Gender-based Violence (GBV) undermines the health, dignity, security and autonomy of survivors, yet it remain shrouded in a culture of silence.

Gender based violence was widespread and pervasive in South Sudan even before the country plunged into violence in December 2013. The current conflict has seriously exacerbated the problem, with physical violence, domestic violence, early and forced marriage as well as sexual violence being reported across the country.

More than half of young women aged 15-24 years in South Sudan have suffered some form of gender based violence. Based on the reported incidents of GBV, 97% of the survivors are female whilst 3% are male.

Survivors of violence can suffer sexual and reproductive health consequences, including forced and unwanted pregnancies, unsafe abortions, traumatic obstetric fistula, sexually transmitted infections including HIV/AIDS, and in some cases death.

GBV Sub cluster continues to have a ground presence most of the conflict areas, working with partners to ensure that women and young people are protected. This is done through provision of safe spaces, Clinical Management of Rape (CMR) and psychosocial assistance for those who have been traumatized by gender based violence.

Currently, specialized team of GBV technicians have been deployed to the front line, working with communities and religious leaders to advocate for peace and promote the right of all women and girls to live free of violence and abuse.
**Ongoing Intervention**

Thirty partners are providing at least one type of GBV prevention and response. Eleven partners across 5 states in South Sudan provide additional services with Gender Based Violence Information Management System (GBVIMS).

Capacity building and mentoring of health and case workers in CMR and Psychosocial Services (PSS) are provided periodically using global standard curriculum.

**Gaps and activities to be strengthen**

There is a need to urgently scale up the integration of GBV risk mitigation, prevention and response measures across all sectors in South Sudan. Without appropriate GBV protection awareness underpinning both planning and implementation across all interconnected sectors lives will be put at risk and the security, privacy and dignity of populations will be severely compromised.

- Fear, shame and stigma remain as significant barriers for women and girls to access lifesaving services.
- Inaccessibility and ongoing insecurity in certain areas such as Unity, Upper Nile and Jonglei states continues to delay and hamper response efforts.
- Coordination mechanisms operating at the field level require more support of, on the ground monitoring and ensure referral pathway are updated.
- A full package of complementary services is needed to ensure safe access for GBV survivors to life saving services such as health and psycho social support.

**Achievements**

- Total of 41 Post rape treatment kits were pre-positioned in strategic health sites.
- Over 1000 GBV survivors received needed services.
- 950,000 individuals have been reached with GBV information on prevention and response services.

**Recommendations**

- The Humanitarian community and funding agencies should prioritize programs that enable the provision of key minimum package of CMR, PSS, case management, security and safety of survivors including risk mitigation and other care services to survivors of GBV in areas that are most affected.
- The humanitarian community should prioritize implementation of Inter-agency Standing Committee Guidelines for GBV, and enforce the Code of Conduct against sexual abuse and exploitation in every sector.
- Women should be involved in food and non-food item distribution, settlement planning and decision making.
- There is need to scale up GBV prevention and response services to geographical areas where GBV actors or partners are not active.

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**Special Thanks to:**

[Images of logos representing various organizations supporting GBV initiatives.]