**2016-2018 Strategic Plan**

South Sudan Country Office

1. **Context**

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| **External situation and trends affecting children** | South Sudan is facing the world’s worst food crisis, driven by the conflict that erupted in December 2013. 1.7 million people, one in every seven, have already fled their homes, including over 450,000 who have sought safety in other countries. In some areas, one in every two children is malnourished – and half of those dying among displaced people are children under five[[1]](#footnote-1).    The ongoing conflict is having a devastating impact across programme areas:  **Malnutrition:** GAM rates are exceeding emergency thresholds in many areas. Acute malnutrition rates have spiked, as severe acute malnutrition (SAM) rates doubled from 108,000 before the crisis to 235,000 in mid-2014; while that of moderate acute malnutrition (MAM) increased from 123,383 to 444,790 by mid-2014.  **Communicable diseases:** Remain a major concern, especially in the counties affected by conflict, with malaria, acute watery diarrhoea and respiratory tract infections amongst the most common causes of morbidity. Currently the Government of the Republic of South Sudan is unable to provide medication and medical equipment. Service delivery is expected to be further crippled due to the absence of the Emergency Medical Fund which is due to end in August 2015 and no new mechanism has been agreed upon.  **Child protection:** A primary concern in the response areas as large-scale displacement has exacerbated family separation. In 2014, over 6,000 separated and unaccompanied children were identified and this figure will continue to rise. Reunification rates remain low across the country, leaving many children at risk of recruitment and use by armed forces and groups or at risk of exploitation and abuse. Grave violations continue to take place on both sides of the conflict. A total of 15000 children remain absorbed in the armed forces or armed groups.  **Education:** An estimated 400,000 children have dropped out of school, and at least 866,000 school-aged children have been displaced, often to areas that lack access to protective learning spaces, or to host communities where education resources are non-existent or overstretched. Many children have lost almost an entire school year, and reintegration will become harder the longer children stay out of school.  **Public investment:** Sectors affecting children continue to get minimal funding compared to the security budget. With security spending likely to remain high over the next years, significant gaps in social, humanitarian and development needs of children are expected. Although South Sudan recently ratified the UNCRC, implementation of legal framework to advance child rights is still weak and will require investment in the next period. The Child Act, 2008 is not appropriately disseminated; incidents of child rights violations on the increase as well as need to implement the General Measures of Implementation of the UNCRC and other human rights instruments.  **Radicalization:** Communities worry about the continuing increasing radicalization of young people, particularly in PoCs where idle and disengaged youth are forming gangs and militia. |
| **Lessons learned from previous strategy (internal)** | In November 2014, SCI South Sudan devised and drafted a detailed response strategy, to contextualize future interventions based on a series of consultative workshops with in house sector experts and relevant stakeholders. The process incorporated conducting a SWOT and operational analysis of factors that affect SCI South Sudan’s work.  **External constraints** identified are as follows:  *Conflict and access* – Is likely around several of SCI’s operational areas, and shooting or shelling has been a real risk.  *Economic situation* - South Sudan is on the verge of an economic collapse. This further compounds the already high costs of doing business and poses security risks to operations as desperation will lead to increased crime rates for both national and international staff and may lead to reduced opportunities to recruit and retain high calibre international staff.  *Supply routes* – Logistics provides a major challenge in South Sudan (SS) with poor road networks, many of which are impassable during the rainy season.  *Markets* – Due to limited infrastructure, markets are quite limited, particularly in the field. Very limited local procurement is possible.  *Staff capacity* – The ethnic dimension of conflict limits use of national staff from outside of local areas.  *Cost* – Transport costs, costs of living, and cost of goods are all high in South Sudan. SCI’s current non-thematic cost is set at 36%.  *Funding* – Funding availability is constantly short of needs due to the sizeable country caseload and the expensive operating context.  *Communications* – The connectivity between Juba and field offices has improved. Need to invest more on depleting VHF/HF equipment in field sites.  **External opportunities** identified are as follows:  *Humanitarian Hubs and Operating Centres* – Operating Centres (OCs) being set up in three strategic locations in conflict affected states. The objective is to improve local coordination to identify and meet gaps in the response.  *Humanitarian coordination* – with a seat in the Humanitarian Country Team (HCT) and several other key organs we have an opportunity to influence humanitarian decision-making on national, state and county level.    **Internal constraints** identified are as follows:  *Ongoing consolidation* – CO was historically overstretched geographically and is currently in process of consolidating operational coverage to 3 ‘areas’,    *Ongoing restructuring* – SMT as well as area teams have been restructured. A 3-6 month ramp-up period is to be expected to ensure full utilization of the revised structure.  *Lack of decentralization* -Improved delegation and capacity at the field and area levels, leading to empowered field and area bases.  *Operational Platform* Building – The current platform is undergoing review and optimization process to fully support the required level of operations.  *Critical staffing gaps* – Significant progress has been made to fill critical positions but a number of critical gaps remain, mainly in support functions.  *Reputation with key donors* – Risk stemming from mismanaged grants, and delays/under-delivery. Significant improvement efforts are ongoing.  *Compliance and documentation* – Lack of oversight on documentation efforts at field level. Awards function is being strengthened to address this.  The **internal opportunities** were identified as follows:  *Change momentum* – A range of change initiatives are ongoing to improve performance of the CO and many of these are bearing visible fruit already  *Member/Regional/SCI support* – Significant financial, technical and moral support is being provided to underpin the CO turnaround programme.  *Full spectrum* – With the entire country programme now under one centralized operational structure, serious efficiency gains can be reaped  *Integrated programming* – Increased focus and capacity building provide opportunities for delivering more integrated programming going forward. |

1. **Goals**

**Global strategy (for reference)**

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| **Our Vision** | A world in which every child attains the right to survival, protection, development and participation. | | |
| **Our Mission** | To inspire breakthroughs in the way the world treats children, and to achieve immediate and lasting change in their lives. | | |
| **Global Breakthroughs 2030** | **Survive:** No child dies from preventable causes before their fifth birthday | **Learn:** All children learn from a quality basic education | **Be protected:** Violence against children is no longer tolerated |

**Contribution to breakthroughs and value proposition**

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| **Country contribution to Global Breakthroughs 2030** | **Survive:**  By 2030, no child in South Sudan dies due to preventable causes. | **Learn:**  By 2030, all children in South Sudan have a quality learning environment that equips them with knowledge and skills to achieve and prosper in life. | **Be protected:**  By 2030, no child in South Sudan faces violence, exploitation, neglect and abuse. |
| **Country baseline** | **Child mortality:** Under-5 mortality rate is currently at 106/1000 in 2014. High neo-natal mortality rates of 39/1000 live births.  **Access to health service**: Limited access to lifesaving PHC services due to insecurity. Lack of infrastructure, essential supplies, and low staff capacities.   * **Children and HIV/AIDS:** Poor PMTCT access, with only 15% of affected mothers receiving HIV counseling during pregnancy and PMTCT awareness only at 42%. * **Malnutrition amongst children:** * 27.6% of under-fives are underweight at moderate & severe levels | **Access**: Gross enrollment rate stands at 42% of school age children and only 12% completion rate.  **Equity**: 35.4% of girls enrolled at primary school level. 1.9% of girls enrolled at secondary level. Limited numbers of female teachers  **Quality:** Only 43% of primary school teachers have been trained. Poor infrastructure, limited resources and learning supplies in schools,  **Efficiency:** Primary school dropout rates are high (25% boys, 27% girls). 70% of 1200 schools in major conflict states have been closed. | Increased abduction and **recruitment of children into armed forces**  **Sexual violence:** Estimated to be be widespread and underreported. Sexual violence is increasingly being used as a weapon of war and seen as a consequence of mass population displacement  **Early and forced marriage of girls**. At present 52% of girls are married before the age of 18, and 9% before age 15  **PHP:** Practices such as corporal punishment, early marriage and girl compensation are socially and culturally accepted in South Sudan. |
| **Country 2030 target** | * 15% reduction in infant mortality and the number of children reaching their fifth birthday increases by 15% * 75 % of all children have free basic medical facilities * 75% coverage ensuring access of communities to proper maternal, neonatal and basic health services * Proper nutrition is available for all children | * All children complete basic/primary education and +50 % complete secondary education * At least 75% of all primary school teachers are trained * Ensure quality learning environment for children * 100% of school going children can read and write * Children are equipped with appropriate skills to live a prosperous and civilized life | * Nation-wide child protection systems and referral mechanisms are strengthened * Enactment and operationalisation of child protection laws and policies * Be the lead child protection organization in South Sudan |
| **Our value proposition** | Save the Children in South Sudan is recognized as the humanitarian and development partner of choice for all relevant stakeholders to drive impact for children. By leveraging the following competencies, SCI will continue to solidify its position as the foremost INGO in South Sudan:  Practices: Utilizing the quality framework and with a dedicated long-term focus, Save the Children in South Sudan will reach the most deprived children through innovation, collaboration, and ownership.  Capacities: We will leverage our key capabilities within education, child protection, and health through a full spectrum and integrated service offering and a country-wide presence and thereby continue to build SCI's strong brand and history in South Sudan.  Principles: All our efforts are driven by programmatic integrity, internal and external upward and downward accountability, and an unbiased approach. By living these principles, we will be the voice for children and gain acceptance from communities and government | | |

1. **Scope**

**Global Steer:** *We will aim to reach the most deprived children across full spectrum (e.g. including both humanitarian and development work) and will ensure that policies and national resources established as an outcome of our programming are designed to benefit the most deprived. We will measure our results in terms of the tangible improvements they make in the lives of the most deprived children.*

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| **Which children** | **Across all programming**:  Primary focus:   * Children under 5 (including neo-natals and infants) * Girls * Pregnant and lactating women * Food insecure and acutely malnourished children * Children affected by armed conflict and instability (including CAAFAG, children vulnerable to recruitment and separated and unaccompanied children * Youth (adolescents) * Disabled children * Children in urban centres   Secondary focus:   * Out-of-school children * IDPs & refugees * Women * Children with disability or affected by HIV/AIDS * Child-headed households * Street children   Out of focus:   * Children in conflict with the law | |
| **Which contexts** | SCI will continue to work in a mix of urban and rural settings with an increasing tendency towards the former where the most deprived populations are congregating in largest numbers. SCI will also continue to work directly and through its partners in areas with highest risks of humanitarian crises. | |
| **Which geographies in my country** | Maintain: | Direct implementation:   * Jonglei – Akobo, Waat, Bor * Upper Nile - Maban * Eastern Equatoria – Nimule, Torit, Kapoeta North * Lakes – Rumbek, Awerial * Northern Bahr el Ghazal – Malualkon   Indirectly through partners:   * Western Equatoria * Central Equatoria * Western Bahr el Ghazal |
| Exit: | * Jonglei – Pibor * Lakes – Wulu * Western Bahr el Ghazal – Wau |
| Enter: | Enter:   * Central Equatoria – Juba   Monitor:   * Jonglei – Bentui, Malakal * Upper Nile – Nasir, Renk * Western Equatoria |
| **Which geographies internationally – IP Members only** | Maintain: |  |
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**Thematic and Sub-thematic Results: Becoming more focused thematically on achieving our breakthroughs**

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| **Child Poverty** | | | |
| **Sub-thematic results** | | | |
| **Sub-Themes** | **Global Sub-Thematic Results 2030** | | **Country Contribution to Sub-Thematic Results by 2018** |
| **1.1 Child sensitive social protection** | Both female and male care-givers have sufficient income at all times to meet the essential needs of their children for survival, learning and protection | | * 20% of vulnerable families has sufficient resources (food, cash, NFI, etc. per global standards) at all times to meet the immediate and essential needs of their children for survival, learning and protection |
| **1.2 Child sensitive livelihoods** | In all societies, families who are poor are resilient against disasters and shocks and continue to invest in their children's survival, learning and protection. | | * 5% of poor families and communities in 3 most conflict affected counties of Jonglei state are resilient against disasters and shocks and continue to invest in their children's survival, learning and protection. |
| **1.3 Adolescent skills for successful transitions** | In all societies, adolescent girls and boys who are deprived have the opportunity to build the skills, networks and self-esteem they need to make the transition to safe and decent livelihoods. | | * In the 3 most conflict affected counties, 1,500 adolescent girls and boys who are vulnerable to abuse and exploitation and deprived of education opportunities gain marketable skills needed for transition towards safe and decent livelihoods. |
| **1.4 *Combined result for social protection and livelihoods*** | All countries will have adopted national and/or sub-national targets for the reduction of Child Poverty and its associated deprivations | | *This sub-theme is not of primary focus for SCI South Sudan* |
| **1.5 Support to avert hunger gap (food aid)** | *This sub-theme is unique to SCI South Sudan and reflects the overarching nature of the food crisis.* | | * At least 10% of disaster-affected children and their families have better access to sufficient food and other essential needs in post-disaster situation and early recovery phase in targeted areas |
| **How we will achieve these results through our Theory of Change** | | | |
| The Child Poverty theme will support children and their families or children without caregivers who are severely affected by extreme poverty to move along the spectrum from crisis towards resilience through packages of interventions geared towards improving families’ abilities and capacities focusing on their children to mitigate, adapt to, and recover from current and future shocks and stresses. Overall, the Child Poverty Theme aims to move children and their families from a lower level to a higher level i.e. from emergency to recovery to resilience, or to strengthen resilience. Given the regular displacement and population movement SCI will adapt its programmes to meet the needs of people on the move in this unique context.  **Result 1.1 Child sensitive social protection:**  Under the current circumstances, a high number of families and children are in the emergency phase being directly and severely affected by the on-going crisis and losing all or most of their productive and household assets at same time requiring immediate emergency assistance. The counties in this category include Akobo and Nyirol, SCI impact areas. These counties did not experience direct conflict but have been severely affected by the huge influx of IDPs, isolation from markets and humanitarian support, and failure to cultivate or obtain alternative livelihoods since the crisis started. The immediate needs of these target populations in the emergency phase will be met through resource transfers (food, non-food items, cash, protein nutrition vouchers, etc.). These interventions will focus on direct transfers to worst-off families and caregivers, and in some cases to children themselves in order to meet their immediate necessities. These resource transfer programmes will be designed and implemented taking into account the special needs of children explicitly aiming to maximize their benefits and minimize any harms on them. Child-and-conflict sensitive standard operational procedures will be adopted for design and execution of these programmes based on SCI, local and donor requirements. SCI will also actively coordinate with other partners’ transfer programmes for testing and adoption of the programmes’ child and conflict sensitive approaches and possible complementary and integrity. SCI will also pro-actively engage with potential donors such as USAID, WFP, IOM, etc. for continued donation of its envisaged resource transfer programmes.  The sub-theme will also support able-bodied families through conditional food and cash transfers upon their participation in FFA/DRR projects. SCI facilitates target communities to develop and implement their community-managed resilience (DRR/FFA) plans. The resilience plans and projects will help improve the adaptive capacity of the communities while improving incomes for target families participating in the projects. However, the cash transfer programmes will be designed and implemented at pilot model till the impact areas have functional markets. Moreover, this sub-theme will be implemented based on proactive coordination with the other themes of SCI as the sub-theme often include health, IYCF, nutrition and WASH information and social communications. A further focus will be on promoting child-sensitive national policies, programmes and accountability systems for delivering social protection benefits to children and families, working jointly with the Child Rights Governance Theme.  **Result 1.2 Child sensitive livelihoods:**  The interventions planned under this sub-theme will support families and children to accelerate recovery of productive assets and livelihoods for target families. These interventions include the provision of appropriate livelihood productive inputs (seeds, tools, livestock and fishery inputs) and trainings towards meeting the special needs of children, women and girls meant to reduce critical intra-family food and nutrition deficits, and increase incomes and food production to contribute to livelihood recovery and resilience. Market-based solutions will be leveraged where and when possible in order to revive local markets and improve incomes and local food production and productivity. In these interventions, SCI will documents best practices and lesson learned to share with other partners on child sensitive livelihood programming. Moreover, SCI will coordinate with national FSL cluster and technical working groups to harmonize and standardize quality standards and targets.  **Results 1.3 Successful transitions**:  In line with the Global and overall Child Poverty thematic strategy, these efforts will be increasingly focussed on the most deprived and at-risk adolescents, and on building their skills and competencies for safe work and decent livelihoods in young adulthood to avoid youth engaging in illicit trades.  Save the Children’s global expertise and existing programmes in working with adolescents and young people on empowerment for livelihoods and employment will provide a strong foundation for this sub-theme. Through livelihood-oriented adolescent and youth programmes, Save the Children has developed approaches to empowering deprived young people with market-based employment skills and self-employment opportunities. This includes the fostering of financial literacy and good savings practices; vocational, business and inter-personal skills to strengthen employability; entrepreneurial and leadership training; the provision both of comprehensive [apprenticeship] training and follow-up mentoring services; and support specifically for marginalized, out-of-school young people with a combination of educational skills, including core literacy and numeracy, and entrepreneurial opportunities based on market assessments. Social Protection support such as small monthly grants or start-up capital may also play a role in encouraging motivation, positive risk-taking and job-seeking among adolescents and young people.  **Result 1.4 Combined child sensitive social protection and child sensitive livelihoods:**  In this regard, SCI will engage itself in sustained dedicated advocacy and policy-level dialogues to influence national government, donors and relevant national clusters and working groups related to food security and livelihood sector on setting targets and designing of action plans to reduce child poverty and major challenges affecting their survival, development and protection.  **Result 1.5 Support to avert hunger gap (food aid)**  Save the Children will protect the immediate food security and livelihood needs of at least 10% of any vulnerable disaster-affected households in its targeted areas. Save the Children will work at scale to reach vulnerable children and their families through a phased approach. In an emergency, their immediate food needs will be fulfilled during a relief phase, followed by more sustainable approaches such as animal care, improved agricultural practices, rehabilitation of agrarian infrastructure and cash-based programmes during early recovery and rehabilitation phases. The emphasis will be to increase local capacities in assets growth and sustainable development. | | | |
| **Exit or scale down strategies**  (Only for programmatic work that you will exit or scale down over the next strategy period) | | N/A | |
| **Thematic capability needs**  **(includes gender and resilience)** | | Although South Sudan’s national development policy (SSDP 2011-13) and Transitional Constitution 2011 included measures to support gender equality, social gender norms that promote inequitable power dynamics continue to have repercussions for South Sudanese women and girls. These dynamics limit access to quality services and increase risk to sexual and gender based violence for women and girls.  In many communities, women are vulnerable to risks of attacks which can escalate during periods of inter-clan or household conflict. Women and girls bear the burden of walking to and from food and NFI distribution centres as well as long turnaround times in search of clean drinking water sources. Traveling long distances between these points and their homes further increases opportunities for violence.  The high burden of domestic work on women and girls is such that women’s time is fully utilized. Traditionally, their responsibilities involve household care, raising children, caring for other vulnerable members of the household, as well as agriculture and some livestock activities, thus leaving little time for active participation in community leadership. This further limits their chances of access to important information and decision making opportunities. Men, by contrast, are responsible for security and decisions around community level conflict mitigation; although boys are often denied education in place of herding cattle and are exposed to forced conscription into the military on both the government and opposition forces.  Taking these facts into account, SCI will provide proper support for women and girls in order to prevent and mitigate such gender-based violence in its child poverty programing. In addition to gender mainstreaming, the other needs under this thematic area are:   * Deepen our staff’s and partners’ understanding and appreciation of national and local governance structures and processes; build linkages and relationships with governance organizations and networks; and strengthen skills and capacities in local advocacy. (Subthemes 1 and 2) * Develop technical expertise so the organization can support partners more effectively in the area of social accountability. (Subtheme 1) * Tap technical and financial resources to support partner coalitions in developing child rights information systems (Subtheme 1) * Set up internal mechanisms for cross-thematic integration as well as integration of the cross-cutting themes on gender and resilience to inform and facilitate our work in child rights monitoring and follow-up advocacy; social accountability and engagement in the local planning processes. (Subthemes 1 and 2) * Setting up child-sensitive MEAL framework and tools | |

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| **Child Protection** | | | |
| **Sub-thematic results** | | | |
| **Sub-Themes** | **Global Sub-Thematic Results 2030** | | **Country Contribution to Sub-Thematic Results by 2018** |
| **2.1 Appropriate care** | All children, including those on the move and in emergencies, have appropriate care either from their own families or community-based alternatives. | | * 15,000 unaccompanied and separated children across all 10 states of South Sudan benefit from care and protection according to their needs and best interest, including appropriate and protective interim and long-term alternative care. * Family separation is prevented through family strengthening and community sensitisation and empowerment in all communities affected by displacement and/or family separation in 10 states of South Sudan. |
| **2.2 Protection of Children from Violence** | Children are protected from Physical and Humiliating Punishment (PHP) in the home and in school | | * 100% of children referred for support as a result of PHP receive holistic service provision through comprehensive case management * 70% of teachers, parents and other adults trained no longer accept physical and humiliating punishment as a form of discipline. * 50% of adults trained practice positive discipline |
| Children are protected from sexual violence. | | * Girls and boys who have experienced or who are vulnerable to sexual violence, exploitation and abuse are supported through improved access to child-focused services within child protection and health * Children, parents, and communities are better able to protect children from sexual violence, exploitation, and abuse through increased awareness |
|  | Children are protected from violence in conflict situations. | | * Children and families affected by conflict benefit from psychosocial support and resilience building as appropriate * Boys and girls are protected from recruitment and use in hostilities by armed forces or armed groups and are released and provided with effective reintegration |
| **2.3 Protection of Children from Harmful Work** | Boys and girls are protected from harmful work | | * Children are better protected from harmful work through evidence and needs based programming that supports prevention and response |
| **2.4 Child Protection Systems** | All children, including those on the move and in emergencies, have appropriate care either from their own families or community-based alternatives. | | * National and county level government structures and informal community based protection structures are well linked, accessible, and capable of responding adequately and in a timely manner to child protection concerns. * Children in SCI programme areas are able to access quality child protection services at all times |
| **How we will achieve these results through our Theory of Change** | | | |
| **Result 2:1 Appropriate care:**  We will continue to lead the national Family Tracing and Reunification programme, including coordination of the Inter Agency Child Protection Information Management System (CPIMS) and the Rapid FTR online tool. We will work with new and existing CP and FTR partners to expand the geographical reach of the FTR programme to ensure the most vulnerable and at risk Unaccompanied and Separated Children benefit from a holistic package of services. We will continue to lead in capacity building and training of FTR implementing agencies to ensure service provision always meets minimum standards and that UASC are offered the best quality care available. Specific attention will be given to improving and giving increased support to long-term alternative care arrangements for UASC as prolonged conflict and economic crisis places additional strain on informal community foster carers. Prevention of separation through family strengthening and community sensitisation and empowerment will also be a key focus.  This will also link significantly to the regional Family Tracing and Reunification programme through cross-border information sharing with the aim of reunifying UASC with their families, and sharing best practices and ensuring quality of services to all South Sudanese children across the region.  Result 2.2 Protection of Children from Violence:  The methodology for appropriately and sensitively addressing the use of physical violence and corporal punishment as a method for disciplining children at home and in schools will be developed in collaboration with communities, leaders and the relevant authorities. We will focus on family strengthening, attitude change, individual case management and appropriate community sensitisation to ensure children are better protected from physical and humiliating punishment. Strong collaboration with Education programmes will ensure adapted and appropriate approaches are developed to better protect children in both their homes and whilst at school.  Children who have experienced or who are at increased risk of sexual violence, exploitation and abuse will benefit from holistic case management that ensures access to child-friendly and age-appropriate prevention and response services in health and CP. Children will be supported to be better able to protect themselves from sexual violence, exploitation and abuse, and their parents and families will also be supported to better prevent and respond to cases. This will include appropriate and tailored community sensitisation through formal and informal community structures, local authority and government offices, and through schools. Technical learning and evidence on effectively tackling child marriage from other similar contexts will be shared for testing in specific areas of South Sudan.  We will continue to work with those affected by conflict in South Sudan, ensuring their protection from violence through a focus on psychosocial support and resilience building activities with children and their families. This will include the establishment of community Child Friendly Spaces, training and support to social workers and para-social workers to ensure communities are better able to respond to and recover from psychosocial distress, and resilience building activities aimed at affected children and families in order to support the development of positive coping mechanisms.  Prevention of the use and recruitment of children into armed groups will be strengthened through a focus on family strengthening, attitude change and closer work with influential community members and leaders. Response to recruitment will involve advocacy, interim care, family tracing and community-based reintegration. We will continue to work with the national Monitoring and Reporting Mechanism to ensure grave violations against children are reported, and continue to advocate globally for a strong response to those responsible.  Learning and evidence from interventions in South Sudan will contribute to and inform broader learning within SCI and within interagency collaborations, and national, regional and global advocacy.  **Result 2.3 Protection of Children from Harmful Work:**  We will develop and conduct inter-agency, inter-sectoral assessments to determine the root causes of children engaging in harmful work, both in urban settings and in emergency areas amongst IDP communities. Investment in prevention and response programmes dependent on findings is prioritised. Such work would contribute to learning within the organisation on CP programming in urban settings, child labour in emergency and humanitarian settings and broader child labour work.  **Result 2.4 Child Protection Systems:**  The focus will be on improving the technical capacity of SCI staff and partners, other NGOs, community structures and government bodies to protect, refer and care for children. This will be done through ensuring child protection services at a local/county level meet quality standards and focusing on improving state, local and community level structures in ensuring the care and protection of children. We will also work with individual families and children, and informal community based structures, to strengthen families and communities in preventing and responding to violence, abuse, exploitation and neglect. In working with both formal and information structures we will also strengthen coordination between the two, ensuring that the role of each in the protection of children is recognised, reinforced and supported. We will collaborate with Child Right Governance and Education programmes to ensure the implementation and enforcement of policies to protect children at state, payam, boma and village level. | | | |
| **Exit or scale down strategies**  (Only for programmatic work that you will exit or scale down over the next strategy period) | | N/A | |
| **Thematic capability needs**  **(includes gender and resilience)** | | * Sufficient funding and staff resourcing, particularly at field level with sufficient staff and community case workers to meet Minimum Standards for case management. * Capacity building of SCI technical staff, partner staff, government/local authority staff and communities in;   + Case Management   + Alternative care   + Psychosocial Support   + Prevention of and response/ referral to SGBV   + Inclusive programming for children with disabilities   + Gender appropriate programming   + Child Safeguarding   + Child Protection Minimum Standards mainstreaming   + Working with communities and families   + Attitude change * Mobile CP team of 3+ technical staff members experienced trained and able to respond to sudden displacement, change in programmatic focus based on needs, significant gaps (in activities or staffing). | |

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| **Child Rights Governance** | | | |
| **Sub-thematic results** | | | |
| **Sub-themes** | **Global Sub-Thematic Results 2030** | | **Country Contribution to Sub-Thematic Results by 2018** |
| **3.1 Demand for Child Rights** | Improved accountability for the rights of the most deprived children | | * 10% increase in children reporting to the Independent Children’s Commission established by an Act of Parliament. * A total 2 reports ( one Initial and one Shadow) prepared and submitted by the government and civil society report on human rights instruments (UNCRC, ACRWC & UPR) |
| **3.2 Governance capacity to deliver child rights** | Open and resilient institutions deliver children’s rights | | * Government of South Sudan develops, applies adequate resources and implements National Plan of Action for Children * 150 government and CSOs partners trained and applying good governance for children |
| **3.3 Children’s Citizenship** | Children influence local and national governance to ensure their survival, learning and protection | | * At least 5 of legislative and policy actions influenced by the children, especially the poorest and the marginalized. * Policies and legislative actions incorporates children’s rights and children’s citizenship (5% increase from current level of children registered at birth) * 3 children’s parliaments established in Lakes, NBEG and national level. |
| **3.4 Public investment in children** | Increased and improved quality of public spending on essential services for child rights | | * Increased public spending on child-focused health, social protection and education to at least 5% of GDP by 2018. * By 2018, children and civil society actors championing child rights are invited to participate in the budget making process |
| **How we will achieve these results through our Theory of Change** | | | |
| We will engage ourselves in “constructive, dedicated and strategic advocacy” through building alliances with civil society and other partners. Such advocacy shall be based on evidence from programmes and realities for children thereby enhancing our frontiers and leveraging our position on key child rights advocacy issues. The detailed strategies for our set results are as under:  **Result 3.1 Demand for Child Rights:**  Monitoring and reporting on progress in the implementation of children’s rights is an important part of creating accountability for children’s rights, with the opportunity to highlight humanitarian as well as development issues in the process. In order to be able to prepare good quality reports, children and civil society’s capacity will be built to have a sound understanding of the state of children’s rights and the most important issues that need to be highlighted. The better the quality of data and evidence, the more likelihood there is of such evidence being influential. We will expand and increase partner links with Think Tanks, academia and private sector to analyse policies, data and draw recommendations that inform reporting on children’s rights and development of policies. We will work with civil society organisations to dialogue with and hold government accountable for its acts or omissions falling short of their obligations towards children’s rights in South Sudan. This result area shall be maintained but not scaled up due to anti-civil society legislation that sprang up in the region and likely to influence internal environment.  **Result 3.2 Governance capacity to deliver child rights:**  We will work with CSOs to analyse gaps and weaknesses in the implementation of the General Measures of Implementation (GMI), General Comments and Concluding Observations on South Sudan. We will work to strengthen government’s capacity to adequately resource and implement policies and legislation on child rights. For instance, making sure adequate resources are budgeted for the humanitarian and development programmes (Development Plans, DRR, preparedness plans). This approach creates sustainable outcomes for children thereby maximizing results that can be replicated to state and sub-county levels.  **Result 3.3 Children’s Citizenship:**  We will establish platforms (Children’s Parliament) where children and young people can interact with policy makers as citizens on key issues affecting them. Such platforms will serve as mechanisms for building local voices where children are viewed as citizens and exercise their right to expression and assembly. Such approach will facilitate evidence based advocacy with children and by children for systemic changes, for instance in laws, policies and practices in favour of children’s rights, and influence decision-makers to prioritise resources for children and be transparent and accountable to the public on how they are spent, and to what extent they address inequality and reach the poorest and most excluded children.  **Result 3.4 Public investment in children:**  We will work with government (legislature and key departments in executive) and other stakeholders to ensure children, especially the poorest and the marginalized benefit from greater and better allocations and spending on education, health and social welfare programmes. To achieve this, we will partner with private sector and academia in area of research, anti-corruption work and capacity building to enhance mobilisation and effective utilisation of private and public resources in order to realise children’s immediate and long term needs. This area will require integrated programming with Education, Health and Child Poverty sectors in order to direct efforts towards to achieving increased public spending on children. Save the Children will seek to develop a signature programme on public investment to advance our global breakthroughs. SCI will engage with these stakeholders and children to demonstrate how Save the Children, in partnership with others, tackles issues that threaten children’s ability to achieve their rights. The programme will be evidence based, replicable, and scalable and generate positive results for children. The Signature programme will enable us to communicate great examples of our interventions in practice and demonstrate their effectiveness at scale. SCI will use the evidence from these programmes to advocate for replication and scale-up by others. If there is increased spending on sectors that benefit children, we will seek to replicate this to local levels e.g. states and counties of the Republic of South Sudan. | | | |
| **Exit or scale down strategies**  (Only for programmatic work that you will exit or scale down over the next strategy period) | | N/A | |
| **Thematic capability needs**  **(includes gender and resilience)** | | * To implement this ambition set forth in CRG sector, SCI South Sudan will require the following technical support:   + Expert on children’s citizenship, public finance specialist   + Training of CRG staff on key CRG aspects (e.g. new subthemes and CRG in emergencies) * Technical backstop and hands-on support from regional CRG TAs | |

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| **Education** | | | | | | |
| **Sub-thematic results** | | | | | | |
| **Sub-themes** | | **Global Sub-thematic results 2030** | | | | **Country Contribution to Sub-Thematic Results by 2018** |
| **4.1 Early Childhood Care and Development** | | Deprived children attend good quality inclusive early childhood care and development and transition successfully into basic education | | | | * SCI will respond to at least 25% of deprived children in its targeted states that will be offered with inclusive, protective quality early childhood and care education and transit to basic education |
| **4.2 Basic Education** | | Deprived children attend good quality inclusive basic education and demonstrate relevant learning outcomes | | | | * Multi-faceted approaches will be adopted towards enhancement of quality education with focus on teacher development and systemic support to the local education authorities. |
| **4.3 *Combined result across both sub-themes*** | | Effective governance systems exist to ensure that deprived children have equitable access to good quality basic education and demonstrate relevant learning | | | | * Public and private investment in education planning and management at the school level will be raised and supported to enable communities actively participate in school management and development |
| **4.4 *Combined result across both sub-themes*** | | All girls and boys affected by humanitarian crises have continuous access to a quality basic education. | | | | * CO will preposition itself as a first responder in education in emergencies by creating the required capacities and soliciting the necessary resources |
| **How we will achieve these results through our Theory of Change** | | | | | | |
| **Result 4.1: ECCD:** This component is a critical intervention where SCI can leverage the theory of change. ECCD centers are essential avenues for children to receive lifesaving and life sustaining services such as hygiene education, nutrition/health status monitoring, and stimulation to cognitive and socio-emotional development and protection interventions against increased vulnerabilities. In SCI Child Protection interventions especially for emergencies, Child Friendly Spaces are offered alongside community based protection networks. The investment required to test and achieve to scale is not significantly different in approach and resources to CFS. Furthermore, CFS ceases to be as critical past the first phase of an emergency (six months). Contemporary brain research and educational theories are emphatic that the capacity of a young child to survive and adapt is influence by the family connections and the quality of care. ECCD canters offers care, learning, and protection and certainly increases survival. Children who fail to attend ECCD and proceed to primary school have challenges to adapt to school environment, are late to acquire important social-emotional skills such as relating and are more likely to drop out of school. The resources invested to mobilize and get over age children to school could be more profitably used to support ECCDs and children will transit to primary schools at a higher rate. SCI intends to employ the following strategies to achieve increased enrollment and participation of deprived ECCD aged children to its centers.   * + - Assessment and mapping of children, most in need of ECCD     - Design interventions based on needs assessments and past evidence     - Approach potential funding agencies interested in ECCD activities     - Make strategic partnerships and advocacy for support of ECCD interventions   **Result 4.2: Basic Education:** SCI will scale up education service delivery for basic education delivered through ALP mode and formal primary schools. The over-arching needs include quality enhancement aimed at increasing completion rates and learning outcomes while the other is provision of quality learning environment. In country where literacy rates are below 30%, primary education completion less than 40% and girls transition to secondary school under 10% the impact on the country’s economy, social development and capacity to be productive is threatened. SCI’s 2030 vision for children of South Sudan to learn calls for innovation project design approaches that creates long positive social impact including peace. To achieve this ambitious result, SCI will embark on bold but cautiously designed comprehensive (learner needs based) education programmes.   * Build collaborative ventures within SCI sectors, with local and international partners to deliver WASH, Nutrition and Health in schools * Training of Teachers with adequate skills to deliver quality learning * Support primary school as well as ALP learners * Explore innovative ways to provide pastoralist education * Consider medium term education interventions   **Results 4.3 Across both sub-themes (school governance):** This component is to be tested and invested in as a strategy to empower the local communities and local education authorities take up active roles in education planning and management subsequently ownership of the institutions. The community needs sustained support in capacity and resources to transform the education landscape from the expectations of a service that can only be delivered by humanitarian agencies to a communal responsibility that they have a leadership obligation. Assessments carried out by SCI in South Sudan strongly indicate that the communities prioritize education but there is a huge gap on the capacity of local communities and local education authorities to support school and education development. SCI will seek to equip school development committees with requisite skills and initial resources as a basis for sustainable institutions. Strategies will include:   * Build capacity of school development committees * Build capacity of local education departments * Facilitate the government in rolling out there education plans and budgets * Advocate for adoption of education policies that support active community participation and decision making   **Result 4.4 Across both sub-themes (humanitarian):** SCI has a dual mandate for humanitarian and development work for deprived people harnessed in its full spectrum approach. As a global education cluster co-lead, it has the capacity and expertise to respond to large and small scale emergencies in education. South Sudan has had constant emergencies and the social and economic damages and losses incurred will require some-time to change. Responding to emergencies through education sustains life and creates resilience to the children, their families and the communities at large. Supporting children to continue learning is an added value for boosting protection and survival. This will be done through:   * Be a first responder in EiE * Be a first responder in ECCDiE * Apply full spectrum approach in emergency response | | | | | | |
| **Exit or scale down strategies**  (Only for programmatic work that you will exit or scale down over the next strategy period) | | | N/A | | | |
| **Thematic capability needs**  **(includes gender and resilience)** | | | * Resource mobilization: Adequate financial resources will be needed to meet these ambitious goals. Secured funding for medium-term projects would especially be useful in having sustained activity support to produce the change we want for children * Strong linkages between education authorities and SCI: Education sector of a new nation will go through various changes and to be in constant with emerging issues and changes, a close collaboration with relevant government institutions will be critical. * Effective monitoring mechanisms: Programme quality will be prioritized to deliver effective and efficient results that will be translated to the impact we want. * Application of analysis and lessons learnt on what has succeeded in previous SCI education projects: SCI has implemented numerous projects in the same context and country over the years and therefore has a repository of knowledge. These will inform better programme design and help create a greater impact. * Gender: In the education strategy, deliberate and concerted actions will be executed to effect gender sensitivity level of interventions. In schools, ensuring gender equity and access to education will to an extent be addressing root causes of gender discrepancy. | | | |
| **Health and Nutrition** | | | | | | |
| **Sub-thematic Results** | | | | | | |
| **Sub-theme** | **Global Sub-thematic Results 2030** | | | | **Country Contribution to Sub-Thematic Results by 2018** | |
| **5.1 Maternal, new-born and reproductive health** (MNRH) | Preventable new-born deaths are eliminated | | | | * Preventable new born deaths are reduced by 75% in geographical areas of Save the Children operational in South Sudan | |
| **5.2 Child Health** | Children under 5 do not die from infectious disease, e.g., pneumonia, diarrhoea, and malaria, through provision of high impact life-saving interventions | | | | * Under five mortality from infectious diseases (e.g. pneumonia, diarrhoea, and malaria) reduced by 90% in the areas of Save the Children operation in South Sudan | |
| **5.3 Maternal, infant and young child nutrition** (MIYCN) | Global stunting rates are halved and wasting is eliminated | | | | * Under 5 wasting will be reduced to below 15% by 2018, i.e. below critical * Stunting will be reduced by 2% by 2018 *(baseline figure is 31.1 percent)* | |
| **5.4 Adolescent sexual and reproductive health** | All women and girls have access to and use quality sexual and reproductive health services. | | | | * Quality sexual and reproductive health services integrated into the existing Save the Children supported primary and secondary health care services in all Save the Children operations in South Sudan | |
| **5.5 WASH** | *No global result* | | | | * All Save the Children supported health facilities (community based, primary and secondary) have quality WASH and Health Care Waste Management facilities of acceptable standards. | |
| **5.6 HIV** | *No global result* | | | | * HIV prevention and Care services (including Paediatrics HIV Care and PMTCT) are integrated into existing Primary and Secondary Health care services. | |
| **5.7 Emergency Medical Services** | All children in humanitarian contexts have equitable access to frontline delivery of trauma care and surgical services and Mental Health Psychosocial Support Services (MHPSS). | | | | * Save the Children begins engaging in humanitarian health responses to address the humanitarian health needs in South Sudan. Provision of frontline primary health care services including Minimum Initial Service Package and specialized trauma/surgical intervention during armed conflicts. | |
| **5.8 *Combined result across H&N subthemes*** | All children who are deprived have equitable access to priority health and nutrition services | | | | * Save the Children integrates nutrition interventions into its existing health programmes (iCCM, primary and secondary). | |
| **How we will achieve these results through our Theory of Change** | | | | | | |
| **Result 5.1 Maternal, new-born, and reproductive health (MNRH):**   * Reducing maternal and new-born deaths through integration of high-impact interventions such as provision of Family planning; Focused Antenatal Care, increasing proportion of women attended by skilled attendants at birth, and Focused Postnatal Care; Post abortion care; * Provide Basic and Comprehensive Emergency Obstetrics and New-born Care (EmONC) in supported primary Health care Centres and supported hospitals respectively aiming at preventing and appropriately managing maternal and new-born complication; * Strengthening SS health system to effectively address Maternal, new-born and reproductive health. * Improve health awareness and care seeking behaviour through targeted Community mobilisation; demand creation and IEC/BCC activities.   **Result 5.2 Child Health:**   * Reducing illness and death among children from emerging and existing infectious disease through integration and scale up of effective preventive and curative interventions for under-five children targeting the major childhood causes of morbidity and mortality i.e. pneumonia, diarrhoea and malaria into existing primary and secondary health care services. * Scale up integrated community case management (iCCM) into geographical areas where Save the Children where access to Primary health care services are limited and promote iCCM and PHC thematic linkage; * Improve essential new-born care practices and manage child illness through the already existing iCCM and health facility services, * Scale up the immunizations services through static facilities and outreach activities to the underserved geographical areas; * Emphasis on integration of Nutrition into the existing and upcoming iCCM, primary and secondary health interventions to enhance thematic synergy; * Strengthening SS health system to effectively address new-born and child health. * Improve health awareness and care seeking behaviour through targeted Community mobilisation; demand creation and IEC/BCC activities.   **Result 5.3 Maternal, infant, and young child nutrition (MIYCN):**  5.3.1 Under 5 wasting will be reduced to below 15% by 2018 i.e below critical   * Improved access to quality nutrition treatment services for children, mothers and communities among the targeted communities across programme areas directly or through partners. * Prevent morbidity and mortality related to acute malnutrition through provision of immediate lifesaving intervention to all acutely malnourished children under five and pregnant and lactating women. * Prevent micronutrient deficiency among children under five and women of reproductive age group through appropriate community level interventions. * Promotion of Infant and young child feeding across all programme areas as well as in emergencies. * Strengthen the capacity of the local structures to enable them address the nutritional needs of the under-fives, pregnant and lactating women * Linkage with community structures to reach the most deprived and unreached populations with nutrition services.   5.3.2 Stunting will be reduced by 2% by 2018   * With a focus on the 1,000 day window of opportunity (pregnancy to 2nd birthday), SCI’s strategy will contribute immensely to improve both direct nutrition interventions and to integrate nutrition into broader state and national health and Nutrition efforts and investment for children. There will be key focus on maternal malnutrition. * Improved access and coverage of micronutrient supplementation and de-worming by children under-5 and women of reproductive age in the targeted communities; * Micronutrient supplementation: in coordination with the MOH ensuring availability of micronutrient supplements in PHCC and PHCU facilities; ANC; In cognizant importance of micro-nutrient SCI will keenly integrate Nutrition Sensitive multi-sectoral interventions with others sectors e.g. FSL, Work in the country FSL+N TWG to mainstream. As a multi-faceted multi-sectoral public health issue, under nutrition warrants an integrated approach to effectively address the needs of vulnerable households in areas where the need is the highest. Such integrated approaches could involve the Food Security and Livelihoods sector, WASH, Health, Education and others that will have a direct or indirect impact on chronic under-nutrition.   5.3.3 Improved knowledge and practice of optimum Infant and young child feeding in the target population.   * Maternal, Infant and Young Child Nutrition: Need to address the knowledge gap in Infant and Young Child Care and Feeding practice through nutrition education across programme areas in SS. * Promotion of optimal MIYCN practices, proper care of the sick child, and proper care of mothers before pregnancy, during pregnancy and after delivery. Save the Children focuses to build capacity among actors across the country to include effective maternal and IYCN services within their work as well as support National, State and county level governments nutrition and other sectoral offices to mainstream nutrition making sure that a positive impact on nutrition is an explicit objective of their policies.   Some possible interventions for South Sudan will include:   * Promotion of home/Kitchen gardening: enhance/introduce and promote bio-fortified foods with home gardening in selected for household consumption and sale. * Supports of HH with incidence of acute malnutrition with appropriate livestock interventions that are geared towards improving milk production for improve diet at HH level. * Commence discussions through national policy frame work in partnership through the IYCF and MI (Public Private Partnerships): delivery of effective mechanisms for availing vitamin A fortified oil and iodized salt in the local market in South Sudan.   5.3.4 : Strengthening of Nutrition systems and coordination mechanisms [Contributes to: Equitable access to quality services and Support MOH fulfils its commitment to children]   * Improved capacity of SMOH/MOA/MOFL. institutions in the management of acute malnutrition * Improved local capacity in the management of acute malnutrition and provision of BPHNS. * Improved evidence-based programming that progressively strengthens capacity of both institutions and communities in addressing malnutrition   **Through;**   * Building capacity of local health systems to deliver effective nutrition services without external support. * Emergency nutrition response: In the event that the humanitarian situation deteriorates and caseloads are beyond the capacity of the local available facility and community system to handle in our areas of operation; or when invited to intervene by the nutrition cluster in other areas of need, response in collaboration with the SMOH/CHD and other actors – with more emphasis on the capacity enhancement; training, implementation reporting, and coordination without undermining the existing system. * Ensuring quality of IMAM services: a robust mechanism for ensuring IMAM services meet the Sphere minimum standards and effective reporting will be set in place * Through Cluster Coordination system: Save the Children will continue its role in Jonglei strengthening coordination, governance and planning at national and state levels. Particular emphasis will be given on inclusiveness in inter agency planning and needs assessment and response; there will be a deliberate effort to involvement of government organs in nutrition governance at national and state level.   **Result 5.4 Adolescent sexual and reproductive health (ASRH):**   * Integrate ASRH including FP services, Syndromic management of STIs and HIV prevention and Care into the existing and upcoming primary and secondary health care services; * Apply innovative ideas to reach and attract youths and adolescents with comprehensive sexuality education, and RH services (including FP) for adolescents and young mothers   **Result 5.5 WASH:**   * All Save the Children supported health facilities (community based, primary and secondary) have quality WASH and Health Care Waste Management facilities of acceptable standards. * Integration and Mainstreaming WASH within all SCI H&N, CP and Education programming focus.   **Result 5.6 HIV:**   * Integrate HIV prevention, treatment and care into existing and upcoming Primary and Secondary Health care services in Save the Children supported geographical areas; * Integrate PMTCT into all supported Primary Health Care Centres and hospitals in Save the Children supported geographical areas; * Strengthen the capacity to do PICT and CICT as entry point for HIV care programmes including HIV affected and infected children in the Save the Children supported and upcoming health programme geographical areas. * Strengthen local capacities to support Nutrition needs for HIV affected households in our operation areas.   **Result 5.7 Emergency Medical Services:**   * Provide need based emergency primary health care services to most vulnerable and most at risk children and their families including preventive, curative as well as the minimum initial service package for reproductive health services; * Establish a trauma surgical surge capacity in country and provide essential trauma surgical interventions where needed in South Sudan in partnership with other key actors in health in emergency;   **Result 5.8: Across H&N sub-themes:**   * Enhance Integration of H&N with Education especially in the ECCD for optimal growth and development; a key on the adolescent girls and boys Nutrition and health needs for synergy. * Enhance integration of nutrition interventions into existing and upcoming community based (iCCM), primary and secondary health care interventions in Save the Children supported geographical areas. | | | | | | |
| **Exit or scale down strategies** (Only for programmatic work that you will exit or scale down over the next strategy period) | | | | Since Save the Children mainly support the government PHC and secondary facilities, these will be handed over to the government authorities where there is capacity or hand over to other interested IPs. | | |
| **Thematic capability needs**  **(includes gender and resilience)** | | | | * Need for building Save the Children’s internal capacity in Health Systems Strengthening, enable teams to build the capacity of the local health authorities (CHDs, SMOHs) in the supported geographical areas and to build/strengthen the health system resilience/capacity to withstand shocks (including health emergencies and outbreak of communicable diseases) and respond to them. * Strengthen the staff capacity on PICT and CICT to enhance timely access to HIV care especially for HIV affected/infected children. * Strengthen Resource mobilization; internal capacity; Strong MEAL and evidence; Data and information management; Review the existing SCI structure and look at best ways of integration | | |

**Non-thematic Strategy 2016 – 2018**

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| **Global priorities** | **Country strategic objectives** | **Capabilities needed** |
| **Strengthen operations capability in toughest contexts (Operations Platform Strengthening)** | * By the end of 2018 the South Sudan Country Office will meet all essential standards - delivering quality programming with zero deficits for the children of South Sudan. | * The Management improvement plan must be resourced, implemented, monitored and regularly reviewed by SMT * Positions on the People Non-Award Funding (NAF) recruited and deployed * Internal Audit Capacity expanded both in people and resource allocation. |
| **Maximize use of knowledge** | * By the end of 2018, South Sudan will have established a knowledge management system to pool, index and utilize learning accessible to all stakeholders. All staff will be equipped and encouraged to contribute in capturing of institutional learning. * 100% of programme staff will use the available knowledge to gauge programming impact, guide strategic decision making, and replicate programmatic best practices to achieve positive results for children | * Information Management and Archiving: Utilizing global (one-net etc.) and Regional (Prime) solutions to ensure consistent flow of useful programmatic information. (Developing and updating in-country tools to feed into the global and regional knowledge hubs) * SCI South Sudan needs to contribute its share to the regional investment in rolling-out PRIME. * Knowledge sharing and utilization: Streamlined processes for enabling timely sharing of Knowledge (Country Office page on one – net, ICT, HR resources, IPTTs, Complaint Feedback Databases, Learning Databases etc.). Protocols developed to inform evidence based decision making regarding project design and implementation planning. * Existence of a fully functional and adequately resourced independent MEAL unit in the Country Programme for leading community driven and program quality focused learning culture in the Country Programme (i.e. aligned to the vision of MEAL in SCI). |
| **Launch new global campaign** | * By the end 2017, we will have integrated the global campaign in our programming (bottom up community – national – regional authorities) | * In country Advocacy & Policy Advisor to be recruited. * Contextualised advocacy strategy with built in safeguard procedures to be formulated and implemented. |
| **Build humanitarian capability** | * By the end of 2018 the South Sudan Country Programme is prepared and equipped to fully support full spectrum programming in line with the theory of change, whilst maintaining at least the same level of quality in ongoing programming. | * By the end of 2015, the country operations department will have resourced, equipped and trained a flexible cadre of key staff who are able to respond to spikes, shocks and emergencies in order to avoid draining ongoing programming. (Staff costs to be cost recovered through existing and future awards) |
| **Focus on unrestricted income to create a diversified funding base** | * By 2018, Save the Children South Sudan will have diversified its funding base through identification and exploration of local fundraising opportunities (both traditional and corporate) * By 2018, Save the Children South Sudan ensures use of NAF only for innovative programming and strategic investments, instead of bridging cost recovery gaps * By 2018, Save the Children South Sudan would increase its unrestricted funding base through an active and purposeful engagement with wide range of SCI Members. | * Senior leadership is familiar with, develops relationships, and actively pursues opportunities with other key SCI Members * Developing and implementing a contextualized fundraising Strategy, based on 2016+ country strategic plan. |
| **Roll out global brand & cause** | * By 2018, South Sudan country office will have standard branding in line with Save the Children global brand and solidify the position of Save the Children as the most trusted INGO in South Sudan known for its ability to deliver successful, high-profile humanitarian and development programmes. | * Develop training strategy with communications, advocacy and information elements fully integrated, to ensure all team members are on brand with their external communication |
| **Increase efficiency & effectiveness** | * By the end of 2018 NTC is reduced to 25% * By the end of 2018 the total children reached has increased by +20% * By the end of 2018 the KPI’s and QF and essential standards are met. * By the end of 2018 the Country programme is supported and informed by MEAL * By the end of 2018 Staff gaps will be filled and teams will be able to ensure swift implementation. | * Management improvement plan needs to be sufficiently funded * Field and programme managers receive tailored training on systems and accountability |
| **Strengthen & diversify leadership** | * By the end of 2018, Save the Children South Sudan will have new recruitment and retention strategy in place. This recruitment strategy will:   + Champion both thought leadership and omni- leadership   + Be open and attractive, reflecting local, regional and global strengths, whilst be inclusive towards beneficiaries.   + Promote culture change from within (team work) | * Staff is trained and empowered to show leadership and influence from bottom up * HR needs additional focus in order to facilitate HR instruments to measure and achieve stronger and diverse leadership |

**Additional country level strategic objectives (If any)**

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| **Country level strategic objectives** | **Capabilities needed** |
| By end of 2018, SCI South Sudan will be able to ensure quality full spectrum programming with child focused objectives | As per the Operations Platform Strengthening Cycle. |
| By end of 2018, SCI South Sudan will become the partner of choice for most of the key actors. | N/A |
| By end of 2018, SCI South Sudan will gain financial security and operate with zero deficit | N/A |

1. **Structural Implications**

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| **Structural implications** | The South Sudan CO is expecting up to 40 % portfolio growth in next three years, which would require structural adjustments at the senior, area and field level and may lead us to introduce another cadre of Deputy Country Director(s) in the growing country team. Initial investment in international staff will ensure the gradual and responsible capacity strengthening of national staff. Having an evolving structure in place enables the programme and its leadership to absorb arising opportunities and have the capacity in place to anticipate on and engage fully in all ongoing and prospective work in South Sudan whilst achieving zero deficit.  Child Poverty has been introduced as a new strategic theme under 2016+ strategy, so the PDQ team will be supported by additional child poverty personnel. The CO also aims to integrate the global campaign in our programming by the end of 2017 (bottom up community – national – regional authorities). For this purpose, we need to strengthen policy advocacy and communications functions for the entire country office. Relevant staff will be recruited during the remainder of 2015. The country office will also strengthen its team’s capacity to integrate gender in our programming.  *Devolved management structure:*  The area managers will be considered responsible for most of the technical and administrative affairs at their respective geographic locations and will be given additional responsibilities of capacity strengthening and building in their respective areas and report directly to the director of operations. Balancing the right span of control with the right attention to specific areas will need additional thought processes and investment.  *Flex cadre:*  In order to be able to absorb spikes and become more efficient in start-ups of new programmes, in-country flex cadre will be introduced. This new cadre will contribute to the capacity strengthening of national staff as well as assist in the absorbing shocks and reduce our dependency on ERP staff for regular programme implementation. |

1. **Funding and fundraising approach (Members only)**

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| **Funding targets (from excel)** | **2015** | **2016** | **2017** | **2018** |
| **Overall** |  |  |  |  |
| **Growth (%)** |  |  |  |  |
| **Unrestricted (USD)** |  |  |  |  |
| **Unrestricted growth (%)** |  |  |  |  |
| **Fundraising approach** |  | | | |

1. http://www.ipcinfo.org/ipcinfo-detail-forms/ipcinfo-news-detail/en/c/276738/ [↑](#footnote-ref-1)