

Office of the Secretary of the UNICEF Executive Board

Template for delegations commenting on the draft country programme documents

2022 second regular session

Draft country programme document commenting period (except for the draft CPD for Gabon): 14 June to 5 July 2022 [18:00 EST]

Draft country programme document for Gabon commenting period: 17 June to 11 July 2022 [18:00 EST]

Delegations are kindly invited to use this template to share their comments on the draft country programme document being presented to the Executive Board during the forthcoming session.

Delegation name: **Sweden**

Draft country programme document: **South Sudan**

In accordance with Executive Board decision [2014/1](#), draft country programme documents are considered and approved in one session, on a no-objection basis. All comments received by the Office of the Secretary of the Executive Board before the deadline stated above will be posted on the Executive Board website, and considered by the requesting country, in close consultation with UNICEF.

	Delegation's comments	Response(s)
General comments	<ul style="list-style-type: none">To ensure synergies and avoid duplication it is recommended that UNICEF further elucidate in the draft CPD how they will coordinate with other actors, especially given the many sectors and thematic areas that UNICEF plans to engage in (under Programme priorities and partnerships).	UNICEF works closely with sister UN agencies including WFP, WHO, FAO, UNFPA and UNHCR. This includes Joint Programmes and joint programming approaches. The UNDSCF is the framework for such collaboration to maximize complementarity and avoid duplication. UNICEF led analysis of children and women situation was an important contribution to the Common Country Assessment. Within the UNDSCF result framework UNICEF co-leads the Outcome Area 3 on Social Development with WFP. In this Outcome Area, UNICEF collaborates and coordinates with UN sister agencies and over 40 national and international NGOs to ensure delivery of health, nutrition, education, WASH and child protection services. UNICEF also work closely with multiple agencies, donors and partners as the Lead Agency for Education, Nutrition, WASH Clusters and Child Protection Sub-Cluster.

	<ul style="list-style-type: none"> • Provided the strong linkages between the outcomes and the gender equality agenda, the draft CPD would benefit from a more elaborated context-specific gender analysis, including how the collective efforts will contribute to a transformative approach that will positively change the conditions and situation of women and girls in South Sudan. The current reference to the UNICEF Gender Action Plan 2022–2025 provides limited guidance on how this will be achieved in the context of South Sudan (under Programme priorities and partnerships). 	<p>We share the concern of Sweden on the need for a strong integration of the agenda on gender equality and empowerment of women and girls across all our programmatic areas for transformative outcomes. Girl-intentional multi-sectoral programming is a priority for UNICEF and is being implemented along with key UN partners. UNICEF is also committed as per its revised Gender Core Commitments for Children in Humanitarian Action to scale-up direct partnership with women and girls’ organizations, including to increase agency and leadership of adolescent girls and young women to challenge discriminating structural and social norms.</p> <p>Overall, our programming approach in the new country programme is informed by a gender programmatic review initiated during the development of the <u>Situation of Children and Women in South Sudan 2018-2020</u> (finalized in July 2021) where specific gender-related barriers were identified. During the prioritization process for the development of the UNSDCF and, subsequently, the UNICEF country programme, targeted actions were agreed upon and reflected in the CPD aligned under Outcome 4 of the UNSDCF. Given the widespread violence against women and girls, UNICEF is specifically ensuring GBV risk-mitigation is integrated in all of its programme. For example, UNICEF partners with ACF to address GBV risk mitigation within nutrition programming, while also increasing the systematized use of safety audits by staff and partners including consultation with women and girls. Through UNICEF leadership on Children and Armed Conflict agenda, UNICEF is also ensuring timely response is provided to adolescent girl survivors of conflict-related sexual violence. To contribute to gender transformative approach, UNICEF works with Ministry of Education to close gender teaching gap by incentivizing female teachers and deployment of qualified teachers to rural areas as a strategy to attract and keep girls in school. UNICEF also prioritize construction / rehabilitation of gender sensitive primary schools (gender sensitive WASH facilities) and distribution of dignity kits. Working with School Management Committee and Parent - Teacher’s Association, UNICEF creates awareness on social norms to promote girls’ education. Also, the promotion of teacher – learner code of conduct also helps to address issues related to gender in schools.</p>
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<p>Comments on specific aspects of the draft country programme document</p>	<ul style="list-style-type: none"> • Paragraphs on Health and Nutrition (p 6-7): It is understood that UNICEF CO intends to mainstream treatment of nutrition-related complications into primary health care services, however, given the high numbers of MAM (moderate acute malnutrition) and SAM (severe acute malnutrition) in the context of South Sudan, the CPD could seek to clarify how it intends to mainstream treatment of nutrition-related complications beyond fixed health facilities to ensure broader integration of nutrition services into health services. • Paragraph on Child Protection (p 8): Given the high needs of MHPSS (mental health and psychosocial support) and the limited capacity that exists in South Sudan, the CPD could clarify if UNICEF intends to 	<p>South Sudan is confronted with high burden of wasting, beyond the emergency level and UNICEF is working closely with partners to respond to humanitarian needs. For increased efficiency and better quality of services, treatment of cases of wasting with medical complications that require inpatient treatment will progressively be mainstreamed in the health systems. Given the high caseload of wasting (moderate/MAM and severe/SAM) and to increase access to treatment, UNICEF will continue to work with WFP to ensure continuum of care and prevent moderate wasting cases from further deterioration and, therefore, reduce the number of cases of severe wasting. UNICEF and WFP already achieved over 95% co-locations and alignment of partners to deliver MAM/SAM services through a network of 1,200 nutrition fixed sites. This partnership will be further enhanced.</p> <p>To increase coverage and access to services, UNICEF will continue its effort to include wasting case finding and treatment to health outreach activities.</p> <p>In addition, to increase access to services, timely case identification, referral and treatment, UNICEF will continue supporting implementation of the simplified approach to wasting treatment including caregiver screening and referral (“Family MUAC”), using MUAC or oedema to determine admission or discharge, simplifying the dosage of RUTF based on MUAC, and reducing the frequency of follow up. Treatment of wasting cases by community-based workers will be explored soon.</p> <p>UNICEF will carry out quarterly mass screening and build on the network of existing Community Nutrition Volunteers (CNV) to identify and refer wasting cases for treatment and follow up to ensure adherence for treatment. Also, CNVs will promote adequate infant and young child feeding practices along with adequate health and WASH behaviour to contribute to reduction of wasting among young children. Combining these approaches will allow to handle the large caseload of wasting South Sudan is confronted with.</p> <p>MHPSS services will continue to be provided primarily through UNICEF non-governmental and civil society partners. However, in line with our strategic approach to building government systems, UNICEF will work closely with the Ministry of Gender, Children and Social Welfare (MoGCSW), to strengthen the policy and regulatory environment that defines MHPSS services for vulnerable</p>
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	<p>embed the planned MHPSS services within the government structures or elsewhere?</p> <ul style="list-style-type: none"> • Also, a clarification regarding terminology and planned support is required: will the planned MHPSS support include specific interventions on mental health (and not only psychosocial support services), provided the almost non-existing national resources and capacity? 	<p>children. A core focus will be strengthening the social welfare workforce (social workers) and their ability to implement effective case management processes. The MOGCSW and UNICEF will review and define clear lines of accountability within the sector, noting government resources and leadership on provision of child protection services (including MHPSS) is limited.</p> <p>Within the country programme, we will build an intentional MHPSS programme that prioritises evidence-informed peer, community-based and counsellor-driven interventions which are appropriate for most mild to severe mental health challenges and trauma. The establishment of an effective case management system will also ensure that people requiring tertiary level psychological and psychiatric services are identified and referred to clinical service providers who are supported through WHO and other international partners. Noting that case management support through trained social workers is fundamental to effective treatment of mental health issues / trauma - we will continue to prioritise these services.</p> <p>There is a clear capacity gap in South Sudan to handle MHPSS conditions. It is documented that most mental health and psychosocial issues can be dealt with at community level. UNICEF will leverage existing community-based structures including Boma Health Workers, Community-based Nutrition Volunteers, hygiene promoters and Community Mobilizers, by training them on mental health prevention and support activities, including Early Childhood Development interventions at community and facility level (nutrition sites, health facilities and schools).</p>
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