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USAID/SOUTH SUDAN GENDER-BASED VIOLENCE PREVENTION AND RESPONSE ROADMAP

SEPTEMBER 2019



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ACRONYMS

AOR	Agreement Officer Representative
ARC	American Refugee Committee
ARCSS	The Resolution of Conflict in the Republic of South Sudan
AU	African Union
AYA	Active Youth Agency
CECs	Civic Engagement Centers
CEFM	Child, Early and Forced Marriage
CERF	Central Emergency Response Fund
CLA	Collaborating, Learning, and Adapting
CMR	Clinical Management of Rape
COR	Contracts Officer Representative
CRS	Catholic Relief Services
CSOs	Civil Society Organizations
D & G	Democracy & Governance
DANIDA	Danish International Development Agency
DFID	The Department for International Development
DI	Democracy International
EMAP	Engaging Men in Accountable Practice
EU	European Union
FAO	Food and Agriculture Organization
GBV	Gender-Based Violence
GESS	Girls' Education in South Sudan
HPF	Health Pooled Fund
ICRC	International Committee of the Red Cross
IEEES	Integrated Essential Emergency Education Project
IMC	International Medical Corps
INGO	International Non-Governmental Organization
IOM	International Organization for Migration
IPs	Implementing Partners
IPV	Intimate Partner Violence
IRC	International Rescue Committee
I-PMP	Interim Performance Management Plan
i-STREAM	Strengthening Free and Independent Media in South Sudan
JAM	Joint Aid Management International
JHPIEGO	John Hopkins Program for International Education in Gynecology and Obstetrics
KfW	Kreditanstalt für Wiederaufbau

MBZ	Federal Ministry of Economic Cooperation and Development
MEL	Monitoring, Evaluation and Learning
MESP	Monitoring and Evaluation Support Partner
MHPSS	Mental Health and Psychosocial Support
MoGCSW	Ministry of Gender, Child and Social Welfare
NGO	Non-Governmental Organization
NORAD	Norwegian Agency for International Cooperation
NP	Non-Violent Peaceforce
OFDA	Office of Foreign Disaster Assistance
PEPFAR	The President's Emergency Plan for AIDS Relief
PHC	Primary Health Center
PoC	Protection of Citizen
PSEA	Protection from Sexual Exploitation and Abuse
PSS	Psychosocial support
SAFER	Sustainable Agriculture for Economic Resiliency Program in South Sudan
SGBV	Sexual and Gender-Based Violence
SIDA	The Swedish International Development Cooperation
SIHA	Strategic Network for the Horn of Africa
SpO	Special Objective
SPPHC	Strengthening the Provision of Primary Health Care
SRH	Sexual and reproductive health
SSHF	South Sudan Humanitarian Fund
SUCCESS	Systems to Uphold the Credibility and Constitutionality of Elections in South Sudan
TOC	Theory of Change
UMCOR	United Methodist Community on Relief
UN	United Nations
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WGSS	Women and Girls' Safe Spaces
WMF	Women's Monthly Forum

I. INTRODUCTION

Gender-based violence (GBV) threatens the overall well-being of South Sudan's population, particularly women and children. Though there are no reliable GBV national prevalence statistics for South Sudan, one recent study estimated that in some conflict-affected locations 65 percent of women and girls in South Sudan have experienced physical and/or sexual violence in their lifetime.¹ The USAID/South Sudan Mission recognizes that GBV has not only negative consequences for those who experience violence, but also has a negative impact on efforts to promote peace, resilience, economic prosperity for women/girls and men/boys, and for development in South Sudan across all sectors. As a result, the Mission hired Banyan Global to develop a GBV roadmap to identify measurable and trackable interventions to prevent and respond to GBV across the mission's priority sectors.

1.1 ROADMAP OBJECTIVE

This roadmap aims to equip USAID/South Sudan staff with succinct guidance to design and implement effective strategies and interventions that integrate GBV prevention and response within the current USAID/South Sudan Operational Framework (2016-present) and Interim Performance Management Plan (I-PMP) (valid until 2021). It identifies GBV programming gaps and proposes next steps for the remaining two years of the current I-PMP to implement in coordination with other key stakeholders (government, civil society organizations, national and international NGOs, and other donors) carrying out programming on GBV prevention and response. To support the implementation of next steps, the Roadmap also includes key resources and tools that are particularly applicable in the South Sudan context.

USAID South Sudan Goal for Addressing GBV

USAID South Sudan's goal is to make a measurable and trackable contributions to GBV prevention, mitigation, and response in South Sudan.

This contribution will be measured by the amount of USD invested per sector that is specifically for GBV prevention, mitigation, and response and by measuring sector-based results.

1.2 STRUCTURE OF ROADMAP

Recognizing the scale and scope of GBV in South Sudan, this two-year GBV Roadmap provides specific and measurable recommendations for the Mission to raise awareness and commitment and ultimately to mitigate and respond to GBV in targeted communities where USAID projects and activities are implemented. The GBV Roadmap has four core sections:

- **Section 2: Integrating GBV in the USAID/South Sudan Operational Framework:** This section provides a Theory of Change (TOC) and an overview of how to integrate GBV into the Mission's current operational framework
- **Section 3: GBV Roadmap Programmatic Guiding Principles:** This section offers cross-sectoral guidance on approaches to GBV programming within the South Sudan context.
- **Section 4: GBV Prevention and Response Roadmap: Key Pathways for Action:** This section provides a strategic and programmatic roadmap for the Mission's GBV prevention and response programming in alignment with the Mission's operational framework. It focuses on key actions to

make the TOC actionable, including how to enhance the mission staff's GBV literacy and capacity, and how to implement programming in priority sectors including: health and water, sanitation and hygiene; education; economic growth; democracy and governance/peace and reconciliation; and humanitarian assistance. Within this context it draws linkages to the guiding principles in Section 3.

- **Section 5: Guidelines to address GBV in Monitoring, Evaluation and Learning (MEL):** This section includes proposed actions for USAID/South Sudan to enhance monitoring, evaluation, and learning on the GBV programming included in Section 4.
- **Section 6: Key GBV Programming Resources:** This section provides programming resources, including many that are linked directly the recommendations in Section 4.

Annex A presents the Literature Review that includes part of the evidence for the Roadmap; Annex B is the USAID Program and Donor Report that informed this Roadmap; Annex C includes details on the proposed GBV literacy training discussed in Section 4; Annex D provides a list of key documents consulted; and Annex E lists key stakeholders interviewed for this Roadmap.

2. INTEGRATING GBV IN THE USAID/ SOUTH SUDAN OPERATIONAL FRAMEWORK

2.1 THEORY OF CHANGE

In keeping with the USG Strategy to Prevent and Respond to GBV Globally (see text box) coupled with global best practice, this section proposes a GBV Theory of Change (TOC), which emphasizes an approach that is cross-sectoral;² coordinated;³ and promotes monitoring, evaluation, adaptation, and learning.⁴ Furthermore, the TOC supports a socio-ecological approach to GBV, where programming considers change at the individual, family, community, and institutional levels. The latter point is consistent with a socio-ecological approach that reflects the multi-level drivers and consequences of GBV.⁵

The GBV TOC for USAID/South Sudan hypothesizes that

IF USAID/Implementing Partner (IP) staff and each USAID sector/office provide the required inputs (resources, staff training/capacity building, programming/activities, and MEL framework) on GBV prevention and response;

AND

- Make progress toward the sector-specific special intermediate results proposed for inclusion in the mission's PMP;

AND

- Integrate the GBV Prevention and Response Roadmap Guiding Principles in Section 3, (including a survivor-centered approach, trauma-informed healing, and social norm change) into programming in attributable ways;

AND

- Monitor, evaluate and adapt based on learning;

THEN

- USAID/South Sudan will make a measurable and trackable contribution to GBV prevention, mitigation, and response at the individual, family, community and institutional level.

US Strategy to Prevent and Respond to Gender-Based Violence Globally

The United States Strategy to Prevent and Respond to Gender-based Violence Globally (2016 update) has the goal “to marshal the United States’ expertise and capacity to prevent and respond to gender-based violence globally.” It has four objectives: 1) increasing coordination of GBV prevention and response; 2) enhancing integration of GBV prevention and response into other USG work; 3) improving collection, analysis, and use of data and research; and, 4) enhancing or expanding USG programming that addresses GBV.⁶



2.2 INTEGRATING THE THEORY OF CHANGE INTO THE USAID/SOUTH SUDAN OPERATIONAL FRAMEWORK

USAID/South Sudan's Operational Framework (OF) serves as an overall, flexible and broad framework for aligning USAID programs and activities. The OF has been extended three times, most recently in April 2018 and is valid until April 2020. The mission's Interim Performance Management Plan (I-PMP), which is valid from January 2019 until 2021, supports the implementation of the OF. This I-PMP is a tool to track implementation of the OF and will be valid until the Mission designs a new strategy or OF, expected to take place by December 2020 (the Agency deadline for all missions to have an approved Country Development Cooperation Strategy). The graphic below from the I-PMP spells out the mission's goal, transitional objectives (TO), and corresponding intermediate results.

TABLE 1 USAID/SOUTH SUDAN OPERATIONAL FRAMEWORK – RESULTS FRAMEWORK

Goal : Build the foundation for a more stable and socially cohesive South Sudan				
TO1 Promote recovery with resilience			TO2 Enable peace and reconciliation processes	
IR1.1 Increased utilization of health and WASH services	IR1.1 Increased utilization of educational services that elevate learning and well-being	IR1.3 Increased and diversified economic opportunities	IR2.1 Increased inclusive civil society engagement in civil and political processes	IR2.2 Strengthened inter- and intra-communal relations and reconciliation

Learning Framework			
Learning Objective: Enhanced understanding of how the mission can use mutually reinforcing activities to build resilience in a conflict environment			
Theme 1 Mutually reinforcing activities to build resilience	Theme 2 Multi-stakeholder partnership and joint work-planning	Theme 3 Cross-cutting issues	Theme 4 Sector-specific evidence generation

To operationalize the theory of change proposed in Section 2.1, the Roadmap proposes the inclusion of a GBV special objective (SpO), SpO intermediate results (IRs), and sub-IRs in the mission’s OF and I-PMP. The SpO aims to ensure that the mission will make a measurable and trackable contribution to GBV prevention, mitigation, and response at the individual, family, community and institutional level. The table below provides a summary of the SpO and corresponding IRs, and sub-IRs, which are aligned where applicable with the existing IRs in the mission’s I-PMP.

The mission will measure progress on GBV prevention and response through indicators at the outcome/sector level. Illustrative outcome indicators are provided in the matrix below. The value of resources budgeted for GBV prevention, mitigation, or response will also need to be measured within each sector.

As an alternative to developing a special objective, the mission may also decide simply to include the proposed sub-intermediate results within its existing intermediate results and drop the Special Objective Intermediate Results.

TABLE 2: OPERATIONAL FRAMEWORK AND SPECIAL OBJECTIVE RESULTS

Operational Framework Intermediate Result (IR)	Recommended Narrative for Special Objective Intermediate Results	Special Objective (SpO) Intermediate Results	Illustrative Outcome Indicator	Special Objective Sub- IRs
Not applicable	<p>To strengthen the integration of GBV into USAID South Sudan’s portfolio (SpO IR 1.0), USAID will improve Mission and IP staff GBV literacy and competence including on the promotion of gender equality norms and biases, knowledge, attitudes and practices (SpO Sub-IR 1.0.1). USAID will also improve the integration and articulation of GBV prevention, mitigation, and response into mission programming (SpO Sub-IR 1.0.2). Capacity building of USAID and IP staff will include increasing knowledge of the Guiding Principles for the Roadmap, including addressing social norms; survivor-centered and participatory program approaches; trauma-informed programming; male engagement strategies; adolescent-focused programming; and do no harm; as well as additional topics that might include specific forms of GBV, such as child marriage, intimate partner violence, and non-partner sexual violence. Capacity building should consist of a continuum of building knowledge, skills, and self-awareness relating to gender norms and biases that will inform the articulation of GBV programming, budgeting for GBV, and MEL across USAID’s development and humanitarian work.</p>	<p>SpO IR 1.0 Strengthened USAID and IP capacity for GBV programming.</p>	<p>Percentage of USAID and IP staff demonstrating increased self-awareness of gender norms and biases, as well as knowledge about GBV.</p> <p>Percentage of USAID and IP staff demonstrating increased knowledge and skills in effectively articulating the integration of GBV prevention, mitigation, or response into programming.</p>	<p>SpO Sub-IR 1.0.1: Improved GBV literacy for all USAID & IP staff.</p> <p>SpO Sub-IR 1.0.2: Improved integration and articulation of GBV prevention, mitigation, or response into mission programming.</p>
I.1 Increased utilization of health and WASH services	<p>To support increased utilization of health and WASH services (IR 1.1), USAID will improve access to services for women, adolescents, and GBV survivors (SPO IR 1.1). To do so, USAID will improve adolescent and women-friendly services and integrate a focus on GBV prevention and response (SpO Sub-IR 1.1.1); and improve safe access to basic WASH services (SpO Sub-IR 1.1.2). Health services will include a focus on GBV prevention and response and promote non-judgmental, respectful, inclusive, confidential, comprehensive, effective and trauma-informed services that welcome women (including unmarried women) and adolescents for all services using guidelines from WHO, UNICEF, and UNFPA^{7,8} and other evidence-based programming.⁹ Improved access to WASH services will integrate mitigation strategies (including sufficient lighting and lockable, sex-segregated toilet facilities) to ensure safe access to clean water and hygienic, gender-informed sanitation facilities. Activities will promote trauma-informed programming, as well as structural and normative changes, where relevant, to ensure sustainable change.</p>	<p>SpO IR 1.1 Improved access to health and WASH services for women, adolescents, and GBV survivors.</p>	<p>Number of adolescents, women and GBV survivors reporting increased access to and satisfaction with GBV prevention and response health services.</p> <p>Percentage of women reporting an increased sense of safety while accessing WASH services.</p> <p>The number of reported sexual assaults associated with access to WASH services.</p>	<p>SpO Sub-IR 1.1.1: Improved adolescent and women-friendly services that integrate GBV prevention and response.</p> <p>SpO Sub-IR 1.1.2: Improved safe access to basic WASH services.</p>

Operational Framework Intermediate Result (IR) <i>continued</i>	Recommended Narrative for Special Objective Intermediate Results	Special Objective (SpO) Intermediate Results	Illustrative Outcome Indicator	Special Objective Sub- IRs
<p>1.2 Increased utilization of educational services that elevate learning and well-being</p>	<p>To achieve increased utilization of educational services that elevate learning and well-being (IR 1.2), including the ability of women and girls to prevent and/or mitigate incidents of GBV in their own lives, USAID will improve attention to women and girls' needs to strengthen gender equity in education outcomes and to reduce school-related GBV (SpO IR 1.2). A higher level of education is overall considered a protective factor for GBV. USAID will promote improved literacy and numeracy for women and girls in formal and informal learning spaces (SpO Sub-IR 1.2.1) and improved safety and gender responsiveness in all aspects of learning (SpO Sub-IR 1.2.2). Efforts will be made to address adult women's lack of education and training, including very low levels of literacy, as factors that constrain their ability to participate in social, economic, or political activities.¹⁰ USAID will address barriers for girls' participation in education, including structural barriers, such as the lack of sanitation facilities; address school-related GBV (including baseline research to contextualize); and address normative barriers to gender equality, including learning materials that reproduce harmful social norms that justify power inequalities and GBV.</p>	<p>SpO IR 1.2 Improved attention to women's and girls' needs to strengthen gender equity in education outcomes and to reduce school-related GBV.</p>	<p>Percentage of women reporting increased participation in social, economic, or political activities (among those who have completed literacy or numeracy courses).</p> <p>Percentage of schools that have reporting and tracking systems for school-related gender-based violence.</p> <p>Percentage of boys and girls reporting improved perceptions of gendered roles, responsibilities, and opportunities.</p>	<p>SpO 1.2.1: Improved literacy and numeracy for women and girls in formal and informal learning spaces.</p> <p>SpO 1.2.2: Improved safety and gender responsiveness in all aspects of learning (including learning spaces and materials).</p>

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Operational Framework Intermediate Result (IR) <i>continued</i>	Recommended Narrative for Special Objective Intermediate Results	Special Objective (SpO) Intermediate Results	Illustrative Outcome Indicator	Special Objective Sub- IRs
<p>1.3 Increased and diversified economic opportunities</p>	<p>To support increased and diversified economic opportunities (IR 1.3) that benefit men, women, adolescents and children, USAID will strengthen attention to GBV prevention and response in economic growth programming (SpO IR 1.3). To achieve this, USAID will improve livelihood options, access to markets, and agricultural systems that benefit families with explicit attention to GBV prevention and risk mitigation (SpO Sub-IR 1.3.1) and increase levels of women’s economic empowerment. Economic empowerment will support women’s active engagement in and improved gender equity in economic growth activities and outcomes (SpO Sub-IR 1.3.2). Programs will ensure gender equity so that women and girls benefit equally and are not disproportionately burdened by increased labor needs. Programming should include a prevention component including self-reflection on gender norms that affect roles, responsibilities and power between males and females. In addition, mitigation and response to potential GBV should be addressed through GBV referral networks and available services. Opportunities include engaging faith-based organizations (FBOs), youth groups, and NGOs conducting male engagement programming.</p>	<p>SpO IR 1.3 Strengthened attention to GBV prevention & response in Economic Growth programming.</p>	<p>Percentage of women who report participation and benefits from community-based economic growth activities with no increase in GBV.</p>	<p>SpO 1.3.2: Increased levels of women’s empowerment that support their active engagement in and improved gender equity in economic growth activities and outcomes.</p>

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Operational Framework Intermediate Result (IR) <i>continued</i>	Recommended Narrative for Special Objective Intermediate Results	Special Objective (SpO) Intermediate Results	Illustrative Outcome Indicator	Special Objective Sub- IRs
<p>I.4 Increased inclusive civil society engagement in civil and political processes</p>	<p>To support increased inclusive civil society engagement in civil and political processes (IR 1.4), USAID will strengthen the integration of GBV prevention and response in democracy & governance/peace and reconciliation programming (SpO IR 1.4). To achieve this USAID will increase the organizational and technical capacity of targeted women-led NGOs to advocate both independently, collectively, and in strategic partnerships with other NGOs, including those focused on male engagement and faith-based organizations (FBOs), on targeted issues to strengthen women’s rights and access to justice. (SpO Sub-IR 1.4.1). The focus on women-led organizations is intended to support the potential for a network of women’s groups that can act collectively and ultimately spark a women’s movement in South Sudan. Partnering with organizations focused on male and faith-based engagement on GBV is important to ensure that women’s voices are fully heard. Technical capacity building should include a continuum of building knowledge, skills, and self-awareness relating to gender norms and biases that will inform the articulation of advocacy strategies. Trauma-informed healing, normative change, youth engagement, and women’s empowerment processes should be integral aspects of capacity building.</p>	<p>SpO IR 1.4 Strengthened integration of GBV prevention and response in Democracy & Governance/Peace and Reconciliation programming.</p>	<p>The number of women-led organizations that collaborate to effectively advocate for change on at least one specific women’s rights issue; GBV prevention or response issue(s), or peace and reconciliation issue(s).</p> <p>The percentage of targeted women-led organizations that improve their organizational capacity sufficiently to meet requirements for funding from USAID, a United Nations agency, or another significant donor.</p>	<p>SpO 1.4.1: Increased organizational and technical capacity of targeted women-led NGOs to enable them to advocate both independently, collectively, and in strategic partnerships with other NGOs, including faith-based organizations (FBOs) and NGOs focused on male engagement, on targeted issues to strengthen women’s rights and access to justice for GBV.</p>
<p>I.5 Strengthened inter- and intra-communal relations and reconciliation</p>	<p>To support strengthened inter-and intra-communal relations and reconciliation (IR 1.5), USAID will strengthen the integration of GBV prevention and response in Democracy & Governance/Peace and Reconciliation programming (SpO IR 1.5). To achieve this USAID will strengthen the capacity of targeted actors, including human rights defenders, transitional justice actors, traditional community leaders and religious leaders, as well as secondary/indirect targets such as customary courts, to ensure that increased numbers of GBV perpetrators are held accountable (SpO Sub-IR 1.5.1). USAID will strengthen awareness and knowledge about GBV, including self-awareness of gender biases and knowledge about drivers of specific forms of GBV, such as child marriage, intimate partner violence, and non-partner sexual violence to affect normative change.</p>	<p>SpO IR 1.5 Strengthened integration of GBV prevention and response in Democracy & Governance/Peace and Reconciliation programming.</p>	<p>The percentage of targeted actors, including human rights defenders, transitional justice actors, traditional community leaders and religious leaders, as well as secondary/indirect targets such as customary courts, that individually and/or collectively advocate for at least one significant change that supports improvements in women’s rights and/or access to justice for survivors of GBV.</p>	<p>SpO 1.5.1: Strengthened capacity of targeted actors, including human rights defenders, transitional justice actors, traditional community leaders and religious leaders ensure that increased numbers of GBV perpetrators are held accountable.</p>

Operational Framework Intermediate Result (IR) <i>continued</i>	Recommended Narrative for Special Objective Intermediate Results	Special Objective (SpO) Intermediate Results	Illustrative Outcome Indicator	Special Objective Sub- IRs
<p>Humanitarian Assistance</p>	<p>To strengthen the integration of GBV prevention and response in Humanitarian Assistance programming (including OFDA, Food for Peace, and other mechanisms) (SpO IR 1.6) USAID will increase the capacity of humanitarian actors funded by the U.S. Government to promote effective GBV prevention (SpO Sub-IR 1.6.1) and improve the capacity of these actors to support women in processes that hold perpetrators accountable (SpO Sub-IR 1.6.2). To accomplish this, USAID will strengthen awareness and knowledge about GBV, including self-awareness of gender biases and knowledge about drivers of specific forms of GBV, such as child marriage, intimate partner violence, and non-partner sexual violence. USAID will also infuse an approach to trauma-informed healing into prevention and response work in humanitarian settings and target adolescent girls and boys as participants in programming (with separate activities that specifically meet the needs of adolescents).</p>	<p>SpO IR 1.6 Strengthened integration of GBV prevention and response in Humanitarian Assistance programming.</p>	<p>Percentage of humanitarian actors funded by the USG that demonstrate improved self-awareness about gender norms and forms of GBV; improved knowledge about GBV; and reflect positive changes in gender norms that support GBV.</p> <p>Percentage of humanitarian actors funded by the USG that demonstrate improved understanding of what is needed to promote access to justice for survivors of GBV and improved referral pathways to legal aid, police, and courts.</p>	<p>SpO Sub-IR 1.6.1: Increased capacity of humanitarian actors to promote effective GBV prevention.</p> <p>SpO Sub-IR 1.6.2: Improved capacity of humanitarian actors to support women in processes that hold perpetrators accountable.</p>

3. GBV PREVENTION AND RESPONSE ROADMAP PROGRAMMATIC GUIDING PRINCIPLES

There are advances, as well as challenges that impede efforts to effectively address GBV, particularly in the context of USAID sectoral programming in South Sudan. In the research team's review of academic peer and practitioner literature, coupled with the key informant interviews and focus group discussions carried out, six *GBV Roadmap Guiding Principles* emerged as critical themes to be integrated into prevention and response efforts (see text box).

The GBV Roadmap Guiding Principles provide cross-sectoral guidance to GBV approaches and programming within the South Sudan context. They are meant to provide guidance across the USAID program cycle. This section offers USAID and IP staff guidance on what these principles mean and resources to support their application.

PRINCIPLE 1: SOCIAL NORM CHANGE AS A CROSS-CUTTING OBJECTIVE IN PREVENTION OF GBV

Social norms are important because they influence the behaviors and practices programming seeks to affect. They are often referred to as the *unspoken* “rules” that dictate what is acceptable and appropriate within societies. In contrast to individually held attitudes or beliefs, a social norm is defined by collective beliefs about a behavior or practice.¹¹ In South Sudan, entrenched patriarchal social norms, embedded in all aspects of life – including kinship and social systems, religious, economic, political, legal and justice systems – are the key drivers of the inequality that cause and perpetuate GBV.¹² Unequal gender norms also affect the ability of women to effectively participate in decision-making at family, community, and national levels. A study among internally displaced persons (IDPs) conducted by Oxfam indicated that women had little decision-making power at either the household or community level. Quantitative responses to questions indicated women had “no involvement” in decision-making and this view was shared by men, women, boys, and girls. The study noted that in addition to unequal gender norms, women's lack of education and training further constrain their ability to participate in leadership and decision-making positions.¹³

GBV Roadmap Guiding Principles

1. Social norm change is a cross-cutting objective in GBV prevention programming in South Sudan.
2. All GBV programming uses survivor-centered and participatory program design and implementation.
3. Trauma-informed programming is a cross-cutting objective in strategies to address GBV.
4. Programming across sectors should have a strong focus on adolescents, in addition to women.
5. Male engagement is critical to address GBV; however, men must be engaged in a way that is accountable to women.
6. “Do no harm” underlies all programming.

Child, Early and Forced Marriage – Different Drivers in Different Contexts

Child, early and forced marriage (CEFM) is a significant issue throughout South Sudan. However, in programming to address CEFM it is important to understand the precise drivers in the community where programming is targeted. Women in a focus group conducted for the Roadmap talked about how **daughters are leaving home to marry early, believing they can gain access to material resources** they and their peer groups believe they can get through their husbands. In other communities, **an increasing number of parents are arranging early marriages** for daughters who bring value to the family in the form of bride price paid in cattle. Effective programming will target the specific social norms and other drivers found in each context.

Harmful social norms that sustain GBV are typically based on the assumption that male authority is based in nature and non-negotiable, and can include norms about women's sexual purity, protecting family honor over women's safety, respect, identity, and the right of men to discipline women and children. The fact that these norms are embedded in all aspects of daily life means that there are opportunities across sectors to support programming that promotes positive social norms relating to women's empowerment, effective participation, and improved women's and girls' rights to gender equality and equity, and masculinity.

However, as described in the textbox (to the right) about programming related to child early and forced marriage (CEFM), the same practice (i.e. early marriage or girls dropping out of school) may have different causes in different contexts. In the case described, early marriage in some contexts is the combined result of social norms and practices that value girls primarily for the bride price that the family receives upon her marriage. In other contexts, young girls may instigate early marriage themselves, prioritizing access to material goods and perceived "freedom" that they believe that they will have as a married woman.

It is important to note that not all social norms are negative. Many are positive and the goal of social norm programming is to replace negative norms with positive ones. For example, while today early marriage may be an acceptable norm within many communities, in other communities this norm has already changed so that a parent who forced their daughter into early marriage may try to hide what they did, knowing that the community may think negatively of them for continuing a harmful practice.

"It's a beautiful feeling with a lot of fears. There is no freedom, all the household responsibilities are on women, the law always favors men – men are always right."

Female focus group participant, Bor
Response to the question what she was proud of as a woman

Addressing social norms in planning of programs and activities requires formative research that includes on-the-ground discussions with intended participants to ensure that there is accurate and current data to steer this type of programming. The Learning Collaborative to Advance Normative Change developed the Social Norms Exploration Tool (SNET) to provide practical guidance and tools for such research and planning efforts to integrate social norms change into programming. The tool provides three "critical questions" that should be asked:¹⁴

- Who are the social reference groups that influence the behavior?¹⁵
- What are the social norms that influence the behaviors? And what are the consequences for not following a norm?

- What social norms influence the behavior the most?

The SNET suggests the following steps in exploring social norms and the full tool supports each step:⁶

1. **Plan & prepare:** Reflect on what norms might be influencing behaviors or practices of interest.
2. **Identify reference groups:** Engage with stakeholders to conduct a rapid analysis approach to identify who the key influencers are for specific norms/behaviors.
3. **Explore social norms:** Engage with reference group members and proposed project participants to understand and “unpack” norms and their influence on behavior/practices.
4. **Analyze findings:** Use participatory analysis to develop a “findings brief”.
5. **Apply findings:** Develop the specific strategies needed to affect changes in norms.

“The effect of violence, conflict, and displacement is generational...it is unlike anywhere I have been. It pervades everything.”

International staff surveyed during key interviews

PRINCIPLE 2: ALL GBV PROGRAMMING USES SURVIVOR-CENTERED AND PARTICIPATORY PROGRAM DESIGN AND IMPLEMENTATION

Using survivor-centered and participatory program design and implementation approaches are basic principles of all GBV programming regardless of the setting or context. A technical brief focused on Guiding Principles for Working with Gender-Based Violence Survivors states the following:

“A Survivor-Centered Approach means recognizing and prioritizing the rights, needs, and wishes of the person who has experienced gender-based violence. A survivor-centered approach creates a supportive environment, ensures safety and dignity to promote a survivor’s recovery, and reinforces the survivor’s capacity to make decisions about possible interventions.”¹⁷

Integrating basic survivor-centered principles into all programming means doing the following:¹⁸

- Assume there are GBV survivors as participants in all activities and ensure program staff are trained on how to respond to individuals experiencing/re-experiencing trauma.
- Ensure that program participants know how to find safe services where they can gain confidential support and safety.
- Ensure that all participants feel safe, respected, listened to, and have control over choices of what they can/should do.
- With guidance from psychosocial support (PSS) experts, promote traditional and new healing and restorative activities that individuals, groups and communities can engage in.

Participatory design includes engaging diverse and representative members of communities, including GBV survivors, where interventions are being planned, and partnering with community groups who are working on similar issues. Engaging stakeholders to collaboratively design, implement, and engage in MEL activities is promoted by USAID policies as well as global communities of practice on GBV.

PRINCIPLE 3: TRAUMA-INFORMED PROGRAMMING AS A CROSS-CUTTING OBJECTIVE

There is wide consensus that trauma-informed programming should be a priority for USAID/South Sudan. Reflecting this, the Mission's current Operational Framework calls for all programming to be: "... conflict-sensitive, trauma-informed, and effective in delivering more sustainable results to beneficiaries in conflict-affected communities."¹⁹ The Mission will conduct a trauma needs assessment in 2019 to determine how it should be addressed across the Mission.

At the same time, an increasing understanding of the concepts of "trauma" and "trauma-informed care" has influenced the way in which advocates and service providers work with survivors of GBV globally. For South Sudan, while more data is needed to disentangle complex relationships between GBV and conflict, evidence is beginning to demonstrate that conflict increases rates of both non-partner and partner violence against women. Also, the risk for men and boys of experiencing sexual violence is higher in conflict settings.²⁰ A consequence is that trauma begets trauma.

Literature reviewed for this roadmap details the experiences of sexual and other forms of violence experienced by a majority of women in locations studied. Additionally, in some locations 6-9 percent of men were survivors of sexual violence.²¹ During in-country research, stakeholder workshops and focus group discussions revealed deep familiarity with trauma and the experience of GBV.²² And, international staff (including those from nearby countries) are often struck by the pervasive presence of trauma among colleagues.²³

Adopting a trauma-informed approach to GBV means attending to survivors' emotional as well as physical safety, while also ensuring that survivors have access to services in environments that are inclusive, welcoming, destigmatizing, and non-retraumatizing. There are well-established guidelines for the provision of PSS to survivors of sexual violence in conflict and humanitarian contexts. In South Sudan, thinly placed, PSS services are available in many of these settings; however, there is little found in much of the rest of the country.²⁴

To ensure programming is trauma-informed, the following considerations should be integrated into all GBV prevention and response programming:²⁵

- Assume there are GBV survivors as participants in all activities and ensure that program staff are trained on how to respond to individuals experiencing/re-experiencing trauma.
- Ensure that program participants know how to find safe spaces where they can gain confidential support and safety.
- Use a "survivor-centered" approach in all activities, meaning participants feel safe, respected, listened to, and have control over choices of what they can/should do.
- Promote traditional and introduce new healing and restorative activities that individuals, groups and communities can engage in, but with guidance from PSS experts.
- Consider an approach to trauma-informed healing to integrate into programming (see Section 6: Resources).

PRINCIPLE 4: FOCUS ON ADOLESCENTS, IN ADDITION TO WOMEN

A 2017 study by Plan International in ten sites in South Sudan and Uganda focused on South Sudanese adolescent girls ages 10-19 years old includes the following findings.²⁶

“Adolescent girls report that the fear of physical violence is their main source of insecurity. In both FGDs and interviews, all adolescent girls acknowledged the persistent threat of violence in their daily lives.... In explaining the nature of this threat, adolescent girls describe the continuum of violence, which has become normalized in both the home and community. ...they describe home lives that are permeated by physical and psychological violence, and public spaces that are hostile and insecure to them as a result of communal violence and the impact of conflict. This situation leaves adolescent girls with few safe spaces in which to retreat.”

Another study revealed that 21.9 percent of girls interviewed had experienced rape or attempted rape, and 26.5 percent had experienced some kind of sexual non-partner violence.²⁷ Interviews, focus group discussions, and stakeholder meetings conducted for this Roadmap are punctuated with remarks about the need for services that are specific to adolescents, with most references to girls but some attention to boys.

An interview with a health service stakeholder indicated that the needs of adolescent girls is a top priority at high-level donor coordination meetings, based on reports of high rates of violence, early marriage and pregnancy, but delivering targeted services remains “challenging – at both the health facility and community levels.” As part of a Wau POC focus group, one of four issues raised by women was the lack of adolescent and women friendly health services outside of emergency services.

Focus group participants in Juba raised the issue of adolescent boys who are idle and spend time disrupting the community as a factor that exacerbates the risk of sexual assault against adolescent girls. The needs for adolescents noted during research include prevention of all forms of GBV including CEFM; adolescent-friendly sexual and reproductive health services; life skills; literacy; and vocational skills.

To ensure adolescent women are effectively reached, Plan International indicates that the following considerations should be integrated into all GBV prevention and response programming:

- “Allow adolescent girls to shape program design and implementation processes, including ensuring accountability mechanisms are accessible to adolescent girls.”
- “Ensure humanitarian interventions set clear targets and include specific indicators in program monitoring and evaluation frameworks that assess the outcome of the program for adolescent girls.”
- “Ensure that adolescent mothers and married adolescents are included in adolescent-targeted initiatives and general programming.”
- “Conduct gender analysis for all areas of programming that incorporates differentials for adolescent girls and listens to the voices and perspectives of adolescent girls.”
- “Ensure education interventions incorporate and address the barriers for girls’ participation. These include systemic barriers such as quality of education and the burden of household labor, as well as practical barriers such as a lack of appropriate sanitation facilities and the financial cost of school fees and materials.”²⁸

PRINCIPLE 5: MALE ENGAGEMENT THAT IS ACCOUNTABLE TO WOMEN

Male engagement is recognized as a critical component of shifting social norms relating to GBV and in addressing the specific needs within South Sudan's context. The need for engaging men was raised at every stakeholder event; and central to discussions with women, as well as men. This is consistent with global best practices and an evidence base about what works to prevent and respond to GBV.^{29,30} The use of engaging men in accountable practice (EMAP) in South Sudan is providing a positive approach in targeted communities. More information is provided on this program, as well as other programs that might be effective in South Sudan in Section 6: Resources.

Programs that engage men and boys in prevention against GBV need to ensure that they are challenging the patriarchal norms that support GBV, rather than reinforcing them.

Ensuring this explicit focus requires that the men who are charged with acting as community mobilizers or facilitators have themselves gone through self-reflection processes so that they can recognize when activities have moved from promoting an end to GBV to one that is focused on men's needs. A sign that male engagement groups are not accountable to women is that they tend to focus only on men's needs. Other signs include male domination in mixed groups; a lack of connection between the work of men's groups women and women's groups; and men's groups inability to articulate issues facing women and girls. It is critical that work with men and boys be structured to frame combatting GBV as an issue affecting men, boys, women and girls.

A recent Prevention Collaboration technical brief focused on improving practice relating to male engagement strategies provides an important reflection found in the textbox below and the following useful "core principles" for programming:³¹

- Promote human rights
- Remain accountable to and ally with women's rights organizations
- Be responsive to survivors
- Promote positive visions of change by and for men
- Respond to men and boys' own vulnerabilities
- Be inclusive of and responsive to diversities among men

Strengthening Prevention Work with Men and Boys in Community Settings

"A key challenge is to strike the right balance between making prevention work appealing and accessible to men at the same time as ensuring it addresses the harms caused by male power and privilege, from which men benefit. Depending on the needs of each context, it is important to find a way to BOTH challenge patriarchy, power, and violence and men's responsibility to support women's efforts to overcome them AND to demonstrate the benefits to men of being involved in ending violence against women and girls. A carefully sequenced intervention will avoid putting men off and making them defensive; yet proactively keep the focus on the enormous damage that violence and sexism does to the lives of women and girls."

Alan Grieg, Strengthening Prevention Work with Men and Boys in Community Settings. The Prevention Collaborative, 2018

PRINCIPLE 6: DO NO HARM

“Do no harm” is a basic principle of both humanitarian/conflict areas and GBV programming. Do no harm means ensuring that the unintended consequences of programming do not put program participants and community members at risk – physically or emotionally. Assessing the risk of harm must take place in collaboration with community members and GBV survivors. In addition, the fear of “do no harm” should not be used as a reason to not address GBV. Rather, it is important to talk to women and girls, as well as to men and boys, to ensure that programming that might threaten male power and status, potentially creating a backlash against women, can be done safely. Many of the male and couple’s engagement strategies can be implemented to compliment women’s empowerment and economic growth activities to accomplish this. To ensure all programs that respond to GBV directly or as a cross-cutting theme have adopted the Do No Harm principle, staff should collaborate with community members and survivors to assess:

- What are the unintended consequences of programming?
- Does participation put women at increased risk of GBV?
- If there is a risk, what can be put in place to mitigate it?
- Do targeted participants understand potential risks?
- Discuss: What if women understand the risks of participation, but want to take part in programming because longer term benefits outweigh short-term risks?

4. BRINGING IT ALL TOGETHER – GBV PREVENTION, MITIGATION AND RESPONSE ROADMAP

This section highlights key advances and gaps by each Special Objective IR and proposes next steps for implementing the SpO IR and sub-IR for each sector.

All gaps are important and are opportunities that USAID might be positioned to address. However, the gaps that are highlighted under “next steps” for each sector are those that will best support implementing the SpO IR/sub IR and they are activities that USAID is best positioned to address. All of the recommendations under “next steps” are considered priorities, however, they are numbered to rank their relative importance.

Recommendations for next steps are based on a Literature Review (Annex A); a USAID Program and Donor Report (Annex B); in-country research with stakeholders; and what is known about USAID/South Sudan’s capacity to prevent, mitigate, or respond to GBV in South Sudan.

Section 6 provides key resources provides both general and specific resources to support next steps in each of the following SpO IRs. That Section is organized by the following categories:

- 6.2: GBV Literacy: Toolkits, Manuals and Guidelines
- 6.3: Evidence-based and Practice-based Knowledge
 - Table C3 Organizations and Websites for Evidence-based and Practice-based Knowledge
- 6.4: Evidence-based and Promising Practices
 - Table C4: Overview of Key Elements and Recommendations
 - C4.2 Description of Evidence-based and Promising Practices

GBV Prevention and Response Roadmap Guiding Principles

1. Social norm change is a cross-cutting objective in GBV prevention programming in South Sudan.
2. All GBV programming uses survivor-centered and participatory program design and implementation.
3. Trauma-informed programming is a cross-cutting objective in strategies to address GBV.
4. Programming across sectors should have a strong focus on adolescents, in addition to women.
5. Male engagement is critical to address GBV; however, men must be engaged in a way that is accountable to women.
6. “Do no harm” underlies all programming.

SPO IR 1.0 USAID AND IMPLEMENTING PARTNERS GBV CAPACITY

Advances and Gaps

The USAID/South Sudan Mission has implemented several measures that have contributed to holding staff

at all levels accountable for decision-making and implementation on gender equality and protection from GBV, including:

- **Gender Working Group:** The Mission established a Gender Working Group, with representatives from different USAID teams. This group includes the Mission's full-time Gender Advisor. The group provides feedback and support across the mission's portfolio.
- **Trainings to Enhance GBV Literacy:** Select staff have attended regional or international training focused on aspects of either, or both, gender and GBV. In June 2019, 22 mission staff participated in a five-day Gender and GBV Integration Training, with a requisite follow-up action plan to be developed over the following three months. According to both trainers and participants, the five-day course would have been more effective if participants had already participated in a basic GBV literacy course, as well as some reflective gender-sensitivity/awareness training. All agreed that the training was very well received, however, there is a continued need for additional knowledge, skills, and self-awareness about gender biases and norms.
- **Trainings on the Prevention of Sexual Misconduct:** All USAID and IP staff in South Sudan participated in orientation sessions to the Action Alliance for Preventing Sexual Misconduct in August 2019 (AAPSM).³²

The research team noted some gaps within the USAID/South Sudan Mission with respect to the degree programming is addressing GBV. The knowledge of USAID and IP staff varies. Most have general theoretical knowledge about GBV, although for some this is focused more on conflict-related GBV with less understanding of intimate partner violence as a pervasive problem in South Sudan. In addition, it was noted by one member of the research team who attended the training that some staff lack in-depth knowledge of GBV, as well as an understanding of how to integrate GBV prevention and response into specific sectors. In addition, there was some staff discomfort around discussing some aspects of GBV, as well as a lack of staff awareness of some of their gender biases. A positive note, however, is the genuine interest expressed by many USAID and IP staff in building their capacity and knowledge to improve efforts.

Next Steps

Implementing the Special Objective Intermediate Results for USAID and Implementing Partners GBV Capacity

To strengthen the integration of GBV into USAID South Sudan's portfolio (SpO IR 1.0), USAID will improve Mission and IP staff GBV literacy and competence including on the promotion of gender equality norms and biases, knowledge, attitudes and practices (SpO Sub-IR 1.0.1). USAID will also improve the integration and articulation of GBV prevention, mitigation, and response into mission programming (SpO Sub-IR 1.0.2). Capacity building of USAID and IP staff will include increasing knowledge of the Guiding Principles for the Roadmap, including addressing social norms; survivor-centered and participatory program approaches; trauma-informed programming; male engagement strategies; adolescent-focused programming; and do no harm; as well as additional topics that might include specific forms of GBV, such as child marriage, intimate partner violence, and non-partner sexual violence. Capacity building should consist of a continuum of building knowledge, skills, and self-awareness relating to gender norms and biases that will inform the articulation of GBV programming, budgeting for GBV, and MEL across USAID's development and humanitarian work.

The following are recommendations for USAID staff and implementing partners to address the advances, gaps, and challenges identified above on GBV capacity.

Build Mission and IP Staff Capacity

1. The mission/Gender Working Group (GWG) should provide, or organize through consultant(s), capacity building for all program and key IP staff on: 1) the Guiding Principles for the Roadmap; and 2) additional topics to promote GBV literacy. This should not be a “one-off” training. Rather, it should consist of a continuum of building knowledge, skills, and self-awareness relating to gender norms and biases.
2. The GWG should work with Mission program teams to ensure there is hands-on support to integrate the GBV Guiding Principles into their design, implementation and evaluation of current and future programming.

The GWG and others organizing or providing capacity building can utilize resources found in Section 6.2: Resources: GBV Literacy: Toolkits, Manuals and Guidelines; Section 6.3: Resources: Evidence-based and Practice-based Knowledge; and Annex C, which is specifically focused on GBV Literacy Training.

GBV Mitigation in Mission Procurement and Award Management

3. For new procurements, the GBV Roadmap TOC and GBV programming requirements can be included in Requests for Proposals (RFPs) to allow bidders to propose their own approach. The USAID/South Sudan Gender Advisor, in collaboration with an outside gender/GBV expert, can provide advice about the type of programming to achieve desired results, and realistic input about what it will take to do programming.
4. Establish quarterly IP GBV programming check-ins to ensure progress toward Roadmap objectives.

SPO IR I.I HEALTH & WASH

Advances and Gaps

Within the Health and WASH sector, USAID and other bilateral/multilateral donors are working to address gender inequality and, in some cases, GBV, in the context of their programming. Some of the examples include:

- GBV programming (10 percent of the overall budget) integrated into WASH including prevention, training of IP staff on PSEA and prevention of GBV, using Engaging Men in Accountable Practice (EMAP) programming methodology, mitigation, and response. Includes promoting positive practices, menstrual hygiene, PSS to survivors and child soldiers. *(USAID, implemented by IOM).*
- Implementing the Amplifying Women’s Voices, Sexual & Reproductive Health & Peace Program, which promotes positive norms relating to sexual and reproductive health, reducing GBV, and other areas *(Embassy of Canada, implemented by BBC Media Action).*
- Providing sexual and reproductive health and clinical management of rape services *(International Committee of the Red Cross (ICRC) and South Sudan Red Cross).*
- Implementing the Strengthening Midwifery Services Initiative in 14 primary health care facilities, including training on medical screening, some care, and referral for GBV *(Embassy of Canada).*
- Funding and supporting One Stop Centers for GBV survivors in 9 locations, with another to open soon, and one Safe House in Torit *(Ministries of Gender and Health, UNFPA, with donor support in each location).*

- Planning for the implementation of the new WHO guidelines for Clinical Management of GBV that expands response to include intimate partner violence and mental health and psychosocial support (MHPSS), GBV screening, clinical management and counselling for GBV survivors, and effective referrals (*Health Pooled Fund supported by DFID, USAID, Canada, Sweden*).
- Integrating GBV and sexual and reproductive health (SRH), and GBV and HIV prevention and care (*CARE International, IntraHealth, and UNICEF (soon), with support from USAID, PEPFAR, and the Global Fund*).
- Screening of Female Sex Workers for GBV and referral to Juba Teaching Hospital support services as necessary (*PEPFAR, supported by USAID*).
- Integrating GBV activities into Health Pooled Fund supported services (*HPF managed by DFID, supported by Canada, Sweden and USAID*).

Within the health and WASH sector, several gaps were noted that highlight opportunities for USAID to expand its GBV programming, namely around the following themes:

- The health and particularly GBV-related services that do exist operate at very limited scales.
- Inadequate training and capacity building for health providers on psycho-social needs, or on adolescent and women needs.
- Only one safe house for women and girls needing physical protection in South Sudan.
- Limited trauma-informed health services.
- Lack of follow up mechanisms for GBV referral pathways that do exist.

Next Steps

Implementing the Special Objective Intermediate Results for Health and WASH

To support increased utilization of health and WASH services (IR 1.1), USAID will improve access to services for women, adolescents, and GBV survivors (SpO IR 1.1). To do so, USAID will improve adolescent and women-friendly services and integrate a focus on GBV prevention and response (SpO Sub-IR 1.1.1); and improve safe access to basic WASH services (SpO Sub-IR 1.1.2). Health services will include a focus on GBV prevention and response and promote non-judgmental, respectful, inclusive, confidential, comprehensive, effective and trauma-informed services that welcome women (including unmarried women) and adolescents for all services using guidelines from WHO, UNICEF, and UNFPA, and other evidence-based programming. Improved access to WASH services will integrate mitigation strategies (including sufficient lighting and lockable, sex-segregated toilet facilities) to ensure safe access to clean water and hygienic, gender-informed sanitation facilities. Activities will promote trauma-informed programming, as well as structural and normative changes, where relevant, to ensure sustainable change.

The following are recommendations for USAID staff and implementing partners to address the advances, gaps, and challenges identified above on Health and WASH:

- I. Implement community health services focused on promoting adolescent and women-friendly spaces that integrate sexual and reproductive health and GBV (including intimate partner violence), and HIV and GBV services, with trauma-informed PSS:

- a. Include a community-based GBV prevention component focused on normative change targeting child, early, and forced marriage (targeting boys and girls, and community).
- b. Potential partners include donors that are supporting a range of adolescent and women’s health-related activities, including Switzerland, Sweden, and Canada.
2. Address adolescent and women’s preventative health issues in USAID-supported Civic Engagement Centers as part of D&G/Peace and Reconciliation initiatives;
3. Consider partnering with the Embassy of Canada to scale up the “Amplifying Women’s Voices for Sexual and Reproductive Health and Rights, and Peace” initiative into additional locations/States.

Members of the USAID/South Sudan Health and WASH team should utilize Section 6.4: Resources – Evidence-based and Promising Practices to identify other GBV programming that USAID can integrate into programming.

SPO IR 1.2 EDUCATION

Advances and Gaps

Within the education sector, USAID and other bilateral/multilateral donors are working to address gender inequality and, in some cases, GBV, in the context of their programming. Some of the examples include:

- Strengthening child protection services in and out of schools/learning spaces in development and humanitarian settings, including hard to reach and at-risk children with trainings on GBV, psycho-social support (PSS) including materials to support in multiple languages, case management, and referral pathways (*USAID supporting UNICEF’s Integrated Essential Emergency Education (IEEES)*).
- Strengthening a focus on girls’ education, including cash transfers, flexible school grants, access for children with disabilities, livelihood training for adolescent girls previously out of school (*DFID’s Girls’ Education in South Sudan (GESS)*).
- Supporting the General Education Sector Plan 2017-2022 that includes Planning for Safety, Resilience and Social Cohesion through the Global Partnership for Education (*USAID, UNICEF*).
- Supporting girls’ education with literacy, numeracy, life skills (*Embassy of Canada, European Union new project soon*).
- Conducting community-based awareness (using media and other channels) about the role of the girl-child (*UNICEF and other actors*).
- Supporting integration of GBV prevention into school settings.
- School-based prevention of sexual violence, girls’ and boys’ empowerment and self-defense with focus on teaching boys about GBV through the Ujamaa initiative (<https://www.ujamaa-africa.org/>). Evidence in other countries shows a decrease in rape among girl participants³³ (*Embassy of Canada supporting UJAMAA*).

Across the review of programming within the education sector, several gaps were identified that present opportunities for USAID, namely around the following themes:

All education activities are limited in scope and scale and need further support, scaling, and further integration of GBV prevention, mitigation and response in and out of schools.

Literacy remains low with 2015 rates for youth ages 15-24 at 46.9 percent for boys and 41.8 percent for girls.

Lack of toilets, WASH facilities, and access to sanitary pads and other menstrual hygiene for girls and female teachers affect school safety and participation.

- Lack of female teachers to serve as role models.
- Limited girl-friendly extra curricula activities.
- Inadequate educational services affecting both sexes but disproportionately affecting girls, including an inadequate budget allocation; destruction of previously existing school infrastructure; lack of proper sanitation facilities, especially for girls and women; and an insufficient number of teachers and few female teachers.
- Curricula and other learning materials reflect prevailing gender biases and norms.

Next Steps

Implementing the Special Objective Intermediate Results for Education

To achieve increased utilization of educational services that elevate learning and well-being (IR 1.2), including the ability of women and girls to prevent and/or mitigate incidents of GBV in their own lives, USAID will improve attention to women and girls' needs to strengthen gender equity in education outcomes and to reduce school-related GBV (SpO IR 1.2). A higher level of education is overall considered a protective factor for GBV. USAID will promote improved literacy and numeracy for women and girls in formal and informal learning spaces (SpO Sub-IR 1.2.1) and improved safety and gender responsiveness in all aspects of learning (SpO Sub-IR 1.2.2). Efforts will be made to address adult women's lack of education and training, including very low levels of literacy, as factors that constrain their ability to participate in social, economic, or political activities. USAID will address barriers for girls' participation in education, including structural barriers, such as the lack of sanitation facilities; address school-related GBV (including baseline research to contextualize); and address normative barriers to gender equality, **including learning materials that reproduce harmful social norms that justify power inequalities and GBV.**

The following are recommendations for USAID staff and implementing partners to address the advances, gaps, and challenges identified above on Education:

1. Promote literacy and numeracy for girls and women in formal and non-formal learning settings by collaborating with UNICEF and others to implement approaches that can engage mothers, older sisters, and out-of-school sisters of students in IEEES and other existing programs to support widespread literacy programming.
2. Integrate school-related GBV (SRGBV) programming into existing and new USAID-funded learning programs. Assess whether approaches and materials (Journeys) used by the USAID Uganda Literacy Achievement and Retention Activity (LARA), which includes strong SRGBV school and community normative change components, Growing up GREAT! or Girl Shine could be adapted for South Sudan.
3. Support expanded WASH facilities and innovation relating to the provision of sanitary pads for students and teachers in educational spaces.
4. Develop curricula that promote gender-equity through existing USAID/UNICEF education programming and in new USAID education programming.

Members of the USAID/South Sudan Education team should utilize Section 6.5: Resources – 6.5

Descriptions Of Evidence-Based and Promising Practices to identify other SRGBV programming that can be used to integrate into programming.

SPO IR 1.3 ECONOMIC GROWTH

Advances and Gaps

Within the EG sector, USAID and other bilateral/multilateral donors are working to address gender inequality and, in some cases, GBV, in the context of their programming. Some of the examples include:

- Advocating for women's rights within land policies (FAO, IOM) and economic/social rights (KfW).
- Literacy and other tutoring, as important aspects of promoting women's empowerment (USAID/SAFER, UNHCR),
- Building capacity on business and livelihood skills, often in combination with improving food security through agriculture, small livestock, fisheries, as part of efforts that address drivers of GBV (DFID, Embassy of Canada, IsraAID, NORAD, USAID).
- GBV prevention with women, men, and households, including training of trainers (USAID/SAFER).
- GBV risk mitigation, including awareness on referral pathways (USAID/SAFER, others).
- Awareness of the Protection from Sexual Exploitation and Abuse (PSEA) policy and mechanisms for reporting (USAID/SAFER, others).

Across the review of programming within the EG sector, several gaps were identified that present opportunities for USAID, namely around the following themes:

- Scaling current GBV integration initiatives and expanding them into new areas.
- Integrating social norm change related to women's land use/ownership, as well as women's work with and ownership of livestock.
- Integrating GBV prevention and response into adolescent-focused activities.
- Promoting effective strategies to build family economic security while also improving women's empowerment and preventing, mitigating and responding to GBV.

Next Steps

Implementing the Special Objective Intermediate Results for Economic Growth

To support increased and diversified economic opportunities (IR 1.3) that benefit men, women, adolescents and children, USAID will strengthen attention to GBV prevention and response in economic growth programming (SpO IR 1.3). To achieve this, USAID will improve livelihood options, access to markets, and agricultural systems that benefit families with explicit attention to GBV prevention and risk mitigation (SpO Sub-IR 1.3.1) and increase levels of women's economic empowerment. Economic empowerment will support women's active engagement in and improved gender equity in economic growth activities and outcomes (SpO Sub-IR 1.3.2). Programs will ensure gender equity so that women and girls benefit equally and are not disproportionately burdened by increased labor needs. Programming should include a prevention component including self-reflection on gender norms that affect roles, responsibilities and power between males and females. In addition, mitigation and response to potential GBV should be addressed through GBV referral networks and available services. Opportunities include engaging faith-based organizations (FBOs), youth groups, and NGOs conducting male engagement programming.

In response to the advances, gaps, and challenges identified, the following recommendations for the EG team within the USAID/South Sudan mission are encouraged:

1. Implement community-level GBV prevention that includes a normative component and women-focused empowerment, along with household-level economic growth programming. Families participating in USAID economic growth activities need to be targeted to be participants in the GBV prevention activities. Work with a GBV expert to identify programs already in use in South Sudan (i.e. SASA!) or those that can be adapted for use (possibly Journeys of Transformation, Indashyikirwa, a couples-focused program, the Economic and Social Empowerment (EA\$E) Project, or others). The GBV expert can work with the economic growth team to conduct formative research needed and to adapt programming to fit the community context.
2. Integrate GBV messaging into adolescent's livelihood programming.
3. Conduct formative research to develop household economic security strategies. This might include research on whether using conditional or unconditional cash transfers would be helpful.^{34,35} According to a recent study: "While there has been progress on cash and protection, the integration of cash and GBV programming has yet to be widely addressed and represents the next frontier."³⁶
4. Include dialogue on GBV in efforts around women's access and use of land.

SPO IR 1.4 AND SPO IR 1.5 DEMOCRACY AND GOVERNANCE/PEACE AND RECONCILIATION

Advances and Gaps

Within a focus on peace and reconciliation processes, USAID and other bilateral/multilateral donors are working to address GBV in the context of their programming. Some of the examples include:

- Capacity building for women leaders; women's associations, and women's groups (*Embassy of Canada, IOM, Norwegian Agency for Development Cooperation (NORAD), UN Women, USAID, Swedish International Development Cooperation Agency (SIDA)*).
- Promoting access to justice to survivors of GBV through systems strengthening of the police and judiciary; promoting legal aid, investigation procedures, reporting, and prosecution that adhere to international standards (*Embassy of the Kingdom of the Netherlands, UNDP, UNFPA*).
- National action planning on GBV and government policy development (*UNFPA, UN Women, SIDA*).
- Supporting women, peace and security processes (*NORAD, UN Women*).
- Promoting the use of the media in generating awareness and response to GBV (*Embassy of Canada, USAID*).
- Providing and supporting women and girl friendly spaces – where a range of activities take place, including development of income generating skills and enterprises; literacy; business skills; and women's empowerment (*USAID, IOM, NORAD, SIDA*).

A number of gaps were identified that present opportunities within the context of DG/peace and reconciliation programming, namely around the following themes:

- Capacity of legal and justice systems to provide services to GBV survivors who seek justice and to hold perpetrators accountable.
- Capacity of women's organizations to effectively organize, mobilize and advocate for rights.

- Legal rights of women, including issues relating to inconsistencies between statutory and customary laws.
- Work to address patriarchal norms of duty bearers and service providers in statutory and customary legal and justice systems.
- Engagement of faith-based institutions and organizations.
- Collective advocacy by NGOs and other groups at national and sub-national levels that include the use of media and other social change approaches.

Next Steps

Implementing the Special Objective Intermediate Results for Democracy and Governance/Peace and Reconciliation

SpO IR 1.4:

To support increased inclusive civil society engagement in civil and political processes (IR 1.4), USAID will strengthen the integration of GBV prevention and response in Democracy & Governance/Peace and Reconciliation programming (SpO IR 1.4). To achieve this USAID will increase the organizational and technical capacity of targeted women-led NGOs to advocate both independently, collectively, and in strategic partnerships with other NGOs, including those focused on male engagement and faith-based organizations (FBOs), on targeted issues to strengthen women's rights and access to justice (SpO Sub-IR 1.4.1). The focus on women-led organizations is intended to support the potential for a network of women's groups that can act collectively and ultimately spark a woman's movement in South Sudan. Partnering with organizations focused on male and faith-based engagement on GBV is important to ensure that women's voices are fully heard. Technical capacity building should include a continuum of building knowledge, skills, and self-awareness relating to gender norms and biases that will inform the articulation of advocacy strategies. Trauma-informed healing, normative change, youth engagement, and women's empowerment processes should be integral aspects of capacity building.

SpO IR 1.5:

To support strengthened inter-and intra-communal relations and reconciliation (IR 1.5), USAID will strengthen the integration of GBV prevention and response in Democracy & Governance/Peace and Reconciliation programming (SpO IR 1.5). To achieve this USAID will strengthen the capacity of targeted actors, including human rights defenders, transitional justice actors, and NGOs, as well as secondary/indirect targets such as customary courts, to ensure that increased numbers of GBV perpetrators are held accountable (SpO Sub-IR 1.5.1). USAID will strengthen awareness and knowledge about GBV, including self-awareness of gender biases and knowledge about drivers of specific forms of GBV, such as child marriage, intimate partner violence, and non-partner sexual violence to affect normative change.

In response to the advances, gaps, and challenges identified, the following recommendations for DG/peace and reconciliation programming within the USAID/South Sudan mission are highly encouraged:

- I. Expand current work to identify and build capacity of women leaders and women-led organizations to enable them to advocate both independently, collectively, and in strategic partnerships with other NGOs, including faith-based organizations (FBOs) and NGOs focused on

male engagement, on targeted issues to strengthen women's rights and access to justice for GBV USAID might collaborate with UN Women, SIDA and Embassy of Canada on this.

- As indicated in SpO IR 1.4, the focus on women-led organizations is to support the potential for a network of women's groups that can act collectively and ultimately spark a woman's movement in South Sudan. Collective advocacy by a women's movement might focus on addressing customary laws that are discriminatory to women and girls and legally are allowed to supersede statutory laws that promote women's rights. A women's rights movement, joined by ally male-led NGOs, can advocate for the following: 1) A constitutional change to Article 33, which provides the right of "ethnic and cultural communities" to practice their own customs, and which is widely used to justify various forms of GBV as "cultural practices;" 2) Changes in customary court practices that are discriminatory to women in areas such as intimate partner violence, rape, widow inheritance, land and property rights, and other areas. As part of this, promoting gender awareness among traditional and religious leaders in communities is important and can be accomplished by well-trained NGOs and FBOs. This links to the next recommendation.
2. Support NGOs to provide reflective training/awareness raising for customary justice providers on social norms and gender-transformative programming to promote accountability for perpetrators and justice for survivors. Use of programs such as EMAP and/or SASA! is recommended.
 3. Provide training to law and justice actors, including legal aid providers, to support accountability for perpetrators and justice for survivors. This can also be done indirectly by providing training to NGOs, who in turn, can directly train police, magistrates, and others. USAID should collaborate with UNDP/NORAD for opportunities within the Mission's manageable interests.
 4. Expand the current work of building the organizational (financial, human resources, leadership) and technical (knowledge and skills to achieve objectives) capacity of NGOs, including faith-based organizations (FBOs), through civic engagement centers and other mechanisms to integrate a specific focus on GBV legal and justice issues.
 5. Support and scale current efforts of faith-based organizations (e.g. South Sudan Council of Churches, the South Sudan Islamic Council, World Vision) and promote new evidence-based faith-based work using programs referenced in Section 6: Resources: SASA! Faith and Transforming Masculinities.
 6. Scale and coordinate programming using radio messaging to effect social change through women's organizations.

SPO IR 1.6 HUMANITARIAN RESPONSE

Advances and Gaps

USAID and other bilateral/multilateral donors are working to address gender inequality and, in some cases, GBV, in the context of their humanitarian response programming. Some of the examples include:

- Coordination of multi-sectional GBV actors (GBV Sub-Cluster, UNFPA/IRC; American Red Cross (ARC).
- Education in emergency settings, including elements of child protection, women and girls safe spaces, some income generating skills and economic empowerment (*Oxfam, Plan, World Vision*).
- Cross-cutting prevention, mitigation, and response programming in specific sites, including safety auditing, risk mitigation, women and girls' safe spaces, case management and/or PSS (*Save the Children, CARE, IOM, IMC, IsraAID, separately*).

- GBV Prevention using SASA! in specific sites (*ARC, DRC, Health Links, CARE, Humanitarian & Development Consortium (HDC), IMC, and World Vision*).
- Training of civilians to maintain peace in communities, men and boys GBV prevention, women's empowerment (*Nonviolent Peaceforce*).
- Male engagement prevention using EMAP (*ARC, IMC, IOM, Health Links, and possibly others*).
- Supporting teacher stipends in government schools (*ECHO*).
- Livelihood programs, economic and social empowerment, risk assessment, focus on reducing women's labor time through technology and other means, literacy and numeracy (*Catholic Relief Services*).

Within the humanitarian assistance sector, which is moving towards a humanitarian-development nexus within the context of a protracted crisis, **several gaps** were observed that suggest opportunities to improve USAID's response to addressing GBV, namely around the following themes:

- Programming to prevent GBV is found in only a few sites across the country.
- Providing support to survivors to access justice is very limited in scope.
- Promoting accountability for perpetrators is very limited in scope.

Next Steps

Implementing the Special Objective Intermediate Results for Humanitarian Assistance

To strengthen the integration of GBV prevention and response in Humanitarian Assistance programming (including OFDA, Food for Peace, and other mechanisms) (SpO IR 1.6) USAID will increase the capacity of humanitarian actors funded by US government funds to promote effective GBV prevention (SpO Sub-IR 1.6.1) and improve the capacity of these actors to support women in processes that hold perpetrators accountable (SpO Sub-IR 1.6.2). To accomplish this USAID will strengthen awareness and knowledge about GBV, including self-awareness of gender biases and knowledge about drivers of specific forms of GBV, such as child marriage, intimate partner violence, and non-partner sexual violence. USAID will also infuse an approach to trauma-informed healing into prevention and response work in humanitarian settings and target adolescent girls and boys as participants in programming (with separate activities that specifically meet the needs of adolescents).

In response to the advances, gaps, and challenges identified, the following recommendations for the Humanitarian Assistance team within the USAID/South Sudan mission are highly encouraged:

1. Increase the scale of existing prevention efforts (i.e. EMAP/SASA!) and monitoring to ensure implementation is being done with fidelity to models;
2. Improve efforts to link survivors to legal aid and other NGOs that can advocate for access to justice;
3. As the context has moved from purely humanitarian to the nexus of development, it is highly recommended to design programming that improves efforts to hold perpetrators accountable – building on promoting access to justice;
4. Identify ways to preserve the humanitarian-based mitigation and response services that are in place and functioning well as the country moves further into the development arena.

Members of the USAID/South Sudan Humanitarian Assistance team should use Section 6: Resources section to identify other GBV programming to integrate into programming.

ADDITIONAL CROSS-CUTTING RECOMMENDATION: CONDUCT FORMATIVE RESEARCH

A cross-cutting recommendation is to conduct formative, on-the-ground, research to ensure that interventions are tailored for the specific context they will be implemented within, and, to ensure that programs that are adapted from other contexts are implemented with fidelity to the intention of the parent model. Depending on the context, this might be a rapid assessment, or a deeper study.

To contextualize interventions and programs the following recommendations are made:

Conduct on-the-ground formative research to identify how forms of GBV and drivers (including structural issues relating to varying levels of conflict/peace; norms based on culture, religion, or other factors; and other social, political, and economic factors) may differ across South Sudan.

Research must be current because both gender and community dynamics are highly fluid and dynamic. Take the time to conduct qualitative interviews and focus group discussions with people in communities where interventions are being planned.

Use data to inform the intervention. The example provided earlier relating to child, early and forced marriage applies here. Is the cause parents forcing their children into early marriage and if so is that driven by religious, economic or other reasons? Or, is the cause young girls' beliefs that marriage will provide a lifestyle they yearn for? Or, are there other reasons?

Specific areas where formative research might be beneficial include the following:

- To understand the range of factors relating to CEFM and girls leaving school that may differ based on varying contexts within South Sudan;
- To understand school-related GBV, including the types of GBV and how these affect young people in varying contexts;
- To support developing household economic security strategies that support reducing GBV. This might include research on whether using conditional or unconditional cash transfers would be helpful.

To understand the specific needs of adolescents relating to prevention and response of GBV, particularly in health settings.

To adapt successful interventions for new contexts with care the following recommendations are made:³⁷

- Use THE recommendations above to contextualize the program for new contexts.
- Contact and collaborate with the original program developers.
- Ensure adequate time for preparation, including adapting materials and properly training facilitators/ implementers.
- Maintain fidelity to the program's core principles – for example the theory of change, and the recommended time to train facilitators – while also adapting to fit the context.

5. GUIDELINES TO ADDRESS GBV IN MONITORING, EVALUATION AND LEARNING

Monitoring, evaluation, learning and adapting should be integral processes for effective implementation of the GBV Roadmap.

As outlined in Section 2, the Roadmap provides a TOC and the option of either integrating a GBV special objective (SpO), SpO IRs and sub-IRs into USAID/South Sudan's existing OF and I-PMP, or the option of including the proposed sub-IRs within existing IRs in the mission's OF. If the mission selects the latter option, it can drop the SpO IRs.

Ultimately, the GBV TOC and results framework (including indicators), should be incorporated into the forthcoming 2020 CDCS. Forthcoming PADs and PMPs would inherently reflect the commitments embodied in this roadmap, and impact M&E systems. Either way, the TOC, IRs (if relevant) and the sub-IRs for each sector will ultimately need to have fully articulated activities, outcomes, outputs and indicators. Illustrative IR-level outcomes are provided above in Section 2.2. The mission can finalize these indicators, and develop sub-IR level indicators once it articulates the activities under each sector. Use the checklist, below, to complete this task.

Overall progress towards the Roadmap's goal will be measured through the following:

- A cross-cutting indicator: The amount of US dollars (USD) per sector that is specifically for GBV prevention, mitigation, or response.
- IR and Sub-IR indicators that will measure contributions towards addressing GBV in South Sudan (see Table 2 for proposed SpO IR indicators).

US Government "F" Gender Indicators

GNDR-1: Number of legal instruments drafted, proposed or adopted with USG assistance designed to promote gender equality or non-discrimination against women or girls at the national or sub-national level.

GNDR-2: Percentage of female participants in USG-assisted programs designed to increase access to productive economic resources (assets, credit, income or employment)

GNDR-4: Percentage of participants reporting increased agreement with the concept that males and females should have equal access to social, economic, and political resources and opportunities

GNDR-5: Number of legal instruments drafted, proposed, or adopted with USG assistance designed to improve prevention of or response to sexual and gender-based violence at the national or sub-national level

GNDR-6: Number of people reached by a USG funded intervention providing GBV services (e.g., health, legal, psycho-social counseling, shelters, hotlines, other)

GNDR-8: Number of persons trained with USG assistance to advance outcomes consistent with gender equality or female empowerment through their roles in public or private sector institutions or organizations

GNDR-9: Number of training and capacity building activities conducted with USG assistance that are designed to promote the participation of women or the integration of gender perspectives in security sector institutions or activities.

The US Government uses “F” “gender” indicators (see textbox), to measure the overall performance of U.S. Government programs on gender equality. USAID and implementing partners may include F indicators in their monitoring plans, particularly if they are required to do so. Though most of these F indicators do not measure GBV directly, they are a measure of gender equality, a key factor in reducing GBV. This will support data relating to the effectiveness of the Roadmap and its Special Objective.

A suggestion is for the mission to select specific indicators from this list in addition to the custom indicators in Table 2, which it will ask IPs to measure, where appropriate.

USAID/IP Checklist: Ensuring GBV is Integrated into MEL

- USAID Gender Advisor: Schedule a meeting with each COR/AOR to review MEL planning for GBV integration within existing and new programming.
- CORs/AORs: Schedule quarterly meetings with IPs to review MEL planning/progress on GBV integration within their programming. Points to check: M&E indicators/tools/data, need for support. Ensure funding allocated to GBV is disaggregated and tracked.
- Gender Working Group; Meet to monitor progress with quarterly CLA meetings.
- IPs: Develop systems to be able to track funding specifically for GBV.
- IPs: Develop outcome and output indicators for activities planned.

Table 3 below proposes learning questions that the Mission can incorporate into assessments and evaluations; its PMP and activity-level MELS plan; and Third-Party Monitoring templates. These can be further developed as programming is determined.

TABLE 3: LEARNING QUESTIONS FOR MEL FRAMEWORK

Overarching	To what extent are women, GBV survivors, and other stakeholders engaged in the design and implementation of programming?
USAID & IP Staff	What effect does increased GBV literacy by USAID and IP staff have on programming?
Health/WASH	Can community-based health projects successfully target adolescent girls and boys?
Education	Which forms of school-related GBV are affecting students and youth in South Sudan?
Economic Growth	Does concern about “do no harm” in economic growth programming discourage the development of economic empowerment programs that engage women?
D&G/Peace and Reconciliation	To what extent are customary chiefs/courts open to changes in practice relating to decision-making on GBV cases.
Humanitarian Assistance	How can we scale humanitarian work across the nexus and into the development arena?

6. KEY RESOURCES

6.1 OVERVIEW

There are many resources for GBV programming. This section is organized by the following categories:

- 6.2: GBV Literacy: Toolkits, Manuals and Guidelines
 - Table C1 GBV Toolkits, Manuals and Guidelines
- 6.3: Evidence-based and Practice-based Knowledge
 - Table C3 Organizations and Websites for Evidence-based and Practice-based Knowledge
- 6.4: Evidence-based and Promising Practices
 - Table C4: Overview of Key Elements and Recommendations
 - C4.2 Description of Evidence-based and Promising Practices

6.2 GBV LITERACY: TOOLKITS, MANUALS AND GUIDELINES

There are many resources to improve general GBV knowledge as well as toolkits about how to address specific topics (such as child and early, forced marriage) and how to integrate GBV prevention or response into specific sectors and humanitarian contexts. Table 4 below provides an overview of these resources.

TABLE 4 GBV TOOLKITS, MANUALS AND GUIDELINES

GBV Toolkits and Handbooks				
Sector	Title	Year	Developed by	Link
Humanitarian (also largely applicable to development)	Institutional Framework for Addressing Gender-Based Violence in Crises	2018	IOM	http://publications.iom.int/books/institutional-framework-addressing-gender-based-violence-crises
Humanitarian	Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies	2015	UNFPA	https://www.unfpa.org/featured-publication/gbvie-standards
Humanitarian	Collected Papers on Gender and Cash Transfer Programmes in Humanitarian Contexts	2018	Women's Refugee Commission	http://www.cashlearning.org/downloads/resources/Other/calpcollectedpapersongenderandctp-vol.3.pdf
Humanitarian	Inter-Agency Standing Committee (IASC) Gender Handbook for Humanitarian Action	2015	IASC	https://interagencystandingcommittee.org/gender-and-humanitarian-action/content/iasc-gender-handbook-humanitarian-action-2017

Sector <i>continued</i>	Title	Year	Developed by	Link
Cross-sectoral	USAID Child, Early and Forced Marriage Resource Guide	2015	Banyan Global	https://www.usaid.gov/sites/default/files/documents/1865/USAID_CEFM_Resource-Guide.PDF
Democracy and Governance	USAID Toolkit for Addressing Gender-Based Violence Through Rule of Law Projects	2014	Aguirre Division of JBS International, Inc.	https://www.usaid.gov/documents/1865/toolkit-addressing-gender-based-violence-through-rule-law-projects
Education	Beyond Access: Integrating Gender-Based Violence Prevention and Response into Education Projects	2015	Encompass LLC	https://www.usaid.gov/documents/1865/beyond-access-toolkit-integrating-gender-based-violence-prevention-and-response
Education	School-Based Violence Prevention: A Practical Handbook.	2019	WHO, UNESCO, and UNICEF	https://apps.who.int/iris/bitstream/handle/10665/324930/9789241515542-eng.pdf?ua=1.
Economic Growth	Building A Safer World: Toolkit for Integrating GBV Prevention and Response into USAID Energy and Infrastructure Projects	2015	Cardno Emerging Markets USA, Ltd. , EnCompass, LLC , USAID	https://www.usaid.gov/documents/1865/building-safer-world-toolkit-integrating-gbv-prevention-and-response
Economic Growth	Toolkit for Integrating Gender-Based Violence Prevention and Response into Economic Growth Projects	2014	Development & Training Services, Inc.	https://pdf.usaid.gov/pdf_docs/PA00K4CJ.pdf
Health	Addressing Gender-Based Violence Through USAID's Health Programs: A Guide for Health Sector Program Officers, 2nd Edition	2008	IGWG	https://www.usaid.gov/sites/default/files/documents/1865/GBVGuide08_english.pdf
MEL	USAID Toolkit for Monitoring and Evaluating GBV Interventions Along the Relief to Development Continuum	2015	Development & Training Services, Inc.	https://www.usaid.gov/gbv/monitoring-evaluating-toolkit

6.3 EVIDENCE-BASED AND PRACTICE-BASED KNOWLEDGE

The following websites in Table 5 are resource hubs that include evidence-based best practices, research, reports, and briefs to support global work on GBV. USAID/South Sudan can use these resources to identify programs for potential adaptation and to learn about “what works” in contexts similar to South Sudan.

TABLE 5: ORGANIZATIONS AND WEBSITES FOR EVIDENCE-BASED AND PRACTICE-BASED KNOWLEDGE

Organizations and Websites for Evidence-based and Practice-based Knowledge		
Name	Summary	Website
Align Platform: Advancing Learning and Innovation on Gender Norms	ALIGN is a digital platform for research, publications, and practice briefs addressing gender norms, including a focus on adolescents and youth in low and middle-income countries.	https://www.alignplatform.org/
Learning Collaborative to Advance Normative Change	Advances research and practice on social norms and normative change for adolescent sexual and reproductive health and well-being.	http://irh.org/projects/learning-collaborative-to-advance-normative-change/
Passages Project, Institute for Reproductive Health, Georgetown University	Addresses social norms, at scale. Passages focuses on family planning and reproductive health, but also has a cross-sectoral initiative to support improved normative change across USAID sectors. A resource library has a range of briefs, reports, and other resources.	http://irh.org/resource-library/
Prevention Collaborative	A global network that collaborates to synthesize and share learning from GBV research (evidence syntheses, journal articles, research basics, study summaries, working paper and reports) and practice (briefs, program summaries, training curricula, prevention basics).	https://prevention-collaborative.org
Promundo	Hosts a website featuring GBV programs and research from around the world that engages men and boys in partnership with women and girls.	https://promundoglobal.org/resources/
What Works to Prevent Violence: the Global Programme	Hosts a knowledge hub with evidence reviews, reports, presentations project resources, evidence briefs, stories of change, videos, and GBV prevention curricula.	https://www.whatworks.co.za/about/global-programme
What Works: Violence Against Women and Girls in Conflict and Humanitarian Crises	Promotes and disseminates evidence on how to prevent and respond to violence against women and girls in conflict and humanitarian settings.	https://www.whatworks.co.za/about/conflict-crises

6.4 EVIDENCE-BASED AND PROMISING PRACTICES

The proposed Theory of Change/Results Framework for USAID South Sudan assumes that GBV programming will be integrated into each area of programming to achieve the Special Objectives (SpO) outlined for each sector.

This section provides examples of evidence-based or promising programs/interventions that may have potential for adaptation and implementation in South Sudan. Table 6 provides an overview of this sample, including key elements of the program (i.e. male engagement, trauma informed, etc.), recommendations for how USAID might utilize the program, relevant sector(s), and a website link.

In all cases, some formative research will be required to determine how to adapt programs that have not yet been implemented in South Sudan, or that are being expanded to different areas of South Sudan where the context may be different. Collaborating with the program’s founders is strongly recommended. In addition, it is important to allow enough time to research, adapt and pilot a program.

It is important to remember that a program that has been proven “effective” must be implemented with close attention and fidelity to the original design to necessarily achieve the same results. Paying attention to implementation guidelines is important even where the content or approach is adapted, such as for example, where training for facilitators is intended to be in-depth over a period of several weeks.

TABLE 6: EVIDENCE-BASED AND PROMISING PROGRAMS TO POTENTIALLY IMPLEMENT

Evidence-based and Promising Programs to Potentially Implement				
Program	Key Aspects	Recommendations	Sector(s)	Website
Living Peace Group	Trauma, healing, GBV prevention & response, normative	Assess adapting and implementing Living Peace Group as part of a community-based program.	Trauma informed prevention & response: Any sector	https://promundoglobal.org/resources/living-peace-groups-implementation-manual-and-final-project-report-gbv-prevention-and-social-restoration-in-the-drc-and-burundi/
Youth Living Peace	Trauma, healing, GBV prevention & response, normative, youth/adolescents	Assess adapting and implementing Youth Living Peace.	Trauma informed prevention & response: Education or any sector	https://promundoglobal.org/resources/living-peace-groups-implementation-manual-and-final-project-report-gbv-prevention-and-social-restoration-in-the-drc-and-burundi/
Strategies for Trauma Awareness and Resilience (STAR) and Morning Star	Trauma healing	Further research is needed to understand whether this program should be further scaled up in South Sudan.	Trauma informed prevention & response: any sector	https://emu.edu/cjp/star/

Program continued	Key Aspects	Recommendations	Sector(s)	Website
Engaging Men Through Accountable Practice	Male engagement, GBV prevention, individual behavior change	Scale up use of this program into more communities while also assessing fidelity to the original design.	Prevention Male Engagement: Humanitarian-development / any sector	https://www.emap.org
Transforming Masculinities	Male engagement, GBV prevention, faith-based, individual behavior change and normative change	Assess whether this program could be adapted and implemented as a community-based program.	Prevention Male engagement: Any sector	http://irh.org/resource-library/brief-transforming-masculinities/
REAL Fathers	Male engagement, young fathers, violence against partners and children prevention	The Karamoja model is most likely to succeed in South Sudan. It is recommended to assess whether this program could be adapted and used as part of an economic growth project that targets households or couples; however, the model must include an empowerment component specifically for women.	Prevention Male engagement: EG or any sector	http://irh.org/projects/real-fathers-initiative/
SASA!	Community mobilization to prevent GBV and HIV, normative	There is an increasing number of organizations in South Sudan using SASA! with technical assistance from Raising Voices. Continuing to scale this program into additional communities, with attention to fidelity to the original model, is recommended.	Prevention: Any sector	http://raisingvoices.org/sasa/
SASA! Faith	Community mobilization to prevent GBV and HIV, normative, Muslim and Christian faiths	Assessing whether this program can be adapted is recommended.	Prevention/ Faith: Any sector	http://raisingvoices.org/sasa-faith-guide/

Program continued	Key Aspects	Recommendations	Sector(s)	Website
Girl Shine	Adolescent-focused, prevention and response to GBV, including early marriage, in humanitarian settings	The program model and resource package tackles issues such as early marriage and harmful traditional practices that affect majority of adolescent girls in South Sudan. In collaboration with IRC and UNICEF assess for which sites in South Sudan this program would be suitable.	Prevention & response: Adolescent Focused Humanitarian-development nexus / Any sector	https://resourcecentre.savethechildren.net/library/girl-shine
Growing up GREAT!	Targets very-young adolescents (ages 10-14), parents and social groups, normative, GBV prevention and SRH	In collaboration with program designers, assess if this intervention can be adapted for South Sudan.	Prevention: Adolescent Focused Education and Health	https://www.pnc.com/en/about-pnc/corporate-responsibility/grow-up-great.html
The Indashyikirwa Program	Targets couples and communities, normative, GBV reduction	In collaboration with program designers, assess if the program can be adapted for implementation for participants of income generating activities.	Prevention, mitigation & response: EG or any community based programming	http://www.care.org.rw/our-work/programs/vulnerable-women/vw-projects/item/232-indashyikirwa-project
Journeys of Transformation	Targets men whose partners are engaged in economic empowerment programming and communities, normative, GBV reduction	In collaboration with program designers, assess if the program can be adapted for implementation for participants of income generating activities.	Prevention & response: EG	https://promundoglobal.org/programs/journeys-of-transformation/
Economic and Social Empowerment (EASE) Project	For women and their partners, to reduce intimate partner violence and improve women's overall decision-making in conflict-affected communities	In collaboration with International Rescue Committee, assess if this intervention can be adapted for South Sudan.	Prevention & response: EG	https://www.fsnnetwork.org/sites/default/files/001_EAE_Implementation-Guide_English%20%281%29.pdf

Program continued	Key Aspects	Recommendations	Sector(s)	Website
Journeys	Targets students and other related actors to address school-related GBV with in-school and community normative components	In collaboration with RTI and partners, determine whether Journeys materials and approach can be adapted for use in South Sudan. The assessment should identify the specific GBV issues and norms that prevent relevant to South Sudan; contextualize the materials for a conflict and humanitarian setting; and assess whether it can expand to include secondary school.	Prevention: Education	http://www.ungei.org/srgbv/index_6497.html
Amplifying Women's Voices for Sexual and Reproductive Health and Rights, and Peace	Use of radio targeting women and girls for empowerment relating to sexual and reproductive health and rights; increasing knowledge and changing norms.	Consider partnering with Embassy of Canada to scale this program into additional communities.	Prevention & Response: Health	Contact Embassy of Canada in South Sudan for more information.
Communities Care	Seeks to create healthier, safer and more peaceful communities for girls and women by working with whole communities to improve access to care and support for survivors of GBV and transform harmful social norms into norms that promote dignity, equality and non-violence.	Work with UNICEF and partners to determine whether the model can be scaled into new communities as part of USAID programming.	Prevention & Response: Humanitarian + any sector	https://www.communitiesthatcare.net

6.5 DESCRIPTIONS OF EVIDENCE-BASED AND PROMISING PRACTICES

THE “LIVING PEACE GROUP”

Developed by Promundo (promundo.org) and partners in Burundi and the Democratic Republic of Congo (DRC) (post-conflict and high-conflict), the “Living Peace Group” project assists men and women to heal after their experiences of trauma and to move into positive relationships with partners and communities. The program is based on formative research; baseline data in each country; and builds on the evidence-base of best practices on male engagement and gender transformative work produced by Promundo. The project was inspired by data that indicates that men exposed to violence or trauma are more likely to perpetrate violence at home than those not exposed to violence/trauma.³⁸

Evaluations indicate the program produces “significant, positive changes” for both men and women including: “improved, more peaceful partner relations; reductions in men’s alcohol abuse and drinking; improvements in men’s control of frustration and aggression; greater income-sharing by men with their wives; happier children; and improved health outcomes.”³⁹

Three curricula based on other evidence-based gender-transformative group education programs developed by Promundo and partners ([Program H](#), [Program M](#), and [Journeys of Transformation](#)).

Download manual: <https://promundoglobal.org/programs/living-peace/>.

“YOUTH LIVING PEACE”

Youth Living Peace, also developed by Promundo and partners, focuses on adolescent boys and girls healing from violence and school-based violence prevention training, with implementation in Brazil and the DRC (high violence and post conflict settings). The program includes group education activities as well as individual and group therapy; school wide campaigns, and advocacy to promote policies that address violence prevention.⁴⁰

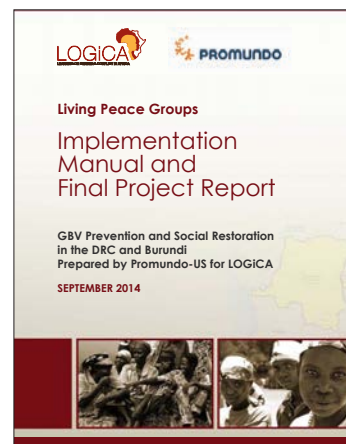
More information on Youth Living Peace can be found at: <https://promundoglobal.org/programs/youth-living-peace/>

STRATEGIES FOR TRAUMA AWARENESS AND RESILIENCE (STAR) AND MORNING STAR

Strategies for Trauma Awareness and Resilience, developed by the Center for Justice and Peacebuilding at Eastern Mennonite University, in collaboration with Church World Service, is an approach that “integrates material from: trauma and resilience studies, restorative justice, conflict transformation, human security, spirituality.” Individuals from more than 60 countries have received training on the approach. Several adaptations of STAR exist that focus on a specific aspect of trauma.⁴¹

STAR was adapted by the USAID/South Sudan Viable Support to Transition and Stability (VISTAS) Project (2013-2019) into an approach called “Morning Star.” VISTAS provided master trainings and then assigned a master trainer to each of its regional office, where trainers ran dialogue sessions with participants.⁴²

A 2017 assessment of the VISTAS project indicates that while the approach was appreciated there were no actual results at that point. In addition, there was some concern about whether the psycho-social training provided was sufficient to deal with the trauma that could surface in sessions.⁴³



More information on STAR can be found at: <https://emu.edu/cjp/star/>.

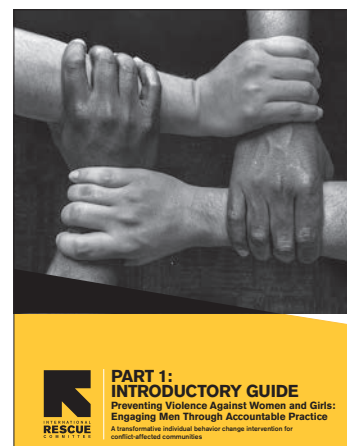
ENGAGING MEN THROUGH ACCOUNTABLE PRACTICE (EMAP)

EMAP is a one-year, evidence-based, primary prevention curriculum and approach developed for humanitarian settings by the International Rescue Committee (IRC). EMAP promotes transformative individual behavior change for men relating to GBV using an approach that is “accountable to women.”⁴⁴

As noted earlier, EMAP is being used in South Sudan by IRC, International Organization for Migration (IOM), International Medical Corps (IMC), and the American Red Cross (ARC). Because of this, there are a cadre of trained facilitators to draw on to further scale up this intervention.

EMAP materials state the following are goals, to:⁴⁵

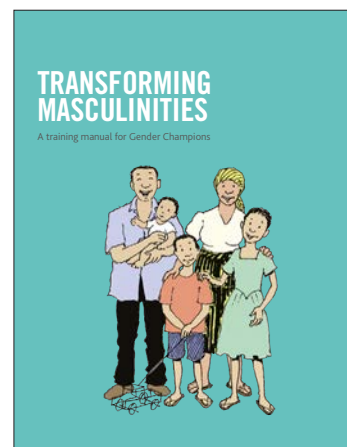
- Reduce harmful behaviors and increase gender equality in the home.
- Provide program staff with the tools and skills to successfully model accountability to women and girls and promote transformational change.
- Give male participants the tools and knowledge to rethink belief systems and prevent VAWG through individual behavioral change and provide them with programming guided by the voices of women in the community.
- Provide female participants with opportunities to reflect on VAWG in their lives and influence programming with men that occurs in their community.



TRANSFORMING MASCULINITIES

‘Transforming Masculinities’ is a faith-based approach developed by Tearfund to prevent GBV and promote gender equality by addressing harmful concepts of gender. It is an evidence-based approach to engage men and boys to promote positive masculinities and gender equality as a complementary intervention to ending GBV.⁴⁶

The program includes a “Transforming Masculinities” Training Manual for Gender Champions. The process is geared towards individual behavioral change with the intention of transforming social norms, gender equality, masculinities and GBV through “Gender Champions,” a volunteer group of men and women within the communities who lead and facilitate community dialogues. These dialogues aim at creating change with respect to gender norms, gender equality and the role of faith to promote respectful relationships and equitable communities and there is a separate guide for this (tearfund.org/sexualviolence)⁴⁷



The manual was developed as part of the Transforming Masculinities Programme in Rwanda and Democratic Republic of Congo (DRC). Some of its tools, activities and concepts are adapted from the Engaging Men through Accountable Practice (EMAP) training guide developed by the International Rescue Committee, the One Man Can campaign by Sonke Gender Justice, the Group Education Manual by Promundo and USAID, and Tearfund’s “*Hand in Hand: Bible Studies to Transform our Responses to Sexual Violence.*”

The program was developed after a series of baseline studies in the DRC, Rwanda, the Central African Republic (CAR), Liberia, Nigeria, and Burundi to understand how best to work with men and boys, probe how faith influences masculinities and how certain forms of masculinities lead to male violence and GBV. Some of the key findings clearly identified “faith as a key factor shaping male identities, gender norms and behaviors, and also that certain interpretations of religious texts, intertwined with harmful cultural and traditional practices, are all critical factors that have a bearing on GBV”.⁴⁸

RESPONSIBLE, ENGAGED AND LOVING (REAL) FATHER’S INITIATIVE

The REAL Fathers Initiative, developed by the Institute for Reproductive Health (IRH) at Georgetown University and Save the Children International (SCI), is a young father-centered mentoring program. Grounded in formative research, REAL is a community-based mentoring program that works with young fathers (16-25 years old) who are parenting a child 1-3 years old. REAL aims to:

- Improve parenting attitudes and confidence in using nonviolent discipline.
- Decrease use of intimate partner violence and physical punishment of children.
- Foster acceptance of non-traditional gender roles in parenting.

The pilot, implemented in Northern Uganda, demonstrated effectiveness in reducing intimate partner violence, physical punishment of children, and showed improved positive parenting behaviors.⁴⁹

The program was expanded in Northern Uganda to young fathers participating in programs related to child care and youth livelihood.

Program components include:

- Identify young fathers that could benefit, consultations were held with the community and their spouse.
- Enroll young fathers aged 16 to 25 years with toddler children aged 1 to 3 years in a mentorship program lasting six and seven months in Karamoja and Northern Uganda respectively.
- Seven sessions of mentorship, including a session on FP together with their partner. Young fathers selected their own mentor, someone respected, from the community. Prior to training the selected mentor, selection was validated by the young fathers’ female partner and community members.

In both Karamoja and Northern Uganda endline data demonstrated: “...that participation in the mentorship program was significantly effective in reducing IPV in the past three months including perpetration of physical IPV, psychological IPV and physical or psychological IPV. Young men participating in the intervention compared to the control group reported significantly less justification for use of IPV, shared decision making, and improved couple communication at endline compared to baseline. In the intervention group, compared to baseline, in both Karamoja and Northern Uganda, young fathers reported significant increase in current use of any modern or traditional FP method.”⁵⁰

Given pre-schools are not common in South Sudan, the Karamoja model is most likely to succeed in South Sudan. It is recommended to assess whether this program could be adapted and used as part of an USAID economic growth project that targets households or couples; however, women also need to be engaged with a dedicated empowerment component.

SASA!

SASA! is a community mobilization approach focused on normative change to prevent violence against women and HIV. It was developed by Raising Voices (raisingvoices.org), an international NGO based in Kampala, Uganda. SASA! has been rigorously evaluated in Uganda and demonstrated measurable change.⁵¹

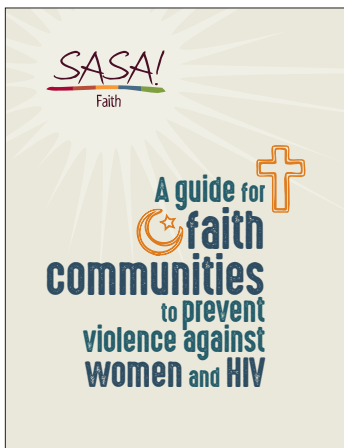


SASA! means “now” in Swahili. It focuses on the concept of “power,” and how power can be both positive and negative, rather than “gender” or “gender equality.”⁵²

The approach identifies and trains local community activists to work as volunteers within their own communities to mobilize change – using four phases of SASA!: Start (focuses on knowledge), Awareness (focuses on attitudes), Support (focuses on skills), and Action (focuses on behaviors). A toolkit for implementing SASA! includes a range of information and community engagement tools.⁵³

Maintaining fidelity to the program design of SASA! is important. A technical brief supports organizations in analyzing the extent to which their implementation of SASA! is in keeping with recommendations, and how to improve implementation.⁵⁴

Adaptations of SASA! include those for other countries and in other languages. These can be identified on the website: <http://raisingvoices.org/sasa/>



SASA! FAITH

SASA! Faith is a guide for Muslim and Christian faith communities. The guide and further information is also available on the website: <http://raisingvoices.org/sasa/>.

Technical assistance in implementing SASA! is available from Raising Voices in Kampala, Uganda at: info@raisingvoices.org.

“GIRL SHINE” PROGRAM MODEL AND RESOURCE PACKAGE⁵⁵

Girl Shine program model and resource package, created by the International Rescue Committee (IRC) seeks to

support, protect, and empower adolescent girls ages 10 to 19 years, specifically in humanitarian settings to contribute to the improved prevention of and response to violence against adolescent girls by providing them with skills and knowledge to identify types of GBV and to seek support services if they experience or are at risk of GBV.⁵⁶



This program model and Resource Package is evidence-based and reflects recent findings on the experiences of adolescent girls in humanitarian settings, and the nature of GBV against adolescent girls and can be used in multiple humanitarian settings, including conflict and natural disasters and even within the different phases of emergency response.

The main components of the Girl Shine include:⁵⁷

- Girl-Only safe spaces and support groups.
- Mentor-led life skills program.
- Parent and caregiver support group.

The program model and resource package tackles issues such as early marriage and harmful traditional practices that affect the majority of adolescent girls in South Sudan, In collaboration with IRC and UNICEF, it is recommended to assess for which sites in South Sudan this program would be suitable.

More information on Girl Shine can be found at: <https://resourcecentre.savethechildren.net/library/girl-shine>

GROWING UP GREAT!

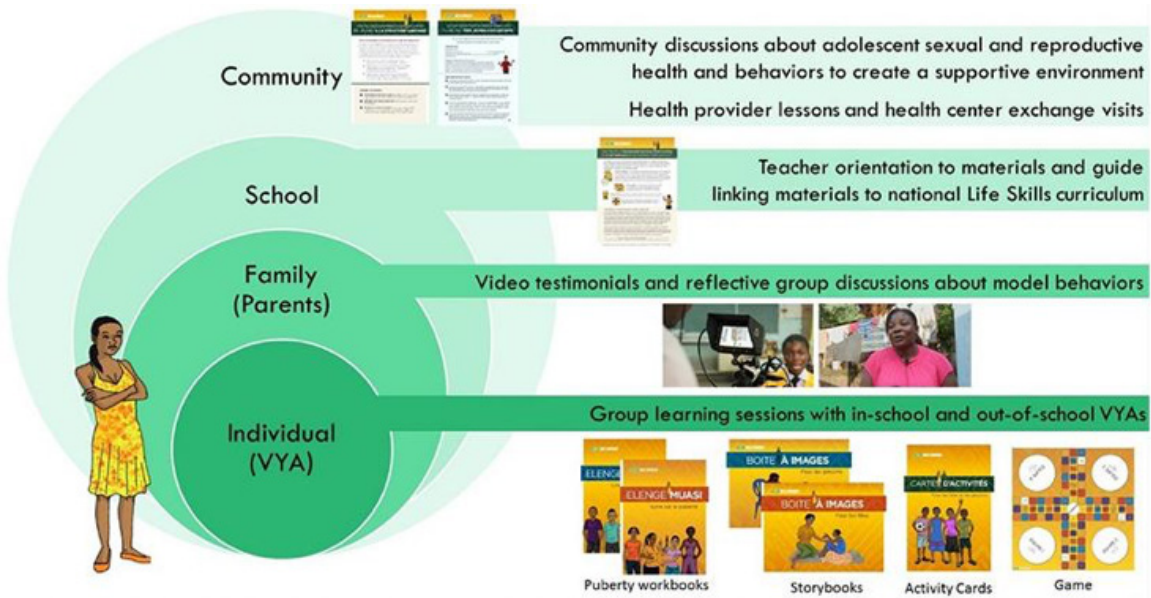
Growing up GREAT! (known locally as Kokoma Malamu), developed by Save the Children and the Institute for Reproductive Health, uses an ecological approach to target in-school and out-of-school, very young adolescents (VYAs) (ages 10-14) and the social groups that most affect their early life experiences and decision-making. Adolescence is a critical period when young people navigate the physical and emotional changes of puberty while they assume adult roles and responsibilities. Their ability to develop positive relationships and make healthy choices during this time is strongly influenced by social norms established by what their parents, peers, family, and other respected community members say and do. For this reason, very young adolescence (10-14 years) is an opportune time to provide information and build practical skills before children become sexually active and internalize gender roles.

Program components include:

- Set of materials developed for VYAs that prompt discussion about puberty, gender equality, healthy relationships, violence, and other related themes.
- Weekly club sessions for VYAs where discussions occur.
- For parents, group sessions featuring six testimonial videos foster discussion around non-violent parenting, equal sharing of household tasks, and girls' education.
- Other materials for teachers, health workers, and community members complement the core toolkit materials.

More information on Growing Up Great can be found at: <http://irh.org/blog/kokoma-malamu-growing-up-great-in-kinshasa-drc/>

Adolescent focus:



THE INDASHYIKIRWA PROGRAM

The Indashyikirwa Program, implemented by CARE Rwanda, the Rwanda Men's Resource Centre (RWAMREC), and Rwanda Women's Network (RWN), from 2015-2018, following a one-year inception phase, targeted couples, with four key components.⁵⁸

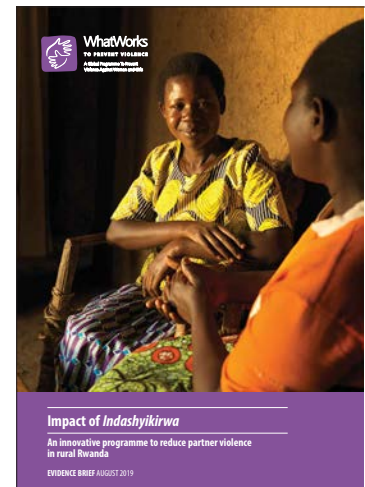
- Couples curriculum – 21 weekly sessions over 5 months with take-home work.
- Community activism.
- Women's safe spaces.
- Training of opinion leaders.

The curriculum uses a participatory approach to engage couples in transformative change with the following objectives:

- Address the imbalance of power in their relationships and households.
- Identify and manage triggers of intimate partner violence.
- Develop skills to develop and maintain equitable, non-violent relationships.

The London School of Hygiene and Tropical Medicine (LSHTM) and South African Medical Research Council (SAMRC) evaluated the program. Findings include:⁵⁹

- For women: 55 percent reduction in the odds of reporting physical and/or sexual intimate partner



- violence (IPV) and 50 percent reduced odds of forced or coerced sexual activity experience for women.
- For men: 47 percent reduction in the odds of men reporting perpetration of physical and/or sexual IPV and 50 percent reduced odds of forced or coerced sexual activity perpetration for me.
- Improved relationships including better communication, trust, and conflict management.
- Reductions in reasons used to justify wife beating.
- Health improvements including fewer symptoms of depression.

Reduced agreement with physical discipline for children and reduced frequency of corporal punishment in the home.

The *Indashyikirwa* curriculum used aspects of Promundo’s Journeys of Transformation curriculum and SASA! (both featured in this Resource section).

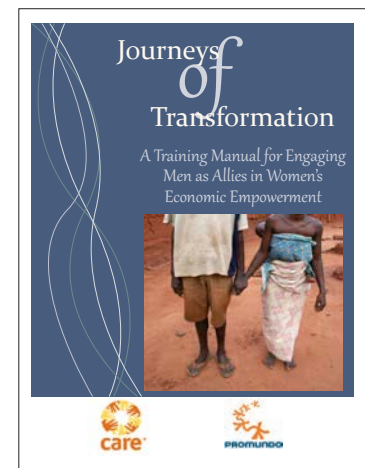
JOURNEYS OF TRANSFORMATION

Journeys of Transformation was developed in Rwanda by Promundo, CARE-Rwanda, and Rwanda Men’s Resource Center (RWAMREC) to engage men as allies in promoting women’s economic empowerment by transforming harmful gender attitudes and behaviors.

The program was informed by results from other Promundo programs and research that demonstrated: 1) when women earn more income within the context of livelihood programs, conflict between couples can increase; and, 2) women continue to do the majority of unpaid care work.

Journeys of Transformation includes the following components:

- A curriculum with 17 group education activities for men whose partners participate in women’s economic empowerment programming focusing on business and negotiation skills, couples’ decision-making processes, individual health, and well-being, and laws and policies related to GBV
- Community advocacy to encourage men and couples to critically reflect on shared decision-making and power dynamics within relationships and to promote normative change



The Journeys of Transformation manual was developed through action-research that incorporated the perspectives of female beneficiaries and their partners in economic empowerment programming.

Findings show that involving men and their partners in these community activities and discussions resulted in increased income, as well as in the greater participation of men in childcare and reductions in couples’ conflict.

Though developed in the context of Rwanda, the activities and the approach are relevant to, and can be adapted to, other settings around the world.

ECONOMIC AND SOCIAL EMPOWERMENT (EA\$E) PROJECT

The EA\$E program in Burundi, developed by the International Rescue Committee (IRC), aims to reduce intimate partner violence and to improve women’s overall decision-making in conflict-affected communities.

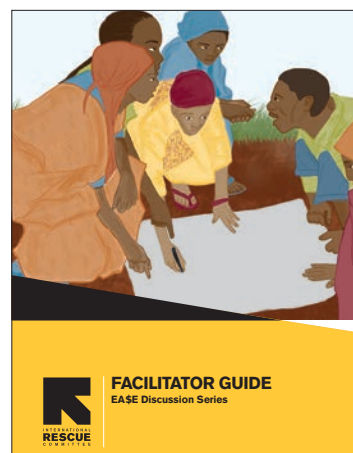
IRC integrated the following components:

- Discussion group series, Talking about Talking (TaT),
- A traditional Village Savings and Loan Association (VSLA) intervention where both women and men engaged in six facilitated conversations about financial decision-making.

The TaT curriculum uses non-threatening entry points and participatory methods to challenge gender norms about men’s control over financial decision-making and promote shared decision-making in order to improve overall household well-being.

A rigorous evaluation over a 16-month period found a statistically significant decrease in intimate partner violence among women at high or moderate risk in the intervention group. The VSLA/TaT group also experienced an increase in shared decision-making and use of negotiation skills and a decrease in overall acceptance of violence.

For more information about the EA\$E Resources please contact the IRC Women’s Protection and Empowerment Technical Unit at info@rescue.org.



JOURNEYS

The USAID/Uganda-funded Literacy Achievement and Retention Activity (LARA), implemented by RTI International, was asked to address school-related gender-based violence (SRGBV). In formative research to assess what role SRGBV played in primary school education, RTI identified it as a barrier to primary school retention and effective learning. In response, RTI developed a research-based approach, called “Journeys,” to target all key actors needed to effect school change: teaching and non-teaching school staff, community members, and students.⁶⁰



They conducted formative research, collaborated with local violence against women and children experts, and produced three activity handbooks: *Journeys Activity Handbook for Teachers and School Staff*; *Journeys Activity Handbook for Community Members*; and *Journeys Activity Handbook for Pupils*. These provide a facilitator with a set of activities that guide reflection, stimulate dialogue and promote idea generation related to building a positive and supportive school.⁶¹

Since 2017, when Journeys was launched, the initiative has been rolled out to 2,600 public primary schools in Uganda. Though too soon to assess whether the approach is producing an evidence-base of success, the approach appears to be promising.⁶²

More information on Journeys can be found at: <https://shared.rti.org/content/journeys-activity-handbook-community-members>

AMPLIFYING WOMEN’S VOICES FOR SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS, AND PEACE

This project is being implemented in South Sudan by BBC Media Action, funded by the Embassy of Canada

for 2019-2022. The main aim of this project is to contribute to the empowerment of women and girls in South Sudan by enabling them to make their own decisions regarding their sexual and reproductive health in a more peaceful environment. The project increases knowledge, shapes positive attitudes and practices, and challenges norms to enhance women's and girls' agency and decision-making power. The key project activities include:⁶³

- Producing a radio program to provide fact-based education on sexuality and family planning.
- Including storylines about sexual and reproductive health and rights and how these relate to violence and conflict in one of BBC Media Action's popular radio dramas.
- Training and supporting local media organizations on how to report and produce coverage that reflects the world as seen through the eyes of women as well as men, with the goal of improving women's standing in their communities.
- Training and supporting community groups to discuss topics presented in radio programs, such as domestic violence and contraception, and to identify how lessons learned apply to their local community.

COMMUNITIES CARE

The Communities Care model is a GBV prevention and response intervention that focuses on transforming lives and preventing violence by transforming negative social norms and empowering communities to take action to prevent and respond to GBV. UNICEF piloted the communities care model in 2017 in Somalia and in South Sudan and is now implementing the model through partners in Yei, Jonglei, Rumbek, and Juba on a small scale due to funding limitations.

The model is designed to empower people in conflict-affected and other humanitarian settings to create safer and healthier communities by addressing harmful norms that promote violence against women and girls, and fostering dignity, equality, and non-violence.

Communities Care follows an ecological, public health approach to GBV prevention and response, acknowledging the need to address multiple factors at the individual, family, community, institutional, and societal levels that lead to violence against women and girls.

The goal of *Communities Care* is to create healthier, safer and more peaceful communities for girls and women by working with communities to:

- Improve access to care and support for survivors of GBV.
- Transform harmful social norms into norms that promote dignity, equality and non-violence.⁶⁴

The program includes a tool kit and guide. While it is too early to determine the full impact of *Communities Care* in South Sudan, early indications are positive and preliminary findings point to promising trends. In particular, communities are developing action plans to address GBV, and individual men are taking action.⁶⁵

According to UNICEF: "In this time of the development and humanitarian nexus, this model has been key in mobilizing communities to take action and respond to issues of GBV in their communities, dialogue around these issues ,as well as provide support to women and girls affected. The model/approach ensures that communities, as well as service providers and influential members of the community, are involved in the social norms transformation."⁶⁶



ANNEX A: GBV PREVENTION AND RESPONSE ROADMAP LITERATURE REVIEW

ACRONYMS

AU	African Union
CAT	Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CRC	Convention on the Rights of the Child
FY	Fiscal Year
GBV	Gender-Based Violence
GDI	Gender Development Index
GEFE	Gender Equality and Female Empowerment
GEWE	Gender Equality and Women's Empowerment
GoSS	Government of the Republic of South Sudan
HDI	Human Development Index
HMIS	Health Management Information System
IGAD	Intergovernmental Authority on Development
IMS	Information Management System
MEL	Monitoring, Evaluation and Learning
MoGCSW	Ministry of Gender Child and Social Welfare
OECD	Organization for Economic Cooperation and Development
OFDA	Office of Foreign Disaster Assistance
OPs	Operating Plans
PPRs	Performance Plans and Reports
PoC	Protection of Civilians
R-ARCSS	Revitalized Agreement on the Resolution of Conflict in the Republic of South Sudan
SGBV	Sexual and Gender Based Violence
SDGs	Sustainable Development Goals
SNAP	Strategic National Action Plan on Ending Child Marriage
USAID	United States Agency for International Development
UNFPA	United Nation Population Fund
WEEE	Women's Economic Empowerment and Equality Act

AI. INTRODUCTION: THE SOUTH SUDAN CONTEXT

The purpose of the preliminary literature review is:

1. To provide a summary of what is known about the context for GBV prevalence and prevention, mitigation, and response efforts in South Sudan, covering the domains recommended in ADS Chapter 205 for a gender analysis;
2. To identify best practices and lessons learned relating to addressing GBV in South Sudan and in similar contexts; to document gaps and constraints to GBV prevention and response in South Sudan;
3. To begin to identify where USAID/ South Sudan might be best placed to promote GBV mitigation at the sector level. Themes addressed are relevant to the Mission's existing Operational Framework, projects, and activities as well as any new activities designed/ awarded during the two-year period.

Gender-based violence in South Sudan exists within the context of the country's political economy and history. While that analysis is outside the scope of this work, a few relevant points are provided to contextualize the remainder of the report.

In 2019, South Sudan, the world's youngest country, remains deeply affected by the accumulating effects of ongoing crisis and conflict that have displaced millions, destroyed livelihoods, and upended traditional community structures. In March 2019, it was estimated that 7.2 million people in South Sudan needed humanitarian assistance – an increase by 100,000 people since November 2018 – and five million of these people were described as “in acute and immediate need.”⁶⁷ In addition, in June 2019 it was estimated that 6.9 million people were approaching “Crisis”⁶⁸ or worse levels of food insecurity, despite humanitarian food assistance.⁶⁹

Reflecting the lack of basic health, education, and other services, in 2018, South Sudan was ranked 187 out of 189 countries on the Human Development Index (HDI) with a rating of 0.388.⁷⁰ The Gender Development Index (GDI), used to measure inequalities based on sex (male and female), rates South Sudan at 0.826, placing the country in the lowest group of countries rated.⁷¹ In the ranking of “quality of human development” relative to other countries, South Sudan ranked in the bottom third in all three areas ranked: quality of health (1 of 3 indicators had data), quality of education (2 of 6 indicators had data), and quality of standard of living (all 4 indicators had data).⁷² Another global measure is the Gender Inequality Index (GII), which reflects gender-based disadvantage in reproductive health, empowerment, and the labor market; however, there is insufficient data in South Sudan to rate the country's GII.

Key Statistics

Population estimate: 12.6 million

64 ethnic groups

Languages: English (official), Arabic + others

HDI: 187 of 189 countries

GDI: 0.826 (in group 5 of 5)

Literacy: 27% (16% women)

67% primary age students in school

10% of secondary age students in school

7.2 million need humanitarian assistance

43% of population is food insecure

Data Sources: UNDP Human Development Reports, 2018 Statistical Update & HRP Monitoring Report, Jan-March 2019.

In 2014, USAID/South Sudan shifted its development strategy “from state-building activities focused on national government institutions” to “recovery and nation-building efforts to help the South Sudanese overcome the current crisis and prevent and mitigate future conflict.” Transitional objectives of the Mission’s 2014-2020 Operational Framework are “promoting recovery with resilience” and “enabling peace and reconciliation processes.”⁷³

A civil war in Sudan immediately followed the country’s 1956 independence from British-Egyptian rule and lasted until 1972. A second civil war, from 1983 to 2005, included the perpetration of extreme acts of sexual violence. The violence targeted women and girls, and some boys and men, and included abduction, rape, forced prostitution, and sexual mutilation. At the same time, GBV at the community and family level, including domestic violence, early and forced marriage, and rape have been documented as significant during this time.⁷⁴

The 2005 Comprehensive Peace Agreement (CPA) and independence of South Sudan in 2011 were political achievements that promised lasting peace, but were impeded by conflicts over increasingly complex issues that called upon historic ethnic conflicts, but were and are intermixed with inter-communal fighting over access to cattle and land – often within a context of poverty and need. GBV frequently occurs within or as a tool of these conflicts.⁷⁵

Gender-based violence is fueled in South Sudan by the poverty and conflicts that have been exacerbated by the failed economy. The role of oil in this context is situated within complex macro and micro economic and political factors that include a failure to develop the local human capacity or necessary infrastructure to utilize oil.⁷⁶ Other important factors that have fueled conflict, poverty, and GBV include the proliferation of guns in South Sudan, which has contributed to an overall climate of impunity. This has been furthered by corruption and the lack of accountability of both government and rebel groups for their military action.⁷⁷

In 2013, only two years after South Sudan’s independence, the bright hopes for the young nation were shattered as violence erupted in a power-struggle with ethnic overtones between President Salva Kiir and Vice-President Rick Machar. By 2015, a total of 1.9 million South Sudanese people were internally displaced, and another 1.6 million were refugees in neighboring countries.⁷⁸ In August 2015, the short-lived Agreement on the Resolution of the Conflict in the Republic of South Sudan (ARCSS) was signed; however, in July 2016 fighting broke out in Juba with violent attacks that included the Terrain compound of NGO workers, who were in some cases raped and sexually assaulted.

Another agreement, the revitalized ARCSS (R-ARCSS) was reached in order to support a transitional government in 2018; however, ongoing eruptions of violence continue to challenge humanitarian and development efforts. While specifically prohibited under the R-ARCSS, armed forces and militant actors continue to utilize GBV as a weapon of war. Two months after the signing of R-ARCSS, armed actors gang raped and sexually assaulted over 120 women and girls in what was then one of the worst incidents of GBV in recent years. More recently, in November 2018, approximately 150 women and girls were raped or sexually assaulted over a period of ten-days, on the road to Bentiu.

A2. USAID/SOUTH SUDAN CONTEXT

As noted above, USAID/South Sudan utilizes an Operational Framework (OF), rather than a traditional Country Development Cooperation Strategy (CDCS). They use this framework to guide inter-connected development and humanitarian programming that is focused on building the foundation for a more stable and socially cohesive South Sudan. The framework is meant to be a flexible document in keeping with a

dynamic context, and all programming is intended to have the capacity to be adaptable.

The 2014– 2020 framework includes two transitional objectives and cross-cutting themes that include gender, GBV, youth, and trauma awareness to guide programming. Transitional objectives are as follows:

- Transitional Objective (TO)1: Promoting recovery with resilience
 - Intermediate Result (IR) 1.1: Facilitate community-led response
 - IR 1.2: Deliver critical services
 - IR 1.3: Strengthen livelihoods and resilience to shocks
- TO2: Enabling peace and reconciliation processes
 - IR 2.1 Support inclusive peace process
 - IR 2.2 Strengthen inter- and intra-communal relations and reconciliation
 - IR 2.3: Improve mechanisms for conflict management

The framework anticipates a close relationship between development and humanitarian programming with an emphasis on work in conflict-affected areas where there are high numbers of internally displaced persons (IDPs) and returnees.

A3. EVIDENCE BASE ON GBV PREVALENCE, TYPES AND DRIVERS

While there is no national prevalence data about GBV in South Sudan, a number of studies have been conducted that provide information about GBV in specific sites within the country. These have focused primarily on GBV within the context of conflict, although most include additional information relating to the violence that occurs in the daily lives of girls and women at various points in Sudan and South Sudan's history.⁷⁹

Statistics relating to GBV prevalence are also reported through various UN agencies in South Sudan and the UN Mission in South Sudan (UNMISS) that collects data on site-specific incidences of violence.

A Global Women's Institute (GWI) and the International Rescue Committee (IRC) study included a household survey to measure prevalence, types of GBV experienced, and drivers of GBV in three locations in South Sudan.⁸⁰ The study focused on women and girls, with some data on men and boys with the aim of providing data on the prevalence of GBV, and types of GBV and drivers of GBV. Results of the study are discussed in sections below on Prevalence of GBV, Types of GBV and Drivers of GBV.

A 2017 mixed-methods study focused on South Sudanese adolescent girls ages 10-19 years old (although boys were also interviewed) was conducted by Plan International at ten sites in South Sudan and Uganda.

Key Research Findings

GWIIIRC study (2017)

“The research findings paint a clear picture of **pervasive violence throughout the lives of South Sudanese women and girls.** While their experiences of violence are deeply influenced by both past and on-going conflicts, a key finding of the study is that women and girls are overwhelmingly **at greatest risk of physical, sexual and emotional injury within their own homes,** primarily at the hands of family members and intimate partners. The findings also reveal **very high levels of conflict-associated physical and sexual violence as well as a general culture of violence** associated with the continuing armed conflict...”

This research sought to understand more about the experiences of adolescent girls and insecurity within protracted crisis contexts, including questions relevant to USAID about how adolescents perceive their needs and opportunities to support them.⁸¹ Among the findings is the following:⁸²

“Adolescent girls report that the fear of physical violence is their main source of insecurity. In both FGDs and interviews, all adolescent girls acknowledged the persistent threat of violence in their daily lives.... In explaining the nature of this threat, adolescent girls describe the continuum of violence, which has become normalized in both the home and community. ...they describe home lives that are permeated by physical and psychological violence, and public spaces that are hostile and insecure to them as a result of communal violence and the impact of conflict. This situation leaves adolescent girls with few safe spaces in which to retreat.”

GBV PREVALENCE

The GWI/IRC study introduced above concluded what other studies also state. GBV is pervasive in South Sudan and it affects women across their lifespan.^{83,84,85} In the three sites where a household survey was conducted, 50 to 65 percent of women stated to have had ever experienced physical or sexual violence in their lives.⁸⁶ Between 28 and 33 percent of women had experienced any type of non-partner sexual violence. The percentage of men who had experienced non-partner sexual violence (6 percent in one site and 9 percent in another) was considerably lower than women, but relatively high compared to rates of violence men typically experience.⁸⁷

Non-partner and ever-partnered violence	Juba %	Rumbek %	Juba PoCs %
Ever experienced partner or non-partner physical or sexual violence in the course of their lifetime. ⁸⁸	65	65	50
For ever-partnered women, lifetime prevalence of physical and/or sexual violence ⁸⁹		73	54
Ever experienced non-partner sexual violence (including rape, attempted rape, unwanted touching and being forced to undress) ⁹⁰	28 (men = 9%)	33 (men = 6%)	29
Experienced non-partner sexual violence in the past 12 months ⁹¹	5	8	11
Of women who reported experiencing non-partner sexual violence, the experience happened many times ⁹²			24
First incidence of sexual violence occurred before they left adolescence ⁹³	+50	+50	+60

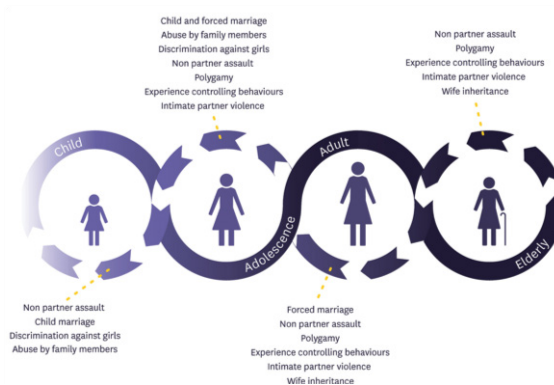
Secondary analysis was conducted on a sub-set of the GWI/IRC data for adolescents ages 15-22, which revealed that the this was sub-population were displaced. Findings revealed high rates of non-partner sexual violence among those who were adolescents at the time of the 2013 conflict (21.9 percent experienced rape or attempted rape). Among the findings is that 24 percent of the perpetrators were male police, and 24 percent were male members of another community/tribe.

TYPES OF GBV

Numerous reports and studies document forms of both gender based violence (GBV) in conflict, with many reports detailing explicit acts of extreme sexual violence used within various conflicts in South Sudan.^{94,95,96} One study lists the following: “domestic violence, early/forced marriages, wife inheritance, child custody, arbitrary incarceration, rape, gang rape, abduction and sexual slavery, female genital mutilation, sexual harassment and assault among others.”⁹⁷

The GWI/IRC study gathered data about what women and girls considered “violence against women and girls.” These included:⁹⁸

- Physical, sexual, psychological, and economic violence
- Child and forced marriage
- Polygamy
- Wife inheritance
- Abduction
- Discrimination against girls – denial of educational and other opportunities



DRIVERS OF GBV

Various studies and reports all suggest the presence of underlying social norms that perpetuate gender inequality as the main driver of GBV in South Sudan. These patriarchal norms consistently and perpetually affect girls and women throughout their lives. The graphic [opposite] from the study report shows how GBV affects girls and women in South Sudan in their lifetime.⁹⁹

Social norms relating to the role of cattle in South Sudanese life intersect with gender inequality to an extent that bride price (cows paid by the prospective husband’s family to a woman’s male relatives) is widely cited as a “key driver” of other types of GBV including rape, child marriage, abduction, and IPV. The GWI/IRC study indicates that the issue of bride price “was mentioned in virtually every interview or focus group discussion and provides the backdrop for all other discussions on the status of women and girls and marriage practices.” Girls and women may be “traded” for cattle by their families, or abducted or raped by a man who wants her as a wife but has no cattle to trade for her (in either circumstance she is forced into marriage).¹⁰⁰

Inter-communal conflicts, typically about cattle-raiding, can create cycles of violence between communities that often include violence against women and girls. While there are multiple permutations of inter-communal conflict, some not involving GBV, a classic scenario includes the rape of a woman that leads to cyclical revenge rape.¹⁰¹

For non-partner violence, the GWI/IRC study discusses several contributing factors, all outcomes of the on-going context of conflict: 1) the normalization of violence that is reinforced by the prevalence of guns; 2) a breakdown in the rule of law and the related “culture of impunity”; and 3) opportunistic crime.¹⁰² Other studies cite similar and related factors.

A4. PRELIMINARY FINDINGS, BY ADS205 DOMAIN

LAWS, POLICIES, REGULATIONS AND INSTITUTIONAL PRACTICES

Gender equality and the empowerment of women are enshrined in provisions of the Transitional Constitution of the Republic of South Sudan 2011, especially under the Bill of Rights which guarantees equality and equity between women and men. The R-ARCSS provision for 35 percent of women (increased from 25 percent in the ARCSS due to pressure from civil society representatives) in all spheres as a temporary positive measure to redress past imbalances. The country has also enacted several laws including the Child Act (2008), The Penal Code of 2008, The Criminal Procedures Act of 2008, and the Peace Agreement.

Although the South Sudan Constitution 2011 clearly stipulates that all levels of government shall “enact laws to combat harmful customs and traditions which undermine the dignity and status of women” and that every child has the right “not to be subjected to negative and harmful traditional practices which affect his or her health, welfare, or dignity,” the same constitution also permits the application of customary laws that are discriminatory towards women and girls. Article 33 states: “Ethnic and cultural communities shall have the right to freely enjoy and develop their particular cultures. Members of such communities shall have the right to practice their beliefs, use their languages, observe their religions and raise their children within the context of their respective cultures and customs in accordance with this Constitution and the law.” Due to the prevalence of GBV, IPV, and bride costs in South Sudanese religious and cultural practices, Article 33 renders the equality clauses meaningless. Some forms of GBV are in fact considered “cultural practices,” such as giving girls “blood money” for crimes committed by males of the family; child marriage; abduction of girls for marriages; and to some extent wife beating and inheritance of girls and women after death of their sisters or husband.

The 2008 Child Act is meant to “extend, promote and protect the rights of children in South Sudan.” This is in accordance with the provisions of Article 21 of the Interim Constitution of Southern Sudan 2005, the 1989 United Nations Convention on the Rights of the Child, and other international instruments, protocols, standards, and rules on the protection and welfare of children, to which South Sudan is signatory. The Child Act protects female children from all forms of gender-related violence and discrimination – however, there are contradictions within the Act. For example, “the Act does not define marriageable age; however, it defines a child as anyone under the age of 18 years old. The Penal Code criminalizes the would-be husband who marries an under-age child, but marriage is communal and the Act does not criminalize or penalize those who make decisions about the marriage or who preside over it.”¹⁰³

Furthermore, South Sudan developed a National Gender Policy and its implementation strategy went into effect in 2013. The National Gender Policy serves as a framework and provides guidelines for mainstreaming principles of gender equality and the empowerment of women in the national development process with the ultimate goal of making gender equality an integral part of all laws, policies, programs, and activities of all government institutions, the private sector, and civil society.

Other Strategic National Action plans include the National Action Plan on UNSCR 1325 on Women, Peace and Security (2015-2020), Strategic National Action Plan (SNAP) on Ending Child Marriage in South Sudan (2017-2030), Girls’ Education Strategy (2018-2022), Joint Programme on GBV (2017-2020). Comprehensive prevention and response policies to GBV in South Sudan include the establishment of One Stop Centre for integrated GBV services, the Ministry of Health Ministry of Gender, and Child and Social Welfare with support from UNFPA. These are all efforts to bridge the wide gender gap in the country.

South Sudan was admitted as the 193rd member state of the United Nations by the General Assembly

on July 13, 2011. It is also a member of the African Union (AU) and the Intergovernmental Authority on Development (IGAD). The country has acceded to several regional and international instruments that promote gender equality and rights of women. Regionally, South Sudan acceded the Dar es Salaam Declaration 2014, The African Charter on Human and Peoples' Rights, The East African Community Treaty, Great Lakes Pact -Protocol on the Prevention and Suppression of Sexual Violence against Women and Children-2006.

At the international level, South Sudan rectified the 1979 Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) together with the 1999 CEDAW Optional Protocol, The 1984 Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT), The Four Geneva Conventions of 12 August 1949 and their Additional Protocols, and The 1989 Convention on the Rights of the Child (CRC). However, due to the weak legal framework in South Sudan, most of these commitments remain effective only on paper.

Gaps in South Sudanese legislation include:

- The absence of a specific law on domestic violence;
- Rape within marriage is not illegal under any existing statutory instrument;
- Sexual activity between same sex males is illegal, as is same-sex marriage;
- Contradictions between statutory and customary law that reinforce various forms of GBV as normative practices.

While there is no specific law addressing all forms of GBV, many acts of violence against women and girls are covered under laws, including the Penal Code. The justice system in South Sudan is a mixture of statutory and customary law with courts that cascade down to subsequently lower administrative levels (state, county, payam, boma). At the state level courts utilize statutory law, and at other levels customary law. Most cases of GBV are handled using customary law. These courts are widely considered to reflect their patriarchal context.

More data will be collected on issues relating to access to justice, including One Stop Centers and police special protection units, as part of the Program and Donor Analysis and the GBV Roadmap.

CULTURAL NORMS AND BELIEFS

As discussed in Section B3, social (including gender) norms play important roles in influencing behaviors and practices related to gender-based violence. It has been noted that in conflict settings, a focus on sexual violence used as a weapon of war may overshadow the role of underlying drivers of GBV that normalize violence against women and girls.¹⁰⁴

Though culturally and ethnically diverse with over 60 different identities, patriarchal norms, values, and practices crosscut this diversity. Patriarchal norms are articulated in South Sudan as pervasive beliefs that men are the “natural” heads of households¹⁰⁵ and decision makers, and are reflected in a range of practices that constitute GBV, including polygamy, wife inheritance, child/early and forced marriages, abduction, elopement, rape and other forms of sexual assault, and rape for marriage.¹⁰⁶

There is a growing knowledge base about how conflict, displacement, and crisis affect social norms, with both negative and potentially positive outcomes.¹⁰⁷ Among the promising pieces of evidence relates to adolescents, with an emerging body of research that includes a specific focus on gender norms in

South Sudan and in other conflict and post-conflict contexts.^{108,109} One study in South Sudan notes that adolescent girls’ responses indicate some shifting towards more gender equal attitudes and beliefs compared to older women.¹¹⁰

GENDER ROLES, RESPONSIBILITIES AND TIME USE

Traditional gender roles and responsibilities in South Sudan fall along dichotomies typically found in strongly patriarchal societies. Women’s roles and responsibilities fall in the sphere of home and family, while men’s roles include providing for the family and being part of the larger community. This pattern is reflected in a 2016 Oxfam gender analysis that asked study participants (490 male and female IDPs in Wau State, Jonglei State and Juba State) about men’s and women’s roles in “peacetime.” Responses are found in the table below, which presents the direct language from the Oxfam report.

Men’s Traditional Roles ¹¹¹	Women’s Traditional Roles ¹¹²
<ul style="list-style-type: none"> • Cultivating crops (to earn income) • Shelter construction, building houses, cutting poles for this and for sale, cutting grass and bringing this home • Burning of charcoal and collection of firewood (for sale) • Keeping/looking after cattle • Counselling youth and disciplining them • Fishing • Addressing community problems • Supervising and ensuring compliance with societal rules and norms • Taking children to hospital • Providing protection and security to family and community • Visiting markets to meet with peers 	<ul style="list-style-type: none"> • Looking after children (girls look after the younger children) • Collecting firewood • Cooking • Cultivating crops • Milking cows and sometimes taking them to graze • fetching water • Cleaning the homestead • Ensuring discipline of girls and young boys, in consultation with the men • Grinding food • Cutting grass for roofing (men also have this role) • Making ropes for roofing • Selling sorghum/selling fish

These traditional roles and responsibilities have impacted women in South Sudan in ways that cut across all aspects of girls and women’s lives. Women are often constrained to the home with their movements controlled by her husband. The GWI/IRH household survey found “high levels of male control over all aspects of their wives’ lives”.¹¹³ Another consequence is the lack of women present in workplaces--a double-edged sword for girls and women. Both the real and perceived safety implications for females in predominately male spaces and the lack of role models to support shifts in gender roles and responsibilities for younger generations are disadvantageous conditions for women participation in the labor force. At the time of the Oxfam study (2016), fewer than 10 percent of teachers in South Sudan were female.¹¹⁴

A recent study focused on the economic and social costs of GBV in South Sudan found that 71 percent of women study participants reported they were engaged in economic activity in the last 12 months--an increase of what was reported by ILO in 2016. Of the women who reported economic activity, 78 percent worked in the agriculture sector, 53 percent were self-employed, and 30 percent were unpaid family workers. Only 8.2 percent were “regular salaried.”¹¹⁵

Authors of the economic and social costs study just cited suggest that the increase in numbers of women engaged in economic activity from 2016 to 2019 might reflect a shift in roles because of “uncertainty due to conflict.” Protracted conflict in South Sudan has affected gender roles in ways that have not been fully documented and are not yet fully understood in South Sudan or elsewhere, although there is a growing evidence base on the topic.¹¹⁶

Studies indicate that traditional gender roles can be substantively changed by conflict, particularly when populations are displaced. Males often find that they cannot fulfill their traditional roles related to providing for the family (e.g., they are without farms and animals). This often forces women to look for ways to enter the market economy so that the family can survive. Consistent with data presented above, Oxfam found that “increased participation in business/petty trade was highest for girls at 31.3 percent, followed by women at 28.6 percent and boys at 23.1 percent. It was lowest for men, at 19 percent.” At the same time, women’s domestic labor burden often increases with displacement due to more people living together that they are responsible for and increased distances to access water.¹¹⁷

Increased stress combined with poverty and conflict have an impact on rates of GBV.^{118,119} The Oxfam study found that both men and women are suffering from gendered conflict-induced trauma.¹²⁰ A key finding of Plan International’s study is that 26 percent of adolescent girls in South Sudan say they considered committing suicide at least once in the last 12 months. Adolescent girls have little access to any kind of health care.¹²¹ This data, and other related studies, will be further analyzed as the research team develops the Program and Donor Analysis and the GBV Roadmap.

ACCESS TO AND CONTROL OVER ASSETS AND RESOURCES

Gender discrimination rooted in these cultural norms and traditions means that women and girls are generally denied access to resources, opportunities, and services. They lack access to and control over any resources or assets in most communities, although this varies from community to community. According to the Government of South Sudan Resilience Strategy 2016-2018:

“Access to and control over productive resources such as agricultural land, water, pasture, forests and livestock are the foundation of resilient livelihoods in South Sudan. Access to these resources by sections of the population, including returnees, varies considerably and is based on traditional gender roles. The livelihoods of women and youth in South Sudan are heavily dependent on natural resources, therefore unequal access to and control over these productive resources would limit the ability of women and girls to adapt to shocks and stressors (South Sudan Resilience Strategy 2016-2018).”

The Land Act and The Transitional Constitution state that: “...the right to land shall not be denied to any citizen by the GoSS, State Government or community on the basis of sex, ethnicity or religion.” In addition, the Constitution recognizes that “...women have the right to own and inherit land, together with any surviving legal heir or heirs of the deceased.” However, despite this inclusive language, the Act acknowledges the rights of customary courts, which typically preside on land issues. While customary courts differ across cultures, all are based within patriarchal traditions that recognize male ownership and inheritance of land, as well as other assets and resources. This is particularly problematic for widows, who may only be able to access property through their children. This situation continues to widen the gender gap and make women and girls vulnerable to violence.

The links between property rights and GBV are significant and complex. Research shows both positive and negative consequences of programming to improve women’s access to land and other assets. This promotes

approaches that are informed by a deep understanding of the context, and that address needs of both women and men for economic security.¹²²

Oxfam’s study among IDPs indicated that women had little decision-making power at either the household or community level. Quantitative responses indicated women had “no involvement” in decision-making and this view was shared by men, women, boys, and girls. In response to a question about who makes decisions relating to shelter constructions in either camps or the community, 47 percent indicated “men;” 37 percent said “camp managers/donors;” and 10 percent said “women.” The study notes that in addition to gender unequal norms, women’s lack of education and training further constrain their ability to participate in leadership and decision-making positions.¹²³

A5. PRELIMINARY FINDINGS: BEST PRACTICES AND LESSONS LEARNED – ADDRESSING GBV IN SOUTH SUDAN AND SIMILAR CONTEXTS

Over the past few years there has been an increasing number of implementation-based research projects focused on understanding and scaling up successful projects in three areas that intersect with the learning needs for South Sudan:¹²⁴

- GBV in conflict and humanitarian settings, including a focus on East Africa, and South Sudan;
- The unique needs of adolescents (particularly girls but also boys); and,
- Effective ways of shifting the underlying social norms that perpetuate GBV.

The best practices and lessons learned from the projects that are relevant to USAID/South Sudan will be highlighted as part of the Program and Donor Analysis and GBV Roadmap.

A6. PRELIMINARY FINDINGS: GAPS AND OPPORTUNITIES TO GBV PREVENTION AND RESPONSE IN SOUTH SUDAN

The following are preliminary findings related to gaps in programming and opportunities for USAID to address GBV prevention and response in South Sudan, organized by sector. These crosscut the South Sudan Operational Framework. Some of these are already within the scope of USAID/South Sudan programming. The Program and Donor Analysis will provide detailed information about what USAID/South Sudan is already doing and which gaps/opportunities are within the scope and capacity of USAID.

Cross-cutting: Harmful Social Norms and Practices	
Gaps	Opportunities
<ul style="list-style-type: none"> • Strong gender unequal norms and gender inequity 	<ul style="list-style-type: none"> • Creating an evidence base on how to implement and measure programming to shift social norms in conflict-affected and humanitarian settings. • Implementing programming across sectors to support normative change.

Democracy, Human Rights and Governance

Gaps	Opportunities
<ul style="list-style-type: none"> • The absence of rule of law and a “culture of impunity” relating to GBV • Inconsistencies between statutory and customary law • Weak civil society capacity • Lack of women’s leadership training programs • Lack of access to justice for GBV survivors • Lack of effective reporting systems for GBV. • Lack of effective reporting systems for GBV. • Minimal training for all levels of the formal or customary justice systems on GBV • Little to no implementation research relating to GBV and land and property rights. 	<ul style="list-style-type: none"> • Undertaking capacity building for duty bearers, civil society, women’s associations, data management, members of the judicial system. • Promoting awareness of existing laws, legal rights, and legal support. • Improving the capacity of GBV-Information Management System (IMS); implementing a Health Management Information System (HMIS) • Promoting strong women’s associations and building their technical and organizational capacity. • Supporting legal aid agencies and effective linkages to communities. • Training community leaders and other influencers who can affect change in customary courts and family decision making relating to girls/women’s rights and safety.

Economic Growth (including agriculture, infrastructure, the environment)

Gaps	Opportunities
<ul style="list-style-type: none"> • Social norms that prevent women’s from accessing leadership positions • Lack of land tenure and property rights • Low status of women affecting participation • Lack of safe working environment takes place • Inadequate policies to prevent GBV • Women’s participation in agriculture remains at a subsistence level • Lack of access to markets • Women’s lack of ownership/access to tools beyond basic ones 	<ul style="list-style-type: none"> • Promote land tenure and property rights for women (but requires research and carefully planned and informed approaches to Do No Harm) • Supporting agri-dealers, service providers, and other commercial actors within the value chains maintain and implement policies and practices that prohibit and monitor GBV • Building skills and knowledge of women business owners so that they can improve their bargaining position and maintain their competitiveness • Promoting human resource policies within value chains to maintain safe workplace environments that are free of harassment, exploitation, and violence • Promoting women’s access to technology and finance in order to strengthen their productivity and bargaining position. • Promoting access to finance programming to survivors of GBV • Supporting the development of referral, social, and legal services for discovered victims of sex trafficking exist at the border.¹²⁵

Education	
Gaps	Opportunities
<ul style="list-style-type: none"> • Girls lack access to education. • Lack of water and sanitation facilities; lack of sex-disaggregated facilities. • Lack of school resources. • Lack of parent engagement in schools. • Lack of female role models in schools and in professions to motivate girls and to incentivize parents to send girls to school. • High rates of school-related GBV that are not monitored, reported, addressed. 	<ul style="list-style-type: none"> • Promoting active participation of women and girls in all education assessments • Implementing programming to prevent and develop responses to school related gender-based violence (e.g. programming to identify and mitigate risks; train school personnel in appropriate and confidential response; implement student programming to prevent GBV) • Implementing WASH programming that is specific to needs of girls in schools • Identifying and promote male role models exist in schools, institutions of higher learning, and workplaces • Implementing normative programming to address underlying norms that affect girls' access to education and retention (with linkages to WASH and livelihoods). • Implementing safe schools programming to identify and address physical safety of travel to/from school and at schools • Developing institutional GBV codes of conduct for teachers, administrators and learners, and enforcement mechanisms. • Promoting capacity of parent-teacher and community organizations to monitor schools' performance and provide social accountability to GBV. • Recruiting, providing training, and deploying materials depict men and women in non-traditional or non-stereotypical roles in the education, training, and employment settings • Promoting gender-equitable accreditation and examination systems.¹²⁶

Health	
Gaps	Opportunities
<ul style="list-style-type: none"> • Lack of capacity at primary health units and other health care centers • Lack of services for GBV, SGBV and HIV. • Lack of PEP, PrEP, rape kits, and other supplies. • High maternal/child mortality rates. • Norms that shame and blame women for rape and other forms of GBV. • Inadequate services to target adolescents. 	<ul style="list-style-type: none"> • Implementing programming to strengthen health care systems • Strengthening supply chains. • Ensuring the availability of rape kits and integration of rape kits in essential medicines list and health supply chains. • Developing/expanding adolescent-targeted health services, including mental health, sexual and reproductive health, and GBV. (In Plan International's research 26 percent of adolescent girls said they considered committing suicide at least once in the last 12 months).¹²⁷

Food for Peace/Agriculture and Food Security

Gaps	Opportunities
<ul style="list-style-type: none"> • High levels of poverty and food insecurity 	<ul style="list-style-type: none"> • Promoting the engagement of women and youth in the assessment, planning, design and implementation of all FSA activities (with do no harm processes in place). • Implementing interventions exist to address the physical safety risks associated with FSA activities. • Implementing commodity- and/or cash-based interventions (based on research), • Promote access to cooking fuel and alternative energy • Integrating GBV prevention and mitigation strategies into all aspects of FSA programming. • Coordinating with other donor programming and with other sectors to address GBV risks and to ensure protection for women, girls and other at-risk groups.

Humanitarian Assistance

Gaps	Opportunities
<ul style="list-style-type: none"> • Lack of sanitary materials, and safe WASH facilities. • Inconsistent participation of women in community WASH committees. • The lack of consistent trauma awareness services for staff and communities. 	<ul style="list-style-type: none"> • Promoting strong coordination with GBV sub-cluster and other GBV points of contact. • Training all staff on GBV mitigation and response, including safety and confidentiality procedures. • Implementing community-based programming within PoCs to promote normative change relating to GBV • Implementing trauma awareness and response services for staff and communities • Scaling up successes of GBV WASH programming. • Promoting GBV referral information in place in WASH community outreach activities • Ensuring safe WASH facilities in PoCs (including sufficient lighting and lockable, sex-segregated) • Distributing culturally appropriate sanitary materials for females of reproductive age • Promoting female participation in WASH community-based committees • Expanding legal aid services including community awareness training to promote awareness of rights and access to services



ANNEX B: PROGRAM AND DONOR REPORT

ACRONYMS

ARC	American Refugee Committee
ARCSS	The Resolution of Conflict in the Republic of South Sudan
AU	African Union
AYA	Active Youth Agency
CECs	Civic Engagement Centers
CEFM	Child, Early and Forced Marriage
CERF	Central Emergency Response Fund
CMR	Clinical Management of Rape
CRS	Catholic Relief Services
CSOs	Civil Society Organizations
DANIDA	Danish International Development Agency
DFID	The Department for International Development
DI	Democracy International
EMAP	Engaging Men in Accountable Practice
EU	European Union
FAO	Food and Agriculture Organization
GBV	Gender Based Violence
GESS	Girls' Education in South Sudan
HPF	Health Pooled Fund
ICRC	International Committee of the Red Cross
IEEES	Integrated Essential Emergency Education Project
INGO	International Non-Governmental Organization
IOM	International Organization for Migration
IMC	International Medical Corps
IPs	Implementing Partners
IPV	Intimate Partner Violence
IRC	International Rescue Committee
ISAC	International Society for Analytical Cytology
i-STREAM	Strengthening Free and Independent Media in South Sudan
JAM	Joint Aid Management International
JHPIEGO	John Hopkins Program for International Education in Gynecology and Obstetrics
KfW	Kreditanstalt für Wiederaufbau
MBZ	Federal Ministry of Economic Cooperation and Development
MHPSS	Mental Health and Psychosocial Support
MoGCSW	Ministry of Gender, Child and Social Welfare

NGO	Non-Governmental Organization
NORAD	Norwegian Agency for International Cooperation
NP	Non-Violent Peaceforce
OFDA	Office of Foreign Disaster Assistance
PEPFAR	The President's Emergency Plan for AIDS Relief
PoC	Protection of Citizen
PSEA	Protection from Sexual Exploitation and Abuse
SAFER	Sustainable Agriculture for Economic Resiliency Program in South Sudan
SDG	Swedish Development Corporation
SGBV	Sexual and Gender Based Violence
SIDA	The Swedish International Development Cooperation
SIHA	Strategic Network for the Horn of Africa
SPPHC	Strengthening the Provision of Primary Health Care
SSHF	South Sudan Humanitarian Fund
SUCCESS	Systems to Uphold the Credibility and Constitutionality of Elections in South Sudan
UMCOR	United Methodist Community on Relief
UN	United Nations
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
WFP	World Food Programme
WGSS	Women and Girls' Safe Spaces
WMF	Women's Monthly Forum

BI. INTRODUCTION

USAID/South Sudan manages a development and humanitarian portfolio of \$1.2 billion, with over 60 grants and contracts focused on Democracy and Governance, Economic Growth, Education, Health, and Humanitarian Assistance. USAID also participates in the Partnership for Recovery and Resilience, a multi-donor initiative that also includes United Nations (UN) agencies, and national and international non-governmental organizations (NGO). The initiative improves the linkages between humanitarian and development investments, and fosters community-level resilience in South Sudan.

USAID/South Sudan hired Banyan Global to support the development of a two-year Gender-Based Violence (GBV) Roadmap to inform its FY 2020 and FY 2021 programming. The Roadmap will identify specific and measurable ways for USAID to make a positive difference in preventing and responding to GBV in South Sudan in the priority sectors mentioned above. As a step in the roadmap development process, this USAID Program and Donor Report documents the current programming of USAID and other donors to address GBV in these sectors.

Section 2 below provides a brief overview of the methodology, and Section 3 provides an overview of USAID and donor programming. Where possible, data are presented by using the main thematic areas relating to addressing GBV prevention, mitigation, and response.¹²⁸ Section 4 highlights next steps in the development of the GBV Roadmap.

B2. METHODOLOGY

The USAID Program and Donor Analysis addresses the following key research questions:

1. What is USAID/South Sudan currently doing to prevent, mitigate, or respond to GBV in South Sudan?¹²⁹
2. What are other donors/stakeholders doing and planning to do to address GBV in South Sudan in sectors that USAID works in?
3. What additional programming exists that may be cross-cutting?¹³⁰

A two-person research team carried out a review of USAID implementing partner program documents, donor and other organizational strategic documents, and also carried out interviews with USAID/Washington Sudan and South Sudan Office of Programs staff, USAID/South Sudan Mission staff, select implementing partners, the Inter-Agency GBV Sub-Cluster Coordinator, GBV researchers, and international donors. The team held two stakeholder workshops in Juba: one with 33 representatives from national non-governmental organizations (NGOs), and one with 28 representatives from international NGOs.

LIMITATIONS

The research team reviewed a considerable amount of data and consulted a wide range of stakeholders. At the time of writing, however, the research team was still identifying new information about GBV programming from other USAID donors in South Sudan.

In addition, much of the GBV programming in South Sudan is humanitarian in nature and focused on shorter-term interventions. This made it challenging to track programming at any one point in time or to determine whether programming that existed six months ago, still existed at the time of writing.

B3. USAID PROGRAM AND DONOR ANALYSIS

B3.1 DEMOCRACY AND GOVERNANCE / PEACE AND RECONCILIATION

Current USAID GBV-Related Programming

USAID’s main program in the Democracy and Governance/Peace and Reconciliation sector is the Systems to Uphold the Credibility and Constitutionality of Elections in South Sudan (SUCCESS) Program implemented by Democracy International (DI).

The SUCCESS Program originally included three components:

- Increased capacity of South Sudanese institutions to lead political processes that citizens accept as legitimate.
- Political parties within and outside of power more credibly represent their core constituencies.
- South Sudan citizens more aware of and involved in political processes

However, the first two components have been on hold for the past four years due to a shift in the USAID/ South Sudan strategy away from building the capacity of government institutions toward building the capacity of community and civil society organizations (CSOs). SUCCESS has addressed GBV prevention, mitigation, and response in the following ways:¹³¹

GBV Focus Areas	SUCCESS Activities
Prevention	<ul style="list-style-type: none"> • Establishing Civic Engagement Centers (CECs) to bring women and men from multiple states to: 1) deliberate on issues related to GBV and human rights; 2) access mechanisms for reporting domestic violence and other forms of GBV; 3) benefit from community-based support mechanisms for GBV survivors. • Building the capacity of women leaders and facilitating processes leading to the formation of women’s groups. i.e. the Women’s Monthly Forum (WMF). • Instituting a sign-in sheet for meeting/workshop participants that protects the identity of women participants whose husbands’ might punish them participating in women’s groups.
Risk mitigation	<ul style="list-style-type: none"> • Mobilizing and building the capacity of women and women’s groups to engage in supporting the national and global Women, Peace and Security agenda. • Establishing CECs in six states, with some located in places easily accessible to women (critical for their participation). • Through the WMF, conducting gender analyses of key security laws (e.g. Wildlife Service Act, the Police Act, and the Prisons Service Act) and a gender analysis of the Agreement on the Resolution of Conflict in the Republic of South Sudan (ARCSS). • Conducting civilians’ safety polls in all the 10 major towns of the 10 former states. • Instituting internal human resource policies related to gender equality and the prevention of sexual abuse and exploitation.
GBV response	<ul style="list-style-type: none"> • Building the capacity of women’s groups and individual leaders as a means of addressing the weak GBV response in South Sudan, and in lieu of strengthening government justice institutions. • Establishing a Gender Desk at a police station in Maridi state to handle GBV cases (via a SUCCESS grantee, Maridi Service Agency).

USAID also supports the Strengthening Free and Independent Media in South Sudan (i-STREAM) Project implemented by the international NGO, Internews (2013 to present). Since 2013, i-STREAM has promoted the use of radio to support a more independent media sector in South Sudan. The aim of doing so is to make fact-based information accessible throughout South Sudan – including within Protection of Citizen (PoC) areas. It also builds the capacity of six local independent radio stations (including Juba-based Eye Radio, the first independent radio station in South Sudan), provides training and capacity building to journalists and radio stations, and offers small grants to journalists/radio stakeholders for short-term projects.^{132,133} Finally, it has partnered with Care International to produce a five-episode drama series on GBV and girl-child education.

GBV Focus Areas	i-STREAM Activities
<p>Prevention</p> <p>Mitigation</p> <p>Response</p>	<p>i-STREAM programming includes:</p> <ul style="list-style-type: none"> • Raising public awareness on various forms of GBV, including early/forced marriage, girl child education, women’s health, and women’s leadership as well as GBV mitigation and protection issues and response mechanisms. • Using radio programs to leverage international campaigns to combat GBV to develop quality media content on GBV and other key issues affecting women and girls in South Sudan. • Partnering with Eye Radio and NGOs to develop media-based programming on issues related to family planning, women’s empowerment, health, conflict resolution, and peacebuilding. • Promoting the active participation of women as journalists and leaders in radio.

Current Other Donor GBV-Related Democracy and Governance/Peace and Reconciliation Programming

Many donors are engaged in the democracy and governance sector in South Sudan, and most include some focus on women, peace, and security and/or access to justice. What is documented below is likely only a partial list of what any one donor is doing, and there are some gaps because there was insufficient time to meet with every donor and implementer.

GBV Focus Areas	Implementer/Donor	Democracy and Governance Activities
Response	The United Nations Development Programme	<ul style="list-style-type: none"> • The United Nations Development Programme (UNDP), in collaboration with Government of South Sudan entities, the UN Country Team, and donors, is strengthening access to justice for GBV survivors; supporting systems strengthening (including human resource capacity and infrastructure development) with the police and judiciary; and promoting legal aid, investigation procedures, reporting, and prosecution that adhere to international standards. Working with the Judiciary and Ministry of Justice and Constitutional Affairs, UNDP is expanding the use of mobile courts both within Protection of Civilian (PoC) sites and in host communities,¹³⁴ and opening a Special GBV Court on July 24, 2019.¹³⁵ UNDP is working with the Government of South Sudan to publish a manual on the investigation and prosecution of cases of GBV, as well as developing a training curriculum to support capacity building among all relevant duty bearers.¹³⁶ Studies that inform UNDP and the UNCT's work include an endline study for UNDP's Community Security and Arms Control Project on Peace, Security, and GBV.¹³⁷
Prevention Mitigation Response	The United Nations Population Fund	<ul style="list-style-type: none"> • The United Nations Population Fund (UNFPA) takes the global lead within the UN system to promote effective intersectoral coordination among GBV actors in situations of internal displacement. In South Sudan, It is the lead for the UN Joint Programme on GBV prevention and response; provides advocacy and technical assistance on gender and GBV mainstreaming into national planning, as well as in sectoral policies and strategies; and leads the GBV Sub-cluster at national and state levels. UNFPA is working with the Ministry of Gender Child and Social Welfare (MoGCSW), providing technical and financial support to develop the South Sudan GBV Act, which will provide legal protection for GBV survivors. Over the past year, UNFPA has also begun rolling out One Stop Family Protection Centers for GBV survivors (discussed below).¹³⁸
Prevention	UN Women	<ul style="list-style-type: none"> • UN Women supports the development of government policy that addresses issues related to gender equality; girls and women's empowerment; violence against women; and key issues relating to women, peace, and security. The agency was instrumental in developing the South Sudan National Action Plan 2015-2020 on UNSCR 1325 on Women, Peace and Security;¹³⁹ supports capacity building for the Women Parliamentarians Caucus to improve their ability to be a strong and influential voice in Parliament; and empowers women-led NGOs to strengthen their capacity to advocate for women's rights.¹⁴⁰

GBV Focus Areas <i>continued</i>	Implementer/Donor	Democracy and Governance Activities
Prevention	The International Organization for Migration	<ul style="list-style-type: none"> • The International Organization for Migration (IOM) is building the capacity of women to participate in decision-making and to be effective leaders within the larger context of peace and development.¹⁴¹
Response	Embassy of the Kingdom of the Netherlands	<ul style="list-style-type: none"> • The Embassy of the Kingdom of the Netherlands, in collaboration with UNDP, is increasing access to justice for GBV survivors, including support for the Family Protection Courts for GBV and juvenile cases.¹⁴² Through a joint project with Nonviolent Peaceforce (NP), the Embassy is also promoting women’s role in peace building and GBV prevention in South Sudan, as well as the role of women in the peace process and in local peacebuilding through women’s empowerment.¹⁴³
Prevention	The Norwegian Agency for Development Cooperation	<ul style="list-style-type: none"> • The Norwegian Agency for Development Cooperation (NORAD) prioritizes women, peace, and security as key aspects of its foreign policy in South Sudan and around the globe.¹⁴⁴ After humanitarian assistance, good governance is the largest area of aid for the Norad. As part of its agenda, Norad, along with Swedish International Development Cooperation Agency (see below), supports capacity building for transformative women’s leadership in collaboration with UN Women, and supports UN Women through core funds for its work to ensure women’s involvement in peace and security processes. Norad also collaborates with national organizations to enhance their capacities to effectively carry out advocacy both formally and informally on issues of inclusion of women in governance and democratic processes.¹⁴⁵
	Swedish International Development Cooperation Agency	<ul style="list-style-type: none"> • Swedish International Development Cooperation Agency (SIDA) is promoting a “peaceful and inclusive society” in South Sudan in keeping with its global feminist agenda focused on women, peace and security.¹⁴⁶ SIDA is one of the largest donors to UN Women globally. In South Sudan, Sweden provides unearmarked and earmarked funds to UN Women focused on transformative women’s leadership, and capacity building for women leaders and women-led organizations.

B3.2 ECONOMIC GROWTH

Current USAID GBV-related Activities

The main USAID program in the Economic Growth sector is the Sustainable Agriculture for Economic Resiliency Program in South Sudan (SAFER) Program, implemented by the Food and Agriculture Organization (FAO). The program does not include an explicit focus on GBV; however, it does include some GBV-related activities that are detailed in the table below. Other USAID programs within the Economic Growth sector also have some GBV-related economic growth activities, which are also identified in the table below.

GBV Focus Areas	USAID Economic Growth Activities
<p>Prevention</p> <p>Mitigation</p> <p>Response</p>	<p>Sustainable Agriculture for Economic Resiliency Program in South Sudan (SAFER), implemented by FAO:</p> <ul style="list-style-type: none"> • Providing training of trainers on GBV to project participants. • Equipping grassroots women with livelihoods, basic literacy, finance, and leadership skills. • Building the capacity of grassroots women on entrepreneurial and business skills across the country. <p>The Boma–Badingilo Landscape Project, implemented by Wildlife Conservation Society (WCS):¹⁴⁷</p> <ul style="list-style-type: none"> • Engaging and training women in conservation gardening, entrepreneurship, business and marketing skills, poultry rearing, beekeeping, arts and crafts, and marketing to increase food production and the economic status of women. • Supporting woman’s empowerment and environmentally sustainable conservation by enhancing women’s gardening and business skills.

Current Other Donor GBV-Related Economic Growth Programming

GBV Focus Areas	Implementer/Donor	Economic Growth Activities
Prevention	NORAD	<ul style="list-style-type: none"> • NORAD is supporting the increase of farm productivity, employment, and income, as well as developing business services, especially for women and girls, which contribute to GBV prevention strategies.¹⁴⁸
Prevention	The Department for International Development	<ul style="list-style-type: none"> • The Department for International Development (DFID) is investing in promoting women’s livelihoods (including in the fishery sector) and business management skills, as well as contributing to GBV prevention strategies.¹⁴⁹
Prevention	The Embassy of the Federal Republic of Germany	<ul style="list-style-type: none"> • The Embassy of the Federal Republic of Germany, through Kreditanstalt für Wiederaufbau (KfW) is promoting the economic and social rights of women aiming at eliminating all forms of discrimination against women through high-level bilateral and multilateral dialogue in development policy.¹⁵⁰

GBV Focus Areas <i>continued</i>	Implementer/Donor	Economic Growth Activities
Prevention	IsraAid	<ul style="list-style-type: none"> • IsraAid is building the skills of women, offering startup capital to women groups, and contributing to GBV prevention strategies.¹⁵¹
Prevention	UNHCR	<ul style="list-style-type: none"> • UNHCR, through the Safe from the Start Project, is supporting a range of activities including beekeeping, grain milling, cash transfers, trainings on business skills, tutoring for various women groups, and contributing to prevention strategies.¹⁵²
Prevention Mitigation	Care International	<ul style="list-style-type: none"> • Care International, with support from the South Sudan Humanitarian Fund (SSHF), is providing alternative fuel efficient stoves in women and girl friendly spaces (WFGS), thus contributing to GBV mitigation strategies.¹⁵³

B3.3 EDUCATION

Current USAID GBV-Related Programming

The USAID Integrated Essential Emergency Education (IEEES) Program, implemented by UNICEF South Sudan, is a three-year project that began in February 2018 and ends September 2020 as the follow-on to the mission's Emergency Education Program that provided basic education to children who were displaced and living in host communities (514,800 children and youth). The new program expanded coverage from six states to the entire country, in collaboration with 32 implementing partners (IPs) for education interventions, and approximately the same number of IPs for child protection interventions. The program will reach an additional 300,000 children/youth by project's end in 2020. The IEEES strengthens child protection both in and out of school and includes an added focus on school-related GBV. The program is both humanitarian and development focused. USAID is the largest donor to the program with development funds provided for three years. Other donors contributing both to the development (longer-term funding) and humanitarian programming (through short-term funding) include NORAD, the European Union, the UN Central Emergency Response Fund (CERF), the Global Partnership for Education, and others.¹⁵⁴

The program has initiated the following GBV prevention and mitigation activities:

GBV Focus Areas	IEEES
Prevention	<ul style="list-style-type: none"> • Carrying out community-based activities to create awareness and to prevent GBV. • Implementing a code of conduct for teachers to prevent sexual exploitation and abuse.
Mitigation	<ul style="list-style-type: none"> • Making available child protection services to children in and out of school through school and community-based initiatives. • Providing trainings on GBV psychosocial support, case management, and referral pathways for social workers and facilitators. • Providing training for teachers on psychological first aid and referral pathways. • Supporting case management services for 7,298 unaccompanied and separated children (3,364 girls) and 955 children (262 girls) formally released from armed forces and armed groups. • Strengthening GBV referral pathways.

Current Other Donor GBV-Related Education Programming

With only some exceptions (see DFID and Plan International projects below), most other donors engage in the education space with interventions targeting relatively smaller numbers of students and community. Some donors superficially integrate GBV prevention, mitigation, and response, primarily through short-term humanitarian funds. These include the following:

GBV Focus Areas	Implementer/ Donor	USAID Education Activities
<p>Prevention</p> <p>Mitigation</p>	DFID	<ul style="list-style-type: none"> • DFID is funding the Girls' Education in South Sudan (GESS) initiative, a large-scale initiative addressing education in South Sudan. Phase I, which ended in 2018, was to benefit 240,000 girls, 300,000 boys, and 2,600 schools in all 10 states with improved learning, increased completion rates, and decreased drop-out/repetition rates. Phase II of the GESS several will include additional interventions to improve outcomes, including: <ul style="list-style-type: none"> • Cash transfers. • Flexible capitation grants for schools to support infrastructure, learning materials, and access for children with disabilities. • Training materials within the wider education cluster. • Integrated accelerated learning. • Livelihoods training for adolescent girls up to 18 years of age who were previously excluded from education. • A conflict-sensitive approach to programming that is flexible and can easily adapt to fluid contexts.¹⁵⁵
<p>Prevention</p> <p>Mitigation</p>	Plan International	Plan International , with support from UNICEF, is supporting a humanitarian-focused child protection and GBV project in Pibor town in Boma State. It is addressing GBV risk mitigation and prevention in schools, training and awareness raising in schools, and referrals to protection and response partners when needed. ¹⁵⁶
<p>Prevention</p> <p>Mitigation</p>	World Vision South Sudan	World Vision South Sudan , with support from Irish Aid, is building the resilience of women and children through safe, protective, and inclusive education in Upper Nile (Melut) and emergency GBV prevention, mitigation, and response in conflict-affected and high-risk areas. ^{157,158}
<p>Prevention</p> <p>Mitigation</p>	Oxfam	Oxfam , with support from the Danish International Development Agency (DANIDA) and the EU, is supporting GBV prevention activities through the promotion of girls' access to and retention in education and schools, education-specific gender analyses, school-based GBV prevention, menstrual health management, alternative learning programs, and training for female teachers. ¹⁵⁹
<p>Prevention</p> <p>Mitigation</p>	The World Food Programme	The World Food Programme (WFP) , in collaboration with Plan International , World Vision , and Joint Aid Management International (JAM) , is carrying out awareness raising activities on school-related GBV, girls' education, and leadership in schools across all 10 states. ¹⁶⁰

GBV Focus Areas <i>continued</i>	Implementer/ Donor	USAID Education Activities
Prevention Mitigation	World Vision South Sudan	World Vision South Sudan , with support from World Vision Hong Kong, is carrying out programming by supporting safe, protective, and inclusive education in a school in Juba. ¹⁶¹
Prevention Mitigation	World Vision South Sudan	World Vision South Sudan , with support of the Japan Platform, has been implementing a GBV-sensitive education in emergencies program in Tambura State. The program is now moving to Upper Nile. ¹⁶²
Prevention Mitigation	Likikiri Collection	Likikiri Collection , a small national NGO, with support from Swedish Development Corporation, is implementing a pilot program using a multi-generational story-telling approach in a Juba primary school to shape and reinforce positive social norms relating to gender and GBV. ¹⁶³

B3.4 HEALTH

Current USAID GBV-Related Programming

USAID/South Sudan is an important stakeholder in improving access to health services in a country where the health system is among the worst in the world.¹⁶⁸ Two of USAID’s eight health activities include programming on GBV prevention, mitigation, and response. The first IOM program discussed below, however, is unique within USAID South Sudan’s portfolio as it is the only program that includes an explicit component on GBV. WASH aspects of the initiative include: building new or refurbishing existing water points and systems and sanitation infrastructure; promoting positive practices in hygiene and sanitation; and providing WASH items (i.e. tools, handwashing needs) dignity kits for menstrual hygiene. GBV prevention, mitigation, and response activities are integrated into the WASH program as detailed below.¹⁶⁹

GBV Focus Areas	USAID Health Implementer/Initiative
Prevention Mitigation Response	<p>IOM is integrating GBV prevention, mitigation, and response into WASH programming in Juba and Kapoeta.</p> <p>It is implementing GBV Prevention programming in partnership with the AYA, a national NGO:</p> <ul style="list-style-type: none"> • Carrying out community awareness and mobilization. • Engaging Men in Accountable Practice (EMAP), a one-year primary prevention intervention designed for humanitarian/conflict settings that promotes individual behavior change for men with an approach that is accountable to women.¹⁶⁴ <p>Mitigation, through IOM’s approach that mainstreams GBV protection throughout its work.¹⁶⁵</p> <p>Response, including:</p> <ul style="list-style-type: none"> • Making available psychosocial support to GBV survivors. • Providing psycho-social support to child soldier survivors.¹⁶⁶

GBV Focus Areas <i>continued</i>	USAID Health Implementer/Initiative
<p>Prevention</p> <p>Mitigation</p> <p>Response</p>	<p>The Health Pooled Fund 3, implemented by Crown Agents, in partnership with international and national NGOs located throughout South Sudan, is supporting the provision of basic health care services in eight states. DFID, USAID, Sweden and Canada are also donors.</p> <p>Prevention and mitigation include:</p> <ul style="list-style-type: none"> • Gender equality and social inclusion. • Sexual and reproductive health services. • Increased community awareness of health services with a focus on underserved and vulnerable populations. • Maternal and child health. • Nutrition, growth monitoring. • Community engagement in targeted communities (including Torit). <p>Response, includes:</p> <ul style="list-style-type: none"> • Clinical management of rape. • Planned implementation of new WHO guidelines for Clinical Management of GBV that expand response to include domestic violence and mental health and psychosocial support (MHPSS). Ultimately facilities will: <ul style="list-style-type: none"> • Screen patients for GBV. • Provide clinical management and counselling for GBV survivors. • Provide effective referrals. • Conduct awareness raising on gender-based violence.¹⁶⁷

Current Other Donor GBV-Related Health Programming

There is a wide range of health-related services that address GBV in South Sudan. As in other sectors, many of these initiatives are integrated into other programs, and are implemented through short-term humanitarian projects. At a stakeholder meeting of international actors, most could identify services and some donors, but were not always able to articulate program name, implementer(s), and donors. Consequently, the information provided below is an incomplete snapshot:

GBV Focus Areas	Implementer/ Donor	Health Activities
<p>Prevention</p> <p>Response</p>	<p>UNFPA</p>	<p>UNFPA has the mandate among UN agencies to carry out GBV prevention and response coordination in IDP settings. It is also the provider of last resort if other national or international organizations cannot provide GBV response services. It has the same mandate for adolescent and women’s sexual and reproductive health. The agency works with a range of donors to support health-related programming that includes addressing GBV:</p> <ul style="list-style-type: none"> • Supporting One Stop Family Protection Centers in Juba, Bor, Malakal, Rumbek, Torit, and Wau to provide integrated medical, psychosocial, legal and case management support services to GBV survivors. These are supported by the Ministry of Health and Ministry of Gender, Child & Social Welfare, and a range of donors including Sweden, Canada, Swiss Agency for Development and Cooperation (SDC), Netherlands, UN Trust Fund to End Violence Against Women, among others. Different partners implement One Stop Centers in each location, including the International Rescue Committee (IRC) in Juba, Malakal, and Rumbek, and the Strategic Network for the Horn of Africa (SIHA) Network in Wau.¹⁷⁰ • Supporting the availability of adolescent sexual reproductive health services, addressing early marriage, sexual assault, and lack of access to education and other opportunities (UNFPA and other donors).¹⁷¹ • Making available clinical management of rape (CMR) services through a range of partners.¹⁷²
<p>Prevention</p> <p>Mitigation</p> <p>Response</p>	<p>CARE International, IntraHealth, and UNICEF</p>	<p>CARE International, IntraHealth, and UNICEF (soon), with support from USAID, PEPFAR, and the Global Fund, carry out integrated GBV and HIV/AIDS programming.¹⁷³</p>
<p>Prevention</p> <p>Response</p>	<p>The Government of Canada</p>	<p>In addition to the Health Pooled Fund, the Government of Canada supports the Amplifying Women’s Voices for Sexual and Reproductive Health and Rights and Peace Program.¹⁷⁴</p>
<p>Prevention</p> <p>Mitigation</p> <p>Response</p>	<p>The Swedish International Development Cooperation</p>	<p>The Swedish International Development Cooperation (SIDA) prioritizes gender-equitable access to health and sexual and reproductive health and rights. In February 2019, it provided \$13 million to UNFPA to support the SIDA’s country program in South Sudan for 2019-2021. The country program includes a focus on gender-based violence and includes expansion of One Stop Family Protection Centers, among other initiatives.¹⁷⁵</p>
<p>Response</p>	<p>International Committee of the Red Cross (ICRC)</p> <p>South Sudan Red Cross</p>	<p>The International Committee of the Red Cross (ICRC), together with the South Sudan Red Cross, work in the health sector to prevent and respond to sexual violence through training, building the capacity of health staff, improving relevant services near health facilities, and providing clinical management of rape services to GBV survivors in 27 primary health centers and in one secondary-level care facility in Akobo.¹⁷⁶</p>

B3.5 HUMANITARIAN ASSISTANCE

Current USAID GBV-Related Programming

USAID-funded humanitarian programming focuses across the spectrum of need, including on: GBV coordination, advocacy and reporting; prevention, risk mitigation, and response. Some programs are cross-cutting, working in multiple sectors and/or in areas not clearly defined by sector. In addition, many organizations/initiatives receive funds from multiple donors.

As the world’s largest donor providing humanitarian assistance to South Sudan,¹⁸⁵ the majority of USAID funding for GBV in South Sudan is channeled through its Office of Foreign Disaster Assistance (OFDA) to international NGOs (INGOs). INGOs often engage national partners to support implementation of projects. With the exception of Catholic Relief Services (CRS), the research team did not have sufficient data on Food for Peace (FFP) programming to assess the integration of GBV in this area.

GBV Focus Areas	OFDA Implementer(s)/Initiative
Prevention Response	GBV Sub-cluster, IRC, American Refugee Committee (ARC) support GBV coordination, advocacy, improved monitoring, and reporting.
Prevention	<p>ARC uses concepts from both SASA! and EMAP to strengthen engagement with men and boys. It also provides economic empowerment for women and girls.¹⁷⁷</p> <p>IRC implements its EMAP, a one-year primary prevention intervention designed for humanitarian/conflict settings “to engage men in transformative individual behavior change, guided by the voices of women.”¹⁷⁸</p> <p>CARE International provides mentorship on mitigating risks for GBV among women and girls in collaboration with partners and community.¹⁷⁹</p>
Mitigation	<p>ARC conducts safety auditing, integrates GBV mitigation into WASH, and supports women and girls friendly spaces (WGFS).¹⁸⁰</p> <p>ARC, CARE International, IOM, NPS expand women and girls’ safe spaces.¹⁸¹</p>
Response	<p>ARC provides case management to both female and male GBV survivors, psychosocial support, and training for service providers.</p> <p>Care International provides training on CMR, psychosocial first aid, psycho-social support, and the IASC GBV guidelines.¹⁸²</p> <p>IRC provides integrated GBV, health, and nutrition services.¹⁸³</p>
Prevention Mitigation Response	<p>NP, with humanitarian funds from OFDA, as well as the Dutch, UK Foreign and Commonwealth Office (FCO), and SIDA, conducts a range of activities to prevent, mitigate, and respond to GBV, including:</p> <ul style="list-style-type: none"> • Promoting unarmed civilian protection, a term that refers to training civilians to maintain peace in communities, including women and youth protection teams. • Engaging men and boys’ groups in GBV prevention. • Peace building through protection, involvement, and empowerment of women. <p>Activities are implemented in Yambio, Bentiu, Aweil, Wau, Rumbek, Aburok, Juba PoC, Lankien, Mundri, and Ulang.¹⁸⁴</p>

As mentioned in the table above, OFDA supports the South Sudan GBV Sub-Cluster (chaired by UNFPA and co-chaired by IRC) work related to GBV coordination, which multiple donors at the national and state-levels also fund. The Sub-Cluster focuses on holding implementers accountable to global guidelines to prevent, mitigate, and respond to GBV across the humanitarian spectrum.^{191,192,193} In addition, the GBV Sub-Cluster, through a consultative process, developed a three-year strategy to guide work in the country during the 2018-2020 period.¹⁹⁴

Current Other Donor GBV-Related Humanitarian Programming

Many of the programs discussed above are also cross-cutting in nature, and include a focus on GBV:

GBV Focus Areas	Implementer/ Donor	Humanitarian Programming
Response	DRC	<p>DRC with funding from UNHCR, works in Mobon to protect women’s rights through:</p> <ul style="list-style-type: none"> • Raising awareness on and support to women to claim their rights. • Promoting advocacy on promoting women’s rights. • Providing case management. • Linking women to access to justice services.¹⁸⁶
Prevention Mitigation Response	International Medical Corps	<p>International Medical Corps (IMC), with DFID HARRIS funds (4-year project), implements GBV prevention and response interventions in communities and PoCs. IMC works directly in Malakal, Wau, Nyal, Aburoc, and through Health Link South Sudan (HLSS), a NNGO as a partner in Twic East, Bor South, and Melut. Activities include:</p> <ul style="list-style-type: none"> • Promoting community sensitization on GBV prevention using EMAP and SASA! Approaches. • Providing case management for GBV survivors. • Providing referrals for clinical management of rape. • Providing psychosocial support. • Providing economic empowerment of women. • Leading coordination and advocacy as co-chair of the GBV sub-cluster in Wau.¹⁸⁷

table continued next page

GBV Focus Areas <i>continued</i>	Implementer/ Donor	Humanitarian Programming
<p>Prevention</p> <p>Mitigation</p> <p>Response</p>	<p>IOM</p>	<p>IOM, with DFID HARRIS funds (4-year project), provides multi-layered interventions throughout focused areas of South Sudan, including Wau/Wau PoC, where the agency integrates GBV mitigation and protection within PoC, areas, where displaced persons are living and returning, and surrounding communities. GBV integration includes:</p> <ul style="list-style-type: none"> • Putting in place GBV mitigation and protection measures throughout the management of the PoC, including shelter, non-food items (NFI), and WASH. Approaches include supporting community governance structures that promote women’s voices in participation as well as leadership (in a recent election more women were elected than men) • Supporting the implementation of prevention of sexual exploitation and abuse (PSEA) policies within IOM and within community, and promoting awareness of complaint mechanisms <p>IOM also provides multi-layered, focused, and community-based mental health and psychosocial support services targeting men, women, girls, and boys across different sectors (general protection, child protection, sexual and gender-based violence, education, health, WASH, and CCCM), as well as addressing key protection issues (including child and adult protection cases, GBV survivors, new arrivals, persons with disabilities, and the elderly, widows, and youth).¹⁸⁸</p>
<p>Prevention</p> <p>Mitigation</p> <p>Response</p>	<p>Save the Children</p>	<p>Save the Children, with funding from UNICEF, the South Sudan Health Project, and NORAD, implements prevention, mitigation, and response programming in Lankein, Nyirol, and Jonglei in Jonglei State, with a focus on integrating child protection, GBV, and education. Activities include:</p> <ul style="list-style-type: none"> • Engaging with religious leaders to mitigate the risk of GBV. • Promoting soft and life skills for children and adolescents (i.e. how to communicate). • Providing GBV case management. • Providing GBV psycho-social support. • Implementing child friendly spaces. • Providing referrals for services needed. • Capacity building of community-based child protection networks.¹⁸⁹
<p>Response</p>	<p>IsraAID</p>	<p>IsraAID provides support for women and girl friendly spaces where it carries out a range of activities, which vary by location and donor, including literacy skills; income generation, skills building and start-up capital; case management; and PSS. UNHCR funds IsraAID to carry out this work in IDP sites in Juba (Mahad and Don Bosco), UNICEF in urban Juba, and United Methodist Community on Relief (UMCOR) in Juba, Maridi, and Kajo-Keji, focused both on GBV and child protection.¹⁹⁰</p>

B3.6 PREVENTION PROGRAMMING USING SASA!

SASA!, featured in Section 6 – Resource section of the GBV Roadmap, is a community mobilization approach focused on normative change to prevent violence against women and HIV. It was developed by Raising Voices (raisingvoices.org), an international NGO based in Kampala, Uganda. The approach identifies and trains local community activists to work as volunteers within their own communities to mobilize change – using four phases of SASA!: **Start** (focuses on knowledge), **Awareness** (focuses on attitudes), **Support** (focuses on skills), and **Action** (focuses on behaviors).

A SASA! community of practice, now integrated into the GBV sub-cluster’s Prevention Technical Reference Group (TRG), led by CARE international and AYA (a national NGO), was created in South Sudan to coordinate efforts of organizations implementing SASA!. The group works with Raising Voices, whose staff is providing training and technical assistance, in efforts to ensure appropriate implementation of the model.

The following table provides a summary of data collected by the Prevention TRG about organizations and work related to SASA!. Donor information was not part of the data provided and other data, i.e. relating to activities has been abbreviated.

Org	Org Type	State	County	Payam	Commune/ Village/Town	POC	Activity Start Date	Activity End Date	Activity
DRC	INGO	Upper Nile	Maban	Refugee camps	Refugee camps; Doro, Gendrassa, Yussuf Bati, Kaya	Refugees	3/1/2018	Dec 2019	Start Phase
DRC	INGO	Unity	Rubkona	Bentiu Town	Bentiu, Koythey	N/A	2/1/2018	August 2020	Awareness Phase
DRC	INGO	Unity	Rubkona	Rubkotne	Kurkal, Rubkona, Mankuay	N/A	2/1/2018	August 2020	Awareness Phase
Health Link SS	INGO	Jonglei	Bor South	Makuach		N/A	1/7/2018	March 2020	Awareness Phase
Health Link SS	INGO	Jonglei	Bor South	Anyidi		N/A	1/7/2018	March 2020	Awareness Phase
CARE	INGO	Jonglei	Twic East	Nyuak	Wangulei	N/A	1/6/2017	Ended 2018	Awareness Phase
CARE	INGO	Jonglei	Duk	Ageer	poktap	N/A	1/6/2017	Ended 2018	Awareness Phase
CARE	INGO	Eastern Equatoria	Torit	Ikotos	Lokoro, Iteuso and Lotuhuyaha	N/A	1/7/2017	Jan 2020	Awareness Phase
CARE	INGO	Eastern Equatoria	Torit	Torit	Olianga , Lofii, Hidonge Malangit	N/A	1/7/2017	Jan 2020	Awareness Phase
Humanitarian & Dev Consortium (HDC)	NNGO	Central Equatoria	Juba	Juba Town	Juba-Urban Refugee & Asylum Seeker community	Refugee & Asylum Seekers	3/1/2016	Depends on needs & funding	Awareness Phase

Org continued	Org Type	State	County	Payam	Commune/ Village/Town	POC	Activity Start Date	Activity End Date	Activity
IMC	INGO	Upper Nile	Fashoda	Kodok	Aburoc	N/A	1/7/2018	March 2020	Awareness Phase
IMC	INGO	Western Bahr el Ghazal	Wau	Wau South	Wau POC	POC	1/7/2018	March 2020	Awareness Phase
IMC	INGO	Western Bahr el Ghazal	Wau	Wau North		N/A	1/7/2018	March 2020	Awareness Phase
IMC	INGO	Unity	Panyijiar	Nyal		N/A	1/7/2018	March 2020	Awareness Phase
IMC	INGO	Upper Nile	Malakal	Central Malakal		POC	1/7/2018	March 2020	Awareness Phase
IMC	INGO	Upper Nile	Malakal	Central Malakal	Malakal town	N/A	1/7/2018	March 2020	Awareness Phase
World Vision	INGO	Upper Nile	Melut	Melut		N/A	7/1/2019	Dec 2019	Start and Awareness

B5. LIST OF KEY INTERVIEWS

Disclaimer: The research team held meetings with the following agencies/organizations. For all interviewees, the research team obtained free and prior informed consent before carrying out the interview.

Organization	Date
Democracy International, Headquarters staff (by phone)	June 20, 2019
DFID, Juba	July 11, 2019
Embassy of Netherlands, Juba	July 10, 2019
Embassy of Norway, Juba	July 11, 2019
Embassy of Sweden, Juba	July 10, 2019
Eve Organization for Women Development (by phone)	July 4, 2019
Focus group discussion with 12 women in Wau POC	July 17, 2019
GBV Sub-Cluster, UNFPA Coordinator, Juba	July 9, 2019
Gender and GBV Hybrid Training Staff (EnCompass & USAID) (by phone)	July 1, 2019
Global Women's Institute, South Sudan researcher, George Washington University (by phone)	June 20, 2019
Health Pooled Fund, Gender and Social Inclusion Staff, Juba	July 1, 2019
IMC Field Staff, Wau	July 18, 2019
International Stakeholder Workshop attended by 28 participants – Juba	July 15, 2019
Internews, DC Office	June 28, 2019
IOM, Juba staff	July 12, 2019
IOM, Wau staff	July 17, 2019
Ministry of Gender Child and Social Welfare, Juba	July 11, 2019
National Stakeholder Workshop attended by 33 participants -Juba	July 11, 2019
South Sudan Democratic Engagement Monitoring Program (by phone)	July 1, 2019
South Sudan Women's Coalition for Peace (by phone)	July 4, 2019
Strategic Initiative for Women in the Horn of Africa (SIHA Network, Wau) at the One Stop Center	July 18, 2019
UN Women, Juba	July 11, 2019
UNDP, Juba	July 10, 2019
UNICEF, Juba	July 12, 2019
USAID Africa Bureau Gender Advisor, Washington, DC	June 28, 2019
USAID Africa Bureau, Office of Sudan and South Sudan Staff (including Sr. Education Advisor; Communications Advisor; Bureau for Democracy, Conflict, and Humanitarian Assistance)	June 28, 2019
USAID Regional Resident Legal Officer (by phone)	June 27, 2019
USAID/South Sudan DART Team Leader	July 13, 2019
USAID/South Sudan Mission Director and Deputy Director	July 10, 2019
USAID/South Sudan Directors	July 8, 2019
USAID/South Sudan Gender Working Group	July 8, 2019
USAID Staff Care Trauma Psychologist (by phone)	July 3, 2019

ANNEX C: GBV LITERACY TRAINING

The following are topics that are strongly recommended to be part of a GBV Program Literacy capacity building. Some of these overlap with the Guiding Principles.

- The role of power in GBV
- Context of GBV in South Sudan
- Prevention Programming: Key Elements
 - Exploring gender norms and other drivers of GBV in South Sudan
 - Male engagement strategies and accountability to women
 - Economic empowerment programming
- Mitigation: Key Elements
- GBV Response:
 - Survivor-centered approach
 - Perpetrator accountability
 - Survivor justice
- Discussion topic: What about men and boys? (see below)
- GBV Program Design:
 - Do no harm
 - Participatory program planning (engaging women, adolescents, others)

Identifying Training Resources

Section 6 includes toolkits and manuals to support providing a workshop series on GBV Literacy.

A strong recommendation for developing GBV literacy for USAID and IP staff is to utilize relevant parts of the IOM's "Institutional Framework for Addressing Gender-Based Violence in Crises" as a guide. While meant for IOM staff and focused on a humanitarian context it is appropriate for the USAID South Sudan Mission and can be applied to development settings. See the box "GBV Literacy for USAID and IP Staff" for more information, including a link to download the manual.

Part I of the publication provides a clear tutorial on the following:

GBV Literacy for USAID and IP Staff

Use relevant parts of the IOM "*Institutional Framework for Addressing Gender-Based Violence in Crises*" to build basic GBV literacy among USAID staff and IPs.

See Part I and Annexes of the framework to learn GBV definitions; GBV forms, types and consequences; root causes and contributing factors; and linkages between GBV and Crises.

Download the manual at:

<http://publications.iom.int/books/institutional-framework-addressing-gender-based-violence-crises>

- Definition of Gender-based Violence
- Gender-based Violence: Forms, Types and Consequences
 - Gender-based violence: Forms and Types of “harm”
 - Gender-based violence: Consequences
- Root Causes and Contributing Factors
- Linkages: Gender-based Violence and crises

Annexes provide glossaries of definitions and other additional information that can be used to ensure clarity in definitions and understandings.

Identifying Facilitators and Trainers

Workshops should include local and regional GBV experts. GBV experts that are staff of organizations working in South Sudan can be utilized to provide training and support. This includes staff of IOM, IRC, UNFPA, and DRC. Additionally, GBV experts in neighboring Uganda, as well as workshops sponsored in Uganda, can be utilized.

Many of the Guiding Principles of the TOC are areas of broad concern for USAID. It may be possible to obtain support from USAID headquarters or from other agencies to implement an agency-wide GBV literacy training. For example, adolescents and social norms are a concern of USAID’s office on youth development, as well as UNICEF and the Passages Project (<http://irh.org/projects/passages/>), funded under USAID’s Office of Population and Reproductive Health (PRH).

In addition, continual reflective learning can be accomplished by using staff/IP meetings and other opportunities. A few ideas include:

- Facilitate “Agree/Disagree” discussions – one norm per meeting.
- Provide short media viewings that challenge norms, followed by a facilitated discussion.
- Share a practice “brief” (available on websites in Section 6: Resources) that features one intervention, or approach, and discuss why it “worked.”

Discussion topic: What about Men and Boys?

One important aspect of GBV Literacy is understanding the global evidence indicating that the vast majority of GBV is violence against women and girls, while recognizing that some men and boys can also be victims/survivors of GBV. A frequent concern raised about programming to address GBV is: “*What about men and boys?*” The following are ways to respond to this:¹⁹⁵

- Provide data to demonstrate that while

GBV Literacy Capacity Building Checklist

- Identify a core group of USAID/IP staff that will receive intensive training.
- Determine how to ensure training is thorough and includes opportunities for personal reflections on gender norms and biases.
- Review the Guiding Principles and determine a source of training for each (one source may not have expertise in each area, i.e. social norms).
- Use staff/IP meetings/retreats as opportunities to regularly provide brief gender norms awareness and training on specific topics of GBV literacy over time to all staff.
- Use Gender Working group meetings to take deeper dives into practice “briefs” that feature evidence-based interventions that offer lessons learned.

some men and boys are affected, women and girls are overwhelmingly the ones affected. A study of prevalence of GBV in select sites in South Sudan concluded what other studies also state: GBV is pervasive in South Sudan and it affects women across their lifespan.^{196,197,198}

- Ask: “Who has power in our society?” Consider an interactive activity, possibly an adaptation of the “Power Walk” activity focused on male/female privilege to demonstrate how men, in general, hold more power and privilege than women and how that links to violence against women and girls.
- Discuss dynamics of violence against women versus against men. This includes who perpetrates the violence and the **patterns of control**.
- Don’t dismiss the fact that some men are victims/survivors of sexual abuse as part of conflict and/or long-term abuse – by teachers, clergy, family members.

While maintaining a focus on women and girls, it is important to consider the causes and consequences of GBV perpetrated against boys and men as well. Identifying safe spaces, and, opportunities for healing are critical. This is particularly true given the growing evidence that men who are subjected to trauma have an increased risk of becoming perpetrators themselves.¹⁹⁹

ANNEX D: LIST OF KEY DOCUMENTS CONSULTED

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ANNEX E. LIST OF KEY STAKEHOLDERS

Name	Position	Institution/Organization
Abeja Sarah	Coordinator	WOPAH/NASSOSS
Achol Kuchdit	Project Officer	South Sudanese Network for Democracy and Elections
Achuil Akoch	Teacher	Wingchun Secondary
Acu Elizabeth	GBV Officer	Nonviolent Peaceforce
Adhieu Malual	ED	National Alliance for women lawyers (NAWL)
Adior Kuol Amun	Program Manager	Organization for Transformation
Akeer Yac Arop	Member	Disable Association
Akello L Juliet	CP Specialist	UNICEF
Akram Juma	Member	User Committee
Alawia Abdelmajid	Women Leader	Women Leader Islamic Council
Alex Abuk	ACOP	JHPIESO
Alice Mangwi	GBV Sub-Cluster Co-Chair	IRC
Alier kon	M & E Officer	Ministry of Health
Ama Ameilia,	Midwife-Manager	Gurei Primary Health Care Center
Amer Deng	Chairperson	Women Bloc of South Sudan
Amuda Joseph A	Water and Waste Engineering	USAID South Sudan
Andrea Cullinan	National GBV Sub-Cluster Coordinator	UNFPA/South Sudan
Andrea Sulley	Deputy Representative	UNICEF South Sudan
Andrew Shuruma	Team Leader, Democratic Governance & Stabilization Unit	UNDP/South Sudan
Angelina Kamilo	Social Worker	State Min. of Gender, Child and Social Welfare
Annet Giryang	Gender POC/Program Manager	USAID-South Sudan
Arfa Juma		Islamic Council
Asunta Angong	C.P/PSS/ D. Officer	Hold The Child
Asunta Bol	GBV Officer	SS GBV Police Protection
Atim Caroline	ED	South Sudan Women with Disability network
Ayak Jervas	Lecturer	University of Bahr el Ghazal
Ayuen James Buol	Senior Inspector/ Acting Director Gender	State Min. of Gender Child and Social Welfare-Bor
Ayuen Priscilla	Coordinator	YOCADO
Babette Schots	Protection Coordinator	Danish Refugee Council

Name <i>continued</i>	Position	Institution/Organization
Baku Kionga	EMAP Gender Specialist	IOM South Sudan
Bashir Said	Child Protection Sub-Cluster Coordinator	Save the Children
Basilica Paul	Community Based Protection	UNHCR
Beatrice Akello	Program Manager	ARUDA
Betty Sunday		Community Empowerment for Progress Organization (CEPO)
Bior Ajang Jaden		Anataban
Bonnie Robinson	USAID Training Advisor	USAID/GenDev
Caroline Kibos	Access to Justice Officer	The Centre for Inclusive Governance Peace and Justice
Catherine Amaniyo	UNFPA GBV in Emergency Programme Specialist	UNFPA/South Sudan
Catherine Hingley	GBV Specialist	IOM
Cesar Lupai	GBV Officer	International Medical corps (IMC)
Celena Wasserstrom	Programme Officer	Democracy International
Charles Haskins	Internews	Internews
Charles Ngyilo	Project Coordinator	Lulu Works
Chol Stephen		SAADO
Christine Winny	Program Manager	Young Women Christian Association
Clyse Weller	RRF Prog. Officer	IOM
Croshelle Harris-Hussein	Education Office Director	USAID/South Sudan
Daniel Jok	ED	Save the Women and Girls in Africa
Daniel Matiop	Teacher	Nile Academy
Daniel Wani	Education & M&E	USAID/South Sudan
David Tor		JJJ NNGO
Deborah Diyo	Head of Workers	Child Welfare
Deborah Esnor	Senior Vice President	Internews, DC Office
Deng Chol Kiir		User Committee
Deng kon Leek		Jonglei State Women Association
Dengo Bismark		Lulu Work Trust
Dhieu David	E. Director	KNF
Diana Imerio	M & E Officer	WOTAP
Dicky Dooradi	Senior Deputy Program Management	Democracy International
Dr. Achai,	GBV Response;	IOM South Sudan

Name <i>continued</i>	Position	Institution/Organization
Elijah Gatchang	Women protection and Economic Empowerment Manager	IRC
Elizabeth Nyang	ICT Inspector	Ministry of Health
Elly Agak Rebecca		Jonglei State Women Association
Emily Rupp	Program Office Director	USAID South Sudan
Erica Brafford	Business Development Manager	Plan International
Eruaga Jackson		MSI South Sudan
Esterina Mario	Protection Officer	UCDU
Evelyn Letiyo	GBV Specialist	IOM
Fatuma Abdul Karim	Response offer for GBV	One Stop Center-Juba
Federica Seymandi	Women Protection	UNMISS
Florence Alibi	GESI Specialist	Health Pooled Fund, Gender and Social Inclusion Staff
Fozia Ahmed	Director of Child Social Welfare	State Min. of Gender, Child and Social Welfare
Garang Kon Deng	M & E	State Ministry of Health
Gassi Topista Richard		Health Link-Bor
Geu Akan Wel	Comedian	Anataban
Gordan Lam	ED	DRI
Guot Kiir Guot	F. Coordinator	Christian Agency for Peace and Development
Hanna Carlsson		Embassy of Sweden
Haria Carbo		Wildlife Conservation Society
Hon. Esther Ikeri	Undersecretary	Ministry of Gender, Child and Social Welfare
Huma Khan	Senior Women Protection Advisor	UNMISS
Ibrahim Abu-Shammaiah	Project Manager, Rule of Law & Access to Justice, Democratic Governance & Stabilization Unit	UNDP/South Sudan
Isaac Gatluak	Nile Hope	GBV Specialist
Jackline Avelino	Women Dev. Program Officer	South Sudan Council of Churches
Jacob Achiek	Inspector	Local Government
James Alau	CBPD	IsraAID
James Khor	Administrator	Bor Municipality
James Labadia	Program Manager	Active Youth Agency
Jane Namadi	Education Office	USAID/South Sudan
Jean Lieby	Chief Child Protection Officer	UNICEF South Sudan

Name <i>continued</i>	Position	Institution/Organization
Jeff Hill	Director, Office of Economic Growth	USAID/South Sudan
Jenifer Iden		Health Pooled Fund
Jim Hope	Mission Director	USAID/South Sudan
John Achiek Mabior	Finance Secretary	JIPDD
John Akech Gai		Bor Pentecostal
John Aleer Deng		Jonglei State Women Association
John Bior M		Youth Group
John Mabior		User Committee
Jok David Deng	Civil Administrator	Bor Municipality
Jok Nhial		Health Link-Bor
Joseph Lual	Dean of Students	St John's College
Joseph Ngong Arok	RH-Coordinator	State. Ministry of Health
Judy Greenberg	USAID Staff Care Trauma Psychologist	USAID/HQ
Julia Aker	ED	Gender Equity and Women Leadership Program in South Sudan
Juma Bafiburehe	Chief	
Juma Rajibori	Chief	Chief Kaste
Juzela Anthony	Gender and Protection	KICDO
Kamil Kayode Kamaluddeen, PhD	Resident Representative	UNDP/South Sudan
Katherine Edward	CH.P	SPLM Women's League
Kuch Isaiah Malak	Protection Officer	Christian Agency for Peace and Development
Lauren Kirby		Office Sudan and South Sudan, Bureau for Africa
Lemi Lokosang	Economic Growth Program	USAID/South Sudan
Levi Manza	Ass. Project Coordinator	Organization for Nonviolence and Development
Lilian James	AVSEC Officer	Alma Awach
Lina	Project officer	Strategic Initiative for Women in the Horn of Africa (SIHA Network, Wau) at the One Stop Center
Linda Lukandwa	Director of Finance and HR	Democracy International
Linda Thomas	Lecturer	Catholic University
Mabior Mach	Administrator	Bor Municipality
Madit Ayuen		Jonglei State Women Association
Malek Paul Giet	A/T Head	Bor Secondary School
Manuel Contreras-Urbina, PhD	Director of Research	Global Women's Institute, South Sudan researcher, George Washington University
Manyuon Akuok Jok	Volunteer	Christian Agency for Peace and Development

Name <i>continued</i>	Position	Institution/Organization
Mario Ada	D/Admin	Local Government
Mary Anguce	M & E Officer	CARDO
Mary Athiei	Protection Officer	Child Welfare
Mary Madaline Deng.	Social Worker	SSWDN
Mary Naima	Member	Kuac Association
Mary Valentino	Member	Women Association
Matela Viola	Communication	National Transformational Leadership Institute-Juba University
Mathiew Mading Bol	Programme Officer	Johanniter International
Mathiew Michael		JPC
Matthew Emry	USAID Africa Bureau Gender Advisor	USAID Africa Bureau Gender Advisor, Washington, DC
Maura Ajak	Journalist	Catholic Radio Network
Mawa Ezekiel	CP Coordinator	World Vision
Meghan Kirby	Housing, Land and Property Rights	IOM South Sudan
Meling Christine	Field Officer	UNICEF
Mercy Laker	ACDY	Care International
Merekaje Lorna	Secretary General	South Sudan Women's Representative to National Constitutional Amendment Committee (NCAC)
Merio J.	Project Coordinator	Women Bloc of South Sudan
Michael Ghait	Web Editor	MIC
Miriam W Kuna	GBV/Protection Coordinator	ARC
Mona Musa	Advocate	SAPO
Monalisa Zatjirua	SGBV/Ending Violence against Women Programme Officer	UN Women/South Sudan
Morgan Simpson	Deputy Director of Program Management	Democracy International
Munyamaliza Edouard	Women's Protection Technical Advisor	Nonviolence Peaceforce
Muriel Korol	Resident Legal Officer	USAID Regional Resident Legal
Muzama Asunta	Programme Officer	JPC Wall
Mwango Mainda,	Donor Relations	UNICEF South Sudan
Neni Daniel	S.T Manager	Chemonics
Never Grace	Admn/HR	South Sudan Youth Peace and Development Organization
Ngor Victor Majok	Gender Head	Legacy for African Women and Children Initiative
Nyaboth Paska	Gender Officer	PAX for Peace

Name <i>continued</i>	Position	Institution/Organization
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