NATIONAL HUMANITARIAN STRATEGY FOR PREVENTION AND RESPONSE TO GENDER-BASED VIOLENCE

2019-2021
ACKNOWLEDGEMENT

This GBV Strategy represents the culmination of extensive consultations lead by the South Sudan GBV SubCluster.

The Strategy builds upon the substantial achievements to date and sets out priorities for the sector over the next three years. It provides a common framework for humanitarian partners engaged in gender-based violence (GBV) prevention and response activities to coordinate, implement and measure their results during 2019-2021.

This Strategy has been developed through an inclusive and participatory process that included: consultations with subnational GBV SubCluster working groups; GBV partners national level including GBV specialists; key informant interviews with Ministry of Gender; workshops involving GBV field coordinators, local and national government, NNGOs and UN, and on-going review from the GBV Sub-Cluster Strategic Advisory Group (SAG) and Protection Cluster. The drafting was complemented by extensive review of secondary data resources.

A strategy prioritization and service analysis consultation workshop was held with GBV Coordinators and organizational representatives from sub-national GBV Working Groups from every state in South Sudan. Consultations were held with Ministry of Gender, Child and Social Welfare, who were represented at local, state and national level in all the consultations. The final Strategy has been endorsed by MGCSW.

The GBV sectoral priority areas and strategic approach have been validated. In May 2018, a validation workshop with GBV SubCluster coordinators, Ministry of Gender, Children and Social Welfare, UNFPA, IRC and partners provided the sector with opportunity for final review. H.E. Minister of Gender supported the Strategy through closing remarks at the validation workshop. Finally, the draft was sensitized and endorsed at GBV SubCluster national meeting in May 2018.

Well informed by the field and expert knowledge, as such, it represents a robust and inclusive strategy development process.

This Strategy aims to set standards for quality, compassionate care for GBV survivors in humanitarian settings and for prevention and risk mitigation. Our hope is that this resource and the accompanying Annual Action Plans will provide GBV service providers as well as non-GBV actors in humanitarian settings with the information and guidance they need to establish and provide high quality GBV prevention and response programming.

Lastly, we thank the generous support of the United States Office for Foreign Disaster Assistance for supporting the publication of this document.
MINISTERIAL FOREWORD

It is a harsh reality that too many South Sudanese women and girls experience gender-based violence in their lifetimes – rape, physical assault, domestic violence, forced or child marriage, or psychological/emotional abuse. National and international humanitarian actors are working alongside communities to develop comprehensive programming for survivors and evidence-based prevention strategies in some of the hardest-to-reach areas of South Sudan. Support for survivors is insufficient, and in our rush to deliver basic needs of food, shelter and primary health, we often neglect the hidden devastation experienced by untold numbers of women and girls. In the face of so much need, we may fail to recognize the urgency of addressing GBV; and our decision is felt by the survivors themselves who are simply trying to figure out how to live.

South Sudanese President H. E. Salva Kiir has committed himself and the Government to ensuring accountability and addressing violence against women and girls. The Ministry of Gender, Child and Social Welfare (MGCSW) in partnership with the humanitarian and development partners, are more united than ever in our commitment to ending sexual and other forms of gender-based violence. I am very pleased to introduce this Strategy to all our government departments, civil society organizations, humanitarian and development partners who have contributed to its development, as well as to all other stakeholders who can make a difference in ending gender-based violence. I believe this Strategy lays a solid foundation for programming which will guide actors to implement evidence-based prevention and response actions to protect survivors.

As a community, we must prioritize action that could end this injustice and ensure that services that protect women and children are provided. If the issue of gender-based violence is not directly, immediately and aggressively confronted, the cumulative consequences can negate our most essential development goals and stall national progress made on the issue. The risk of further entrenching a culture of tolerance for this violation of human rights requires service providers, policy makers and the government to collaborate and coordinate to end gender-based violence in all its manifestations.

On behalf of the Ministry of Gender, Child and Social Welfare, I would like to thank the GBV Sub Cluster for the development of this Strategy. I would like to convey the Ministry’s gratitude to our UN partner UNFPA for leadership of the GBV Sub Cluster, with co-ordination from International Rescue Committee IRC, as well as the financial support of USAID. I would also like to recognize the collaboration and leadership from MGCSW of Regina Ossa Lullo (Director-General for Gender and Child Welfare).

I COMMIT to you all that the Ministry of Gender, Child and Social Welfare will place significant and sustained efforts to lead our collective actions to end gender-based violence in South Sudan.

HON. AWUT DENG ACCU
Minister
Ministry of Gender, Child and Social Welfare
FOREWORD

It is the responsibility of all humanitarian actors and the government to take measures to address gender-based violence. Developed by the GBV Sub-cluster, the National Gender-based Violence humanitarian strategy provides a common understanding on the priorities, approaches and responsibilities of actors in the humanitarian response to GBV in South Sudan. It is a foundation to enhance cooperation on GBV prevention and response between humanitarian actors, the government, donors and the international community.

The national strategy for 2018-2020 presents a framework for prevention and life-saving interventions for GBV in humanitarian action. It defines the common aims to: 1) improve the quality of GBV response services that meet minimum standards; 2) expand access to GBV response services to conflict-affected populations; 3) strengthen prevention and mitigation of GBV across sectors; 4) increase coordination of GBV activities between national and sub-national levels, and across the different sectors of humanitarian action; and 5) strengthen evidence-based advocacy.

This document should be read in conjunction with the Protection Chapter of the 2019 Humanitarian Response Plan. The GBV Strategy provides comprehensive details to understand the specific activities and approaches that will be used to implement GBV components of the Humanitarian Response Plan and other key planning tools guiding collective efforts in South Sudan.

The GBV Strategy aims at incorporating and coordinating a broader range of actors and activities than those in the Humanitarian Response Plan, particularly for interventions related to GBV prevention and in locations where humanitarian and development approaches will take place concurrently.

The need for focused, dedicated attention to the prevention of and response to GBV in South Sudan is stronger than ever. Humanitarians will continue to prioritise GBV response over the next three years in accordance with this strategy. I recommend it to everyone to read in order to understand the objectives, principles and concrete actions that must be pursued to end gender-based violence.

Mr Alain Noudéhou
Deputy Special Representative of the Secretary General/
Resident Coordinator/Humanitarian Coordinator
SOUTH SUDAN GBV SUB-CLUSTER’S MAIN AMBITIONS

The South Sudan GBV Sub-Cluster will work to achieve the following main ambitions over the next three years:

- Ensure frontline humanitarian workers are trained and confident to deliver lifesaving GBV prevention and response
- Be a champion for women’s leadership and local organisations.
- Deliver better through stronger information management and evidence for what works to end gender-based violence in South Sudan
- Be a great coordination mechanism across national, subnational and deep field hubs.
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Summary

The GBV Sub-Cluster Strategy is to be implemented over a three-year period (2019-2021) with annual flexible workplans in an environment characterized by mobile population groups, irregular and small-scale service delivery, and with severe humanitarian access constraints. In this context, the overall objective of the GBV Sub-cluster as the enabler of this sector-wide strategy is to build the local capacity needed to deliver services and achieve key outcomes across five strategic priority areas:

I. Prioritize field-based delivery of quality survivor-centred, age-appropriate, GBV prevention, mitigation and response that meet global minimum services package

II. Building capacity of frontline workers in priority locations, on GBV prevention and response with focus on safe and timely access to provision of quality case management and psychosocial services. Case management and PSS were identified as the 2 priorities by the extensive consultation process

III. Increase efforts on GBV risk mitigation and prevention outcome through mainstreaming across all humanitarian sectors to keep women and girls safe, promote their dignity and protect their rights

IV. Strengthening sub-national level coordination (implementing the WHS localization agenda) where it can have the biggest impact, prioritizing women’s leadership through engaging women’s groups and women-lead organisations, to strengthen their participation in protection coordination structures

V. Increase evidence-based information advocacy outcome on the need for sustained interventions to prevent and respond to GBV
This Theory of Change provides an overview of the rationale behind the GBV sectoral strategic interventions, outputs and outcomes which aim to respond and reduce gender-based violence.

The Theory of Change draws on the experience of the members of the South Sudan GBV Sub-Cluster who are delivering humanitarian services in South Sudan, including many community-based and national NGOs. It acknowledges the many voices and multiple pathways to tackling gender-based violence.

The GBV Sub-Cluster analyzed gaps, challenges as well as opportunities in the South Sudan operating context. Main challenges identified include:

- Although GBV programming has slowly increased, it is not yet enough or to scale to meet the ever growing need on the ground.
- The overall response to GBV in relation to the levels of need remains inadequate in reach, quantity and quality.
- Partners require significant support and capacity to implement GBV minimum standards in a predictable way.
- There is a need to work with frontline humanitarian workers and leadership to change norms and attitudes around prioritization of GBV.
- In resource-poor operating environment in protracted crisis, there is need for innovative and alternative protection approaches and diversifying partnerships

The GBV sector needs to expand its reach to include, and prioritise, women’s organizations.

The GBV Theory of Change is underpinned by several core principles. All have evidence base and
are relevant to South Sudan context. These are that:

1 MULTISECTORAL APPROACHES ARE MORE LIKELY TO HAVE AN IMPACT:

Coordinated interventions operating at multiple levels, across sectors and over multiple timeframes are more likely to address the various aspects of, and therefore have greater impact on, tackling gender-based violence. The essence of the GBV Theory of Change is that addressing GBV requires coordinated, inter-agency, and multi-sectoral strategies that 1) ensure timely, safe and respectful services to survivors; 2) build the capacity of health, psychosocial, legal/justice and security systems to recognize, monitor, and respond to GBV; 3) places protection against GBV central to humanitarian policy and operations.

We will
✓ increase and expand all efforts to prevent and combat GBV while increasing survivor's agency.

We will
✓ promote responsibility-sharing.

2 COMMUNITY-BASED ORGANISATIONS, ESPECIALLY WOMEN'S RIGHTS ORGANISATIONS, CREATE AND SUSTAIN CHANGE:

Supporting women's rights organisations, especially those working to address GBV, to make change and build strong leadership is the most effective mechanism for ensuring sustainable change in the lives of women and girls.

We will
✓ invest in building the GBV preparedness and response capacity of national actors, in recognition of their role as frontline responders, and support their participation as equal partners in coordination mechanisms.

3 SOCIAL CHANGE MAKES THE DIFFERENCE:

Addressing GBV involves the encouragement of fundamental social change that supports women's rights. Sustained reduction in gender-based violence will only occur through processes of significant social change, including in social norms, at all levels. The South Sudan crisis is protracted; in such context, communities must be engaged in behaviour and social change. The GBV Sub-Cluster will promote strategic and evidenced-based approaches (e.g. EMAP, SASA) in its prevention efforts

We will
✓ encourage approaches with consideration to the gender transformation that is necessary for ending gender-based violence.

4 BACKLASH IS INEVITABLE BUT MANAGEABLE:

Resistance to tackling gender-based violence, which may include increased risk of further violence against women and girls, is inevitable where root causes of systemic and structural gender inequality are being addressed but can, and should, be managed. Promoting and protecting women's rights will invariably involve challenging the deeply patriarchal normative social values that underpin gender-based violence.

We will
✓ forge strategic alliances with a range of stakeholders. Representative of different interests.

We will
✓ engage decisively and predictably to address gender-based violence.

5 ENPOWERING WOMEN IS BOTH THE MEANS AND THE END:

Focusing on the rights of, and being accountable to, women and girls is the most effective way of tackling systemic gender inequality as the root cause of gender-based violence. Very often, in emergencies, programming is designed to fill immediate gaps, without due consideration to longer-term goals of gender transformation which is critical to ending gender-based violence.

We will
✓ increase survivors' agency and step up efforts to ensure GBV programming in humanitarian settings underscores the long-term goal of gender transformation.
Policy framework

The GBV Sector Strategy operates within the framework of national and international laws and policies that prohibit acts of GBV and designate actors and institutions responsible for response in humanitarian contexts. This strategy is designed to complement, reinforce and incorporate actions to implement other relevant strategy documents and mechanisms that address GBV, including:

- South Sudan Gender Strategy 2013-2018 (Ministry of Gender, Child and Social Welfare)
- South Sudan National Action Plan on Implementation of Security Council Resolution 1325
- Joint Communique of Republic of South Sudan and UN on addressing Conflict-Related Sexual Violence (Office of the President)
- South Sudan Humanitarian Response Plan 2018

Global Initiatives overlapping the GBV Sub-Cluster Strategy include:

- Call to Action on Protection from Gender-Based Violence in Emergencies ("Call to Action")
- Real Time Accountability Partnership (RTAP)
- The New Way of Working (NWow).

RTAP's goal is that all actors prioritize and coordinate GBV response services and integrate GBV prevention across sectors from the outset of an emergency.

1 For an analysis of the legal framework on GBV see 2013 GBV Sub-Cluster paper on Legal Frameworks and UNMISS & UNDP Rule of Law 2017 project survey of South Sudan legislation relevant to GBV.
2 Call to Action on Protection from Gender-Based Violence in Emergencies Roadmap 2016 - 2020. High level global donor which aims to (a) Establish specialized GBV services and programs that are accessible to anyone affected by GBV and are available from the onset of an emergency (respond); (b) integrate and implement actions to reduce and mitigate GBV risk across all levels and sectors of humanitarian response from the earliest stages of emergencies and throughout the program cycle (prevent); (c) mainstream gender equality and the empowerment of women and girls throughout humanitarian action (gender equality).
3 The Real-Time Accountability Partnership (RTAP) aims to ensure all individuals are free from the threat of gender-based violence (GBV).
Background

South Sudan became the world’s newest country in July 2011 amidst widespread global enthusiasm and support. In the eight years since its hard-fought independence, the country has descended into an intractable civil war characterized by high levels of violence and the disintegration of its social fabric. It has led to a humanitarian emergency of immense proportions, compounded by a near collapse of its economy and widespread development challenges.

More than 4 million people, one-third of the population, have been forced to flee their homes, many of them multiple times, since intense conflict erupted in December 2013. Up to 85% are estimated to be women and children. Up to 2 million South Sudanese have sought refuge in neighbouring countries - up to 1.3 million since the renewed violence erupted in July 2016 - creating the largest refugee crisis in Africa since the 1994 Rwandan genocide. As a result, in 2016, South Sudan was declared a Level 3 humanitarian emergency, and it remains a protracted emergency today. Parts of the country have plunged towards famine. Mass displacement and a deepening humanitarian crisis has resulted in 7 million people in need of life-saving assistance and protection within South Sudan with an estimated 5.1 million (48% of total population) severely food insecure in the first quarter of 2018 alone. About 300,000 internally displaced persons are living in recognized camps or camp-like settings of which a further 202,154\(^6\) people continue to seek protection within six United Nations Mission in South Sudan (UNMISS) Protection of Civilian (POC) sites located on UNMISS bases including 113,310 in Bentiu, 24,471 in Malakal, 39,405 in Juba UN House, 2,296 in Bor, and 147 in UNMISS base and 22,579 in the area adjacent to UNMISS in Wau. The number of people displaced or in perpetual flight seeking protection continues to rise. The 2018 estimated cost of addressing these needs amounts to $1.7 billion dollars. On average the annual humanitarian appeal has increased by approximately $200 million each year for the past three years in response to growing need.

The operational environment is characterized by the ubiquitous presence of state and non-state armed actors who target civilians for violence; devastated economy and infrastructure; absent or nascent public services; and mass displacement. Many NGOs being forced to cease operations either temporarily or permanently in those locations due to severe constraints on humanitarian access. Humanitarian workers have also been targeted and killed. Health clinics are looted and attacked, while there are few existing justice and security sector institutions including some which are involved directly in the conflict or do not function. Destruction of health-care facilities, attacks on health workers, and shortages of drugs and skilled professionals mean access to health care is increasingly sparse. With only 22 per cent of health facilities fully operational, the absence of services means that life-saving interventions for sexual violence survivors is limited.

\(^6\) UNMISS figures as of 5 April 2018
Violence and rights violations continue unchecked and have become a persistent reality for civilians. Access to services has eroded with insecurity and economic decline. There is no national GBV prevalence data which can be safely and ethically obtained in the existing context. Priority is delivery of life-saving essential services. However, through service provision a snapshot of GBV incidence is known - albeit representing just a fraction of the aggressions faced by women and girls, in an environment where undertaking daily survival tasks, such as collecting firewood and water, places them under real threat. Rape and other forms of gender-based violence are pervasive but go largely unreported. Without a doubt, there is significant under-reporting of GBV in South Sudan, due to the high levels of stigma and shame, a lack of awareness amongst women about their rights and opportunities for redress, and limited access to services for survivors. Men frequently leave their wives if they have been raped. "If a man realises his wife was raped, it’s the end of the marriage. To say, I was raped, you have to be very brave, and you have to know you have other things to rely on."  

It is noteworthy that many rapes are not called or seen as rape. This also affect data collection. "If you rape a married woman, then it is adultery - not rape. Then you pay compensation to the husband." If a girl is raped, a perpetrator can pay bride price for her, marry her, and then it will not be considered rape either. In focus group discussions some explained that rape is commonly used to force a girl to marry. A ‘suior’ will abduct a girl and rape her. If he then pays bride price to her family, then this is not considered rape, but rather, marriage. As the conflict has progressed there appears to have been growing levels of this intentional sexual violence taking place. The cruelty of these rapes also seem to be getting worse. There have also been reports of rape against men and boys.

It is a harsh reality that the vast majority of women and girls suffer from some type of GBV - be it rape, sexual assault, physical assault, forced/early marriage, or psychological/emotional abuse. Domestic violence is common across the country and have flourished in a conflict-affected society where violence has been a regular feature of life for years. Men and women alike have been socialised to tolerate domestic violence and view it as acceptable within families. Domestic violence in South Sudan is often very severe - men use sticks and other items, often causing significant injury and broken bones to women. Many say that bride price encourages domestic violence, as men perceive themselves as having 'bought' a woman and therefore having the 'right' to treat her as they will. GBV-IMS data consistently documents intimate partner violence as comprising the majority of all reported GBV incidents.

There is little in the way of legal aid so most do not have legal assistance to help them through court processes. Where there is legal aid, this is more often provided to perpetrators, but not to GBV survivors. "People expect them to come forward, but no one there to help them." Customary law covers issues like family law (marriage, separation and divorce), maintenance and care of children and property rights among others. The body of law is highly patriarchal and often works against the interests of women. Customary courts hear the vast majority of cases in South Sudan - up to 90% of cases. The chiefs who preside over these courts are generally older men, with deeply ingrained patriarchal views that are reflected in their decisions. Chiefs are frequently unsympathetic towards women, and their judgements tend to be biased in favour of men.

South Sudan's customary law permits a certain level of violence in the home and allows a man to 'discipline' his wife. Women may appeal to customary courts if the violence exceeds a 'reasonable' level. That level varies greatly depending on the location, the court, and the individual chief. Domestic violence tends to be condoned by customary courts if a wife is found to be behaving badly or not fulfilling her duties - such as by failing to cook for her husband or

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7 Focus group discussions

8 Gender Country Profile South Sudan, International Law and Policy Institute, Oslo, Norway. Orly Maya Stern, 2015
insulting him. Many of the women who take their husbands to court for excessive abuse themselves end up sentenced, sometimes being punished more harshly than their offending husbands.

Forced and child marriage and other harmful traditional practices particularly affects adolescent girls in conflict-affected areas. The declaration of famine across parts of South Sudan in 2017 and the deepening economic crisis have forced women and girls to risk their lives to fend for their families including resorting to negative coping mechanisms such as sex for food or other ‘gifts’ (‘transactional sex’). Gang rapes and abductions of women and girls by armed actors are reported regularly, often occurring when civilians cross military checkpoints, flee areas under military attack or when they leave POC sites to collect firewood or food. There are reports of girls forced to be sex slaves for armed actors.

The armed conflict has significantly increased the urgency to respond to gender-based violence.

All forms of collective and individual violence are gendered processes and conflict dynamics influence and recreate masculinities and perpetuate women’s disadvantage (OECD, 2013a). Therefore we need to avoid unintended negative consequences, for example, through gender-blind programming which might unintentionally worsen women’s status (example: targeting male youth for recreational activities while girl youth are left with burden of chores and limited social access) or aligning aid with locally legitimate, traditional institutions which could reinforce discriminatory practices. On the other hand, there are opportunities to reshape gender relations and redress power imbalance to be considered.

GBV prevention and response is a key priority in South Sudan. As noted in the South Sudan UNDAF, it is a precondition for equitable and inclusive recovery, sustainable development and human rights, as well as an important objective in itself.

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5 CARE; HCT Protection Strategy Baseline Assessment Survey (2016).

GEOGRAPHIC COVERAGE OF PROGRAMMING & COORDINATION

Humanitarian partners operate GBV prevention and response services both within and outside of refugee camps and IDP POC sites throughout the country. This strategy is not restricted to displaced populations or host communities – it covers all geographical areas where there is humanitarian action.

Since 2013, humanitarian GBV programming has concentrated in but not limited to the UNMISS POC sites and refugee camps such as those in Abyei, Thok, Pamir and Yida. Since 2015, GBV Sub-Cluster has developed both static and mobile responses in increasing efforts to extend GBV services outside of POC sites into heavily affected conflict areas or neglected areas in Bentiu town, Leer, Bor and Pibor in Jonglei, among others. Where state/public hospitals and health facilities are operational, humanitarian GBV actors incorporate these into referral and response networks. More focused expansion of services (or access mechanisms) outside of POCs is required into areas where the majority of the affected population are located. Priority locations were identified in the 2018 Humanitarian Response Plan and Inter-Cluster Working Group (ICWG) prioritization. In 2017, GBV Sub-Cluster in collaboration with the Protection Cluster piloted the establishment of an Integrated Protection Mission Team (IPMT) to provide mobile assessments and protection services in hard to reach areas. A second IPMT was formed in 2018.

SECTOR COORDINATION

GBV Sub Cluster is the lead sectoral coordinating body for all GBV in humanitarian service delivery and programming across the sector. GBV Sub-Cluster promotes and manages multi-sectoral and inter-agency actions to prevent and respond to gender-based violence. The primary goal of GBV coordination is to ensure more predictable, accountable and effective system to ensure that accessible and safe services are available to survivors and that prevention mechanisms are put in place to reduce incidents of GBV. The South Sudan GBV Sub-Cluster is lead by United Nations Population Fund (UNFPA) who has overall leadership of the GBV sector under its global mandate, and, as of July 2017, International Rescue Committee (IRC) currently co-leads in South Sudan. Subnational GBV Sub-Cluster working groups – lead by either UN or INGOs, together with NGO co-leads - are operational in each of the ten states. Additionally, there are deep field GBV Working groups and one in Juba POC site.

GBV SUB-CLUSTER MEMBERSHIP

Partners include but not limited to relevant national and state government institutions, UN agencies, UNMISS units, national and international non-governmental organizations, community-based organisations and Civil Society as well as donors and members of other clusters. All partners experience high staff turn-over. Less than 15% of the membership offer specialized GBV services, such as case management or psychosocial support.

See Appendix 2 for the South Sudan GBV Sub-Cluster organigram.
The defining feature of the GBV Sub-cluster's approach is:
to increase and expand all efforts to prevent and combat GBV,
increasing survivors' agency, and to strengthen service delivery
capacities particularly of local and national organisations.

**Purpose**

To create a realistic common framework to guide
life-saving GBV prevention and response interventions over the next two years.

**Key Operational Principles**

1. **GENDER EQUALITY**

As structural gender inequality and unequal power relations between men and women is the root cause of GBV, gender equality efforts and women's empowerment are at the heart of preventing and addressing gender-based violence. Addressing GBV clearly involves raising consciousness of the prevailing inequalities against women.

Ending GBV requires fundamental social change that addresses such inequalities through promoting women's human rights as well as their equal participation in processes. Considering the change required to redress gender power imbalances working to engage men and boys...
challenge negative masculinities and the system of patriarchy from which they benefit yet which discriminates against women, is crucial.

The GBV Sub-Cluster recognises that gender mainstreaming is a cross-cutting issue and a shared responsibility.

The GBV Sub-Cluster will strive to address this by:

- Being an enabler of programming strategies with a view to long-term gender equality impact.
- Advocacy to donors for on-going support to gender equality programming.
- Promoting women’s agency and supporting women’s empowerment through strengthening women’s lead organisations.
- Supporting efforts to address patriarchal norms and harmful practices which discriminate against women and allow violence to occur.

3 LOCALISATION

The GBV Sub-Cluster continues to prioritise its efforts to build and leverage national and sub-national capacities for GBV prevention and response through line ministries, non-governmental organisations and women-lead and women’s focused organisations, ensuring protection principles are upheld and the needs of survivors are always prioritised. This requires sustained and dedicated activities including:

- Outreach to women’s groups and women-focused NGOs.
- Capacity-building activities to strengthen capacity of local partners to engage with the GBV Sub-Cluster and contribute to the collective protection response.
- Capacity assessment of national partners, technical support and mentorship.
- Capacity-building activities focusing on community-based protection approaches.
- Engagement with men and boys to challenge patriarchal norms and promote positive masculinities.

2 CENTRALITY OF PROTECTION

South Sudan is a protection crisis with civilians subject to widespread and grave violations of their rights and limited access to life-saving services. The Centrality of Protection recognizes the complementarity of different humanitarian agencies and actors in working toward improving the protection environment for affected populations. There is a need to work with frontline humanitarian workers and emergency response leadership to change norms and attitudes around prioritization of GBV.

The GBV Sub-cluster will address this by:

- Ensuring that GBV is integrated into all humanitarian response efforts and is central to humanitarian action.
- Producing SOP, guidance notes, tools and trainings, and utilizing relevant resources from other actors.
- Supporting collective efforts of Protection Cluster.

4 ACCOUNTABILITY

In all of its work the GBV Sub-Cluster seeks to be accountable to the community it serves, survivors of and those at risk of GBV.

The GBV Sub-Cluster will address this by:

- Seeking to be as close as possible to the communities and survivors we serve and maintaining our direct and unique knowledge of their perspectives, aspirations and circumstances.

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12 South Sudan HCT Protection Strategy, April 2018
• Communicating effectively with communities, striving to ensure that their voices, and particularly survivors’ voices, perspectives and priorities are heard and acted on – not just by the Sub-Cluster, but by decision-makers.
• Regular monitoring and evaluation of its workplan.
• Clear efforts to avoid inadvertently doing harm particularly by strengthening implementation of minimum standards across all sectors.
• Support PSEA Taskforce in its efforts on protection from sexual exploitation and abuse.

CONTINGENCY PLANNING

The likelihood of sustained violence will remain high for some time to come. Humanitarian access and service delivery is becoming more challenged.

Although GBV programming has increased, it is not yet enough or to scale to meet the growing need on the ground. This requires programmatic contingency planning.

The GBV Sub cluster will address this by:

• Concerted efforts to bring actors together around a joint understanding of scenarios, timelines and trajectories, and working methods, program objectives and mandates.
• Strengthening its context and operational analyses, using age, gender and diversity disaggregation.
• GBV Sub-Cluster contingency plan in place at national level to be replicated at sub-national level.

VISION

All persons, particularly women and girls, are protected from violence based on their gender, and survivors supported to recover and thrive.

GOAL

Ensure access for the most vulnerable to quality, multi-sectoral life-saving GBV prevention and response and reduce incidents of gender-based violence through prevention and mitigation activities in South
Strategic Objectives

Objective 1

Prioritise field-based delivery of quality survivor-centred, age-sensitive, GBV prevention, mitigation and response that meet global minimum standards

Key Actions:

- Adapt and contextualize relevant global tools and guidelines as needed and feasible (i.e. psychosocial support, case management, community engagement, mainstreaming) for field use
- Support Health Cluster to strengthen delivery of survivor services, specifically clinical management of rape (adapt global tools, training, supplies, monitoring) and psychosocial support
- Regular coaching, monitoring, technical support and documentation of GBV service providers by the National and State Level Coordination team
- Harmonized resource materials and guidance on community outreach and GBV sensitization
- Ensure confidential referral pathways are established, updated and functional.
- Development of SOP to guide coherence of quality of services.

Objective 2

Building capacity of frontline workers operating in priority locations on GBV prevention and response with focus on safe and timely access to provision of quality case management and psychosocial services.

Key Actions:

- Delivery of basic package of GBV services
- Training in psychosocial support, including rolling out tools, in accordance with minimum standards
- Collaboration between MHPSS Network and GBV Sub-Cluster
- Case management training and rollout of case management tools
- Employ ToT methodology to enhance localization and sustainability
- Creation of pool of GBViE trainers

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3. GBV Sub-Cluster annual review consultation, March 2018 identified the following topics as capacity building priorities: clinical management of rape (CMR), minimum standards training including for government staff, psychosocial support, case management, GBV mainstreaming

4. The Cluster Response Plan for the Protection Cluster has prioritized 54 counties in South Sudan, ranking them in 5 tiers for priority, life-saving response. GBV Sub Cluster acknowledges the vast needs of areas with high GBV incidence; however due to gaps in access and coverage of service providers, prioritization is a combination of needs AND service availability.
Objective 3
Increase efforts on GBV risk mitigation and prevention through mainstreaming across all humanitarian sectors focusing on keeping women and girls safe, promote their dignity and protect their rights.

Key Actions:
- Work closely with cluster partners to promote accessible and appropriate response for GBV survivors and those at risk
- Maintain cluster sectoral focal points, and in locations as relevant, establish intercluster GBV Working Group
- Coordinate Safety Audits
- Ensure that GBV risk mitigation and response is integrated throughout the humanitarian programming cycle
- Ensure GBV is highlighted as a priority concern and area for action in response plans and associated funding requests
- Support the integration of GBV into planning, preparedness and evaluation documents
- Harmonise resource materials such as information and communication
- Capacity building in GBV mainstreaming with targeted sectoral clusters
- Work closely with all clusters - Education, WASH, Nutrition, Child protection, FSL, Health, General Protection - to identify GBV concerns and risk through their activities in their programing

Objective 4
Strengthening sub-national level coordination where it can have the biggest impact, prioritizing local and national organisations, including women’s groups, to strengthen their participation in protection coordination structures.

Key Actions:
- Build capacity of state-level working groups to strengthen field coordination (tool kits)

- Seek to engage and partner with local organisations, women’s groups and government to facilitate their active participation in GBV coordination and response
- Strengthen community-based protection networks for GBV prevention (focusing on women and youth leadership)
- Integrated knowledge sharing at the community

Objective 5
Increase location-specific evidence-based advocacy on the need for sustained interventions to prevent and respond to GBV.

Key Actions:
- Strengthen GBV information management to ensure the needs of those affected by gender-based violence, risk factors, vulnerabilities and protective mechanisms are effectively analysed, incorporated into planning and communicated to partners. The integration of GBV narrative into humanitarian response-wide documents has impact;
- Track and identify GBV funding shortfalls and resource needs and advocate to fill these gaps
- Focus on practical advice that can be applied in the field on areas of emerging importance and identified gaps
- Work closely with relevant bodies and joint initiatives focused on GBV in emergencies to leverage partnerships, link to and inform joint advocacy, avoid duplication and create linkages in field implementation
- Strengthened advocacy at high levels on policy matters
TARGET POPULATION/ GEOGRAPHIC AREAS

According to 2018 Humanitarian Response Plan (HRP), as of December 2017 the number of people in need of protection and humanitarian assistance in South Sudan reached 7 million, of which more than 1.9 million are Internally Displaced Persons (IDPs). The GBV Sub-Cluster with other Protection Partners is targeting 4 million people (including refugees from neighbouring countries, particularly Sudan). The population in need was determined based on the severity of protection concerns, which then informed the determination for the target population. The number of people targeted is constrained by recognition that funding\(^5\) is insufficient to reach all people in need and there is need for prioritization. For GBV the HRP decision was made to target the population estimated to be women and girls of reproductive age.

other relevant authorities, traditional and community leaders, and others including men and boys. The GBV Sub-Cluster will work in close partnership with prioritised clusters – Health, Nutrition, CCCM, FSL and WASH – to ensure synergies coordinate prevention activities and deliver a minimum package of GBV response to the greatest proportion of the population in need as possible.

IMPLEMENTATION OF THE STRATEGY

To enable delivery of this strategy, the GBV Sub-Cluster will:

- Provide technical support where possible to local and national GBV service provision partners.
- Support and promote the implementation of the strategy and associated workplans at the field level through GBV Working Groups in all priority locations.
- Adapt or develop relevant tools and guidelines to establish and communicate the minimum standards for GBV prevention and response services.

\(^5\) Limited funding to prioritize the Protection Cluster response and target populations in locations in acute need of humanitarian assistance.

PARTNERSHIPS

In order to support the sector to respond and support survivors of GBV holistically, the GBV sub-cluster will work with national and international partners ranging from service providers, civil society organizations, faith-based organizations, community groups, youth groups, government and
• Support field level Working Groups to develop and implement annual workplans aligned with the strategy.
• Advocate to donors for financial resources for GBV prevention and response interventions, including for GBV mainstreaming across sectors.

The GBV Sub-Cluster Strategic Advisory Group will establish a mechanism and timelines to monitor the strategy’s implementation, identifying achievements, lessons learned, challenges and bottlenecks for implementation, with status updates to Sub-Cluster twice a year. Monitoring will align with HRP monitoring and SW tracking tools. All partners are responsible for contributing information to the GBV Sub-Cluster on a timely basis. The GBV Sub-Cluster Coordination team is responsible for providing information on reporting guidelines and deadlines, as well as technical support to partner reporting.

RESOURCE MOBILISATION

CBV Sub-Cluster will continue to support its partners in bilateral and pooled fund resource mobilization. It will step up its partnership with both traditional and non-traditional donors, generate information products to support advocacy, as well as inform the humanitarian community of its efforts.
APPENDIX 2

SOUTH SUDAN GBV SUB-CLUSTER COORDINATION STRUCTURE

National GBV Sub-Cluster
Lead: UNFPA
Co-lead: IRC
GBV Information Management Specialist
GBV SC Field Coordinator Equatoria: IRC
GBV Field Coordinator (N Berg, Lakes, Warrap) IRC

Central Equatoria GBV SC
Ministry of Gender/ IsraAid

Upper Nile GBV SC
UNICEF/ IMC.

Warrap GBV SC
Ministry of Gender/TOCH

Eastern Equatoria GBV SC
Ministry of Gender/HLSS

Unity State GBV SC
UNFPA/ IRC

Western Bahr el Ghazal GBV SC
UNFPA/IMC

Western Equatoria GBV SC
Ministry of Gender/World

Jonglei GBV SC
UNFPA/HLSS

Northern Bahr el Ghazal GBV SC
Ministry of Gender/ARC/CCC

Lakes GBV SC
Ministry of Gender/WAV

*there is also GBV working group in POC UN House, Juba – lead by IRC
**Minimum Standards for Prevention & Response to Gender Based Violence in Emergencies** (2019)

**Foundational Standards**

1. **Participation**: Communities, including women and girls, are engaged as active partners to end GBV and promote survivors’ access to services

2. **National Systems**: Actions to prevent, mitigate and respond to GBV in emergencies, strengthen national systems and build local capacities

3. **Positive Gender & Social Norms**: Emergency preparedness, prevention and response programming promotes positive social and gender norms to address GBV

4. **Collecting & Using Data**: Quality, disaggregated, gender-sensitive data on the nature and scope of GBV and on the availability and accessibility of services informs programming, policy and advocacy

**Prevention, Mitigation & Response Standards**

5. **Providing Health Care**: GBV survivors, including women, girls, boys and men, access quality, life-saving healthcare services with an emphasis on clinical management of rape

6. **Mental Health & Psychosocial Support**: GBV survivors access quality mental health and psychosocial support focused on healing, empowerment and recovery

7. **Safety & Security**: Safety and security measures are in place to prevent and mitigate GBV and protect survivors

8. **Justice & Legal Aid**: The legal and justice sectors protect survivors’ rights and support their access to justice, consistent with international standards

9. **Dignity Kits**: Culturally relevant and locally sourced dignity kits are distributed to affected populations to reduce vulnerability and connect women and girls to information and support services

10. **Socio-Economic Empowerment**: Women and adolescent girls access livelihood support to mitigate the risk of GBV, and survivors access socio-economic support as part of a multi-sector response

11. **Referral Systems**: Referral systems are established to connect women, girls and other at-risk groups to appropriate multi-sector GBV prevention and response services in a timely and safe manner

12. **Mainstreaming**: GBV risk mitigation and support are integrated across humanitarian sectors at every stage of the programme cycle

**Operational & Coordination Standards**

13. **Preparedness & Assessment**: Potential GBV risks and vulnerable groups are identified through quality, gender-sensitive assessments and risk mitigation measures are put in place before the onset of an emergency

14. **Coordination**: Coordination results in effective action to mitigate and prevent GBV and promote survivors’ access to multi-sector services

15. **Advocacy & Communication**: Coordinated advocacy and communication lead to increased funding and changes in policies and practices that mitigate the risk of GBV, promote resilience of women and girls and encourage a protective environment for all

16. **Monitoring & Evaluation**: Objective information, collected ethically and safely, is used to improve the quality and accountability of GBV programmes

17. **Human Resources**: Qualified, competent, skilled staff are rapidly recruited and deployed to design, coordinate and/or implement programmes to prevent and respond to GBV in emergencies

18. **Resource Mobilization**: Dedicated financial resources are mobilized in a timely manner to prevent, mitigate and respond to GBV in emergencies
**MENU OF SERVICES TO BE IMPLEMENTED BY PARTNERS TO ACHIEVE THE NATIONAL GBV SUBCLUSTER STRATEGY OUTCOMES**

**Strategic Objective:** to build the local capacity needed to deliver services and achieve key outcomes across five strategic priority areas

**Outcome 1:** Advanced field-based delivery of GBV prevention, mitigation and response services that are survivor centered, age appropriate and meet global minimum standards

<table>
<thead>
<tr>
<th>Outputs</th>
<th>Example Activities</th>
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</table>
| **Output 1.1** Relevant global tools and guidelines as needed and feasible (i.e. psychosocial support, case management, community engagement, mainstreaming) are adapted and contextualized for field use | • GBVSC: Collecting/gathering GBV prevention/mitigation materials/guidelines from all partners (State level then submit to national GBV Sub-Cluster /TWG  
• Harmonize key messages and contextualize per area of operation/location |
| **Output 1.2** Delivery of services for clinical management of rape (adapt global tools, training, supplies, monitoring) strengthened through advocacy with South Sudan Health Cluster | • Support Health Cluster to ensure that health partners are appropriately trained to provide services for GBV survivors, including provision of clinical management of rape. Prioritised health facilities will have component of CMR in their health service, with the appropriate structure, trained personnel and medical supplies (Post Rape Kit), both for Health Pool Fund partners and non-partners  
• Incorporate CMR in mobile response  
• GBV partners support CMR training as required |
| **Output 1.3** Capacities developed across GBV service providers through regular coaching, monitoring, technical support and documentation of GBV service providers by the National and State Level Coordination team | • Availability of comprehensive documentation on GBV service providers at National and State Level Coordination working groups  
• GBVSC: provide monitoring/technical support at subnational level  
• One comprehensive document on GBV service providers at National and State Levels |
| **Output 1.4** Monitoring and data collection tools are developed and/or adapted to fit the standards. | • Development and adopt/review the existing monitoring and data collection tools to fit the standards |
| **Output 1.5** Harmonized resource materials and guidance on community outreach and GBV sensitization produced | • Harmonized resource materials and guidance on community outreach and GBV sensitization; |
| **Output 1.6** SOP to guide coherence of quality of services developed | • Production and display of IEC materials/poster on CMR, case management process |
### Results Framework: Menu Options to Guide Partner Activities

#### Output 1.7. Female police or gender desk officers in Special Protection Units (SPUs) trained in collaboration with Rule of Law Working Group
- Support developing local police capacities and sensitivity in dealing with GBV survivors
- Continued advocacy on correct use of Form 8 (i.e., not a legal requirement, free of charge etc)

#### Output 1.8 Capacities developed for partners to implement health services in accordance with the minimum service standard
- Support mapping of current CMR capacity and supplies
- Support mapping of current PSS capacity
- Support development of standard PSS approaches and key messages
- Work with health partners to expand provision of CMR services in locations where other health services are already available, and in conflict-affected areas where standard health centre operations have been interrupted.
- Emphasise use of the survivor-centred approach and skills for supporting GBV survivors who may be coming in for other health services.
- Advocate to ensure survivors do not pay to receive post-rape health services (Form 8 or other aspects).
- Increase awareness of communities of referral pathways to improve referrals to CMR services

#### Output 1.9 Capacities developed for partners to implement Psychosocial support services in accordance with the minimum service standard
- Operate at least one women-friendly space in priority locations with context-appropriate individual/group psychosocial activities, using the UNICEF guidelines on WFS.
- Advocate for sustainable access of women and girls of reproductive age to menstrual hygiene care, including protective items to displaced women and girls

#### Output 1.10 Capacities developed for partners to implement legal services in accordance with the minimum service standard
- Reassess legal/justice options and update referral pathways to expand range and information provided about legal/justice options for survivors (including national and international options and human rights mechanisms)
- Build capacity of local partners in paralegal assistance

#### Output 1.11 GBV Service referral pathways strengthened in accordance with survivor-centred approach and ensuring empowerment and respect.
- Develop and regularly update location specific GBV referral pathway to provide coordinated GBV response services to survivors in all areas where there is a GBV WG and services
- Where no GBV actors operate, a Roving GBV coordinator or state GBV coordinators support other actors to develop and regularly update the GBV referral pathway in the location.
- Train relevant actors on the referral path ways in their locations to ensure appropriate referral in a survivor centered approach ensuring empowerment and respect
- Regular quarterly updating of the Referral Pathway
- Depends on the situation/need, develop a county level Referral Pathway.
- Awareness raising/information dissemination on about the Referral Pathway
### Strategic Outcome 2: Enhanced capacity of frontline workers in priority locations, on GBV prevention and response with focus on safe and timely access to provision of quality case management and psychosocial services.

<table>
<thead>
<tr>
<th>Outputs</th>
<th>Example Activities</th>
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| **Output 2.1** Capacity building training materials and tools developed and pool of trainers identified | - Focus on delivery of basic package of services  
- GBVSC Technical Reference Groups develop annual workplans and produce guidance and training  
- Build capacity in GBV prevention models such as EMAP, SASA, etc.  
- Harmonize GBV prevention messages, reviewing good practices.  
- Training in psychosocial support including rolling out tools, in accordance with minimum standards;  
  - Strengthen collaboration between MHPSS Network and GBV SubCluster;  
  - Case management training and rollout of case management tools;  
  - Employ ToT methodology to enhance localization and sustainability (consider gender —mentor women/prioritise opportunities for women trainers)  
  - Creation of pool of GBV SubCluster trainers |
| **Output 2.2** Capacities developed for front line workers in high priority areas workers to deliver quality case management | - Develop ToT plan for case management  
- Train frontline workers on GBV case management consisting of basic emotional support, assessment, information, accompaniment to services and referral  
- Integrate CP/GBV case management of child survivors |
| **Output 2.3** Capacity of front line workers in high priority areas workers strengthened on PSS | - Adapt the global toolkit on Psychological First Aid to South Sudan context;  
- In selected locations where no GBV actor exists, promote use of GBV Pocket Guide and tools for non-GBV actors, including identify and train various actors (e.g. health workers, protection actors, community volunteers) on basic frontline care  
- Strengthen collaboration between MHPSS and GBV, to support greater complementarity around mental health and psychosocial support.  
- Staff across all elements of the referral pathway (Health, Safety and Security, etc.) trained in psychosocial first aid (PFA).  
  - Training for Case management staff on crisis response and individual PSS  
  - Training on PFA and PSS for health and non-health workers  
  - Training on GBV guidelines and safe referrals for communities  
  - Training on GBV Guidelines and GBV IMS  
  - Training on GBV Guiding Principles for Assessments  
  - Training on applying GBV Guiding Principles for referrals to accountability mechanisms  
  - Training on GBV coordination in emergencies  
  - Update or develop contingency planning in cooperation with frontline service providers |

### Strategic Outcome 3: Improved GBV risk mitigation and prevention through mainstreaming across all humanitarian sectors to keep women and girls safe, promote their dignity and protect their rights

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<tr>
<th>Outputs</th>
<th>Example Activities</th>
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| **Output 3.1** Improved integration of GBV risk mitigation and response in the Humanitarian Planning Cycle (HPC) | - Work closely with cluster partners to promote accessible and appropriate response for GBV survivors and those at risk  
- GBV focal point make presentation on the referral pathway |
| Conduct training on the concept of GBV and its consequence of GBV |
| Conduct capacity building for other cluster on GBV mainstreaming |
| Conduct intercluster monitoring of GBV situations and recommendation |

Maintain Cluster focal points, and in locations as relevant, establish intercluster GBV Working Group: conduct regular inter-cluster meetings to highlight issues of concerns for beneficiaries

- Focal points share lessons learnt, updates information of the GBV cluster

Conduct Coordinated Safety Audits

- Conduct quarterly and where deemed necessary in collaboration with other clusters so the accept and own the findings

Ensure that GBV risk mitigation and response is integrated throughout the Humanitarian programming cycle.

- Share information on the process of the HPC for all partners
- Conduct review meeting with partner on the process of the project
- Partner response on the guideline from OCHA
- GBV cluster continue to mentor the partner (especially the national) during the implementation process

Ensure GBV is highlighted as a priority concern and area for action in response plans and associated funding requests:

- Conduct review meeting with partner on the process of the project
- Partner response on the guideline from OCHA
- GBV cluster continue to mentor the partner (especially the national) during the implementation process
- Support the integration of GBV into planning, preparedness and evaluation documents;
- Activities:
  - GBV cluster and field level coordinator make sure to review partners document throughout the process

Harmonise resource materials such as information and communication:

- Harmonize resource and IEC materials,
- Target messages per group / beneficiaries
- Contextualize based on the area of focus
- Incorporate IASC guidelines

Capacity building in GBV mainstreaming with targeted sectoral clusters.

- GBV SC at national & field level to work with other clusters to identify focal persons for GBV mainstreaming
- National state level team to conduct TOT on GBV mainstreaming with other clusters
- GBV SC at National & state level provide other sectors with the Thematic Area Guides (TAGs)

Output 3.2 accessible and appropriate response for GBV survivors and those at risk promoted in other clusters
### Output 3.3 GBV concerns and risk to identified in activities of other clusters
- Conduct inter-cluster meeting to highlight issues of concern for the beneficiaries
- Conduct regular communication with affected populations
- Verify the information from the 5Ws database and other information systems
- Engage with key clusters on GBV Risk Mitigation
- Strategic engagement with identified priority clusters to promote risk mitigation through their interventions (WASH, CCCM, Health, Food Security and livelihoods, Emergency shelter and NFI, Child Protection, etc.)
- Revise checklists with cluster partners
- Direct support to gender mainstreaming in the field sites
- Provide on-site technical support to priority clusters on established good practices for risk mitigation

### Output 3.4 GBV risks and threats is regularly monitored & addressed
- Conduct regular safety audits and safety assessments involving women, girls and key stakeholders
- Address key risks identified through safety audits and assessment by relevant actors
- Map/track evolving risks and provide feedback to relevant stakeholders (security/protection actors and community groups)
- Strategically utilise available outlets such as the Protection Cluster, ICWG and the HCT, SRSG Office on S/CC to raise visibility of GBV concerns

### Output 3.5 Communities are engaged to help mitigate risks of GBV
- Hold regular consultations with women and girls about known risks and threats to their safety concerning GBV, including procedures for reporting SEA by UNMISS and humanitarian workers
- Support the setup of complaint mechanisms in the IDP settlements with established camp management (according to HAP standard)
- Establish/support forums to encourage dialogue among women, men, girls, boys, and influential community members around GBV root causes and contributing factors
- Provide GBV actors with training and access to available tools/methodologies on community engagement

### Output 3.6 Improved strategic engagement through participation in coordination forums and linking
- Engagement with and support for identified priority clusters to promote risk mitigation activities, including but not limited to alternate fuel strategies
- Regularly attend and actively participate in Cluster meetings (GBV SC Mainstreaming Focal Points) and other coordination forums
- Orient GBV actors on the architecture, roles and responsibilities of UNMISS (HR, Gender, WPA POC, CP, JAS, Corrections) and protection humanitarian actors to limit duplication and enhance the referral system
- Training on GBV Guiding principles, Mainstreaming and safe referrals for non-GBV humanitarian actors
- Conduct Safety Audits in collaboration with other sectors/actors
- Support efforts of the UN Prevention of Sexual Exploitation and Abuse Taskforce to promote reporting and prevention mechanism of SEA by humanitarian actors

### Output 3.7 GBV risk mitigation and prevention reached through Community Outreach
- Establish community dialogues among women, men, girls, boys, and influential community members around GBV root causes and contributing factors, and to support community-based early warning and response capacities
- Awareness raising activities / IEC campaigns, including dissemination of referral pathways
Strategic Outcome 4: Strengthened sub-national level coordination, where it can have the biggest impact, prioritizing women’s leadership through engaging women’s groups and women-lead organizations, to strengthen their participation in protection coordination structures.

<table>
<thead>
<tr>
<th>Outputs</th>
<th>Example Activities</th>
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</table>
| Output 4.1 Capacitate sub-national GBV Working Groups and coordinators to deliver strong field level coordination through regular monitoring and continued investment in technical support. | - Formalize mentorship opportunities for emerging GBV specialists and coordinators  
- Localization  
- Socialise and share the GBV coordination manual  
Support sub clusters where appropriate to facilitate co-ordination by local organisations and national governments. Utilising guidance on working with governments and national authorities |
| Output 4.2 Strengthen GBV coordination mechanism in national and state level | - Focus on local-led organizations and groups; Focal persons at state level  
- GBV gender focal persons MOH, MOJ, Police, and state level gender focal persons  
- Build capacity of state-level working groups to strengthen field coordination (tool kits);  
- Seek to engage and partner with local organisations, women’s groups, and government to facilitate their active participation in GBV coordination and response;  
- Map locations, women organizations and women groups for support  
- Training on coordination with women and women organizations  
- Mentor local staff on leadership roles and code  
- Strengthen community based protection networks for GBV prevention (include women and youth)  
- Integrated knowledge sharing at the community  
- Success stories to share with other partners, share lessons learned |
| Output 4.3 Support subnational GBV working groups where appropriate to facilitate co-ordination by local organizations and national governments based on guidance on working with governments and national authorities. | - Develop and implement orientation package and ensure that each new incoming coordinator receives an induction to GBV SC  
- Ensure linkages to Protection Cluster, ICWG and HCT to address issues requiring higher level action are appropriately addressed  
- Collaborate with government and all GBV actors to conduct the national 16 Days Campaign (November-December 2018/19)  
- Disseminate guidelines and relevant research on GBV to partners  
- Run annual coordination workshops for national and sub-national actors, to solve operational bottlenecks, increase coordination skills (coordination modules to be revised) and ensure linkages with CP actors. |
| Output 4.4 Improved coordination between national and sub-national actors, to solve operational bottlenecks | - In its theory of change, GBVSC makes commitment to strengthening women’s lead organisations  
- Hold stakeholders meeting with key development partners, UN agencies and others to explore funding opportunities |
| **Strategic Outcome 5:** Increased evidence-based advocacy on the need for sustained interventions to prevent and respond to GBV. |
|---|---|
| **Outputs** | **Example Activities** |
| **Output 5.1** Strengthen advocacy at both the global and country level, through evidence based, targeted and sustained advocacy interventions. | • Identify issues which requires a leadership policy spotlight paper and develop, write and disseminate paper.  
• Identify immediate advocacy priorities for newly affected conflict areas—messages and activities. |
| **Output 5.2** Address strategic and technical gaps and identify and communicate best practice. | Strengthen donor relationships to inform and connect with initiatives on new and emerging areas of GBVIE.  
• Sharing research summaries and presentations, to promote continuous learning in GBVIE.  
• Link to key initiatives including the Call to Action Road Map, RAP and GBVIMS for cross-learning, information sharing, and joint advocacy as appropriate. |
| **Output 5.3** Develop analysis and advocate to integrate GBV in to early warning, early action and readiness analysis report | Strengthen GBV information management to ensure the needs of those affected by gender-based violence, risk factors, vulnerabilities and protective mechanisms are effectively analysed, incorporated into planning and communicated to partners. The integration of GBV narrative into humanitarian response-wide documents has impact.  
• Track and identify GBV funding shortfalls and resource needs and advocate to fill these gaps.  
• Coordinate advocacy efforts at field levels to ensure effective utilization of resources;  
• Regular meetings with donors  
• The GBV Sub-Cluster will focus on practical advice that can be applied in the field on areas of emerging importance and identified gaps;  
• Work closely with relevant bodies and joint initiatives focused on GBV in emergencies to leverage partnerships, link to and inform joint advocacy, avoid duplication and create linkages in field implementation.  
• Strengthened advocacy at high levels on policy matters  
• Conduct desk review of various GBV assessments to identify priority list of gaps for advocacy common issues on advocacy should be discussed at national level  
• Partners share assessments/ evidence/research related to GBV in South Sudan with the GBV Subcluster to strengthen collective evidence based advocacy  
• Create Advocacy working group under the GBV sub cluster. |
| **Output 5.4** Strengthen GBV information management to track and generate evidence base for advocacy of GBV prevention and response. | • Implement updated, standardized IM tools and processes  
• Strengthen partner and GBV WG reporting to the GBV SC;  
• Document good practices from the field and circulate them among GBV SC partners  
• Ensure inclusion of GBV in key advocacy products including Protection Trends Updates, HRP, Key reports and statements of international delegations  
• Develop methodology on determining needs and defining GBV data with particular reference to the HRP/ HNO process  
• Hold annual GBV meeting for field based coordinators, and the national coordinators to sharing good practices, fostering a community, reviewing the work plan and supporting coordinators |