parents' hopes for their children.

“Girls in southern Sudan need to be taught so they understand what they are facing and they have the knowledge to solve problems and make decisions about things that affect their lives. The only thing I can be ashamed of is if I am not acting as a role model”, Rebecca said in an interview with UNICEF.

The resource centre was officially opened in February 2004 and UNICEF arranged on-the-job librarian training for Rebecca. She is now able to catalogue books and run the database of over 2,000 titles at the centre. Rebecca loves her new job because it gives her constant access to new information, the chance to expand her knowledge and views, and opportunities to influence girls and women who walk through her door.

“I have enjoyed so many chances to learn and teach others. Of course, I want to continue, I'm not yet satisfied! But my biggest dream is to see all my children finish school.” All the teasing in class twelve years ago will have been worth it.



drilling in returnee arrival area, war cuei, bahr el ghazal

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In late 2003, UNICEF launched an innovative programme designed with donors to provide rapid, visible and tangible benefits by building the capacity of local authorities and the SRRC to manage service delivery and by supporting CBOs, and local and international NGOs to start to rehabilitate their communities.

Although exciting progress has been made in 2004, the name of this programme may not adequately reflect the challenges of supporting inexperienced counterparts and local organizations to undertake and monitor their own development projects. In an environment where few Sudanese NGOs or CBOs have ever written a proposal or owned a cash book, the process of awarding, disbursing and reconciling external funds has often been lengthy rather than quick. Nevertheless, after one year of implementation, 82 local organizations have received both funding and capacity building support — most for the first time — nurturing a viable civil society and community initiatives in many areas of southern Sudan.

community improvement funds

UNICEF channeled approximately \$4.5 million to support WES, health, HIV/AIDS awareness, nutrition, education, protection, fishery and agricultural projects in communities across southern Sudan. About 64% was allocated Sudanese NGOs and community based organizations with the remaining 34% disbursed to international NGOs. A total of 100 projects were supported in 2004. Forty-seven CBOs benefited from the programme, with an average approved project amount of \$12,000, as well as 35 Sudanese NGOs with an average project budget of \$65,000 and 18 international NGOs with an average project amount of \$91,000. The bulk of funding supported projects in the education, health and water sectors. However, as most funded projects were only mid-way through implementation by the end of 2004, UNICEF cannot yet report on results achieved at community level.

Many Sudanese NGOs and CBOs applying for Quick Start funds had never received financial assistance in the past and required support to develop detailed workplans and budgets to support their proposals. Their administrative and financial management systems are typically extremely limited, leading UNICEF to provide some additional training on financial rules and procedures. Because of this learning curve, the second disbursement of funding for many projects was delayed. For 2005, UNICEF is exploring the option of channeling funds to CBOs through project cooperation agreements with international NGOs working in southern Sudan who can simultaneously build the capacity of CBOs.



children outside rumbek watch road rehabilitation

SRRC capacity building

The Quick Start funding mechanism was also applied, with donor agreement, to enhance the mobility and communication of the SRRC, the humanitarian wing of the SPLM and the main counterpart for UN agencies and NGOs in the OLS framework. UNICEF supplied vehicles, office and communication equipment for each regional SRRC office in Kurmuk, Kauda, Rumbek, Yei and Ayod, as well as the liaison offices in Nairobi and Lokichoggio. These resources have given the SRRC authorities enhanced capacity to carry out their mandate.

UNICEF also provided a series of five-day training workshops on Project Cycle Management in each of the regional offices to equip SRRC field staff with adequate skills to supervise development activities in the areas under their jurisdiction. Quick Start has also funded staff, transport, assessments and training costs related to two projects within the SRRC mandate: namely, the Sustainable Return Team (SRT) — Return Monitoring and Field Coordination and the SRRC WES department.

plans for 2005

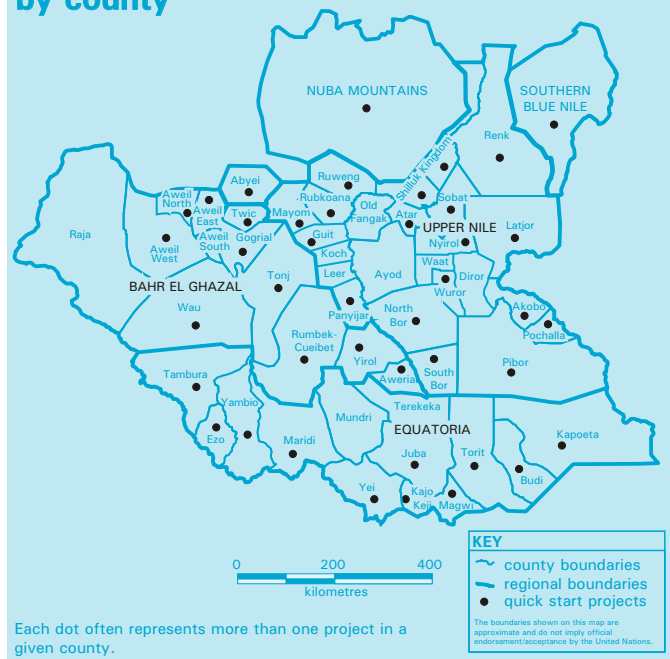
Response to this programme has been extremely positive, both from the field level and in terms of ongoing donor support. More than 600 proposals had been submitted by end 2004 and review and selection will be ongoing in early 2005. In the coming year, the major focus will be placed on strengthening the capacity of Sudanese agencies and the SRRC in proposal writing and financial accountability. UNICEF will also organize technical workshops for CBOs and local NGOs, covering “Standardization of HIV/AIDS methodologies” and “Approaches to Hygiene Promotion” among other topics.

quick start funding: 2004 appeal fully funded

total appeal for 2004	\$ 6,932,000
Norway	\$ 2,622,880
total funds received	\$ 2,622,880

2004 activities were fully funded by carry over from contributions made in late 2003. The additional contribution above was received in late 2004 to fund 2005 activities.

location of quick start funded projects by county



UNICEF raised awareness of major issues affecting children to external and internal audiences through media and advocacy. By facilitating documentary and news coverage — often in very difficult to access locations — and by producing publications and audiovisual material, UNICEF raised the profile of children's issues in Sudan through both international and local media. UNICEF also supported the wider UN system in breaking the story of the Darfur crisis for the international community.

UNICEF-supported information centres continue to provide communities — and young people in particular — with a much needed link to the outside world and access to information on subjects that affect their daily lives. Two existing information centres in Rumbek and Yambio were supported and expanded during 2004 and preliminary internet services were launched at one new centre in Kauda (Nuba Mountains). Thousands of young people were able to access news and information through the Internet, HIV/AIDS video shows and library services. Attached recreation facilities provide an all too infrequent opportunity for children and youth in engage in play and sport, benefiting individual children and enhancing the communities' sense of ownership of these centres. Lack of funding precluded the establishment of additional information centres in 2004. UNICEF hopes to expand the project by establishing new centres in Upper Nile and elsewhere during 2005.

UNICEF produced factual and feature radio productions on HIV/AIDS for southern Sudanese audiences in a partnership with UN OCHA's IRIN project. The programmes developed can be offered to any station. Two donor-supported shortwave stations are currently broadcasting into southern Sudan, while new FM stations are expected to come on air in the coming months.

UNICEF supports football teams in marial bai to raise awareness of hiv/aids



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The Sudan Open Archive Pilot Project is an initiative from UNICEF and the Rift Valley Institute to collect, preserve and organize documentation on Sudan, especially material generated by the OLS Consortium. The end product will be a well-organized public archive (digital/online and hard copy), which will benefit governing authorities in Sudan, civil society, academia and the international community. The archive should ensure that at least some of the knowledge gained during the unique, massive, and complex humanitarian operation is not lost or wasted as the anticipated reconstruction phase begins. A report of the pilot phase is complete, and UNICEF seeks funding in 2005 to begin in earnest by capturing the records held by UNICEF Southern Sudan.

information funding: 72% of 2004 appeal funded

total appeal for 2004	\$ 812,000
Netherlands	\$ 537,522
Finland	\$ 50,050
total funds received	\$ 587,572

Southern Sudan lacks legal and policy frameworks for most issues affecting children. The high degree of autonomy provided for in the peace agreement means that the incoming government of southern Sudan will need to develop a wide range of instruments to guide the new civil service and judiciary.

To influence the shape of social policy for women and children from the ground up is a rare and challenging opportunity. In most of the sectors in which UNICEF is involved policy development was a key part of activities in 2004. Achievements, results and constraints in policy and institutional development are outlined under each section of this report. UNICEF was generally very successful in meeting its policy development objectives and building technical and managerial capacity within SPLM Secretariats which will become ministries of the new Government of Southern Sudan.

Two goals were not reached before the end of 2004: the development of a standard immunization policy and adoption of a policy on recruitment of children into the military.

situation analysis, monitoring and evaluation

To support sub-national capacity to gather, analyze and disseminate social data for efficient planning and monitoring, UNICEF has focused on supporting the New Sudan Centre for Statistics and Evaluation (NSCSE), a technical wing of the SPLM. The NSCSE is a key partner in current and future efforts to provide credible statistics and indicators for progress towards national and international goals, especially the Millennium Development Goals (MDGs).

In partnership with the NSCSE, UNICEF produced and distributed 2,000 copies of a statistical overview *Towards a Baseline*.

The publication provides for the first time, widely-accepted estimates for many social indicators and a foundation for planning processes including the Joint Assessment Mission and a UNDP-supported report on the status of southern Sudan relative to the MDGs.

UNICEF continued to maintain and enhance databases on health, water supply and education services across southern Sudan. Maps and reports are made available to counterparts and all agencies, while NSCSE counterparts are being trained to take over this role, including training in Devinfo, the UN standard statistics and mapping software.

Immunization and morbidity data feeds into the Health Information System (HIS), allowing the SOH to monitor progress towards MDGs 4, 5 and 6. Nutritional data was incorporated into the HIS for the first time in 2004. With partners UNICEF also supported the SOE to monitor progress towards the achievement of MDGs 2 and 3 through educational reports and assessments such as the School Baseline Assessment (SBA) and an analysis of education in the Nuba Mountains.

In consultation with the NSCSE, UNICEF agreed to postpone the next Multiple Indicator Cluster Survey (MICS) to 2005. Preparatory work was ongoing in 2004 to train five NSCSE staff members on mapping and MICS methodology. A MICS expert has been identified to support the NSCSE to conduct the survey in 2005, with particular attention to avoiding mistakes made during the last 1999 survey.

policy, planning and monitoring funding: 35% of 2004 appeal funded

total appeal for 2004	\$ 1,385,000
Netherlands	\$ 336,322
Norway	\$ 79,616
Finland	\$ 74,229
total funds received	\$ 490,167

boy at mangbondi community centre, near yambio



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During 2004, UNICEF staffed and funded the OLS Support Unit (OSU), which provides coordination and some common services to the seven operational UN agencies and 41 NGOs comprising the OLS consortium. The unit shoulders many unique behind-the-scenes responsibilities that have enabled the consortium to deliver multi-sectoral humanitarian assistance despite the conflict, and in particular to respond to acute crises that develop within the larger complex emergency situation.

coordination, capacity building and common services

To ensure timely and effective delivery of humanitarian aid, UNICEF facilitated sectoral coordination meetings throughout the year. To strengthen counterpart capacity, UNICEF seconded two fulltime staff members to the SPLM Secretariats of Health and Education.

Each secondee is providing hands-on training for secretariat staff to enable them to facilitate sectoral coordination. The monthly Information Sharing Meetings for the entire consortium are now organized by OCHA.

UNICEF continued to maintain the Lokichoggio base camp as a forward staging base for operations inside southern Sudan and successfully instituted an equitable cost-sharing system for the running costs of the camp.

As in the past, UNICEF supported the SRRC to fulfill its role by providing air transport, accommodation in Lokichoggio and stipends to non-sectoral counterparts within the SRRC. UNICEF contributed to some recurring costs of the SRRC headquarters in Rumbek, the liaison offices in Nairobi, Kampala and Lokichoggio, and five regional directors in southern Sudan.

emergency preparedness and response (epr)

The OSU is charged with ensuring a well-coordinated response to populations affected by rapid onset emergencies through the EPR unit. The unit - staffed by UNICEF and secondees from Oxfam-GB and the Norwegian Refugee Council - organized Emergency Response Team meetings with OLS partners to arrange assessment missions and to mobilize response based on findings of 14 interagency emergency assessments.

As part of joint response, UNICEF delivered 4,174 IDP kits, benefiting more than 25,000 people in various emergency situations, and provided some targeted basic services including supply of clean water, essential drug kits and emergency education kits. Further IDP kits were pre-positioned inside southern Sudan.

During 2004, EPR workshops were held in Lokichoggio and at four sites inside southern Sudan (Upper Nile, Bahr el Ghazal, Eastern Equatoria and Western Equatoria), training a total of 119 participants in rapid emergency assessment methodology and tools and techniques to improve the quality of information gathered on key sectoral indicators. Several international NGOs participated, but the majority of trainees were from the SRRC, local NGOs or the local authority.

Common understanding was reached on key issues that have affected the quality of assessments in the past, including the difficulties around accurate population figures and the role of the SRRC and local authorities in coordinating EPR activities at the community level. The workshops presented conflict, gender and HIV/AIDS sensitive approaches to rapid assessments, as well as landmine awareness to help participants fulfill their role in creating awareness as the grass roots level.

peace celebrations in rumbek, january 2005



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plans for 2005

Most of the roles and responsibilities of the OSU and EPR Unit will be taken forward by OCHA in 2005. UNICEF will continue to support coordination and act as sector lead in the UN system for WES, education, child protection, nutrition and several aspects of health. UNICEF will procure and pre-position survival items and other inputs for response to emergencies and participate in joint assessment missions.

osu funding: 85% of 2004 appeal funded

total appeal for 2004	\$ 1,265,000
UNICEF regular resources	\$ 1,016,449
Sweden	\$ 60,142
total funds received	\$ 1,076,591

epr funding: 47% of 2004 appeal funded

total appeal for 2004	\$ 1,978,000
UNICEF regular resources	\$ 300,000
USAID/OFDA	\$ 340,000
Netherlands	\$ 289,022
total funds received	\$ 929,022

Through the OLS security operation, UNICEF works to ensure, to the greatest degree possible, the effective, efficient and secure implementation of humanitarian efforts in southern Sudan by maintaining a security network that minimizes the risk to UN and OLS NGO staff in all areas of operation.

volatile security situation

Despite the ongoing peace talks, both parties to the conflict continued their efforts to extend territorial control during 2004. Therefore, military actions occurred throughout the year, mainly in Upper Nile. Instances of inter-clan or inter-tribal fighting, cattle raiding and problems between the local administration and OLS consortium members also occurred. Typically, up to ten locations are deemed to be too unsafe for staff to remain at any one time in southern Sudan. The Lord's Resistance Army (LRA) activity in Equatoria and an increasingly precarious security situation in northern Kenya at the Lokichoggio base camp also threaten OLS personnel and hamper humanitarian efforts.

UNICEF provides financial administration for the OLS security operation which is staffed with international security officers seconded from UNSECOORD, UNICEF and WFP, as well as locally-hired radio operators in Lokichoggio and camp guards in Lokichoggio and southern Sudan.

At any one time during 2004, the OLS Security team provided daily coverage for an average of 1,150 international and local OLS staff, including 400 personnel at the base camp in Lokichoggio and some 750 personnel deployed inside southern Sudan at between 90 - 120 locations (there are a total of about 160 possible deployment locations). These figures do not include the many non-OLS staff members who are indirectly or directly supported.

proactive and preventive measures

In 2004, the security team conducted an average of 30 assessments per month at various locations to determine levels of security and maintain close contact with local authorities and counterparts in the field.

The security team runs a tight communication network in order to ensure the safety of OLS personnel inside southern Sudan. This includes the maintenance of 24-hour radio contact through the Lokichoggio radio base station and daily radio check with every location in the field to update staff count, security levels and weather conditions for flight operations. When the security of a particular location deteriorates (even temporarily), the OLS security team is dispatched to pull OLS staff out of the area. In 2004, 33 relocation operations were completed to remove 152 OLS staff members from insecure locations. More than 110 medical evacuations transported ill staff members out of southern Sudan for treatment.

Much of the safety of OLS personnel is dependent on the staff member's ability to respond correctly to tense or insecure situations. In 2004, 1,130 staff members, counterparts and frequent visitors completed mandatory security awareness training by attending one of 8 three-day workshops or 11 one-day workshops held in Nairobi, Lokichoggio, Arua (Uganda), Kampala and Rumbek. The workshops trained participants in compound and personal security, survival techniques, hostage situations, evacuation routes and procedures, radio communication procedures, basic first aid, HIV/AIDS and mine risk awareness and other essential information. Sessions were also added on the prevention of sexual abuse and exploitation in the humanitarian context as part of wider efforts to sensitize humanitarian workers and contractor personnel to global Interagency Standing Committee (IASC) principles.



southern sudan
remains a hazardous
environment

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lokichoggio base camp

The security team also oversees security at the OLS base camp in Lokichoggio and with the Kenyan authorities, organises escort services for OLS consortium convoys traveling between Lokichoggio and the southern Sudanese border. In 2004, security escorts were provided for 1,958 convoys, maintaining an important road corridor to Sudan through the volatile northwestern section of Kenya. Another 225 convoys were escorted between Kakuma, a town in the area hosting a large refugee camp, and Lokichoggio.

plans for 2005

The coming year will bring many changes to the international response in southern Sudan. Staffing levels inside southern Sudan increased during 2004 and will continue to do so in 2005 as agencies scale up programmes. Ironically, the security situation in southern Sudan is likely to become even more fluid after the signature of the peace agreement, with increased population movements, political change, and the potential for shifting alliances and unpredictable activities by militia groups not included in the peace process.

In 2005, the OLS security operation will increasingly be based out of southern Sudan with a stronger presence in Rumbek and dedicated staff in particularly volatile areas such as Eastern Equatoria. The OLS security operation will evolve and be ready to adjust to new threats and opportunities, ensuring a smooth collaboration with the UN peace support mission.

security funding: 80% of 2004 appeal funded

total appeal for 2004	\$ 4,412,000
Netherlands	\$ 1,110,000
ECHO	\$ 730,818
UK (DFID)	\$ 699,626
Sweden	\$ 490,944
Switzerland	\$ 269,231
USAID/OFDA	\$ 220,000
total funds received	\$ 3,520,619

The funding climate in 2004 was affected by uncertainty as to the progress of the peace talks. The UN appeal for 2004 – the Appeal for the Sudan Assistance Programme (ASAP) – was developed in anticipation of a signed agreement during 2004, which would have increased short term humanitarian needs related to mass population movements, and also opened the door to substantial recovery and development funds. In the absence of an agreement, the major upturn in funding did not materialize. Nevertheless, given long lead times and a complex logistics chain, funding was needed to prepare for returnees and preposition supplies to be ready for the impact of the peace agreement, as well as fund ongoing projects.

With \$32,731,405 in gross receipts, funding in 2004 increased only by 10% over 2003 but still ranked as the highest ever since the inception of OLS, slightly higher than the famine year of 1998.

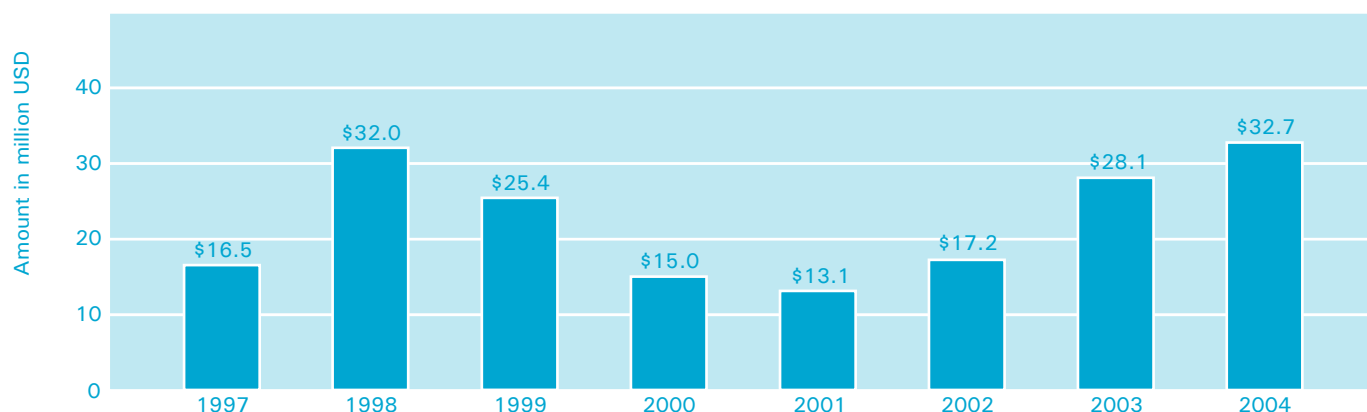
The UNICEF OLS Southern Sudan appeal in the 2004 ASAP was \$47,942,000. Against this amount, a total of \$31,997,198 or 67% was received. Despite an increase in absolute funding compared to 2003, a lower percentage of the target was achieved.



funding outside the asap

An additional \$734,205 was received for activities outside the 2004 ASAP appeal; including \$300,000 from the World Bank to support capacity building initiatives with the SPLM and \$434,205 from the Government of Norway to offset the costs UNICEF incurred in setting up the Capacity Building Trust Fund on behalf of the international community and the SPLM.

unicef ols southern sudan funding trend



the ferry route between kajo keji and juba



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unicef regular resources

2004 represents the first year in the history of the office that a significant portion of the programme was funded by contributions from UNICEF Regular Resources. A total of \$6,016,449 (18% of total funding) enabled the programme to prepare for and execute programmes especially related to returnees who had already begun arriving in the south despite the hiatus in the peace process and donor hesitance.

breakdown and timing of funds

Nearly 30% of total funding was received from a single donor, the Government of the United Kingdom's Department for International Development (DFID). Seven UN member states and five UNICEF National Committees contributed to the programme, in addition to the World Bank, ECHO and CDC.

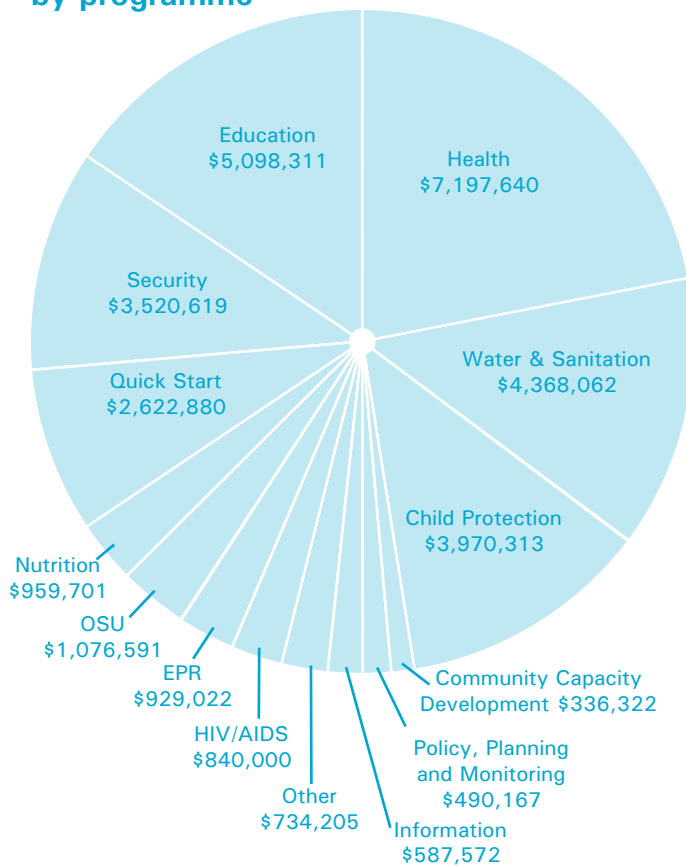
Many key sectors were extremely well-funded in 2004, including health, nutrition, protection and education. However, the timing of funding is always critical in southern Sudan.

Late receipt of funds in the calendar year has a drastic impact on the ability of UNICEF to implement planned activities. Southern Sudan's lengthy rainy season, combined with a lack of all-weather roads and airstrips, make access to many locations impossible between May and November each year. This affects not only delivery of essential supplies, but even simple interventions such as training events when participants cannot cross swollen rivers or be picked up from sodden airstrips to reach the venue.

The WES programme was particularly constrained by this situation in 2004. The main drilling season runs from January to May each year – but the programme was only 61% funded in 2004 and 75% of funds arrived after the onset of the rainy season.

Ironically, however, late arrivals in one year can be used as early programme startup funds in the next. A total of approximately \$11 million had been carried over from 2003 into 2004; \$9.5 million has been carried over from 2004 into 2005.

breakdown of incoming funds — allocation by programme



the rainy season makes roads and airstrips unusable

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breakdown of funds received by donor in 2004

donor	amount	% of total 2004 funding
UK (DFID)	\$9,655,427	29.5%
UNICEF regular resources	\$6,016,449	18.4%
Netherlands	\$5,856,000	17.9%
Norway	\$4,359,402	13.3%
Sweden	\$1,715,391	5.2%
CDC	\$1,174,279	3.6%
USAID/OFDA	\$1,000,000	3.1%
Switzerland	\$989,231	3.0%
ECHO	\$730,818	2.2%
World Bank	\$300,000	0.9%
Finland	\$298,507	0.9%
German Committee for UNICEF	\$245,098	0.7%
Belgian Committee for UNICEF	\$139,257	0.4%
Netherlands Committee for UNICEF	\$100,000	0.3%
UK Committee for UNICEF	\$94,402	0.3%
US Fund for UNICEF	\$57,144	0.2%
grand total	\$32,731,405	

millennium development goal	indicator	SPLM-controlled southern Sudan
mdg 1: eradicate extreme poverty and hunger	prevalence of child malnutrition (weight / age) % of under 5, 2001	48
mdg 2: achieve universal primary education	education: primary completion rate, %, 2001	2
mdg 3: promote gender equality and empower women	ratio female to male enrolment in primary and secondary school, %, 2000	35
mdg 4: reduce child mortality	under five mortality rate, per 1000, 2001	250
mdg 5: improve maternal health	maternal mortality per 100,000 live births, estimates, 1995	1700
	births attended by skilled health staff, % of total, 2000	5
mdg 6: combat HIV/AIDS, malaria and other diseases	prevalence of hiv, males % ages 15-24, 2001	1.1
	prevalence of hiv, females % ages 15-24, 2001	3.1
	incidence of tuberculosis per 100,000 people, 2000	325
mdg 7: ensure environmental sustainability	carbon dioxide emissions per capita mt, 1999	0.0
	access to improved water source, % of population, 2000	27
	access to improved sanitation facilities, % of population, 2000	15
mdg 8: develop a global partnership for development	fixed line and mobile phone subscribers, per 1000 people, 2001	1 <

Source: *Towards a Baseline: Best Estimates of Social Indicators for southern Sudan*, May 2004, NSCSE in association with UNICEF.

abbreviations

ACT	Artesunate amiodaquine
ACF-US	Action Against Hunger - USA
ANC	Antenatal Care
ASAP	Appeal for the Sudan Assistance Programme
BCG	Bacillus Calmette Guérin
CBO	Community Based Organisation
CDC	Centers for Disease Control and Prevention, USA
CDO	Community Development Officer
CEAS	Church Ecumenical Action in Sudan
CHW	Community Health Worker
CMA	Christian Mission Aid
CRS	Catholic Relief Services
DDR	Disarmament, Demobilisation and Reintegration
DFID	Department for International Development, Government of the UK
DHC	Deputy Humanitarian Coordinator
DOE	Diocese of El Obeid
DPT	Diphtheria, Pertussis, Tetanus
ECHO	European Commission Humanitarian Aid Office
EmOC	Emergency Obstetric Care
EPI	Expanded Programme of Immunization
EPR	Emergency Preparedness and Response
GAM	Global Acute Malnutrition
GoS	Government of Sudan
IDP	Internally Displaced Person
IEC	Information, Education and Communication
IRC	International Rescue Committee
JAM	Joint Assessment Mission
MICS	Multiple Indicator Cluster Survey
MMNT	Measles and Maternal Neonatal Tetanus
MRE	Mine Risk Education
NGO	Non-Governmental Organization
NIDs	National Immunisation Days for polio
NSCSE	New Sudan Center for Statistics and Evaluation
NSNAC	New Sudan National AIDS Council
OCHA	Office for the Coordination of Humanitarian Affairs
OLS	Operation Lifeline Sudan
OSU	OLS Support Unit
PHCU	Primary Health Care Unit
PMTCT	Prevention of Mother to Child Transmission
RR	UNICEF Regular Resources
SCF-UK	Save the Children - UK
SOE	Secretariat of Education
SOH	Secretariat of Health
SPLM/A	Sudan People's Liberation Movement/Army
SRRRC	Sudan Relief and Rehabilitation Commission
SSDO	South Sudan Development Organization
SWGCV	Secretariat of Women, Gender and Child Welfare
TBA	Traditional Birth Attendant
TT	Tetanus Toxoid
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNMAS	United Nations Mine Action Service
UNSECOORD	United Nations Security Coordinator
USAID	United States Agency for International Development
UXO	Unexploded Ordnance
VCT	Voluntary Counseling and Testing
WCBA	Women of Childbearing Age
WES	Water and Environmental Sanitation
WFP	World Food Programme
WHO	World Health Organization

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