

COMMENTS ON THE UNFPA DRAFT COUNTRY PROGRAMME DOCUMENT FOR SOUTH SUDAN

Second regular session 2022

Comments by Canada	UNFPA country/regional office response to comments
Canada welcomes the draft CPD for South Sudan.	We thank the Government of Canada for this comment.
Suggest the section on risk be strengthened as the “potential risks” are in fact “extremely likely” risks. If these are likely scenarios, the risk mitigation section should be bolstered and perhaps mainstreamed in the document.	<p>The UNFPA CO acknowledges the high likelihood of multiple risks that could adversely impact programme implementation. In response, and in consultation with partners, the CO developed a detailed risk register and risk mitigation plan as part of the programme development process, which was integrated into the theory of change document for the country programme. In this risk register, the overall risk rating is deemed ‘high’ and appropriate risk mitigation measures have been outlined.</p> <p>In light of the comments, the CO has made the following changes to the CPD in paragraphs 34 and 35:</p> <p>Para 34- ‘Potentially likely’ changed to ‘extremely likely’</p> <p>Para 35- The following sentence has been added: “Given the overall high risk rating highlighted in the CPD risk register, the CO will mainstream its business continuity plan and specific mitigation strategies for each programme component.”</p>
How were considerations to the fragile context given, especially with upcoming elections? Suggest there be consideration about implementation and impact if in country situation worsens, remains the same or improves.	Elections were considered among the most likely risks to cause insecurity, political instability and contribute to emergencies in the country. In this regard, risk mitigation measures have been proposed in paragraph 35 of the document. The Country Office will also apply the key lessons learned from the implementation of previous programmes, including flexibility and adaptability in light of the COVID-19 pandemic, the 2016 civil war and other emerging humanitarian crises, in order to address any election related emergencies. As mentioned above, the business continuity plan will also be activated as needed.

<p>The framework appears quite aspirational, which is understandable, but suggest a need to have a stronger sense of priorities come through in the document.</p>	<p>The Country programme is focussed on providing integrated sexual and reproductive health and rights (SRHR) and gender-based violence (GBV) prevention and response services in a number of targeted states for efficiency and impact. The programme prioritizes interconnected critical pathways (paragraph 15) that will contribute to acceleration and scale-up across the three transformative results to end unmet need for family planning; end preventable maternal deaths, and end gender-based violence and harmful practices. The programme prioritizes five integrated outputs focused on: (a) quality of care and services; (b) gender and social norms; (c) population change and data; (d) humanitarian action; and (e) adolescents and youth, with midwifery, family planning and SRH-Minimum Initial Service Package (MISP). Priority, evidence-based high impact interventions aligned to national objectives, that contribute directly to the achievement of the outputs are highlighted in the document. These interventions will be further unpacked and implemented through workplans, in collaboration with key partners.</p>
<p>Understand the context is South Sudan is extremely challenging especially on some of the work related to SRHR (i.e. Family planning, early child marriages and SGBV). Would strongly encourage UNFPA to share challenges and learning to allow us to better understand successes. For instance:</p> <ul style="list-style-type: none"> -Partners delivering FP are often threatened, harassed or beaten up – what are the measures / training to ensure security of staff? -(Parag. 23) Has there been reflection on culturally sensitive approaches to addressing harmful gender social norms and discrimination? -On leaving no one behind it would be interesting to better understand how they will engage with marginalized groups. 	<p>Challenges in delivering family planning</p> <p>UNFPA acknowledges the challenges faced by family planning service providers and clients in some states of the country and these have been brought to the attention of the relevant authorities, including Ministries of Health, Gender, Children and Social Welfare and the national security apparatus. This has also been brought to the attention of the national SRH/FP Technical Working Group for broader discussions with partners. Measures taken with some success include: continuous evidence-based advocacy with ministries and Parliamentarians, working with state and local authorities for safety of family planning service providers, organizing awareness raising sessions with security and law enforcement bodies, and working with women networks and agents of change (including male advocates and local religious and community leaders as well as men and boys) to advocate for safe access to voluntary SRH/FP services for women, girls and couples who desire them.</p>

UNFPA will continue to expand its work in this area using innovative strategies, and by partnering with non-traditional partners including women and girls in sports (football, boxing etc), boda boda riders, women, girls, and men in cattle camps as additional multipronged culturally sensitive approaches to address harmful gender and social norms and discrimination.

Addressing harmful gender social norms

Based on lessons learned from previous programmes, the fourth country programme has identified culturally-sensitive approaches to addressing harmful gender social norms and discrimination, including the need to work with traditional leaders such as paramount chiefs, religious leaders and community level norm-setters, which are essential to creating an enabling environment to promote SRHR. Given the diversity of ethnic tribes and their customary practices, UNFPA has recognized the need to scale up the work with traditional leaders at the State level, taking into account, the specific issues of the communities, while also bringing them together through common platforms at the national level.

The programme also recognizes that addressing cultural norm change requires engaging with men and boys to work on positive masculinity in the medium and long term. Currently, the work with men and boys between different actors is un-coordinated and remains limited in scale and scope. The programme will work with national and subnational institutions and mechanisms to address gender issues, including building their capacities to strengthen leadership, coordination and delivery functions for addressing the deep seated SRHR/GBV social norms.

Leaving No One Behind (LNOB)/ Reaching furthest Behind

The LNOB approach is central to the programme. A few examples are highlighted below to demonstrate how this will be achieved;

- Targeted programming with the networks of persons with disabilities across the country to ensure equitable access to SRH and GBV services, and advocacy for policy and legal frameworks that will

	<p>create an enabling environment for promoting and protecting the rights of persons with disabilities;</p> <ul style="list-style-type: none"> ● Currently the UNFPA Country Office is working with key populations (persons living with HIV, sex workers) to design specific programming based on the specific needs and rights of the specific vulnerable groups. This will be further strengthened in the fourth country programme. ● The Humanitarian Response Plan will ensure the centrality of the rights of vulnerable groups in programming, for e.g. cash and voucher assistance for SRH and GBV. ● As the population and demographic data focal agency, specific investments will be made in improving quantitative data that relates to marginalised groups, while also expanding investment in new complementary qualitative data, for e.g. analysis on gendered impact, intersecting discrimination, geographic differences and overlooked resilience or vulnerabilities. ● UNFPA will also expand its work with young people and women in displacement settings. UNFPA will apply several strategies to work with vulnerable groups including using peer networks, safe spaces, and youth centres to reach these groups.
<p>Would welcome further information on how current shock in the health sector is impacting partnership and programme expected results.</p>	<p>The current shocks in the health sector, specifically, the scaling down of activities due to decreased funding for Health Pooled Fund (HPF) have not immediately affected partnerships. However, in the short to medium term, key challenges are anticipated, including in the distribution of reproductive health commodities such as contraceptives to the last mile since HPF is currently supporting the Ministry of Health in this regard.</p> <p>Moreover, with the reduced support to HPF, an estimated 300 health facilities will be affected due to discontinuation of incentives for health workers as well as lack of medical supplies for services provision. Efforts and discussions have already commenced with UN agencies including UNICEF, the World bank and others to explore opportunities</p>

	<p>for innovative partnerships to support continuation of service delivery. Some of the ongoing initiatives include; 1) engaging the Health Development partners group to develop a revised harmonized incentive scale for health professionals for implementation in partnership with Government/MoH; 2) Discussions with H6 partnership platform (WHO, World Bank, UNFPA, UNICEF, UNAIDS and UNWOMEN) on how to support those health facilities in order to ensure continuity of health services; and 3) addressing RH commodities distribution to the last mile to service delivery points that were covered with the support from HPF.</p>
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Comments by European Union	UNFPA country/regional office response to comments
<p>EU does not finance UNFPA in South Sudan yet. However, in our MIP (multi-indicative program) for South Sudan, we do have a priority area on health. It includes a reference to reproductive health. We are planning an AAP (Annual Action Plan) 2023 including a health response under MIP.</p> <p>We have an ongoing program with the Health Pooled Fund (HPF) managed by FCDO, and probably will further connect with it through AAP 2023. However, a possible further contribution to HPF will depend on its planned future (the current HPF expires in 2023).</p> <p>In that context, we read in output 1 of UNFPA draft country programme that it aims at support to community-based initiatives including on ‘Boma Health Initiative’ (BHI). HPF has a strong focus on BHI and we recommended for the future HPF to increase such focus on BHI. There should be an opportunity for us to connect with UNFPA at that level.</p>	<p>We thank the European Union for this comment which is well received. UNFPA is already working with BHI workers on community-based initiatives, including the distribution of non-prescriptive contraceptives. This will be further scaled up during the implementation of the country programme, as additional efforts will be made to strengthen the provision of SRH/family planning services and demand generation activities at community level engaging BHI workers. This will include training BHI workers on family planning and addressing some of the negative socio-cultural norms at community level. The current evaluation of the Boma Health Initiative will also help to inform approaches that can be used to strengthen the provision of family planning services at community level and by BHI workers. UNFPA looks forward to the opportunity to collaborate with the EU in this regard.</p>
<p>On output 3 “strengthening data”, it would be helpful to know whether this refers to DHIS II (District Health Information System) since there are some ongoing efforts in South Sudan for integrating all data in DHIS II.</p>	<p>One of the strategic interventions in output 3 is the strengthening of the health and GBV information management systems - specifically, the Health Information Management System operationalised through the District Health Information System (DHIS II). With respect to the DHIS II, UNFPA is collaborating with partners to review tools to ensure that they capture data on SRH and GBV indicators in the DHIS II; build capacity of key state and county staff in DHIS II management to improve data quality and completeness as well as support production and dissemination of reports. UNFPA will also strengthen capacity for generation of population data from surveys and censuses conducted through the National Bureau of Statistics</p>
<p>Output 4 makes a reference to strengthening partnerships “the South Sudan Multi-partner Trust Fund on Reconciliation, Stabilization and Resilience and the Partnership for Recovery and Resilience”. RSRTF is an important reference multi-donor Trust-fund closely linked to the UN mission in South Sudan (UNMISS). The UN RC/HC (Sara Beysolow Nyanti) is chairing RSRTF in her</p>	<p>This is well-noted and UNFPA welcomes strengthened collaboration, coordination and partnership with the EU in relation to the RSRTF. UNFPA is a core member of the RSRTF steering committee for the UNCT.</p>

<p>competence as Deputy Special Representative of the SG. We are looking at contributing to RSRTF and aim at a co-chair seat in RSRTF. Therefore, we would welcome very much a strong contact and coordination on RSRTF with UNFPA.</p>	
<p>Under coordination, a lot of stakeholders are mentioned but we think that an explicit reference to two main health systems in South Sudan would be relevant as well: HPF, covering 8 states, and the WB health program via UNICEF for the other 2 states. In particular since UNFPA e.g., delivers kits through the HPF supply chain. Of course, all will depend on the future of both health systems (both current programs expire in 2024). There is a big ongoing debate on the future of health in South Sudan. We, from EU, push, together with other stakeholders for more government engagement. Such engagement and ownership by the government will be the only solution to move to a more sustainable health system in South Sudan. Indeed, the current situation of an entirely donor financed/managed health system is not sustainable. We therefore invite UNFPA to connect with us for a strong policy advocacy towards the government.</p>	<p>This comment is well-noted. UNFPA agrees that engagement and ownership by the government is critical for a more sustainable health system in South Sudan. UNFPA welcomes the opportunity for strong policy advocacy partnership with the EU and other stakeholders and looks forward to continuing this process with the government.</p> <p>UNFPA’s partnership with UNICEF, World bank and Health pool fund is captured in the results and resources framework under output 1 (page 11).</p>

Comments by the United States of America	UNFPA country/regional office response to comments
<p>Overarching</p> <p>We note that the draft CPD does not reference UNFPA’s domestic financing requirements. We suggest that UNFPA explain how it will ensure that the Government meets its commitment to the required level of funding for SRH commodities.</p>	<p>Under the leadership of government, the Country Office developed costed investment cases for the achievement of the 3 transformative results including addressing the unmet need for family planning. These investment cases, which have been endorsed by the government, will be used to advocate for domestic resource mobilization. In addition, UNFPA, in collaboration with other partners, also supported the development of the Family Planning Costed Implementation Plan (CIP 2021-2026) and will engage the government in 2022 for the signing of a Partnership Compact that will enable government to identify its intended domestic contribution to reproductive health/family planning commodities. South Sudan also made voluntary national ICPD25 commitments at the Nairobi summit which include the mobilization of the required financing for the ICPD Programme of Action. UNFPA is engaged in advocacy for implementation of the commitments, including through the office of the First Vice President and the Minister of Finance.</p>
<p>Regarding Programme Priorities and Partnerships</p> <p>As the primary supplier of reproductive health commodities (contraceptives) to the public sector and with kitting supported through USAID partners, UNFPA provides invaluable support to family planning service delivery in South Sudan. Given that the country faces challenges reporting stock levels and consumption at service delivery sites, if technical assistance on commodity security, including data management, is provided at the service delivery level, we recommend UNFPA release stock levels that reflect the national situation in addition to UNFPA-supported sites.</p>	<p>This suggestion is well noted and is in keeping with UNFPA’s investments to strengthen the national supply chain management system.</p> <p>One of the priorities in the country programme is to strengthen reproductive health commodity security, including supply chain management, through a responsive electronic logistics management information system, introduced through a phased approach, and ‘last-mile’ assurance, including in humanitarian settings. It is envisaged that this will be rolled out in partnership with other stakeholders under government leadership. Preliminary discussions on the harmonization of the multiple logistics systems have commenced and once the process is fully operational, UNFPA and government will be able to release stock levels that reflect the</p>

	national situation in addition to the UNFPA-supported sites. Partnership with USAID in this regard is welcomed.
<p>Regarding Results and Resources Framework</p> <p>We welcome the CPD’s focus on increasing skilled birth attendance, which complements the work of the Health Pooled Fund, a project supported by multiple donors, including USAID. We note, however, that additional staffing may not be adequate to achieve the target percentage of births attended by skilled health personnel by 2025. We also note that this may present an opportunity for UNFPA to support the state hospitals that the Health Pooled Fund is no longer funding.</p> <p>The CPD includes the following two indicators: percentage of women of reproductive age (15-49 years) who have their need for family planning satisfied with modern methods and percentage of service delivery points that have at least 3 modern family planning methods available. Given the absence of routine population and demographic surveys, it would be helpful to understand how UNFPA will monitor progress on these indicators.</p> <p>We commend UNFPA’s support to the national contraceptive supplies program and the effects it has had on women's access to contraceptives in South Sudan. Regarding the output indicator on service delivery points with no stockouts in the last three months, we encourage UNFPA to provide additional information about how it will track this indicator as well as address stockouts if/when they occur.</p>	<p>The main focus of the country programme will be on enhanced human resource development for sexual reproductive health and gender-based violence prevention and response services. In addition, UNFPA will support focussed interventions on the provision of comprehensive maternal health services like EmONC, family planning, HIV prevention in selected state hospitals and primary health centres. In light of the above, and with the current resource envelope, UNFPA may not be in a position to cover all the health facilities where HPF support will be discontinued. However, UNFPA will continue to advocate with partners including the government in order to ensure continuity of essential health, including SRH services.</p> <p>The progress on indicators listed will be tracked as follows: The indicator ‘percentage of women of reproductive age (15-49 years) who have their need for family planning satisfied with modern methods’ will be tracked using the FP 2030 Annual Report and other FP2030 tracking tools.</p> <p>On the indicators related to (i) percentage of service delivery points with no stockouts in the last three months and ii) percentage of service delivery points that have at least 3 modern family planning methods available;’ this information is obtained from the Reproductive Health Commodity Security Service Delivery Points’ Survey that UNFPA conducts regularly. This survey provides the status of RH commodities including contraceptive stock status, and is funded under the Global UNFPA Supplies Project.</p>