

## 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: *USA*

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)
<b>General comments</b>	<ul style="list-style-type: none"><li>The United States commends UNICEF's shift from a predominately service-delivery focus to investments in sustainable systems and capacity building. However, malnutrition rates have increased by 36 percent in 2022. Does UNICEF believe it can pivot away from life-saving nutrition interventions when South Sudan faces humanitarian needs?</li></ul>	<p>High prevalence of wasting among young children remains a humanitarian crisis in South Sudan. The recent deterioration of the food security of a large proportion of the population (62%), combined with the climatic shock and the impact of the global macroeconomic context on food, transport and energy prices contribute to the rise in wasting burden in South Sudan (36% over the first 5 months of 2022). UNICEF remains committed to the Core Commitment for Children and Humanitarian Action.</p> <p>This situation, in turn, underscores the importance of putting in place interventions to strengthen the resilience of the community and reduce the malnutrition burden through preventive actions, for the future. The humanitarian – development nexus is, therefore, relevant in South Sudan, i.e keeping the right balance between emergency response and preventive interventions to reduce disease burden.</p> <p>Toward this end, UNICEF will continue to support interventions to save lives threatened by wasting through the established network of over 1,200 treatment centres and leverage this service delivery platform to deliver promotional and preventive nutrition, health and WASH</p>

	<ul style="list-style-type: none"> <li>● Does UNICEF plan to seek South Sudan government funding to ensure that UNICEF programming, in country, can be sustained for a longer period of time? (creating a “burden sharing” approach).</li>   <li>● The United States acknowledges UNICEF’s plan to shift from nutrition programming that focuses on life-saving activities through national and international NGOs towards supporting the Government of South Sudan’s capacities to deliver services and implement multi-sectoral systems. We would like more information on the processes</li> </ul>	<p>interventions addressing causes of malnutrition. To achieve this, UNICEF will continue to partner, under the UNSDCF, with WFP, WHO, and FAO, along with over 40 national and international NGOs, in collaboration with the national and state Ministries of Health. The community-based structure for nutrition (over 8,000 Community Nutrition Volunteers) will also significantly contribute to linking the emergency response to addressing the underlying causes of malnutrition among young children. UNICEF will carry out quarterly mass screening and build on the network of the CNVs to identify and refer wasting cases for treatment and follow up to ensure adherence for treatment. In addition, the 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. Finally, the promotion of Mother-to-Mother Support Groups at community level will facilitate promotion of adequate Infant and Young Child Feeding practices at household level.</p> <p>UNICEF, in collaboration with other partners including WHO, USA, Canada and the United Kingdom, successfully advocated for an increased budget allocation to health from less than 2% of the total Government budget to 7.6% in the 2021/2022 budget cycle. In addition, UNICEF and major donors, including the World Bank, have initiated discussions on setting up a Multi Donor Trust Fund (MDTF) for a period of 5 years with a gradual phasing out of funding from 2027, with expected Government funding increases following increased access to oil revenues that currently are tied to servicing loans till 2027. UNICEF and partners will support the Government to increase investment in social services when more resources become available. UNICEF will continue to strengthen its partner social sector ministries’ capacities in public finance management, with a strong focus on efficiency gains in budget management and expenditure.</p> <p>UNICEF plans to put in place building blocks to shift from nutrition service solely delivered through national and international NGOs to a mix of service delivery modalities including government where possible. UNICEF and partners including WFP, WHO, members of the Nutrition Cluster and Health Cluster along with the government at national and state level will undertake a readiness analysis to identify counties where the shift will be initiated. This readiness analysis will also bring out issues in the health system components which needs to be strengthened before such a shift is possible. In the meantime, services will continue to be delivered through NGO partners. Where the shift is initiated, UNICEF will continue to partner with NGOs for capacity building of government service providers, and quality assurance of</p>
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	<p>UNICEF will take to implement this shift. We ask UNICEF to share information on their approach implementing the Supply Chain maturity model in South Sudan.</p> <ul style="list-style-type: none"> <li>UNICEF plans to mainstream treatment of severe wasting with medical complications into the primary health care package of services. How will UNICEF coordinate this work with the World Health Organization and how will UNICEF ensure the implementation of this is funded?</li> </ul>	<p>service delivered through government system. The shift will be considered only when the government has capacity to deliver so as not to compromise any gains that have been made. In area affected by emergency including in the priority counties, humanitarian services will continue to be delivered through experienced NGOs.</p> <p><b><i>Supply chain maturity model in South Sudan</i></b></p> <p>UNICEF supports the end-to-end supply chain for nutrition commodities, with support from national and international NGOs. The maturity model was implemented in February 2022 to assess the maturity of the nutrition supply chain, which identified opportunities, gaps and weaknesses for further strengthening. A roadmap was developed to be implemented over a period of three years from 2022 to 2025, which addresses the short, medium and long term activities identified.</p> <p>UNICEF has been implementing elements of the Supply Chain maturity model roadmap, including coordinating two training workshops in May 2022 with participants from implementing partners and state ministries of health. The training focuses on forecasting and quantification of supplies, warehouse and inventory management, monitoring, and supervision. Two additional workshops will be conducted in July 2022.</p> <p>End user monitoring is being conducted through a monitoring mechanism using an integrated checklist with UNICEF implementing partners. This checklist was developed following the gaps identified during the maturity model assessment in February 2022. This entails extensive field monitoring of supplies, storage management by implementing partners and the usage by the beneficiaries at the last mile.</p> <p>Treatment of severe wasting with complications has an important medical dimension. In the absence of robust health service delivery platform, this form of malnutrition is being handled by NGOs with adequate capacity to deliver medical services. UNICEF is working with WHO, members of the Nutrition Cluster and Health Cluster to bring back treatment of severe wasting with complications in the health sector. For this, UNICEF works with WHO to train health service providers on treatment of severe wasting with medical complication, and is in discussion with Health Cluster members to ensure that where possible the same implementing partners delivers services for treatment of wasting without complication (OTP) and cases of wasting associated with medical complication as inpatient in Stabilization Centres. In addition, UNICEF will continue to coordinate with WHO to ensure adequate and uninterrupted essential supply availability in Stabilization Centres for quality treatment. The process which will be carefully managed on a case-by-case basis, considering readiness.</p>
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	<ul style="list-style-type: none"> <li>• The United States is supportive of the integrated Community Case Management (iCCM) work mentioned in the program document and recommends that this includes wasting treatment as iCCM + to increase access to care and treatment in humanitarian contexts.</li> <li>• UNICEF describes a focus on public-private partnerships and sustainability within the WASH sector. How will these efforts be balanced with increasing humanitarian needs? Please describe how efforts or activities will be prioritized.</li> <li>• The United States appreciates UNICEF’s strategic focus on using evidence-based, gender-responsive social and behavioural change and community engagement in program implementation. We ask UNICEF to share more information on its plans to incorporate discriminatory gender norms change or other gender</li> </ul>	<p>It is UNICEF’s ultimate objective to fully integrate treatment of wasting into the package of health services. iCCM is the right place to do so and UNICEF will navigate the process progressively, considering the readiness of the iCCM platform to deliver quality service not to compromise on gains. UNICEF, in coordination with members of the Nutrition Cluster and Health Cluster are working together on this critical issue and this will continue as a focus under the UNSDCF and UNICEF country programme.</p> <p>UNICEF’s focus on public-private partnerships will be in areas of the country which have least humanitarian needs, where we are building resilience. The sustainability of any WASH development interventions depends upon all stakeholders being empowered to maximize their impacts on the sector. The private sector is a critical element of any WASH programme in a non-humanitarian setting and can also be an important partner in humanitarian interventions. Activities involving the private sector will include sanitation marketing, menstrual hygiene management, borehole drilling capacity, water systems construction and strengthening the market for hand-pump spare parts. All these activities will build community and national resilience, strengthen community capacity to withstand shocks and a strengthened market will be a valuable local and national resource in any emergency.</p> <p>We are also looking at developing long-term commercial agreements for humanitarian operations, such as emergency surface water treatment plant operation, to ensure value for money in activities which can be measured and paid for at a unit rate. These can be outsourced to NGO partners or private companies on a competitive bidding basis. These types of approaches help build local private sector capacity, even in emergencies, which will help the long-term rebuilding of the sector and ensure greater sustainability.</p> <p>UNICEF has developed the Communities Care social norms change programme which was pioneered with United States Government support in Somalia and South Sudan starting in 2014. This programme is now being scaled up following a successful pilot phase which was researched by Johns Hopkins University. The programme attacks harmful practices such as child marriage, Female Genital Mutilation and other forms of Gender Based Violence. UNICEF will also look at innovative norms change programmes focussed on adolescent and youth such as the Ujamaa Self Defence and Empowerment programme previously piloted in Kenya, South Sudan, Malawi and Somalia. We will be reaching out to the donor community for support of these innovative methods in due course.</p>
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	<p>transformative programming work within the programmatic priorities.</p> <ul style="list-style-type: none"> <li>● We ask UNICEF to share more details on how population groups with intersecting vulnerabilities like people with disabilities and LGBTQIA+ groups, are included in UNICEF’s programming in South Sudan and particularly among adolescents- given that almost 57 percent of the population is younger than 18 years old.</li> <li>● We appreciate UNICEF applying the Accountability to Affected Populations framework to support programs in South Sudan, including implementation through local actors and communities. Can UNICEF provide further information on how they will be able to prioritize the voices, needs, and capacities of local communities, including the most vulnerable, to play a significant role in influencing these local programs?</li> </ul>	<p>Aligned with the UNICEF Strategic Plan 2022-2025, the Country Programme follows a set of guiding principles anchored in the CRC, CEDAW, CRPD and other human rights instruments, which also drive the UNSDCF. Non-discrimination and support for children and adolescents from the poorest, most marginalized and excluded groups to access inclusive and non-discriminatory social services cut across the new Country Programme.</p> <p>Accountability to Affected Populations (AAP) is a priority principle of the UNSDCF for South Sudan, including for UNICEF. UNICEF’s CPD focuses on community-based and community-led interventions, which are designed with an embedded focus on AAP that enables active participation, decision making and feedback of the affected population. UNICEF will further strengthen established networks embedded in communities to allow for two-way dialogue and ensuring active engagement and participation, particularly of those most at risk or most vulnerable.</p> <p>Such mechanisms are designed to ensure target populations, with specific attention to girls and most vulnerable children are involved throughout the project. UNICEF and partners will conduct community consultations during assessment, design, implementation and monitoring phases. UNICEF will also continue to embed child and community participation and feedback mechanisms to ensure activities are child-centered and in line with their needs and wishes.</p> <p>UNICEF will also ensure all key technical staff conduct regular monitoring visits to the recipient facilities and communities to ensure rational use of services and supplies and get first-hand feedback from beneficiaries. Community leaders, women’s groups and adolescents are fully engaged in the implementation and monitoring of the project activities. Post</p>
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<p><b>Comments on specific aspects of the draft country programme document</b></p>	<p><i>(Delegations providing comments may wish to include details, such as the page number, paragraph number, or page of the annexed results and resources framework.</i></p>	