

UNKEA ANNUAL REPORT 2023



UNKEA Executive Director and Dedicated Staff

Message from the Executive Director.



I am so grateful to present UNKEA’s Annual Report 2023, highlighting our progress of the new strategic plan 2022-2026. We continued to remain responsive, accountable and committed to the dignified wellbeing of all kinds of humanity. Despite challenges posed by Covid-19, a rapidly changing civil society environment and difficult emergency and development issues, we continued to learn, adapt and remained focus on our Goal: to help bring forth a peaceful and self-sustaining society in social–economic development.

Through our strategic partnerships and funding from UNICEF/World Bank, UNOCHA-SSHF, Save the Children, WHO, CAPH and AFH, we were able to support the most vulnerable communities and collaborate closely with the governments, local actors, clusters, technical working groups and civil society organizations. The supports and collaborations were very key and significant in achieving our progress especially in two of our six strategic objectives:

Enhancing access to safe, protective and inclusive education services for crisis affected children. We focused on promoting enrolment of students to education, establishment of temporary and semi-permanent learning spaces, back to learning campaigns/community, distribution of hygiene and dignity kits, provision of assistive devices for children with disabilities, provision of PSS, recreational activities and social cohesion programmes, alternative education service (AES)-Accelerated learning, basic literacy and numeracy, provision of teaching and learning materials, training of teachers/PTA/SMCs on school governance and disaster risk management, establishment of child-friendly spaces and advocacy on availability of adequate resources that support education systems in pre-primary, primary and secondary schools especially in Warrap State.

Provision of primary health care. To save lives, we focused on addressing the common causes of Morbidity and Mortality among the most affected populations in South Sudan particularly Upper Nile, parts of Jonglei and Warrap States. They include provision of curative health services namely, health promotion and prevention activities.

Our mandate remains the same in all our intervention areas which include provision of primary health care, nutrition, food security and livelihoods, water, sanitation and hygiene, education, social development of youth and women, economic development, access to Justice and peace building. As we carry-on with our mandate, we continue to invest in the capacity of our staff because we believe that investing in staff capacity impacts on the quality-of-service delivery to the affected population and this is one of the major reasons why UNKEA has attained this great height. We continued to maintain low staff turnover amidst the challenging funding environment because of our robust, adaptive and flexible human resource management skills.

I want to express my sincere gratitude for the exceptional efforts of our staff and Board of Directors throughout the year. Your commitments have steered us closer to achieving our goal. We also value our strategic cooperation with government of South Sudan and partners at global, regional, national, state and county levels. May God bless you.

Dr. Simon Bhan Chuol
Executive Director – UNKEA.

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Introduction

UNKEA is a national non - governmental organization legally registered in South Sudan with Relief and Rehabilitation Commission-RRC, registration number 178. UNKEA was established in 2002 by a group of concerned and professional men and women of Upper Nile State of South Sudan to respond to the dire social, economic, livelihoods and health conditions experienced by the South Sudanese citizen. UNKEA's initial purpose was to design strategies and interventions to fight the deadly Kalaazar disease which was highly prevalent in Upper Nile State. With time, UNKEA's mandate expanded to include other interventions such as provision of basic services such as primary health care, nutrition, food security and livelihoods, water, hygiene and sanitation, education, social development of youth and women, economic development, Access to Justice and peace building.

UNKEA's vision is of *“a God fearing, healthy, well-educated and economically advanced society enjoying a sustainable high standard of living in a secure environment”*. This vision is well supported by its mission which significantly guided our active process in maintaining the institutional core principles and beliefs that contributed to the overall achievements of UNKEA's strategic objectives throughout 2023. For the past 3 years UNKEA has handled funds from several donors that entrusted UNKEA to support its interventions at different levels. They include UNICEF/World Bank, UNOCHA-SSHF, Save the Children, WHO, CAPH, AFH, World Vision, DCA and Diakonie among others. Their supports locomoted UNKEA closure towards realization of its vision.

During our navigations through the second year of the new strategic plan 2022-2026, we carried lessons learnt from the previous strategic plan and used them to shape our thinking and ideas towards creation of innovative approaches that suit the changing regional and global contexts. This has given us hope in revitalizing UNKEA's programmes (i.e. Food Security and Livelihoods, GBV/general protection, WASH, Nutrition and Shelter/NFIs). Our target priorities remain the same based on vulnerability status comprised of IDPs, returnees and host communities with specific focus on persons with disabilities (PwDs), GBV survivors, young mothers/fathers and other persons with special needs.

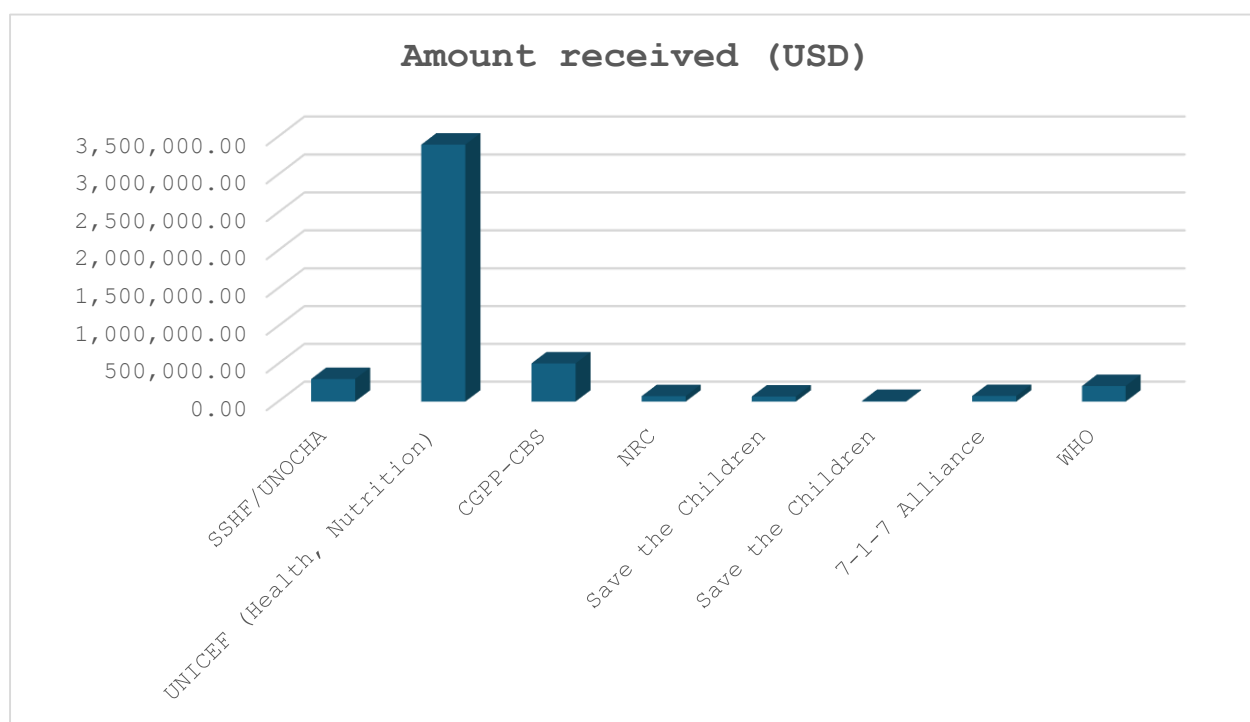
In this report commemorating the accomplishments of 2023, UNKEA celebrates the progress made and reflects on the lessons learned during the implementation of the strategic plan. It acknowledges the contributions of individuals and communities in realizing positive change and overcoming impediments. Furthermore, the report outlines the achievements realized (outputs and outcomes), the funds received, Donor/partners contributions and support, operational scope, challenges and lessons learnt during 2023.

Figure#1

Table I: Summary of organization Incomes 2023

Organization Income 2023	
Donor	Amount received (USD)
SSH/UNOCHA	299,999.99
UNICEF (Health, Nutrition)	3,394,693.00
CGPP-CBS	505,817.00
NRC	72,883.84
Save the Children	68,403.60
Save the Children	9,100.00
7-1-7 Alliance (Resolve to Save Lives)	75,000.00
WHO	207,000.00
Total	4,632,897.43

Chart I: Graphical illustrations



Organization achievements 2023

This report presents the achievements per sector

I. Education program

Table2: Project summary

Project Title	Increasing availability of learning spaces with community participation	
Planned duration	Start date: 1st March, 2023	End date: 31st December, 2023
Location	Warrap State, Gogrial West County,	
Budget	\$ 196,564	

With funding from Global partnership for education, UNKEA in partnership with UNICEF provided Education in Emergencies (EiE) support and services to communities in Warrap State. The project aimed at increasing access and quality of education to children of school-age in the formal and non-formal education system in Gogrial West County of Warrap State.

Achievements

Construction of 5 Improved Temporary Learning Spaces in 5 primary schools in Gogrial West County:

The construction of improved temporary learning spaces contributed to improved access to safe, protective, and quality learning spaces to learners in the targeted schools. Ensure teaching and learning process are not interrupted by rains and hazardous winds, boost enrolment of Out of School Children and make them stay in school longer than before and improve quality of learning in schools.

UNKEA hired a competent construction company (Weer Miir Co. Ltd) which is Kuajok based to improve the Temporary Learning Spaces (TLS) though renovation according to the approved design by the MOGEI. The Company used community-based approach in provision of work force and materials for the renovation activities which significantly benefited the local economy. An example below is one of the renovated primary schools



Figure#2 Image1: Anyienyagal Primary School during renovation process



Image2: Anyienyagal Primary School after renovation

UNKEA supported the school's visibility by producing 5 school signposts. The signposts were distributed to the 5 schools (i.e. Deer, Mabil, Mabor Amal, Mading Wuny, Anyienyagal primary schools).



Figure#3: Signposts for 5 TLS constructed

Orientation of 75 teachers on enrolment drive and mobilization of out-of-school children

Five (5) days enrolment drive and mobilization orientations were held for 5 primary schools (Mading Wuny, Mabior Amal, Anyienyagal, Adeer, and Mabil) and a total of 38 (7 female and 31 male) participated. During the process, teachers were given various skills in conducting EiE including how to conduct lessons, mobilization of out of school children and proper handling of issues affecting learners in and out of schools.



Figure#4: Group of teachers after the orientation workshop

Orientation of 50 PTAs on enrolment drive and mobilization of out-of-school children
27 PTA members (2 female and 25 male) from the same primary schools also received orientation on enrolment and mobilization skill. They include school good governance, mobilization of out of school children, advocacy for school priority needs from the duty bearers.



Figure#5: PTA members during group discussions

Conducting Back to Learning Campaigns

The Back to Learning Campaigns began by mobilization of learners and parents through head teachers, PTA, and the county education officials as one of the collaborative approaches towards effective provision of EiE. A total of 523 (347 male & 176 female) participated in the campaigns held in the targeted primary schools (Mading Wuny, Anyienya-gal, Adeer, Mabior Amal and Mabil Primary Schools). This was done to boost retention of enrolled learners, as well as increasing the enrolment of both out-of-school boys and girls within the communities.



Figure#6: School children participating in the Back-To-Learning campaign in Mabil P.S

School enrolment tracking:

The school enrolment increased in the targeted schools (Mading Wuny, Anyienya-gal, Adeer, Mabior Amal and Mabil Primary Schools) within the targeted Payams in Gogrial West County, Warrap State as illustrated below.

Table3:

Payam	Enrolment		
	Male	Female	Total
Kuac south	471	265	736
Akon south	595	453	1048
Akon north	620	451	1071
Riau	505	357	862
Gogrial	453	270	723
	2644	1796	4,440

Table4: Project summary

Project title	South Sudan Education Cluster Coordination Project-SSECCP
Donor	Save the Children/Danida
Duration	12 months: Start: 1 st Jan 2023, End: 31 st Dec 2023
Budget	\$47,241.00

UNKEA is a member of Education Cluster and continued to serve as the Education Cluster coordinator for NNGOs since cluster elections of 2022. The education cluster in South Sudan is a platform that brings together various stakeholders involved in the education sector to

coordinate and harmonize efforts in providing education services and support. The education cluster is typically composed of representatives from government bodies, United Nations agencies, international Non-Governmental Organizations (NGOs), National Non-Governmental Organizations and other relevant partners working in the field of education in South Sudan. The Education Cluster aims to better ensure that children affected by humanitarian crisis have access to a safe and productive learning environment. The purpose of the Education Cluster is to ensure a predictable, well-coordinated and equitable provision of education services. The Cluster aims to strengthen the education system in South Sudan, address challenges, and maximize the impact of education programs by aligning strategies, resources, and activities to improve the provision of equitable education services.

UNKEA successfully implemented a pilot project with funding from Danida through SCI/UNICEF to lead education cluster coordination activities under NNGOs. Among which included:

- i. Planning of the humanitarian project cycle (particularly the Humanitarian Needs Response Plan-HNRP).
- ii. Donor Advocacy.
- iii. Preparations of emergency response plans.
- iv. Government engagement in policy formulations and enforcement on inclusion of education in emergency.
- v. Ensuring adherence to education in emergency standards implementation according to MoGEL policies and INEE minimum standards.
- vi. Supporting/strengthening sub-national coordination (training, monitoring, coaching).
- vii. Conducting education cluster meetings.
- viii. Leading field assessments.
- ix. Provision of donor updates.
- x. Participation in the Global Education Cluster review meetings, and other international events relevant to education etc.

In April 2023, UNKEA fully and effectively represented South Sudan Education Cluster NNGOs in the Global Education cluster annual review meeting in Nairobi Kenya. Other key participants included GEC specialists, donors (ECHO, USAID, ECW, Bill & Melinda Gates Foundation), government representatives from education ministries, partners, and researchers in education sector¹.

*For further details of the event, visit the following links. [Global Education Cluster Annual Partners Meeting 2023 \(youtube.com\)](https://www.youtube.com/watch?v=2CJ...)
<https://www.educationcluster.net/2023-global-education-cluster-annual-partners-meeting?keys=&page=%2C>*

Figure#7:



Objectives of the meeting were.

- To ensure strengthened coordination and integration between education and other clusters.
- To ensure strengthened evidence-based data programming.
- To ensure integration of climate change intervention in education programming.
- To promote quality EiE through teacher capacity development.

GEC meeting group photo during annual retreat in Nairobi - 2023

Additionally, UNKEA represented NNGO Education Cluster partners in the Localization event for best practices in Addis Ababa, Ethiopia.

Partnership commitment

The memorandum of understanding (MOU) between the cluster lead agencies (CLAs), UNICEF and Save the Children, for the South Sudan Education Cluster (SSEC) coordination has been updated to include the Universal Network for Knowledge and Empowerment (UNKEA)-The picture shows SCI, UNICEF, UNKEA signing MOU agreement witnessed by UN Humanitarian Coordinator. This update aligns with the Grand Bargain commitment to engage



local actors in humanitarian coordination. By integrating a national non-governmental organization (NNGO) into the SSEC coordination MOU, the CLAs aim to enhance local capacities for managing humanitarian responses, address local actors' concerns in Education in Emergencies (EiE) coordination, and improve engagement in key decision-making processes to create a more sustainable

Figure#8: SCI, UNICEF, UNKEA signing tripartite agreement

coordination mechanism. With this MOU, UNKEA has committed to working closely with the CLAs to provide timely coordination and representation of local actors, ensuring their voices are heard and their capacities are strengthened for long-term sustainability. This MOU will be effective for two years (2023-2025), after which the SSEC will conduct a rotational re-election for the role.

2. Health Sector

Table5: Project summary

Project Title:	COVID-19 Emergency Response and Health Systems Preparedness Project
Start date	01-Mar-23
End date	30-Jun-24
Project target	424,935 inhabitants
Budget	\$4,169,603.79
Donor	UNICEF (Health, Nutrition)

The Covid-19 Emergency Response and Health System Preparedness- Additional Financing (CERHSP-AF) was 18 months project funded by World Bank through UNICEF that supported the communities of Upper Nile, Jonglei and Unity States with the overall objective of delivering low cost, high essential health services to the affected population.

The project under Lot 5 was implemented in a consortium of three organizations (i.e. UNKEA Malaria consortium-MC and South Sudan Agency for Internal Development-SSAID), where UNKEA was a lead partner. MC was responsible for Boma Health Initiative-BHI components while UNKEA and SSAID were responsible for Health Facilities-HF components that supported a total of 22 health facilities (1 hospital, 9 PHCCs and 12 PHCUs) across Nasir and Ulang Counties in Upper Nile. The services provided included the following:

- (a) **Child health services:** Health education; routine immunization; integrated management of neonatal and childhood illnesses (IMNCI) and rapid response and referral for complicated cases; LLITNs distribution; vitamin A supplementation; promotion of adequate infant and young child feeding behaviors; nutrition screening and referral to nutrition therapeutic programs (OTPs).
- (b) **Maternal and neonatal health services:** Health education; antenatal care, skilled delivery, postnatal care of mothers and newborns, family planning, and referral to secondary health services.
- (c) **Basic and comprehensive emergency obstetric and newborn care:** These were done at the PHCC and hospital levels.
- (d) **Sexual and gender-based violence services:** Identification, counselling, management, and proper referral for victims of SGBV, including rape victims.
- (e) Distribution of essential medicines and supplies procured by UNICEF.
- (f) **Emergency preparedness and response:** Building the capacity of partners to detect, assess and respond to health needs in the event of emergencies and disease outbreaks.
- (g) **Disease surveillance and outbreak response:** In line with the nationwide Integrated Disease Surveillance Response (IDSR) and Early Warning Alert and Response (EWARS) systems.
- (h) **Quality improvement and supervision:** In-service training; continuous quality improvement activities; infection prevention activities; supportive supervision; and promotion of procedures for proper waste management and disposal of sharps and other waste.
- (i) **Corvid 19 Response** Preparedness and response of health facilities to a COVID-19 outbreak is strengthened while continuity of essential health services is ensured.

Achievements

Child Health

Number and percentage of health facilities with available medicines. Following the strategy UNICEF came up with to predispose medicine for at least six months, there have been no rampant cases of drug stock-outs except antimalaria drugs due to the increase in malaria prevalence and the influx of returnees from Sudan and Ethiopia.

Number of health facilities providing at least 75% of the essential package of health services. The project supported 22 health facilities in both counties which includes 1 county hospital, 8 PHCCs and All the health facilities continued to provide at least 75% of the essential package of health and nutrition services.

Number of UNICEF-targeted community health workers trained to implement Boma Health Initiative (BHI). Boma Health Initiative is a national-scale community health program that aims to strengthen the health system in South Sudan and efficiently deliver an integrated package of health promotion and disease prevention activities to the community. During this period, all the 366 previously trained BHWs received refresher training to enable them effectively to carry out their activities.

Number of U5 children seen by BHI (# of under 5 children having access to community health services (promotional, preventive, and curative). The BHWs, with support from their supervisors, continued to provide health care services to under five children within the community. This included both health promotion, disease prevention, and curative services for the common childhood illness of malaria, pneumonia, and diarrhoea. A total of **33,391** children were seen by BHWs in the community between January and December 2023 compared with the project target of **74,378** which compute to **43%** achievement. The low-performance achievement is attributed to the longstanding stock-out of antimalaria drugs in both the community and health facilities.

Number of bomas with functional BHI services. The project implementation targeted 16 bomas in both Nasir and Ulang. All the targeted bomas were covered which included 10 in Nasir and 6 Ulang County.

Number of functional health facilities submitting standardized HMIS monthly reports into the DHIS2 within one month of the reporting month. The CERHSP project supported 22 health facilities under lot 5 which included 14 from Nasir (1 hospital, 4 PHCC, and 9 PHCU) and 8 health facilities from Ulang (4 PHCC and 4 PHCU). Despite all the challenges encountered especially during the rainy season with subsequent flooding, all the 22 supported health facilities managed to submit their monthly health facility services reports that were uploaded into DHIS2 promptly.

Number of health facilities with structured supervision visits using QSC. Supervision is an effective way of providing support, improving standards, reducing risks, and addressing poor performance and stress. UNKEA together with CHD conducted joint quarterly support supervision of all the 22 supported health facilities using the Ministry of Health quantified supervisory checklist to identify challenges and gaps in the facilities, mentor staff, and improve their performance. All the 22 health facilities have copies of the QSC form and supervision reports for the last four quarters (Jan-Dec 2023) were shared with MoH and UNICEF through DHIS2 hence this indicator achievement stands at 100%.

Number of insecticide-treated nets provided to pregnant women and children. Distribution of insecticide-treated net to pregnant women and children is one of the activities carried out under the project in the health facilities. Pregnant women and under-five children are more vulnerable to malaria infection hence the priority need for LLITNs. During this period, **7,792** LLITNs (Nasir 5,061 and Ulang 2,731) received out to pregnant women attending ANC services and children under five years of age during immunization.

Number of curative consultations provided for under 5 children. Between January and December 2023, a total of **62,946** under five curative consultations were reported from the health facilities against **108,824** targets for the 18-month implementation period. This populates to **57.84%** of the 18-months target. With improved clinical outreaches this indicator is achievable by the end of the project implementation period.

Number of Health workers trained in IMNCI. Integrated Management of Neonatal and Childhood Illness (IMNCI) is a systematic approach to children's health that focuses on the whole child. This means focusing not only on curative care but also on the prevention of disease. To ensure the provision of quality child health services, UNKEA with support from UNICEF trained **25** health workers (clinical officers and community health workers) in both Nasir and Ulang.

MNH-EMTCT

Number of live births attended by skilled health personnel (home and facilities) (doctor, nurse, midwife, or midwife). For the past years, this indicator had been one of the worst in terms of performance due to lack of qualified skill midwives and the tendency by the community to prefer delivering from home rather than seeking facility-based delivery which resulted in the increase of maternal mortality in the country. Towards the end of 2021, UNKEA with support from UNICEF recruited trained and qualified midwives to improve on skilled birth attendance in the supported facilities of Nasir and Ulang. During the reporting period (Jan-Dec 2023) the project registered **1,614** (Nasir **1,119** and Ulang **495**) facility-based deliveries by skilled personnel (midwives) compared to 2,635 project targets of 18 months. This is about **61.25%** achievement. This was attributed to continuous community engagements and sensitizations on facility-based deliveries and subsequent recruitment of competent and qualified midwives who have the capacity to handle certain complications within the facility.

Number of Newborns receiving postnatal visit within two days of childbirth. Every child delivered being it at the health facility of community must receive post-natal visit within two days of childbirth. This is provided by the midwives or MCHWs at the facilities or during home visits. During the reporting period, a total of **2,343** children received post-natal visit two days after childbirth compared to 1,614 deliveries in the community under skilled health personnel. The project target for the 18 months period is **2,996** hence the project achieved **78.2%** of the overall project target. This was possible due to community sensitization and advocacy meetings by the midwives in the communities and good working relationships between the health facility staff (midwives) and TBAs within the communities in reporting and referring any mother who delivered in the community for PNC services.

Number of HFs with PMTCT /life-long ART (target 100% PHCCs & Hospitals)

In the Lot, there are 8 PHCCs and 1 county hospital supported by the CERHSP project, and by their operational levels, all are expected to provide PMTCT/life-long ART to pregnant and lactating mothers. However, only **8** out of **9** facilities are fully providing PMTCT services which includes Nasir Hospital, Mandeng, Jikmir, Mading, Kierwan, Ulang, Yomding, and Rupboard PHCC. Doma PHCC has been sidelined by the MoH because its operational level in DHIS2 as PHCU according to Ministry of health and not eligible for the provision of PMTCT services despite the availability of trained and qualified midwives to provide the services. The health specialist together with the Lot coordinator had been following up with UNICEF/MoH but till now, nothing worked out. The project performance achievement for this indicator stands at **88.89%** during the reporting period.

With continuous follow up and engagements with MoH through UNICEF, we hope to achieve 100% of this indicator by the end of the project cycle.

Number of HWs trained on PMTCT (PHCCs & Hospitals). UNKEA with support from UNICEF managed to train **10** health workers (midwives) which included 3 males and 7 females from both Nasir and Ulang counties during the reporting period. These were drawn from all the 8 PHCCs and 1 hospital. The purpose of the training was to enable midwives to determine how best to incorporate family planning into the integrated reproductive health services that they offer to all their clients, especially those clients with HIV. Our project achievement in this indicator stands at **100%** as compared to the targeted training of 10 healthcare workers in the project document.

GBV referral pathways (target 100% PHCCs & Hospitals). There is a well-developed referral pathway for GBV for all PHCCs and hospitals which is updated on an annual basis. Health and GBV project implementing partners within the county jointly developed this referral pathway with support from IP focal person for GBV.

Percentage of GBV survivors reached with CMR. Addressing and reporting issues of GBV in the communities has been a very big challenge due to stigma and confrontation in the community which makes it difficult for GBV survivors to freely access and receive clinical management in the health facility. This has been one of the worst performance indicators during the project implementation though all the **8** cases reported cases were managed in the facility with a resultant percentage of GBV survivors reached with CMR **100%**.

Number of health facilities with solar energy. The project focused on solarization of two health facilities in the lot during the implementation period. Nasir hospital and Ulang PHCC were fully solarized with 24/7 power supply per the plan. However, the remaining health facilities, mainly the PHCCs have inadequate power supply that does not support 24/7 power supply, and this sometimes affects provision of health services (deliveries and in-patient) care at night. To ensure provision of adequate power supply, UNKEA procured and equipped Kierwan and Doma PHCCs with solar power systems.

Number of pregnant women who tested for HIV and knew their status.

Prevention of mother-to-child transmission (PMTCT) program offers a range of services for women of reproductive age living with or at risk of contracting the human immune deficiency virus (HIV) to maintain their health and to protect their infants from acquiring HIV. In August 2022, UNKEA through coordination from Lot Manager and Health specialist with UNFPA/MoH established PMTCT services in 8 health facilities (1 hospital & 7 PHCCs) in both Nasir and Ulang counties aimed at addressing HIV prevalence among pregnant women and elimination of mother-to-child transmission (MTCT). During the reporting period, **5,417** pregnant mothers were tested for HIV during antenatal care services and knew their status. This has already exceeded the project target of **4,450** of 18-month implementation period.

Percentage of HIV-positive pregnant women who received ART during pregnancy. During this period, 5,417 pregnant mothers were tested for HIV of which **25** of them tested positive. Of those tested positive, **22** were enrolled on ART. The other 3 mothers were initially referred to MSF Ulang facility due to lack of ART in the facilities during the program establishment time. Hence **88%** of HIV positive pregnant mothers received ART during pregnancy.

Number of HWs trained on Clinical Management of Rape. The Clinical management of rape training aims to describe best practices and detailed guidance on the clinical management of women, men, and children who are survivors of rape, ranging from first-line support, to procedures, examination, follow-up, forensic evidence collection, and treatment options applicable to several contexts. UNKEA provided training to **18** (male 14 and female 4) health workers mainly clinical officers and midwives from both Nasir and Ulang county with a performance achievement of **39.1%** per the **46**-project target. Staff were trained on the essential components of medical care after rape which includes documentation of injuries,

collection of forensic evidence, treatment of injuries, evaluation of sexual transmitted infections (STIs) and preventive care, evaluation for risk of pregnancy and prevention, psychological support, counselling, and follow-up.

Immunization

Number of health facilities with functioning cold chain. Functional cold chain ensure vaccines are stored, delivered, and administered to children, clients within the required temperature and potency. According to the project target, all the 22 supported health facilities (Nasir 14 and Ulang 8) have fully functional cold chain system. During this period, 2 additional cold chain equipment were installed in Gurnyang and Dhekdhek health facilities, making a total of **18** out of **22** with cold chain equipment installed which brings about **81.82%** achievement. The cold chain equipment in Gaireng health facility was completely vandalized in June 2023 during intercommunal fighting leaving the facility with currently no functional cold chain equipment. However, an Artek was improvised to ensure continuous delivery of immunization services to children and pregnant mothers. The facilities that remained without cold chain equipment by the end of 2023 were Dingkar, Malek from Nasir County and Dura PHCU from Ulang County and their installation is scheduled for January 2024.

Dropout rate between DPT/Penta1 and DPT/Penta3 coverage. The dropout rate between penta1 and penta3 coverage defines the level of accessibility and quality of services delivery within a given location/area. A dropout rate of less than 10% is acceptable whereas more than 10% is unacceptable and indicated poor services delivery. A total of **18,528** children received penta1 and **17,452** children were vaccinated with penta3 with a resultant dropout rate between penta1 and penta3 of **5.8%** compared to the 14% target in the project document. This is within the acceptable range and indicates good services delivery hence an achievement in this indicator.

Proportion of disease outbreaks detected and responded to within 72 hours. UNKEA together with CHD and WHO field supervisor continue to strengthen surveillance at both health facility and community level ensuring all disease outbreaks are timely reported and responded to. More than 130 suspected measles cases have been reported to Nasir hospital of which 3 samples were collected and sent for analysis and 2 turned positive. The rest of the suspected cases were successfully managed with only 3 dead cases reported during the reporting period compared to the past.

Percentage of outreaches and mobile sessions conducted. In ensuring increase coverage and improved access to EPI services, UNKEA has strengthened outreach activities which includes door to door vaccinations and are carried out every week by all facilities and village immunization days. In total **3,696** outreach sessions were carried out by health facility staff (vaccinators) of which **3,168** were weekly EPI door to door sessions and **528** village immunization days.

Number of children less than 1 year receiving DPT3/Penta3 vaccination. Every child is expected to have completed all the 3 doses of Penta by 14 weeks of age. However, there are tendencies whereby some children could start penta1 and fail to complete the 3rd dose which increases the dropout rate. During this period, **17,452** children received penta3 against **17,641** project targets of 18 months. This indicator provides greater achievement of **98.93%** of the 18 months target hence by the end of project period, will surpass 100%. The realization of this achievement is because of strengthening community outreach activities and support supervision/mentorship by technical project staff/CHD to the EPI vaccinators.

Number of children less than 1 year receiving measles-containing vaccine (first dose). Measles vaccine is usually administered at 9 months of age. Between January and December, a total of **11,155** children received measles-containing vaccines in comparison

with **17,641** project targets of 18 months which gives a percentage achievement of **63.23%**. This indicator can still be achieved up to 85% by the end of the project period.

Percentage of vaccinators trained on IIP. UNKEA in collaboration with UNICEF and MoH at County level conducted a four-day training for EPI vaccinators on immunization in practice. The training aimed at improving knowledge and skills of health workers in providing better immunization practices to the community. A total of **85** vaccinators attended the training from both Counties. In comparison with the **85** targeted participants, this result indicates 100% performance achievement.

Additional assignment to UNKEA by UNICEF

Additional role was assigned to UNKEA to roll out Covid-19 vaccination campaigns in Four Counties (Nasir, Ulang, Maiwut and Longochuk) in Upper Nile. This was based on UNKEA’s operational experience, skills and expertise in rolling out health promotion campaigns (Covid-19 vaccination). This resulted into the achievements as illustrated in the table below

Table6:

County	Population	Target Population	Total Vaccinated (Achieved)	Round / Percentage Vaccinated	Percentage Fully Vaccinated (Achieved)
Nasir	350,820	157,872	25,372	7.23%	16.07%
Ulang	141,612	63,720	14,858	10.49%	23.32%
Maiwut	131,964	59,388	1,805	1.37%	3.04%
Longochuk	106,212	47,796	19,461	18.32%	40.72%
	730,608	328,776	61,496	37.41%	83.15%

Table7: Project summary

Project Title:	Community Based Surveillance “an active process of community participation in the detection, reporting, responding and monitoring health-related events”.
Target location	Longechuk, Maiwut, Nasir and Ulang Counties, Upper Nile State and Akobo West, Ayod and Uror Counties, Jonglei State.
Start date	January 2023
End date	December 2023
Project target	Swiftly detection and reporting of any imported Polio virus case, arriving circulating virus or circulating vaccine-derived polio virus (cVDPV)
Budget	505,817.00
Donor	Bill and Malinda Gates Foundation (BMGF)/CGPP

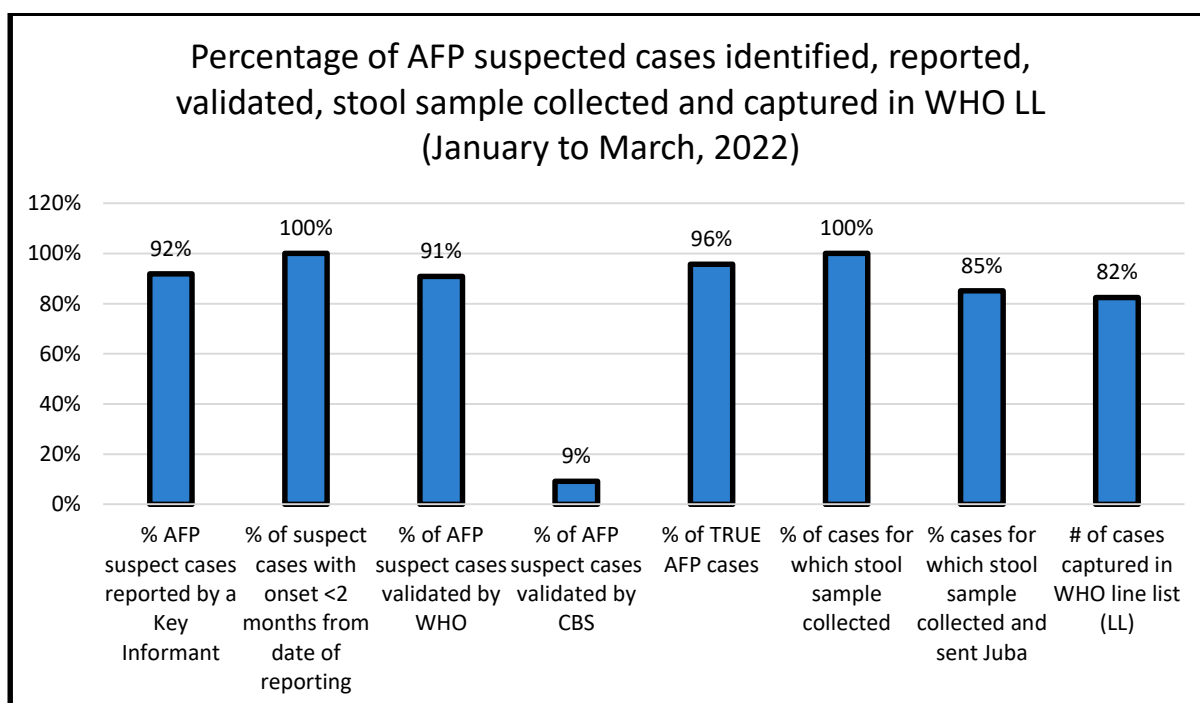
UNKEA continued to implement community-based surveillance-CBS for acute flaccid paralysis with funding from CAPH though AFH. UNKEA was awarded to implement the project in 7 Counties in Upper Nile and Jonglei States. They included Akobo West, Ayod and Uror Counties in Jonglei and Maiwut, Nasir, Ulang, and Longechuk Counties in Upper Nile.

Table8: Achievements

Data Element	Achieved
Total reported Suspect AFP cases during the reporting period	392
# AFP suspect cases reported by a Key Informant	360
# of suspect cases with onset <2 months from date of reporting	392
# of AFP suspect cases validated by WHO	356

Data Element	Achieved
# of AFP suspect cases validated by CBS	36
# of TRUE AFP cases	375
# cases for which stool sample collected	375
# cases for which stool sample collected and sent Juba	319
# of cases captured in WHO line list (LL)	309
Is the Case reported by KI within 7 days form onset of paralysis	372
# of case visited by PA with 24 hours after reported.	370
# of cases referred to CS within 48 hours/2 days after reported by KI	376
# of cases visited by CS within 24 hours	301
# of cases referred to WHO within 24 hours	349
# of cases validated by WHO within 96 hours/4days after Reported by KI	382

Chart2:



Over the year UNKEA reported 392 AFP cases from all the counties under its mandate. Of these, reported cases, 375 (96%) cases were confirmed TRUE AFP from the public health laboratory by WHO. All reported cases had the stools samples collected within 24 hours from the time of reporting. This data depicts how efficient and effective the CBS teams were in each of the counties in conducting surveillance, reporting, sample collection, safe sample transportation and follow-up of cases in the counties assigned to UNKEA.

The Project was adequately staffed with skilled personnel such as the project manager, MEAL officer, County Supervisors, and Payam Assistants in all Payams of the project counties. Several suspected AFP samples were collected and submitted to the National Public Health Laboratory in Juba.

Table9: Project summary

Project Title		Provision of Integrated Emergency Life-saving Health and GBV Interventions to Conflicts Affected IDPs, Returnees and Host Communities in Twic County, Warrap State	
Primary Cluster		Sub Cluster	Percent
HEALTH-SSHF/UNOCHA		None	60%
PROTECTION-SSHF/UNOCHA		GBV	40%
Project Duration 11 Months	Start Date 17/10/2022	End Date 16/09/2023	Project Budget 500,000.00

Overall Performance

The overall objective of the project was to address the immediate needs of 99,986 vulnerable populations in Twic County in Warrap State through an integrated health and protection responses with funding from UNOCHA-SSHF. The integrated intervention was implemented through a partnership agreement between UNKEA and MaCDA with UNKEA as a lead partner. UNKEA implemented Health components while MaCDA implemented protection components.

Main achievements

Health - UNKEA

During the reporting period, integrated curative and preventive lifesaving health services were delivered through 3 static sites to the vulnerable and hard to reach populations in Twic County. The health project fully established the planned support for three static Primary Health Care Units namely, **Marial Guotjur** PHCU in Ajak Kuac Payam, **Paanbai** PHCU in Panyok Payam, and **Juet** PHCU in Aweng Payam. The 3 static PHCUs were supported to provide the BPHNS through provision of essential drugs and diagnostics and payment of salaries to health staff. Health workers were recruited, trained, and equipped to provide services in hard-to-reach areas. The services provided included OPD consultations, health education and awareness, reproductive health services such as Antenatal care, skilled birth deliveries, child health care services such as routine immunizations and integrated essential child health care (IECHE) and SGBV/MHPSS management services.

GBV - MaCDA

The GBV project supported extremely vulnerable, conflict-affected girls, women, boys, and men who are exposed to gender-based violence and protection risks. The project aimed at reaching 5,714 individuals (2,000 women, 800 men, 2,000 girls and 914 boys) with GBV in emergency conditions in Turalei, Aweng, Wunrok, and Panyok Payams in Twic county. At the end of the project, UNKEA's GBV component Implementing Partner MaCDA had achieved at least 100% of each individual indicator targets; With 211 (106%) people accessing services at the established WGFS in Turalei against the 200 planned threshold, 226 (140%) people having access to PSS services against the planned 162 beneficiaries, 200 (123%) beneficiaries reached with case management and referral services against the planned 162 target, 5,993 (%) people reached with awareness messages on prevention and mitigation of GBV against women and girls against the planned 5,714 targets , 120 (120%) people reached with peace-building initiatives against the planned 100, established one (100%) protection referrals pathway which is regularly updated and 20 (100%) people reached with HLP legal assistance and support.

Table 10: Project Summary

Project title	Emergency Health Response to conflict-affected persons in Nasir County –Upper Nile State
Project location	Nasir County, Upper Nile State, South Sudan.
Budget	\$230,000
Implementation period	8 months, starting 1 February 2023
Beneficiaries	17,167
Project Goal	The project will contribute to the reduction of preventable morbidity and mortality resulting from the effects of multiple and interconnected shocks and the associated risk of infectious and epidemic-prone diseases in Nasir County
Outputs	Improved access to life-saving emergency health services for communities with the highest severity of needs, particularly those in secondary and tertiary displacements.
Fund Project Code	WHO-SSUD/ADMIN/Jan/09/23

The Emergency Health Response to Conflict Affected IDPs, Returnees and Host Communities in Nasir County, Upper Nile State was an 8-month project that contributed to the improvements of health status of 17,167 people through the provision of health interventions to the affected population. 2 Payams (Kuetrengke and Jikmir) benefited from the project. The project promoted access to integrated emergency primary healthcare services that included.

- 1) Disease surveillance.
- 2) Case management of epidemic-prone diseases such as Malaria, measles, and diarrheal diseases.
- 3) Clinical Management of Rape survivors in the facilities with referral.
- 4) Improving WASH at the health facility.
- 5) Clinical management of patients requiring Mental Health and Psychosocial Support.
- 6) Routine and supplementary immunization with provision of BEmONC services.
- 7) Strengthening DHIS2/EWARS reporting system.

The project focused on major causes of morbidity and mortality in Nasir County through 2 PHCUs (Torpuot PHCU and Kuetrengke PHCU). The main project objective was to reach 17,167 vulnerable women, girls, boys, and men with lifesaving health interventions. The project supported the provision of essential primary healthcare services focusing on major causes of morbidity and mortality through outpatient consultations for U5 children and adults, antenatal care service deliveries and basic/comprehensive emergency obstetric care, provision of SGBV services, routine immunization and integrated refreshers training for Basic Packages of Health, WASH and Nutrition services. The project made more achievements than expected.

Table 11: Achievements

Indicator description	Target	Result
# people reached with primary healthcare consultations	8,174	9,325
# functional health facilities supported	2	2
# health facilities providing BEmONC services	1	Nil
# people vaccinated (< 1 year)	640	2,341
# births attended to by skilled health personnel	70	95

# facilities providing GBV and MHPSS services	2	2
# of pregnant women receiving ANC services	80	769
# of health facilities and mobile units providing GBV services	2	2
# of people reached with health education	8,174	9,325
# referred to higher level and/or specialized health services	40	63
# of children screened for malnutrition	160	183

South Sudan 7-1-7 Alliance approach project

Table 12: Project summary

Project name	South Sudan 7-1-7 Alliance Approach Project
Project duration	3 months (5 th Sep to 30 th Nov 2023)
Implementing authority	Department of Health Security, SCD, One Health, Ministry of Health
Budget	\$75,000.37
Donor	Resolve to Save Lives

UNKEA and Resolve to Save Live (RTSL) agreement to support the Ministry of Health to promote early and effective actions to contain infectious disease outbreaks before the spread in South Sudan. The main project activities were implemented by the MOH with funds controlled by UNKEA. The project aimed at supporting the adoptions of the 7-1-7 targets by engaging key stakeholders and integrating 7-1-7 into the ministry's workflows. The project was led by the MOH, under the directorate of health security, surge capacity development and one health in collaboration with the public health emergency operation center of South Sudan.

The objectives were.

- To obtain commitments from the MOH to adopt and implement the 7-1-7 targets for epidemic preparedness and responses.
- To garner commitment from key government and health sector stakeholders to integrate data collection into workflow
- To train high-level stakeholders, technical staff, and core implementers on the 7-1-7 approach
- Key deliverables were as in the table below.

Table 13:

S/ N	Activities name	Output	Responsible person	Time line	Months 2023												
					September				October				November				
					W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W5
1	7-1-7 Alliance project weekly call meetings	Meeting conducted	Dr. Angelo Goup Thon	Throughout the project duration													
2	Stakeholders (leadership) sensitization workshop	Leadership sensitization workshop conducted	Dr. Angelo, Mr. Mabior John and Dr. Joseph	19-21 st Oct. 2023													
3	Stakeholders (Technical experts) sensitization workshop.	Technical sensitization workshop conducted.	Dr. Angelo, Mr. Mabior John and Dr. Joseph	18 th to 20 th Nov. 2023													
4	Training of core staff on 7-1-7 implementation	Core staff trained on 7-1-7 implementation	Dr. Angelo, Mr. Mabior John and Dr. Joseph Lako	13 th to 18 th Nov. 2023													
5	End of project report writing	Final end of project developed and shared	Dr. Angelo Goup Thon	Report writing													

Achievement

UNKEA facilitated the project activities implementation process with the MOH through provision of funds. All planned activities were successfully implemented. They included the following:

Leadership sensitization workshop:

UNKEA supported the MOH to conduct the leadership workshop in Juba, the workshop drew several stakeholders for the 7-1-7 approach in South Sudan, These included all government ministries with their directors general, academia, private sectors, and office of the president. The workshop was conducted for 3 days in the crown hotel.



Figure#9: Group photo during the 7-1-7 alliance leadership workshop, Juba.

Training of core staff on 7-1-7 approach implementation:

UNKEA supported the training of state level focal point persons for the 7-1-7 alliance approach. This was a 7-day workshop conducted in pyramid hotel and was facilitated by the MOH. A total of 38 participants attended the training and evidence of replication was reported from the respective States trained.

Challenges

Floods. Some project implementations were disrupted due to floods. For examples the major roads that led to the schools and health facilities were cut off by water and they became inaccessible, and this affected accessibility to health and education facilities, construction of temporary learning spaces among others.

High market price of goods and services. This affected the budgets and project implementations in general.

Insecurity. Some project locations had incidents of recurrent conflicts such as revenge attacks, inter-tribal confrontations, cattle rustling etc, this interrupted the smooth project implementations and achievements of project deliverables.

Vandalization of health facilities including looting of all drugs, supplies and cold chain equipment in Gaireng following inter-communal fights which resulted into disruption of service delivery to the most vulnerable children and mothers.

Transportation of project supplies especially to inland facilities has been a challenge as the casual labourers (porters) charge a lot of money.

Inadequate working space in some facilities especially Jikmir and Doma PHCC continue to affect the quality of health care services since there is no privacy as maternity; ANC and PMTCT services are all being provided in the same room/ward.

Low uptake/utilization of reproductive health services (family planning) remained a challenge.

Lessons learnt

More investments and work are needed around Reproductive Health services especially family planning being a new concept to most communities in South Sudan. Both men and women should actively be involved throughout the implementations.

Some communities in Upper Nile, Warrap and Jonglei States rely entire on humanitarian lifesaving assistance, therefore, there is need for UNKEA to continue providing essential services to these communities through support from partners and donor communities.

Community lifesaving needs of people of South Sudan are still numerous and therefore require multi-sectoral/holistic approach of project interventions to address them through provision of integrated primary health care, Education in Emergency (EiE) services, Food Security and Livelihoods, access to justice and peace building, hygiene promotions and economic empowerment.

Impunity and corruption in the handling of child sexual abuse cases highlight the critical need for effective mechanisms to ensure accountability and prevent the release of suspects, thereby ensuring justice for survivors.

Providing livelihoods support for survivors of GBV and their families is essential for economic empowerment, poverty reduction, and facilitating the healing process.

The challenges faced by survivors of Conflict-Related Sexual Violence (CRSV) highlight the need for increased funding and comprehensive support to address their multifaceted needs.

Reflection on the strategic plan allowed us to assess our progress towards predefined goals and objectives, evaluate the effectiveness of our strategies, and identify areas for improvement. This process has provided valuable insights into what has worked well and what adjustments are necessary as we move forward.

There is need to revitalize our programs such as Food Security and Livelihoods, GBV/general protection, Nutrition and WASH so that we are well positioned to address diverse community needs. This will be done by exploring potential donors, strengthening partnership base and networking etc.

Conclusions

In 2023 UNKEA has supported over 85,000 crisis affected persons in Warrap, Upper Nile and Jonglei States of South Sudan through provision of primary health care, provision of Education in Emergency (EiE) services, access to justice and peace building, hygiene promotions and this has resulted to 80% of the crisis (recurrent floods and conflicts and Covid-19) affected children reported having access to safe, protective and inclusive education service across pre-primary, primary and secondary schools in the project locations. 40% significant reduction in morbidity and mortality rate especially in children under 1 year of age, pregnant and lactating women in the targeted locations compared to the past two years. This was due to improved hygiene promotion and best practices and access to primary health care services for vulnerable IDPs, returnees and host communities in the targeted locations. 82% of the targeted communities able to demonstrate increased gender equality and awareness of harmful behaviors and social norms against women and girls. At least 75% of women reported participating and taking leadership roles in groups and communities. They are also able to engage in income generating activities to support the provision of household needs. This has been attributed to the integration of GBV and general protection into health and education services in all the project locations.