UNKEA

ANNUAL REPORT

2022

UNKEA Programs - 2022

5-30-2023

END OF YEAR REPORT 2022

Universal Network for Knowledge & Empowerment Agency UNKEA

OUR MOTTO

"*Working to bring hope and development to the people of South Sudan.*"

OUR VISION

"A God fearing, Healthy, Well-educated and economically advanced society enjoying sustainable high standard of living in a secure environment."

OUR MISSION:

"To facilitate the improvement of the status of livelihoods in South Sudan through the creation of relevant and sustainable community initiative in participatory and interactive process."

OUR CORE VALUES

- *Passion*
- *Partnership*
- *Sustainability*
- *Excellence*
- *Neutrality*

Message from the executive director

The continued dire political, economic, and social difficulties experienced by South Sudanese in all regions of the country has made it worse for survival of individuals. The country continued to see various levels of insecurities caused by armed groups, communal fights, cattle related raids, double-edged natural calamities such as extraordinary levels floods in greater Upper Nile and greater Bahr El Ghazal regions and severe localized draught in the Equatoria region. During the year, UNKEA as a humanitarian actor experienced varying levels of access constraints and operational difficulties that have affected the delivery of services to the population being saved and hence worsening already thin levels of the community's coping mechanisms to withstand the effects of the various shocks affecting their livelihoods. Several people have been displaced by floods and conflicts internally. Lots of property have been lost including cattle and other economic livelihood activities that help to sustain the lives of people. As such a significantly high level of humanitarian crisis was created because of deteriorated livelihoods and life-saving resources with 8.9 million people in need including refugees. 2 million people were IDPs; of these 1.4 million required urgent support, and 1.8 million were returnees, of these 1.2 million had urgent needs across the country.

UNKEA with support of her international and national donor partners, the UN agencies and other partners engaged in supporting immediate humanitarian relief and development to build local resilience capacities in targeted locations across South Sudan. In 2022, UNKEA was faced with a delicate choice of addressing humanitarian assistance and regular programming needs to serve the community. This was made even more difficult when the available donor funding dwindled in the country, hence limiting the scope of interventions across the board. This meant that resources were channelled to address the severe needs across the country and hence some locations were not prioritized. The support of delivery of health carer services in Nasir and Ulang has ensured several lives saved as Nasir hospital was rehabilitated, functionalized with surgical ability to support caesarean sections and other major surgeries, the revitalization of the immunization services and provision of curative health care in Gogrial East, Nasir, Ulang, has attributes to saving lives of several children. Ensuring children are kept in schools through the provision of education to 15 schools in Gogrial West, construction of temporary learning spaces, provision of safe-mother kits to young mothers in schools has seen an increase in school enrolment and reduction in dropouts. A robust able-bodied expertise of nutrition, health, education and FSL in Gogrial East & West, Nasir, and Ulang have made it possible for UNKEA to serve 450,492 people directly in 2022.

All these achievements would not have been possible without the generous financial, technical, logistical, and advisory support of the partners. UNKEA is very grateful to UNICEF, World Bank, UNOCHA/SSHF, HPF, GOAL, NRC, Save the Children, Japan Embassy, ADRA, NGO forum, IOM, WHO, FAO, CAPH & AFH, and the clusters of Health, Nutrition, and Education for their relentless contribution.

This report therefore represents the account of what has been achieved in the year 2022. It is a summary of what UNKEA was able to accomplish in the different sectors. Given the fact that the current situation continues to prevail, we are optimistic that if given more support UNKEA can achieve more in 2023 and beyond.

Yours sincerely,

Dr. Simon Bhan Chuol

Executive Director – UNKEA.

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Executive summary

Summarize the overall programs achievements, administrative management, and other factors here.

Introduction

UNKEA is a national NGO, which was established in 2002 by concerned citizens of Upper Nile State of South Sudan to be able to respond to the deadly Kala-Azar disease that was rampant in the state. UNKEA responds to the dire social, economic, livelihoods and health conditions experienced by people in conflict and other natural disasters within and outside the country of origin and in refugee camps.

UNKEA's initial purpose was to design strategies and interventions to fight the deadly Kala-Azar disease, which was highly prevalent in Upper Nile region of South Sudan. With time, UNKEA's mandate expanded to include other interventions such as provision of primary health care services, nutrition, food security and livelihoods, water and sanitation, education; social development of youth and women; economic development, Access to Justice and peace building.

UNKEA is registered with the Ministry of justice and RRC in South Sudan, Ministry of Justice, company act in Uganda and Charity, Civil Society organisation in Ethiopia as a humanitarian non-governmental organisation.

Overview of projects implemented in the period.

During the year 2022, UNKEA implemented 14 projects across the supported locations. These projects were funded majorly by UNICEF. The organizations major thematic area with the highest number of projects implemented in the year was the HEALTH SECTOR with 68% of the total program funding in the organization.

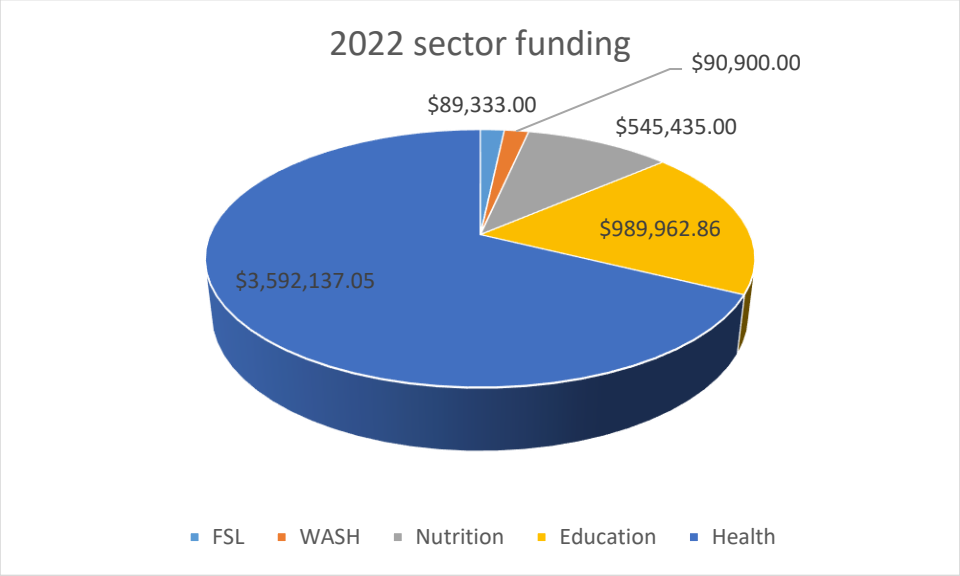

Figure 1: Thematic area funding in the year 2022

UNKEA has sharpened its expertise in the Health, Nutrition and Education sectors and as such has made tremendous progress in the three sectors. The organisation's technical expertise was contributing to the respective sectoral clusters of South Sudan ensuring delivery of humanitarian services to the communities of South Sudan.

UNKEA had operational presence in Ulang, Nasir, Longechuk, Maiwut, Ayod, Uror, Akobo, Twic, Gogrial West, Gogrial East, and Torit Counties.

Table 1: List of projects implemented in 2022.

Sector	Project Description	Funders	Total Income (USD)
Nutrition	Nutrition Response to the Vulnerable Women and Children of Nasir and Ulang (PCA-Nutrition)	UNICEF	$545,435.00
Education	Increase access to inclusive education, improve learning quality and strengthening community capacity to support learning outcomes of children affected by conflict in Gogrial West Counties, South Sudan (ECW-MYRP)	NRC	$729,088.58
Education	Improve equitable access to safe and protective education services to crisis affected children in Tonj North County, Warrap State. (Education-Tonj)	SSHF-SA1	$254,318.28
Education	South Sudan Education Cluster Co-coordination Project (SSECCP)	SCI	$6,556.00
Food Security & Livelihoods	Integrated food, health, and nutrition security for vulnerable households in Leer, Gogrial west, Malakal and Fashoda counties of Upper Nile state (FSL-Fashoda)	SSHF	$89,333.00
Health	Community Based Surveillance project (CBS)	CAPH/AFH	$123,677.20
Health	Lot 18; HPF-3 Primary Health Care Project in Warrap State (HPF-LOT 18)	HPF-3_3	$449,984.05
Health	Integrated food, health, and nutrition security for vulnerable households in Nasir, Maiwut, Panyikang and Ulang counties of Upper Nile state (SSHF-Ulang/GOAL)	SSHF-SA1	$414,950.00
Health	Lot 5: COVID-19 Emergency Response and Health Systems Preparedness Project (CERHSP)	UNICEF	$1,629,906.40
Health	COVID-19 emergency preparedness and response in CERHSP supported health facilities and communities (Lot 5)- (Rollout of J&J)	UNICEF	$30,944.00
Health	GBV One Stop Centre component of the first immediate objective of the ACCESS project in Nasir County (OSC-ACCESS)	ADRA	$21,320.40
Health	Implementation of national Covid 19 Vaccination Campaign in the Counties of Nasir, Ulang, Maiwut and Longechuk (COVID-19)	UNICEF	$421,355.00
Health & GBV	Provision of Integrated Emergency Life-saving Health and GBV Interventions to Conflicts Affected IDPs, Returnees and Host Communities in Twic County, Warrap State. (GBV/Health-Twic)	SSHF	$500,000.00
WASH	Improving Access to Water Sanitation and Hygiene in Health Facilities in Gogrial East County, Warrap State (Japan-WASH)	Japan Embassy	$90,900.00
Grand Total			***$5,307,767.91***

Achievements in the period Jan - Dec 2022.

With the donor entrustment and tasks given to UNKEA, the programme teams for every sector worked tirelessly to ensure the much-needed services were delivered in the different communities in the country. The interventions of the various programs in UNKEA have served 450,492 individuals.

Table 2: Total beneficiaries served per sector program.

Sector	People served
Health	137,669
Nutrition	300,344
Education	12,479

Each sector performed as detailed below.

Education program:

Overall department Performance

1. MYRP Education Cannot Wait Project

UNKEA as a national NGO entered into agreement with Norwegian Refugee Council (NRC) to implement the 12 months MYRP year III in Warrap State in Gogrial West County, from 1st January 2023 to 31stDecember 2022. The overall objective of this project was to provide inclusive learning opportunities to the most vulnerable children, Out of School Children, young mothers, and children with disabilities who do not have equal access to safe, adequate, access, inclusive and quality education to enable them to realize their future goals and potentialities to build self-reliance in the future. The implementation pace smoothly kick-started as planned with qualified staff who worked in collaboration with the stakeholders, communities, beneficiaries, local leaders, County Education Officials, State ministry of General Education and Instructions, other line ministries such as Ministry of Health, Ministry of Infrastructure, and the Ministry of Corporal and Rural Development. This working relationship has led to improving the pace and sustainability of the project equal involvement of all. However, the project was occasionally interrupted by some factors such as the insecurity, politics, weather and floods, community, state ministry of general education and instructions participation, partners involvement and cultural practices. Due to these the plan and some targets were adjusted to suit the contextual situation prevailed in the project site, hence led to achieving the project objectives.

Security situation: this remained relative calm throughout the year although there were small scale communal tensions due to blood feuds among the communities living in the project site. However, this did not much affect the project activities and the schools remained functional during such tensions.

Weather/floods: there was serious flooding at the project site as results of torrential rains and overflow of rivers and streams from within and nearby counties. The floods affected the activities pace, locations, and timing of completion. Seven (7) schools were grossly affected, namely Malual Agurpiny and Mitor were submerged in water, Ameth Wol, Mading Katok, Paweng, Yooyoo, and Thurakon primary schools were not accessible by road for the period of five months due to flooded swamps. many parts of Gogrial West County were affected by heavy flooding and bad road. These factors affected the achievement of the project results especially in implementation of activities such as (TLS) temporary learning space construction and borehole drilling. Some TLS for example in Mangar2, Mading Katok, and Pakor primary schools are already in bad shape because of the flooding. Two boreholes that were to be drilled in Yooyoo and Man were not also drilled due to the inaccessibility of the schools caused by swampy bad roads.

Community participation: The community members, leaders and local chiefs were significantly involved in the activities' implementation as School Mentors, Caregivers, Community Inclusion Committee, and contributed significantly to mobilization of Out of School Children (OOSC), Children with Disabilities (CWDs), girls and young mothers' enrolments, school functioning and development, and campaigns for inclusion and Back to Learning. These boosted learners' enrolment in the supported schools. This is also realised in the community change of attitude among the benefitting communities at the project site.

Actors and partners: The actors which involved in education sector in Gogrial west county Warrap state include state ministry of general education and instruction, ADRA, WFP, PCO and UNKEA etc. The collaboration and excellent coordination and the advocacy worked out very well among the partners, that was seen in integrated responses by World Food Programme which provided school feeding to Malek Ngok, Keem, and Ameth Wol primary schools. Partners always do carry out multi-sectoral needs assessments in schools/locations affected by conflict and floods, Back to Learning (BTL), inclusion campaigns, participating in 16-days of activism, and monthly and ad hoc coordination meetings. The partners collaboration had enhanced the effectiveness and efficiency of the programme and sustainability

of the results. It also ensured that gaps were filled by other partners particularly in ECW/MYRP the gaps of school feeding were filled by the WFP. The state Ministry of General Education and Instructions and the County Education Department provided good working relations, government leadership, and technical support by using them throughout the project. This has enhanced quality education services in Gogrial West and other counties in Warrap State. Although there were integrated responses in the education sector, gaps are still huge and need attention from all the education actors and funding to reach out to more Out of School Children in Gogrial West County.

ECW/MYRP consortium support: The quality of the implementation improved due to technical support provided by the ECW/MYPR consortium/granters. Our staff quality improved because of capacity building trainings provided by NRC and Save the Children, such trainings were Social Emotional Learning, MHPSS, Inclusive Education and Gender and Inclusion trainings. The trainings provided UNKEA staff with technical knowhow skills which were useful in project implementation for quality and sustainable results.

The Education Cluster: The Cluster has been supportive in coordinating the cluster meetings through state focal points, to ensure the ECW/MYRP meets and sticks to the education cluster strategies for South Sudan. Several issues affecting implementation were also discussed at the Education Cluster level with the help of cluster members to provide ideas and the strategies that made implementation effective. UNKEA regularly participated in the cluster meetings and positively contributed to the cluster targets. Due to the ECW/MYRP support UNKEA became the first National NGO to lead in cluster coordination.

Progress update regarding Beneficiary Outcomes

Increased access to education for crisis-affected girls and boys.

UNKEA keeps on the following the detailed implementation plan during the project implementation pace and achieved significant success in project implementation in all the outcomes such as access, quality, retention, protection and gender and inclusion. 11,837 (5542 F) learners from formal education, 417 (160 female) learners from non-formal education reached by ECW/MYRP project funding in 2022. 225 (24 Females) teachers trained on pedagogy, classroom management, integrated COVID 19 guidelines, Basic Child Protection, teacher code of conduct, and inclusion. 150 (29 females) Teaching Assistants trained on Pedagogy and code of conduct which impacted on improved teaching and learning quality in schools. 3 caregivers groups strengthened and contributed to mobilising 500 (280 female) Out of School Children (OOSC), 30 (1 Female) school mentors strengthened, mobilised learners and provided support in managing effective school functioning throughout the project period. 300 young mothers received supports, 41 Children with Disabilities identified, but only 29 prioritised received support such as medical facilitation, provision of 6 wheelchairs, 15 pairs of crutches and PSS items.

5 Temporary Learning Spaces Established in Malual Agurpiny, Paweng, Mitor and Thurakon, and 5 learning spaces renovated in Pagai Kur, Malual Agai, and Panthoi Schools. 2 boreholes drilled in Malual Agurpiny and Keem Primary Schools, 4 pit latrines constructed in Paweng and Pagai Kur schools. I needs assessment to identify most marginalised and Children With Disabilities conducted, 35 children with mental health and psychosocial support identified and supported, 3 pastoralist/mobile schools received support in terms of tents to use as mobile temporary classrooms, learning materials such as pens, books, WASH materials like latrine slabs for temporary latrines set up in the cattle camps, 12 doomed tents and mattresses for teachers, pastoralist camps meeting to mitigate conflicts has enhanced peaceful co-existence among them and boosted enrolment of learners, 21 (2 female) mobile school teachers training contributed to functioning of these centres in pastoralist camps. 10 peers to peer sessions conducted enabled teachers to embrace teaching as professional career, improved conduct in school and communities. 1 community gender and inclusion committee established, trained, and contributed to increase in GBV awareness, resolve unwanted cultural practices among teachers, learners and community members in schools and communities living at the

project sites. 51 school leaders and management trained on supportive supervision and management skills and 500 (280 female) learners attended remedial classes pin all the 15 supported schools.

The construction of the stated TLS and renovations has improved learning environment leading to good results in 2022 academic year compared to 2021 when the results were poor across our supported schools. Lessons are no longer interrupted by any changes in the weather as it used to be. Learning remains uninterrupted, conducive and seems enjoyable to learners after furnishing the constructed with the 73 movable school desks.

In addition, 60 pieces of blackboards (size 2.5 metres by 1.5 metres) distributed to 15 schools, each receiving 2. These have greatly contributed to improving learning process and quality among learners. They have boosted the enrolment of learners, increased the hours of learning, and improved teacher class management as part of the effective teaching and learning processes.

Communities/parents involved in flood mitigation by digging the trenches/water channels to allow flow of water from schools to swamps. This is encouraging to see community taking ownership and maintenance of the schools.

Distribution of items included pens, exercise books, blackboards, schools' desks, school bags files, hygiene kits, football, valley ball, whittles, toys for ECD classes and many others. The school supplies improved learning environment and leads to an increase in the enrolment of learners specially the girl child and children with disabilities. 3606 males and 2950 females benefited from school supply distribution in primary schools.159 males & 194 females benefited from school supply distribution in ECD centres while 355 males & 315 females benefited from the school supply distribution in AES centres respectively.

Formation and training of 15 school social advocacy clubs enabled learners identify child protection issues in their schools and school communities. The clubs empowered children; educate them about their rights and responsibilities and made the members vibrant and active agents for change. These clubs carried out activities in both schools and communities, and present an opportunity for children to raise, discuss and address issues that affect them inside and outside school. Through conferences and debates, they acted as voice to the voiceless children who were silently going through abuses such as forced marriages, corporal punishment at school, and denial of girls' access to equal learning opportunities in Gogrial West County.

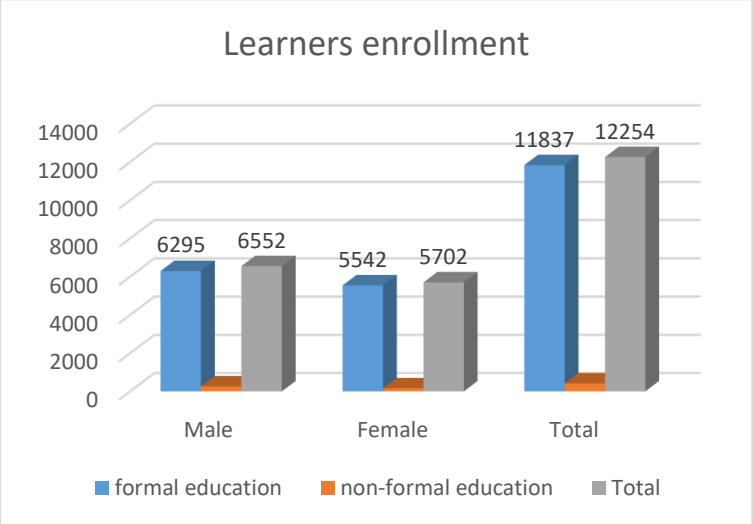

Figure 2: Learners' enrolment in both formal and non-formal education in 2022.

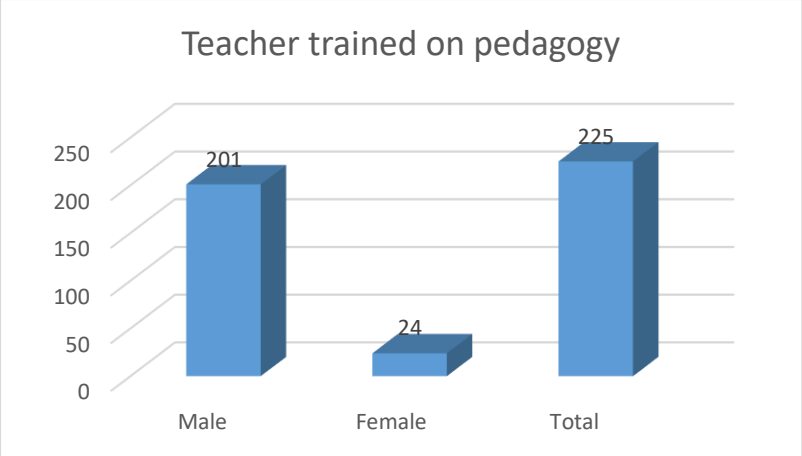

Figure 3: Teachers Trained on Pedagogy in 2022

Strengthened equity and gender equality in education in crisis.

The in-service teachers training on pedagogy was integrated with basic child protection skills, mental health psychosocial supported, teacher's code of conduct, and covid 19 prevention in schools to enable the safe learning environments. The schools were safe for learners and teachers too because of such training knowledge and skills acquired by the participants. Importance of girl-child education campaigns carried to boost girls access to equal learning opportunities through enrolling in the school improved girls' access to learning opportunities and enrolment in our supported schools (see learners' enrolment).

As inclusive practices for Children with Disabilities in school to enable them comfortably to use the constructed latrines, 30 plastic chairs distributed to our fifteen supported schools. The chairs with holes at the bottom (seats) were used in the latrines to help children with disabilities (CWDs) use the latrines without many challenges while easing themselves.

UNKEA held "World Mental Health Day" event in Panthoi primary school with the theme: *"Make Mental Health & wellbeing for all a global priority"*, where 320 pupils (198 M, 122 F) participated in the function. The designed posters with various messages of advocacy on inclusion of disabilities in education and education policies. The campaigns have ensured equal consideration for all children regardless of (dis) abilities, to education opportunities in Gogrial West County due to advocacy messages displayed around the school.

The remedial programme helped lately enrolled learners, young mothers and Out of School Children taking extra lessons in all our fifteen supported schools. 500 learners enrolled in the program (220 boys and 280 girls). With 30 teachers, 2 per school are assigned by various schools to continue with extra lessons for the slow learners, Out of School Children and those children who enrolled late caught up with lessons. Besides this, they were attending co-curriculum activities such as sports and games which acted as psychosocial support to them which give them chances to interact with others and get relieve from psychosocial issues and unforeseen abuses they might have experienced in their lives.

Teachers trained on MHPSS and, psychological distress contributed to improvement of psychosocial and child-safeguarding in school through provision of basic counselling against the unwanted practices and behavioural issues. MHPSS items (assorted items distribution positively contributed to change in PSS related issues and hence acceptance among the learners.

UNKEA continued to collaborate with the state ministry and the County Education Department in planning and participatory implementation of activities. Furthermore, participates in the campaigns in monthly and ad hoc meetings of partners as scheduled by the ministry. There is a continuous working together with the Ministry of General Education and Instruction of Warrap state.

Increased continuity and sustainability of education for crisis affected girls and boys.

The training of 51 (40 males, 11 females) school leaders and managers on school leadership and management provided them with knowledge and skills in supportive supervision of their subordinates or school staff. The training impacted on positive leadership and motivating school culture for teachers and learners' leaders (school prefects), made use of appropriate materials and favourable learning situation and environment. It boosted an effective school leadership and management, meaningful learning and facilitate social & emotional growth and decrease negative behaviours. Continuous mentoring of Parent Teacher Association (PTA) contributed to school development and active participation of school communities in giving hands to school.

Technical mentoring of teachers on preparing teaching scheme of work, lesson plans, progress records etc enhanced additional learning opportunities for teachers to further knowledge and skills in developing these professional documents before facilitating leaning in schools. It elevated their professional conduct of some of some teachers to act as role models in and outside school. Coordination and collaboration with stakeholders and partners had ensured sharing of ideas which could be used even when the project ends. Lobbying for funding creates opportunities for further funding of the project to continue supporting the continuation of education services.

Safe and protective learning environment and education ensured for all crisis-affected girls and boys.

UNKEA ECW team formed and trained a club called School Social Advocacy Club (SSAC) in all our fifteen supported schools, the aims of the club formation were to empower the young children to advocate for the rights of children, mobilize out of school children and dropped out children to come back to the school and continue learning. The club consisted of seven members per school totalling up to 105 SSAC members. The SSAC team in their work managed to mobilize 113 (90 males & 23 females) dropped out children back to schools this year only.

Integrated trainings with cross-cutting issues such as covid 19 guidelines, teachers' professional codes of conducts, and child Protection protocols, distribution of teacher code of conduct booklets, PSEA among others has helped teachers in keeping school safe, protective and as a zone of peace. It helped in mitigating learners' risks and abuses schools, from teachers.

Positive contribution from the work of Community Gender and Inclusion Committee has boosted the mobilization of boys and girls with GBV issues back to school to pursue their education to realise their future potentialities and self-reliance.

Community awareness on covid 19 made it possible to keep school safe from the pandemic outbreak in school and among the learners. The awareness geared toward importance of girl-child education was another privilege explored to increase girls' enrolment in school. Latrines constructed in schools were gender-segregated to cater for girls and boys separately. Latrines are well labelled to ensure girls are safe. Children With Disabilities were provided with plastics to use as seat in the latrines to efficiently use the facilities with less difficulties. Adolescent girls provided with sessions of menstrual hygiene and sanitation for personal safe and hygiene in school.

Contribution to ECW Systemic Outcomes

Strengthened policies and domestic leadership.

The County Education Department continued to advocate to secure school feeding for learners and particularly learners from internally displaced persons (IDPs), and those from low economic families (Orphans & Vulnerable Children OVCs). This school feeding has contributed to maintaining learners for

longer hours in school and provide nutrition balance to learners. More advocacy to provide the remaining schools with school feeding will be discussed in the next state cluster coordination meeting.

Continuous engagement of communities to enrol children with disabilities identified and supported have better learning experience in their respective school due to rendered medication on those with eyes problem and the girl with psychosocial problem provided with basic needs/items as part of counselling to restore her mind to normalcy. 4 male and 2 female learner received wheelchairs in Mading Katok, Malual Agurpiny, Adutbul and Mitor primary schools.

UNKEA continued to engage the state Ministry of General Education and Instructions to recruit and deploy more female teachers in schools that didn't have female teachers to boost the girl-child's enrolment.

Increased, more timely and predictable funding.

UNKEA continued to lobby for funding from donors such as SSHF, UNICEF, and other well-wishers to cover the gaps and to ensure continuity of this project during the project period.

Joint planning and coordination.

On joint planning and coordination, UNKEA has been planning and coordinating together with state ministry of general education and instruction Warrap state and county education officials Gogrial West County on implementation and execution of our activities from the beginning to the end, these brought UNKEA closure to the ministry and a lot of trust was developed along that line. On the other hand, UNKEA also involved girls and women in advocating for girl's education and retention in all our 15 schools and their localities/communities. In addition to that, UNKEA has been involved in assessments and evaluation with other partners such as ADRA, WFP and world vision.

Strengthened national and local capacities.

County Education Officials and school head teachers were mentored on data and management, school records keeping, school supervision and monitoring hints, plus school development plans have improved data availability and filing in their offices.

Increased availability of quality data, evidence, and research.

UNKEA uses software system to collect data, analyse and stores for reference and re-programming of the education projects. There is a flow of project data and information from the field level to the monitoring and evaluation system where they are analysed, process, stored and shared with management and donors. The reports are shared as Indicator Performance Tracking Table which is an online reporting channel for this project. There is availability of databases of all the registries of learners' enrolments, trainings conducted, and those learners supported through this project. Besides, UNKEA conducted needs assessment to identify most marginalised and children with disabilities in Gogrial West County. 41 children with diverse disabilities were identified and data entered in to UNKEA data systems for future reference. The compiled could be shared with partners interest to support such learners.

Lessons-Learned, sustainability, and way forward

- The involvement and collaboration of key actors familiar with the community in the implementation and follow up of the response was a key to the success of the intervention.
- Sensitization and awareness creation to the community has led to better coverage of target groups or beneficiaries particularly Out of School Children, Children with Distribution, Girls, and Young Mother enrolment in the school.
- Strengthening capacities of actors and Implementing Partners has improved programme coverage and quality.

- Early disbursement of funds from consortium enhanced pace of the project implementation.
- School feeding Programme (in our supported schools by other partners) has boosted the enrolment of learners, nutrition, retention, and behaviour change in the schools.
- Provision of water (boreholes) in school was very much accepted and welcomed by learners, parents, and stakeholders.
- Recruitment of local NGOs familiar with culture sensitivity and with proven experience in working with the communities is fundamental in implementing the programmes.
- The deployment of appropriate reporting templates (narrative and finance), monitoring tools, and provision of technical support from granters/consortium have helped to establish excellent working relationships throughout programme implementation.
- TLS constructed are prone to negative effects of climate changes such as flood, torrential rains and strong winds which easily destroy them.
- Lack of adequate female teachers in some schools affect the enrolment of adolescent girls.

Ways forward

There is need to upgrade the TLS to semi-permanent buildings. Deploy appropriate and unify terms of references, reporting template and provision of technical support. The donor to fund project assets such as vehicles and/or motorcycles to facilitate staff movement to effectively implement project activities. This is to avoid relying on assets from other projects with donor (s) restrictions in using them. Advocate with local authority and line ministry to recruit and deploy female teachers to boost girls' enrolment and retention in school.

Human interest story, Advocacy and Visibility

On advocacy and visibility, UNKEA ECW team have been advocating for inclusive education and support for children with disability (CWDs) on 99.9 Kuajok FM and open grounds like Kuajok freedom square with loudspeakers, ECW posters are also on all the constructions we did across Gogrial west county plus T-shirts distributed.

Nutrition program:

Introduction and Summary

With Support from UNICEF, UNKEA implemented a lifesaving Community based management of acute malnutrition programme titled; *"Nutrition Response to the Vulnerable Women and Children of Nasir and Ulang"*. This project was a continuation of a year project since 2019, this project commenced 1st January 2022 and ended 31st December 2022. The action was implemented in Nasir and Ulang Counties located in Upper Nile State, which are part of the Eastern flood plains of the Sobat River Basin livelihood zones. Both counties continued to experience localised conflict, high market prices and aggregated effects of flooding with related population displacements leading to severe food insecurity and GAM rates exceeding the thresholds for emergency interventions.

The goal of this response was to reduce the morbidity and mortality rate through early detection [active case finding] and early management of SAM health/nutrition education, MIYCN messaging, kitchen gardening and cooking demonstrations as well as linking of beneficiaries to other services. The action targeted vulnerable groups reaching more than 15,920 children under five both boys and girls and pregnant and lactating women in Nasir and Ulang Counties of Upper Nile State in South Sudan.

The response focussed on three outputs; 1) Girls and boys under age five, school-age children, young girls and women having increased and more equitable access to quality preventative nutrition services 2) Girls and boys under age five having increased and more equitable access to better quality nutrition services for early detection and treatment of severe acute malnutrition and 3) Non-governmental actors having improved capacity in nutrition information systems and knowledge-generation to facilitate scale-up of nutrition interventions.

1. Output 1: increased and more equitable access to quality preventative nutrition services (Prevention of Malnutrition)

1.1 MIYCN activities

This is an intervention that is community based. It involves formation of mother support groups. These groups provide a forum for passing and discussing issues and practices of Infant and young child feeding. Done by MSGs using key messages which have been translated into pictorial messages that enable mothers who do not have formal education to understand easily. Mother support groups meet two times a month at their virous villages to share experiences and learn from each other on Infant and young child feeding. Throughout the year, 105 support groups were functional in both Ulang and Nasir Counties. Each Nutrition site supported three support groups of fifteen people per group. These groups performed various activities such as group support sessions, group counselling, individual counselling, and crosscutting activities such as promotion of food security, referral of malnourished/ sick children at community level. The work of the mother support group members is supported by counselling cards and simple community reporting tools. To be able to perform these functions the mother support members.
The core activity conducted by the MIYCN support groups was individual counselling for primary caregivers of children aged 0-23 months. Figure 1 below shows the achievement for primary caregivers of children aged 0-23 months received MIYCN individual counselling in 2022.

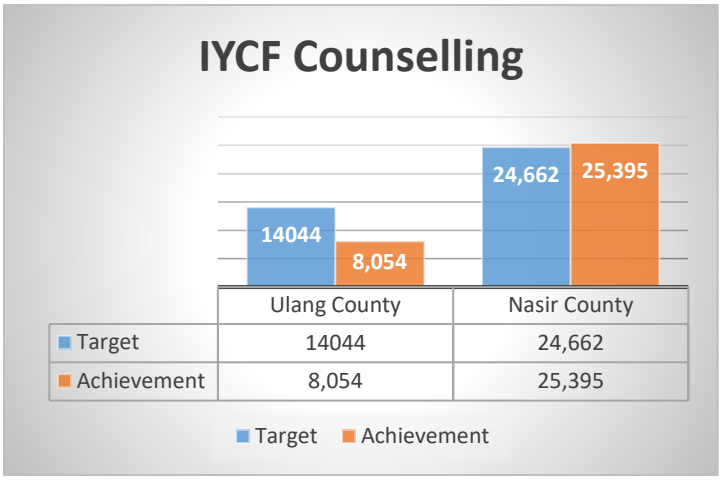

Figure 4: IYCF counselling figures

In Nasir 25,395 primary caregivers of children aged 0-23 months received MIYCN individual counselling in 2022. This achievement was at 103% of the annual target. In Ulang 8,054 primary caregivers of children aged 0-23 months received MIYCN individual counselling in 2022. This represented 57.3% of the annual target. The low achievement could be attributed to difficulty in accessing treatment sites due to high flood levels experienced throughout the 3rd and 4th quarter of 2022.

1.2 Complementary feeding including diet diversity and growth promotion.

Complementary Feeding is the period of transition from exclusive breastfeeding to the consumption of regular family foods. It refers to the gradual introduction of semi-solid and solid foods to the infant's diet, along with continued breastfeeding, until the child can be fed fully with ordinary family foods in adequate quantities. It covers the period of a child's life from 6 to 23 months. This is when the baby learns about the various flavours, aromas, appearances, and textures of food. It is at this stage that children are especially vulnerable to malnutrition. Good complementary feeding means providing the child daily with nutritious food consisting of different food varieties, adequate quantity, frequency along with continued breastfeeding.

Complementary feeding promotion was done along with cookery demonstrations. This was done every quarter for all the 35 nutrition sites for both Ulang and Nasir. The practical sessions were led by Community Nutrition Volunteers and Mother support groups and overseen by nutrition assistants (Staff) to various selected community members. Staff and volunteers received trainings and mentorship on complimentary feeding and cookery demonstrations. The pictures below demonstrate the work done on promotion of complimentary feeding.

Figure 5: Mother feeding her child with food produced from the kitchen gardens in Nasir.

16-month-old boy served with pumpkin & green 4-star food group using locally available foods.

Figure 6: Food demonstration during food sessions in Ulang.

leaf dish enriched with iodized salt & oil. in Kier-wan PHCC

1.3 Food and cookery demonstrations

Cookery demonstrations are conducted to obtain the following.

- Show the mothers/caregivers how to prepare nutritionally improved dishes (in terms of diversity, quality, and quantity).
- Provide them with practical skills and confidence in preparing nutritionally improved dishes through their hands-on participation in cooking demonstrations.
- Give them the chance to taste what was cooked and express their opinions of the improved/enriched food.

Cookery demonstrations were conducted every quarter for all the 35 nutrition sites for both Ulang and Nasir. The sessions were practical.

Food show during food and cooking demonstration Kier-wan site

Food cooking demonstration in Mandeng OTP site

1.4 Establishment of Kitchen Gardens

A kitchen garden is a small-scale gardening developed by families around their houses. Generally, herbs and vegetables are grown to consume in daily cooking of the family. It requires minimum efforts and have good nutritional values for all family members.

Importance of kitchen garden

- Eating fresh vegetables, green leafy vegetables and seasonal fruits on a regular basis is good for health.
- Vegetables are an important part of a good diet as they contain various nutrients essential for many body functions.
- Vegetables are especially important for the young children, and for pregnant and nursing women.
- Home grown fresh vegetables and seasonal fruits are good way to stay healthy.

All the 35 sites had a kitchen garden. The program was however challenged by the limited seeds and tools. As a result, just a few varieties of vegetables were grown. In the end however, most of the kitchen gardens were swept away by floods.


kitchen demo garden in Kierwan OTP, Nasir County and some of the fresh produce harvest on the day of a visit to the site.

1.5 Bi-annual vitamin A supplementation and deworming campaign

Improving the vitamin, A status of deficient children aged 6-59 months by giving vitamin A supplements twice yearly dramatically increases their chances of survival by: 1) Reducing all-cause mortality by 23% 2) Reducing measles mortality by 50% and 3) Reducing diarrhoeal disease mortality by 33%. Also, WHO recommends deworming of all children aged 12 to 59 months through periodic deworming drug treatment twice a year. Deworming prevents acute and chronic malnutrition.

Table 3: Achievement of the VASD campaign round 1

Indicator	County	Target	Achieved	%
# Children given Vitamin A	Ulang	33,459	29669	88.7%
	Nasir	58,753	33,459	56.9%
# Children given deworming tablets	Ulang	18515	19026	102.8%
	Nasir	33459	26226	78.4%

- **Nasir County:** The activity was conducted in Quarter (2) two: 33,459 were reached with Vitamin A Supplementation. This brings the achievement to 57% of the annual target. The final supplementation campaign as explained above wasn't conducted due to high flood level issues. There are differences in the target figures provided in the Program Document (PD) and the Vitamin A Supplementation and deworming document. This makes the achievement rate low.
- **Ulang County:** The activity was conducted in Quarter (2) two: 29,669 were reached with Vitamin A supplementation. This brings the achievement to 89% of the annual target. The final supplementation campaign wasn't conducted due to high flood level issues.

2. Output 2: Increased and more equitable access to better quality nutrition services for early detection and treatment of severe acute malnutrition: Care for children with severe acute malnutrition

2.1 Passive MUAC screening at site

Screening for malnutrition was conducted for children aged 6 – 59 months, Pregnant and lactating women (PLW) and for Infants less than 6 months. children aged 6 – 59 months were screened by measuring MUAC

and checking for presence of bilateral pitting, PLW screened by measuring MUAC and Infants less than 6 months screened by checking for bilateral pitting oedema, visible signs of wasting, and any general danger signs including inability to breastfeed, difficulty in breathing, high fever, among others. Cases with Malnutrition were referred to the respective malnutrition treatment programs.

Identification of malnourished cases were done through community screening by the CNVs and through Family MUAC by the help of mothers/caregivers at households. The nutrition assistants screened out cases requiring further health care and referred to nutrition management sites. The admission criteria were based on the South Sudanese nutrition.

The figure below shows the Number of children aged 0-59 months screened for SAM/MAM versus the set annual target. The results revealed that the annual rates for both counties were achieved, the rates were greater than 100%. This was aided by effective outreach plans and execution.

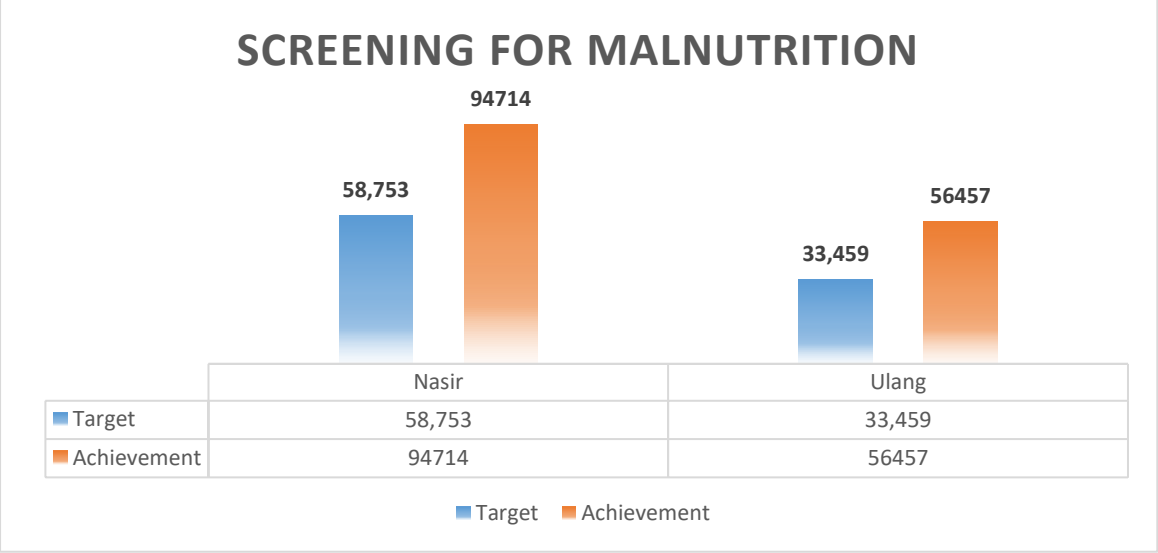

Figure 7: MUAC screening for malnutrition achievements per county

2.2 Treatment of children with SAM

Treatment of Severe Acute Malnutrition is done both at Outpatient Therapeutic Programme (OTP) and in patient level or Stabilisation Centre (SC). Outpatient Therapeutic Programme (OTP) aims to provide home-based treatment and rehabilitation for children 6-59 months with severe acute malnutrition (SAM) without medical complications and with good appetite while the Stabilisation Centre (SC) deals with SAM cases with medical complications. Treatment of SAM was conducted in 35 nutrition sites (18 in Nasir and 17 in Ulang).

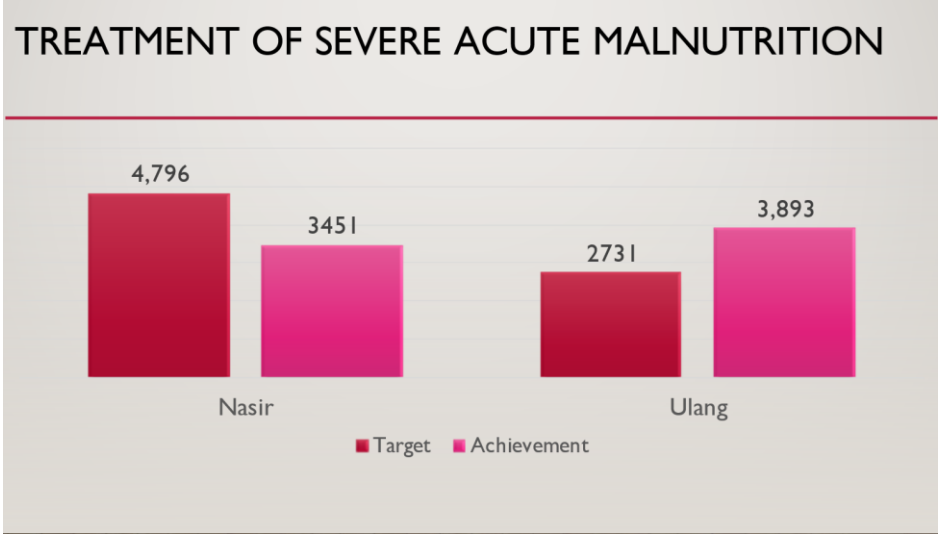

Figure 8: Achievement of treatment and care for SAM children per county

In Nasir County, annual achievement rate is at 72%. This was attributed to difficult in accessing treatment sites due to high flood levels experienced throughout the 3rd and 4th quarter of 2022. While in Ulang, the annual achievement rate was achieved. The rate was greater than 100%

a. Service quality (sphere standard)

Sphere standards provides a basis for measuring performance of a program. This is based on international standards set for cure (> 75%), death (<10%) and default (<15%). As seen in figure below the program met the sphere standard for cure, death, and default.

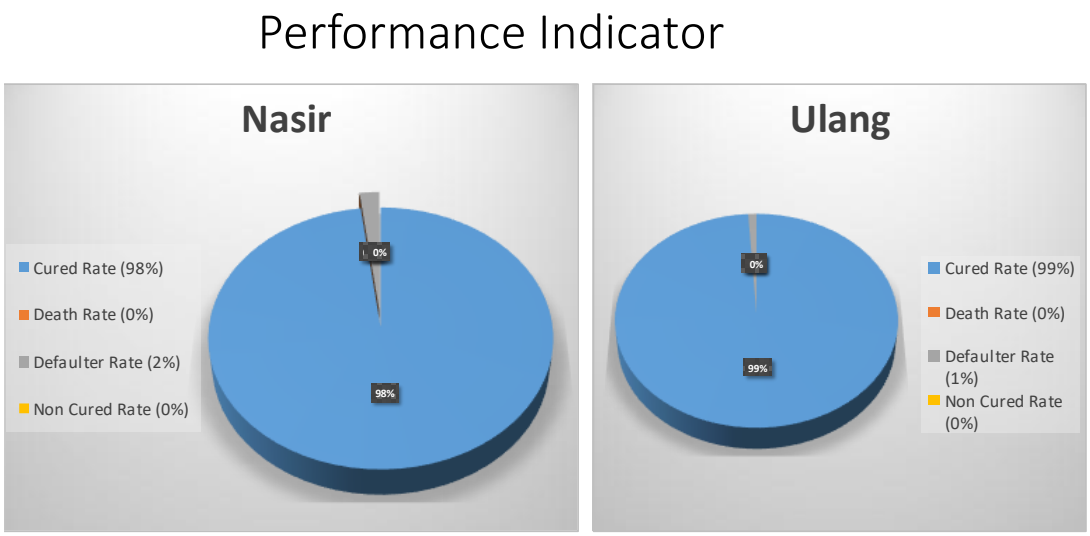

Figure 9: County Nutrition program performances

Sphere standards are achieved through effective monitoring of the program which includes monitoring of specific cases, monitoring of supplies and monitoring at program level. At program level, monitoring data is used to compile monthly reports at various levels of health care. Programme outcomes are compared to minimum standard performance indicators. Timely and correct interpretation of the different indicators by supervisors in charge of the OTP is essential to highlight problems and allow appropriate and prompt action.

2.4 Nutrition outreaches

The Greater Upper Nile region experiences flooding annually. Ulang and Nasir Counties have experienced several episodes of since 2019 and since then the situation has not changed much. The flooding in 2022 caused massive internal displacement of populations with their Livestock in most parts of the county posing a serious risk to food security, health, nutrition, and shelter (IRNA Ulang & Nasir Counties, October 2022). The situation severely affected the delivery of life-threatening malnutrition services in both County of Ulang and Nasir. Access to various health and nutrition facilities was reduced with beneficiaries finding it extremely difficult to access nutrition services.

To deal with this, UNKEA planned and implemented nutrition outreach services to access constrained locations. Every of the 35 sites planned and completed outreach visits which basically involved taking nutrition services to people with difficulties in accessing the services. The results of the outreach services contributed to the overall results of the program.

Figure 11: Transportation of supplies to an outreach site in Doma - Ulang County

Figure 10: Demonstrating length measurement for children less than 24 months at Roam Outreach site.

Output 3: improved capacity in nutrition information systems and knowledge generation to facilitate scale-up of nutrition interventions.

3.1 Training of nutrition staff and volunteers

The program in South Sudan is always challenged by low capacity of staff. To lessen this effect, UNKEA carried out various trainings to staff and volunteers. The trainings were meant to refresh staff and volunteers to follow the protocols and offer quality services that met the implementation standards as per the South Sudanese guidelines. Staff and volunteers were trained to provide MIYCN counselling services including sanitation and hygiene promotion as per national standards, on growth monitoring and promotion, Early Childhood Development, promotion of home gardening and gender and gender-based violence including safe referrals for GBV survivors. The table below provides details of trainings conducted.

Table 4: Achievement of information system indicators

Performance indicator	County	Target	Achievement	Comments
Number of community workers (CHW, CNV, peer support groups etc.) trained to provide MIYCN counselling services including sanitation and hygiene promotion as per national standards	Nasir	F= 51 M=37 T= 88	M=28 F=47 T=75	The training was conducted in Quarter (2) two; 75 (M=28 F=47) Community Nutrition Volunteers and Lead mothers were trained to provide MIYCN counselling services including sanitation and hygiene promotion as per national standard. The annual target was achieved.
	Ulang	F=45 M=17 T=62	62 M=10 F=52	The training was conducted in Quarter (2) two; 62 (M=10 F=52) Community Nutrition Volunteers and Lead mothers were trained to provide MIYCN counselling services including sanitation and hygiene promotion as per national standard. The annual target was achieved.
Number of health and nutrition workers from the facilities trained on growth monitoring and promotion	Nasir	M=14 F=4 T=18	M=14 F=4 T=18	The training was conducted in Quarter (2) two; 18 health and nutrition workers received training in this quarter on Growth monitoring and promotion. Out of this, 14 were males and 4 were female. This training equipped the staffs with knowledge on Growth Monitoring and Promotion. The annual target was achieved.
	Ulang	M=17 F=0 T=17	M=17 F=0 T=17	The training was conducted in Quarter (2) two; 17 health and nutrition workers received training in this quarter on Growth monitoring and promotion. This training equipped the staffs with knowledge on Growth Monitoring and Promotion. The annual target was achieved.
Number of health and nutrition workers trained on Early Childhood Development	Nasir	M=14 F=4 T=18	M=14 F=4 T=18	The training was conducted in Quarter (2) two; 18 health and nutrition workers received training in this quarter on Early Childhood Development. Out of this, 14 were males and 4 were female. This training equipped the staffs with knowledge on Early Childhood Development. The annual target was achieved.
	Ulang	M=17 F=0 T=17	M=17 F=0 T=17	The training was conducted in Quarter (2) two; 17 health and nutrition workers received training in this quarter on Early Childhood Development. This training equipped the staffs with knowledge on Early Childhood Development. The annual target was achieved.
Number of health and nutrition workers trained on promotion of home gardening	Nasir	14	M=14 F=4 T=28	The training was conducted in Quarter (2) two; 18 health and nutrition workers received training in this quarter on promotion of Home Gardening. Out of this, 14 were males and 4 were female. This training equipped the staffs with knowledge on Home Gardening. The annual target was achieved.
	Ulang	14	M=17 F=0 T=17	The training was conducted in Quarter (2) two; 17 health and nutrition workers received training in this quarter on Home Gardening. This training equipped the staffs with knowledge on Home Gardening. The annual target was achieved.
Number of health and nutrition workers trained on gender and gender-based violence including safe referrals for GBV survivors	Nasir	F=4 M=14 T=18	M=15 F=3 T=18	The training was conducted in Quarter (2) two; 18 health and nutrition workers all received training on Gender and Gender Based Violence, its referral pathways in Quarter 2. Out of this, 15 were males and 3 were female. This training equipped the staffs with knowledge on Gender and Gender Based Violence. The annual target was achieved.
	Ulang	F=4 M=13 T=17	17 M=17 F=0	The training was conducted in Quarter (2) two; 17 health and nutrition workers all received training on Gender and Gender Based Violence, its referral pathways in Quarter 2. This training equipped the staffs with knowledge on Gender and Gender Based Violence. The annual target was achieved.
Number of community workers (CHW, CNV, peer support groups etc.) trained on promotion of home gardening	Nasir	14	M=45 F=30 T=75	The training was conducted in Quarter (2) two; 75 (M=45 F=30) Community Nutrition Volunteers and Lead mothers were trained on promotion of Kitchen Garden. The annual target was achieved.
	Ulang	62 M=10 F=52	62 M=10 F=52	The training was conducted in Quarter (2) two; 62 were trained, out of this 17 were CNVs and 45 were all key lead mothers. The annual target was achieved.

Key program challenges from January – December 2022

- High transportation cost of supplies to OTP sites due to increasing flood water especially in the 3rd and 4th quarter of operation.
- Lack of seeds for kitchen gardening, despite engaging the FSL partners to consider supporting this activity through the provision of seeds.
- About 10 Kitchen gardens were washed by water
- Prepositioning of supplies to inland locations (Locations that are not accessible by Boat and away from the Sobat corridor) became a challenge coupled with the limited allocated budget.
- Flooding affected most of the catchment areas, hence making the beneficiaries struggle to access the facilities.

- Some of the OTP sites lacked clean drinking water, and it is worst during the flooding period.
- Shortage of RDT malaria testing

Recommendations

Since from 2023 onwards the nutrition program will be handed over to Nile Hope in Nasir County and GOAL in Ulang county, it is relevant that they liaise with the field nutrition teams to be able to understand the environmental and cultural operation situation and adapt to what will suit their programs.

HEALTH Program:

Geographical Coverage of health projects

For the implementation period January to December 2022, the health program provided the much needed live-saving health services in the following geographical areas across South Sudan.

Health program overall.

- Obtained South Sudan Humanitarian Fund health project financing for Twic county worth 300,000 USD.
- Secured one project extension for the world Bank/UNICEF project (July – December 2022) worth 1,058,424 USD.
- Secured funding to conduct Covid 19 vaccination in four counties (Nasir, Ulang, Maiwut and Longechuk) campaign worth 420,355 USD.
- Secured funding from CAPH for $526,947.00 USD for Acute Flaccid Paralysis surveillance in seven counties.

Community Based Surveillance Project in Longechuk, Maiwut, Akobo West, Nasir, Ulang, Ayod and Uror, Upper Nile

The CBS project has been a long project which UNKEA with other implementing partners have been implementing since 2014 with funding from CAPH under Bill & Melinda Gates foundation. UNKEA in 2022 has been awarded additional responsibilities in 2 new counties and were relieved from 2 counties with 7 counties in total (Uror, Ayod, Akobo, Nasir, Ulang, Longechuk, & Maiwut). The projects key activities were geared towards actively tracing, identifying, and reporting any case of Acute Flaccid Paralysis in the community of the selected counties in the project period. The CBS project for 2022 commenced in January and ended in December 2022. The project costed $ 526,947.00. Details of the achievement of the project based on the indicators are as in the table below.

Achievements – Community Based Surveillance

Indicator	Target	Achievement	Percentage
Field Support Supervision Visit Summary	32	26	81%
Number of County CBS supervisors on the Job	8	8	100%
Number of counties visited by the Project Officer/ ME manager	8	8	100%
Number of monthly reports submitted to donor	12	12	100%
Number of children 0-15 years with suspected Acute Febrile Paralysis identified and stool samples collected	74	72	97%
Number of Payam Assistants Supervised by the County Supervisor	54	44	81%
Number of Key informants visited by the Payam Assistants	781	774	99%

Health Pool Fund Project (Ended 31st March 2022)

Achievements – Health Pool Fund

Indicators	Target	Achievement	% Achievement
Number of skilled birth deliveries	588	455	77%
Children 0-11months in DPT3	7,520	5,888	78%
children 0-11months in Measles	4,428	3,079	70%
Total OPD consultations Under 5 years	46,205	38,142	83%
Total OPD consultations Above 5 years	86,302	68,290	79%
Number of supported health facilities	14	14	100%

COVID-19 Emergency Response and Health Systems Preparedness Project (CERHSP)

Achievements – 3. COVID-19 Emergency Response and Health Systems Preparedness Project (CERHSP)

Indicator	County	Target	Achievements
Health facilities with functional cold chain	Nasir	14	11 (78%)
	Ulang	7	6 (86%)
HF providing routine vaccination	Nasir	14	14 (100%)
	Ulang	7	7 (100%)
DPT/Penta3 coverage	Nasir	11,760	11,067 (41%)
Measles coverage	Nasir	11,760	8,004 (68%)
ANC 4	Nasir	2,694	1780 (66%)
Skilled Birth attendance	Lot 5	1,757	892 (50.8%)

The consortium achieved 75.5% of the expected target that is quite encouraging despite some challenges which among others includes, vaccine stockout, the Consortium has continued to strengthen quality service delivery in immunization services were provided through a mix of static services, Mobile outreaches community outreaches and BHI interventions that includes identification of defaulters and providing prompt referral to health facilities or vaccination sites.

The overall dropout rate stands at 9.3% which is an acceptable value. However, there is need to do a lot to increase the coverage. Cumulatively 11,817 children making a percentage of 54.8% were vaccinated. This is because of strengthening EPI outreach and mobile clinic services to hard-to-reach area despite irregularities in vaccine stockout.

17 out of 22 supported health facilities have functional cold chain system in place making a percentage of 77.3%. Lack of cold chain in the remaining five facilities sometimes affects provision of vaccination service.

All the eight (8) health facilities that includes 1 County hospital and 7 PHCC provides BEmONC services and remained operational 24/7. To strengthen the capacity of health care providers, the RHO continued to provide on job mentorship and coaching of health workers on the different BEmONC signal functions.

In addition to Nasir hospital, two PHCU (Jikmir and Yomding) provides long-life ART for pregnant and lactating mothers. However, 7 facilities in total provides PMTCT services.

3,468 women have attended at least 4 ANC visits representing 70.1% of the LOP target. This achievement is attributed to the continued availability of skilled health workers (midwives), awareness and community engagement meetings and regular health education on the importance of ANC attendance.

1,391 births have been attended by skilled birth personnel representing 43.2% of the LOP target. This improvement is attributed continuous community awareness and sensitization meetings.

1,665 new-borns have received postnatal visits within two days which is 54.1% of the LOP target. More babies are seen within two days than those delivering at the facilities because health workers can make visits during outreaches to even those mothers that did not deliver at the facilities with SBA.

152,428 children have been reached representing 111.0% of the LOP target. This achievement is attributed to the continued availability of services & drugs in the 22 supported health facilities and BHI sites, the functional network of 336 BHWs and monthly clinical outreaches to the hard-to-reach villages in Nasir and Ulang.

Community engagement Nasir County.

Challenges/bottlenecks in the reporting period

Flooding in the area: Challenge accessing the health facilities for supportive supervision and delivery of supplies due to heavy flooding. This also affected service utilization and submission of reports by some health facilities like Mading, Gurnyang, and others that are in-land.
Inadequate power supply: Lack of adequate power supplies in Nasir hospital has affected provision of CEMONC services especially deliveries at night and functionality of other laboratory equipment's such as microscope since the generator can't run 24/7

Lack of CMR kits: Despite availability of trained health staff to manage CMR cases in the facilities, there has been stock out of CMR kits which has affected delivery of services to reported victims.

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D. South Sudan Humanitarian Fund Project-Ulang County

Achievements - South Sudan Humanitarian Fund Project-Ulang County 2021/22 (Oct 2021 – Sept 2022)

Summary of achievements 2022

- The project has provided curative outpatient medical consultations to 1,210 individuals which include 410 men, 397 women, 195 boys and 208 girls.

- Provided routine health education to women attending antenatal care resulting in 39 pregnant women completing at least four antenatal visits and 13 women delivering under the help of a skilled birth attendant.
- The project ensured that vulnerable people such as people with disabilities were reached where 19 (11 Men, 6 Women, 1 Boys 1 Females) accessed medical care.
- The project has treated 993 men, 976 women,536 boys, and 513 girls during the reporting period achieving 9.5% of the project target.
- During the reporting period, 170 children aged 0 to 59 months were vaccinated against measles and penta3 thus contributing to the increased coverage of children that are vaccinated in the county. Of the 170 children, 160 received measles while 10 received pentavalent 3.

Challenges SSHF project

- Delayed delivery of health supplies by Core pipelines (WHO)
- Budget realignment of the consortium budget led to a delay in the implementation of project activities.

Health Program Challenges

1. Poor health infrastructure at the supported health facilities compromises the quality of care offered at these facilities.
2. Human resources for health challenges in hard-to-reach communities especially in Upper Nile State.
3. Floods limited access to health facilities and communities.

Health program activities in pictures

General Programs conclusional remarks

Given the donor priority dynamics globally and within South Sudan, it is certain that there will be need to strategically position UNKEA to better compete for the dwindling donor resources in the country. There are many needs that requires addressing and therefore support from donors is paramount. It is the responsibility of UNKEA's management to lobby for the future financial aid in order to be able to address the various needs of the community where UNKEA operates. We have noted the demand for services in the counties of operation in the year 2022, which are eye opening especially when aggravated by the various shocks to the social structures of the country.