



STOP RAPE NOW

UN ACTION AGAINST SEXUAL VIOLENCE IN CONFLICT

| One Stop Centre: Rolling Out Provision of Integrated Gender-Based Violence (GBV) Response Services in South Sudan Project¹ No: UNA060. | |
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| UN ACTION MPTF PROJECT FINAL REPORTING FORM | |
| Country | South Sudan |
| Project Start Date | (01/12/18) |
| Project Completion Date | (31/12/19) |
| Project Duration | 13 months (Start Date 01/12/18 to End Date 31/12/19) |
| UN Implementing Entities | United Nations Population Fund (UNFPA), United Nations Development Programme (UNDP) |
| Name, Title and Contact information of Reporting Focal Point(s) from all implementing agencies. (Please include both email and phone). | One Stop Centre: Rolling Out Provision of integrated Gender-Based Violence (GBV) Response Services in South Sudan Focal Point of the Participating UN Organization(s): Name: Mary Otieno Telephone: Tel: +211 920 764 648 Email: motieno@unfpa.org Name: Kamil Kamaluddeen Telephone: +211920694101 Email: kamil.kamaluddeen@undp.org |
| Project Location(s) | Malakal, Upper Nile State, South Sudan |
| Project Budget | US \$ 256,023 |

¹ The term “project” is used for projects, programmes and joint programmes.

| | |
|-------------------------------------|---|
| UN Action pillar of activity | <input checked="" type="checkbox"/> Advocacy <input type="checkbox"/> Knowledge building <input type="checkbox"/> Support to UN system at country level |
| Report Date | 31/03/2020 |

1. Project Context

During the project period, the context in South Sudan remained uncertain and fragile despite some slow, but promising political gains. A year after the signing of the Revitalized Agreement on the Resolution of the Conflict in South Sudan (R-ARCSS) ² in 2018, overall progress on the implementation of the R-ARCSS has been modest. During the project period, the deadline for establishing the Transitional Government of National Unity was extended twice, most recently until early 2020, following the regional mediation efforts from neighbouring countries. These extensions in deadlines meant heightened uncertainty amongst the people. However, the increased stability has resulted in increased number of returnees to the homeland. While the revitalised process has led to a fragile peace at national level, the conflict had shifted to an intensification of violence at localised levels where the divide along the ethnic lines has continued.

The sexual and gender-based violence persists in South Sudan. As highlighted by the Human Rights Council in their visit to South Sudan, “Sexual and gender-based violence, including conflict-related sexual violence, continued to be widespread and pervasive, characterized by a recognizable pattern of terror and subjugation used as a tactic of war. The environment remained insecure and deadly for South Sudanese women and girls, as bodily integrity was not guaranteed. Denial and stigmatization, compounded by the lack of accountability for sexual and gender-based violations, remained a grave challenge.”³

As per the Humanitarian Needs Overview of South Sudan, in total, nearly 7.5 million people in South Sudan are in need of some type of humanitarian assistance or protection. Of the 78 counties in South Sudan, 45 are in severe need and 33 are in extreme need. Of these 33 counties, people in 23 of them have faced extreme need for at least two consecutive years. Some 30 per cent of the counties in extreme need are located in Upper Nile one of which is Malakal. More than 55 per cent of civilians countrywide, mainly women and children, faced acute food insecurity due to wilful impediments of humanitarian aid by different parties, climate-induced factors and large-scale conflict-induced displacement.⁴

At the policy level, some changes have been witnessed. The ministry of Gender, Child and Social Welfare led the process of drafting Anti-GBV Bill, supported by United Nations Population Fund (UNFPA). The bill now awaits being tabled at the parliament in 2020. Despite the pressure for its establishment, there is little progress in planning for establishing hybrid courts for prosecution of all incidents of sexual violence and hold perpetrators accountable, regardless of their rank.

² <https://igad.int/programs/115-south-sudan-office/1950-signed-revitalized-agreement-on-the-resolution-of-the-conflict-in-south-sudan>

³ <https://www.ohchr.org/EN/HRBodies/HRC/CoHSouthSudan/Pages/Index.aspx>

⁴ <https://reliefweb.int/sites/reliefweb.int/files/resources/South%20Sudan%20-%20Humanitarian%20needs%20overview%202020.pdf>

Among reported GBV incidents in 2019, 98 per cent of the survivors were women and girls. Among incidents, physical assault perpetrated by an intimate partner accounted for 37 per cent, sexual violence 18 per cent and emotional abuse 25 per cent. Increased risks, coupled with gaps in GBV service provision, necessitates the urgent need for strengthened GBV prevention, risk mitigation and services.⁵

The year 2019 witnessed steady increase in the number of cases reported under the Gender-Based Violence Information Management System (GBV IMS). The GBVIMS reported 7,931 new incidents in 2019, with 98 per cent female survivors, and amongst those 20 per cent of the reported cases aged below 18 years. Of the total reported incidents involving children, 21 per cent were perpetrated against minors below the age of 11 years while young adolescents constitute 79 per cent of child survivors. In 2019 alone, 603 incidents of child sexual abuse were reported through the GBVIMS accounting for 46 per cent of the total GBV incidents affecting children.

Victims of sexual and gender-based violence in South Sudan continue to face significant challenges in seeking justice as a result of the stigma attached to sexual violence. As a result, many survivors do not report their experiences or seek justice. The transitional justice mechanisms set out in Chapter V of the Revitalized Agreement on the Resolution of the Conflict in South Sudan (R-ARCSS) provide a framework for addressing gross violations and international crimes that have occurred during the conflict including SGBV, and to starting the reconciliation, healing and institutional processes necessary to move South Sudan beyond its cycles of recurring violence toward lasting peace. However, there is still no domestic legal system of prosecutions of sexual crimes during conflict, corroborated with the strong justice institutions. There still remains a large gap between reports of sexual violence documented and the number of formal prosecutions for sexual violence.

There is lack of evidence to suggest long-term changes in the mind-set and overall normalization of violence against women and girls. Traditional gender norms guide everyday life for most South Sudanese. Men are responsible for providing financially for their families, and for assets such as cattle and land. Women control the homestead and household items, as well as small animals. Conflict has changed some practices, and in many cases, women have had to take care of their families alone. Inheritance rights are largely clan specific, and most women are not able to inherit the land and other significant assets of their deceased husbands unless they have a male child.

Harmful traditional practices also do not see major changes across the country. They include early and forced marriage, including marriage following cattle raids; abduction of girls for household chores; intimate partner violence; and denial of education for girls due to societal expectations. Men and women alike have been socialized to tolerate domestic violence and it is widely viewed as acceptable within families. Intimate partner violence regularly comprises at least half of all reported GBV incidents. Structural gender inequality and unequal power relations between men and women are the root cause of GBV. Retribution is a concept deeply engrained in the country's culture and traditions. When individual suspects are not punished, their families or communities are left to blame—making them proxy targets for vengeance.

During the year 2019, apart from Malakal, UNFPA established 5 new fully functional One Stop Centre (OSC) in Bor, Kapoeta, Torit, Wau, and Yambio, in addition to the pre-existing OSCs at Juba Teaching Hospital, Maluankon, and Rumbek which began their operations in 2017 and 2018. Now the country has

⁵ Humanitarian Needs Overview, 2019

9 fully functional services, ensuring GBV survivors' access to integrated and survivor-centered health, psychosocial, police and legal services. The OSCs have made significant gains as there is steady increase in the number of women accessing the services, increase in the number of women pursuing legal services and the number of cases where convictions were made against the perpetrators. This is significant in South Sudan where the impunity to violence against women and girls remains rampant, and access to formal legal system is not widely prevalent.

2. Progress Summary

To respond to and deliver efficient solutions for many challenges of Gender Based Violence (GBV) response services, in December 2018, Ministry of Health jointly with the Ministry of Gender, Child and Social Welfare and Smile Again Africa Development Organization (SAADO), established the One-Stop Center (OSC) at the Assosa Public Health Centre in Malakal, Upper Nile State, with the support from the United Nations Population Fund (UNFPA), United Nations Development Program (UNDP), and financial assistance from the Office of Special Representative on Sexual Violence in Conflict. The organization Advocates without Border provided legal aid/pro bono legal services, legal information and legal representation both at the prison, the police and in the for cases that went to the court.

The OSC provides immediate, urgent, integrated and ethical services to survivors of GBV and facilitates timely response services and referral of cases under one roof. Services offered at the OSC provide a full package of integrated medical, psychological, psychosocial and legal support services for all GBV survivors. Furthermore, the OSC refers survivors to other required services according to their needs.

During the reporting period, total 60 individuals, 59 women/girls and one male survivors of GBV benefitted through comprehensive services at the OSC. These included 11 cases of sexual assault, 4 cases of economic violence, 18 physical abuse, psychological violence, 9 forced and child marriage and 6 cases of denial of resources. All but one were female survivors perpetrated against by adult males. All cases/survivors received GBV services from One Stop Centre (OSC); the medico-legal cases received referral assistance for being taken to the police, including the cases of child marriage. All survivors received psychosocial counselling and the cases documented in the case intake forms.

In terms of community outreach, 1,936 community members were reached out to during the project life (1,483 women, 453 men). The community leaders ranging from 4 chiefs, 8 civil society organizations and 10 local community leaders were engaged to reach out to the public for sensitization and awareness on GBV. 86 community members (69 female) were trained as paralegals and on legal jurisprudence, basic concepts of GBV and referral pathways in Malakal.

Also, 102 women and girls directly benefitted through legal aid/pro bono legal services, legal information and legal representation both at the prison, the police and the for cases that went to court. Of the 102 beneficiaries, 31 were survivors of domestic violence, 39 SGBV cases, 17 survivors of forced marriage and child abuse, 9 cases of rape with 3 cases of armed robbery. A Total 14 cases which involved serious crimes were prosecuted before court and the perpetrators were sentenced accordingly. The sentences for the prosecuted perpetrators ranged from 6 months to 5 years.

For effective coordination amongst the service providers, a multi-sectoral committee on GBV prevention and ending child marriage was established in Malakal. The committee consisted of 35 members (21

females and 14 males) representing women's associations, community chiefs and members of parliaments.

a). Project Goal

The project goal is to reduce the prevalence and negative impact of GBV including conflict related Sexual Violence (CRSV) in South Sudan.

Through this project, a referral pathway for Malakal and Upper Nile State was established and functioning, providing services to 60 GBV survivors (59 female, 1 male (case of intimate partner violence); including 11 cases of sexual assault, 4 cases of economic violence, 18 physical abuse, 5 psychological violence, 9 forced and child marriage, 6 related to denial of resources and 7 cases of rape). The improved coordination between different duty bearers, including the Ministry of Health, Ministry of Gender and other service providers (SAADO, IMC and MSF) for GBV case management led to more effective and survivor-centred services.

As access to justice is an important aspect to build confidence amongst the survivors, a paralegal training tool-kit was developed and trained 108 paralegal to support survivors of SGBV. Surpassing the original goal of 100, during the project period, total 108 service providers (75 female, 33 male) were trained on GBV basic concepts, survivors guiding principles, referral pathway in Malakal. These included Staff of OSC, judiciary, police and staff from the ministries of health and ministry of Gender, Child and Social Welfare, and 10 OSC personnel. The legal advice rendered to the victims and survivors included, (i) the right to speak out confidently without fear, legal procedures to report SGBV cases to relevant authorities including Advocates Without Border through one stop centre; (ii) victims of rape were advised and supported to seek medical examination; (iii) preservation of evidence and protections of witnesses as well as, (iv) personal safety. The applicable laws were:- The Transitional Constitution of the Republic of South Sudan 2011 (as amended particularly Part II pertaining to the Bill of Rights) Penal Code Act, 2008, The Code of Criminal Procedures Act, 2008, The Code of Evidence Act, 2006 and Case law or precedence.

To achieve the goal of the project, consistent coordination was ensured amongst several duty bearers and service providers, i.e. police, health (doctor, health workers, teaching hospital staff), Ministry of Gender, Child and Social Development, State ministry of Health, lawyers (Advocates without Border) and local civil society organizations. While it is difficult to ascertain the shift in prevalence over one-year period, the indicators for the project contributing towards this can be witnessed in the systems established to address the issue by the State and community leaders. A Multi sectoral committee to champion GBV prevention and ending child marriage issues in Malakal was established by the support from the project, and is functional. The committee comprises of 35 members (21 females and 14 males) representing women's associations, community chiefs and members of parliaments. The committee has made recommendations to various players to implement the Child Act, 2008 in order to address GBV and Child Marriage.

b). Project Outcomes

Outcome 1: Increased percentage of GBV survivors utilizing GBV response services in South Sudan

The monthly GBV cases reporting to the One Stop Centre have been increasing, a pointer that the percentage of GBV survivors utilizing the services is going up.

c). Project Outputs

The project has two outputs, progress against which are described as below –

Output 1: GBV survivors have increased access to GBV response services in Malakal, Upper Nile State

- During the project period, total 60 GBV survivors received services, most of whom were Sexual Assault, and physical assault.

A total of 102 survivors of GBV received legal aid, including 31 survivors of domestic violence, 39 SGBV cases, 17 survivors of forced marriage and child abuse, 9 cases of rape with 3 cases of armed robbery. Total 71 cases were resolved through legal support, advice rendered at the police station, prison and other non-gazetted detention facilities included reconciliation of the parties. While 14 cases which involved serious crimes were prosecuted before court and the perpetrators were sentenced accordingly (ranging from 6 months to 5 years). The strengthened referral pathways across different service providers meant that the survivors received more timely and need- based services.

Output 2: Community engagement, mobilization and information campaigns are supported to increase the space of protective environment for women and girls

As community outreach and sensitization are critical to create an enabling environment for the survivor women and girls;

- 160 (110 F, 50 M) community action groups members from 5 community groups were trained on GBV prevention and response
- 1,936 community members were reached with GBV information and available services (women- 1,483; men- 453)
- 180 (132 women, 48 men) were reached through focus group discussion and community dialogues on GBV situation; causes, prevention and response.
- 85 (49 men and 36 women) duty bearers (police, religious leaders, cultural leaders) were trained on GBV and dangers of child marriage
- Multi sectoral committee to champion GBV prevention and ending child marriage issues in Malakal established and is functional. The committee has 35 members (21 females and 14 males) selected from women associations, chiefs and members of parliaments. The committee has made recommendations to various players to implement in order to address GBV and Child Marriage.

d) Project Activities

Output 1: Activities

Activity 1.1. Set up of One-Stop Centre at Malakal state hospital

The One Stop Centre was established and is functional since December 2018.

Activity 1.2. Procure and preposition medical equipment and supplies for management of GBV cases, including post rape kits for cases of sexual assault

During the first quarter of the project, the medical equipment was procured, and the staff were recruited since the first quarter of the project. During the project year, 500 dignity kits were supplied. Also, following medical supplies were procured for the operations at OSC – surgical gauze (100), cotton wool, patient gown, iodine solution, hospital bed, mattresses and bed sheets (2), first aid kit, kidney tray, scissor, thermometer, dressing trolley, examination table, waste bin buckets.

Activity 1.3. Train health workers and other partners on GBV case management

Health workers and relevant partners were trained in GBV case management. The training subjects for the health workers and other partners included; basic concepts of GBV, concept of power and control,

GBV myths and facts, types of GBV, scope of GBV referral pathway in Malakal, the Do's and Don'ts of GBV referral pathways, guiding principles for working with GBV survivors and the pathways for accessing GBV services in Malakal.

1.3.1 *Establish and Train 45 duty bearers and policy makers on GBV and child marriage.*

The training for duty bearers was conducted, targeting 45 (female 14 & male 31) participants. Trained participants included parents, policy-makers, police, chiefs, women association members and Community leaders per five locations of Assosa. Duty bearers were trained on the root causes of gender based violence, consequences/effect of gender base violence, Prevention measures of gender based violence, consequences of Early Child Marriage, the committee promised to work closer with SAADO to end GBV and child marriage.

1.3.2 *Training on referral pathway with the multi-sectoral committee members.*

The training was conducted in Malakal where a total of 37 leaders (18 females and 19 males) were trained. The training targeted members of the multi-sector committee, chiefs, parents, and police. Topics covered included basic GBV concepts, concepts of power and control, principles of GBV case management and scope of GBV referral pathway in Malakal. The training has helped to activate the functioning of the referral pathway in Malakal and it was agreed that a continuous awareness should be provided to community leaders for psychosocial support.



Photo: training of leaders of different institutions in Malakal on GBV referral pathway

1.3.3 *During the second quarter of the project, training on referral pathways were conducted with 22 (6f, 16m) service providers to effectively respond to the needs of the survivors.*

1.3.4 *Training of duty bearers on GBV and dangers of child marriage*

During the third quarter, training was conducted to chiefs, women's association members and parliamentarians on GBV and dangers of child marriage. A total of 86 people consisting of 49 males and 36 females participated in the training which focused on prevention and response mechanisms, especially for child marriage.



Photo credit: SAADO; duty bearers in a group photo during the training

1.3.5. Stakeholders analysis & engagement referral pathway

In partnership with IMC, IOM and UNICEF, SAADO conducted a referral pathway training in the Quarter 4, 2019, attended by 51 (male 36 & female 15) participants. Topics covered was basic concepts of GBV, concept of power and control, GBV case management principle, types of GBV, scope of GBV referral pathway in Malakal, the do's and don'ts of GBV referral pathways, guiding principles for working with GBV survivors, the pathways for accessing GBV services in Malakal. As a result of the training participants recommended that more training and sensitization should be carried out in the entire Assosa community and with the duty bearers in Malakal.

Activity 1.4. Provide legal aid to survivors of GBV

- The project provided legal aid including legal representation, awareness and counselling to 102 survivors.
- Developed paralegal training manual to train community members to serve as paralegals and to support the SGBV referral pathway.
- Trained 108 (75 females and 33 males) community members as paralegals; trained paralegals include women, youth, and community leaders. Police and prison officers also benefited from the training



Cross section of community members being trained as paralegals in Malakal

Activity 1.5. Support multi sectoral Coordination meetings

1.5.1 Establish & support multi-sector committee

A total of fifty-eight participants from Multi-sector committee (17 female & 41) were trained on GBV and end child marriage empowerment. The participants' committee came up with some comments on what is happening in their society about gender based violence-GBV and child marriage. One participant from the women union suggested that children should be informed equally in and outside school (at homes).

Output 2 Activities

Activity 2.1 Develop plan for community mobilization and awareness activities for the One-Stop Centre at Malakal state hospital

Based on the community mobilization plan, the OSC conducted community mobilization activities on regular basis.

2.1.1 Community mobilization during the 16 days of activism Campaign:

- A round table discussion was organized to celebrate 16 days of activism in Malakal in five Bomas of Assosa Payam, Malakal Central upper Nile State, in which around 3700 people participated. During the discussion, several men commented that they should be the duty bearers in prevention for Gender Based Violence (GBV) and reaffirmed their willingness to change society norms that treat women as inferior.
- Several visibility materials were developed and distributed, such as 250 T-Shirts to support commemoration of 16 days of activism; a video clip and documentary on men in ensuring Zero Tolerance to GBV in South Sudan, and 18 pictorial banners highlighting GBV prevention and response messages;
- A conference was held with 75 men to discuss on how men should engage themselves in the fight against GBV as change agents across South Sudan. As a result of the conference, the participants exchanged their experiences of countering GBV in their own lives and committed to address the GBV if they witness in their surroundings.

Activity 2.2 Conduct *Boma* level community mobilization outreaches and dialogue sessions with cultural leaders, women and men groups informed by GBV data seen at the facility

2.2.1 Community mobilization and sensitization meetings on social norms and ending child marriage

During the project period, a total of 10 community mobilization and sensitization sessions were conducted in five Bomas of Assosa payam, reaching approximately 1,936 people (453 men, 1,483 women) across the community.

Awareness creation, community mobilization and sensitization sessions was conducted in five Bomas of Assosa payam in central upper Nile Malakal. The activity focused on GBV prevention and response and child marriage. At total of 845 (Males 164 and Females 681) participated in three community mobilization engagements. The main objective was to inform the community members on how to live in a violence free home and about the lifesaving services available in the one stop center for Gender Based Violence survivors. Topics covered included; definition of GBV, types of GBV, causes of GBV, effects of GBV, SGBV, available services and referral pathway and effects of child marriage and early pregnancy as well as the existence of community function groups.

During the third quarter of the project, a total 5 community awareness raising sessions were conducted to inform the community on violence free homes and lifesaving services available at the One Stop Centre for GBV survivors. The sessions focused on GBV prevention and response, and ending of child marriage. A total of 1,091 community members participated (289 males and 802 females).

2.2.2 Advocacy meeting guided by Focus group discussions in five Bomas: Agro-Mechanic, Buam, Assosa-middle and Assosa-Sawada and Tarawa

Focus Group Discussions was conducted in five Bomas of Assosa Payam with a total of 180 participants targeted. The Bomas are: Agro-machanic, Buam, Assosa-middle, Assosa-Tarawa, Assosa- Shawada

| Age | Female | Male | Total |
|--------------|------------|-----------|------------|
| 10-18 | 20 | 12 | 32 |
| 19-59 | 80 | 24 | 112 |
| 60+ | 22 | 12 | 34 |
| Total | 132 | 48 | 180 |

Topics of discussions included, the role and responsibilities of community leaders, chiefs and parents to intervene in GBV cases reporting in their areas, especially the cases related to rape, sexual exploitation, physical assault, sexual assault and other forms of GBV; factors that contribute to gender based violence in the community; and if there are any changes in the prevalence and practice of child marriage and GBV in your community since the OSC started its operations. Due to the focus group discussions, there has been increased awareness which has reached 180 individuals. Each Boma had 36 participants and each focus group discussion involved 12 participants.

2.2.3 Training for community Action Group on their roles in five centers (group) of Assosa Payam, Malakal Central, Upper Nile State. The trainings conducted focused on the role of community action groups, GBV concepts, referral pathway, overcoming negative social norms, GBV risk mitigation and prevention mechanisms by the community action groups.

| Centers (Group) | female | Male | Total |
|----------------------------|------------|-----------|------------|
| Agro-Mechanic- Group one | 25 | 10 | 35 |
| Buam- Group two | 25 | 10 | 35 |
| Assosa Middle -Group three | 20 | 10 | 30 |
| Assosa Shawada -Group four | 20 | 10 | 30 |
| AssosaT arawa - Group five | 20 | 10 | 30 |
| Total | 110 | 50 | 160 |

Activity 2.3 Conduct 1-hour radio programs conducted on GBV

During the reporting period, SAADO conducted 1-hour radio programs on GBV 3 times per quarter. The radio stations which have been hosting the shows include radio channels such as Nile FM and Radio Miraya.

Activity 2.4 Develop and print 5000 IEC materials on GBV prevention and response including referral pathway

During the 16 Days' Activism, the following IEC materials were produced –

- 250 T-Shirts were printed to support commemoration of 16th days of activism and distributed during launching in Malakal and Juba and during male conference against GBV in Juba
- Printed and disseminated 18 pictorial banners with GBV prevention and response messages
- A video clip and documentary on men's role in ensuring zero tolerance to GBV in South Sudan was made and disseminated at the conference on 'Men's role in ending GBV', during 16 days of activism campaign

3. Project Beneficiaries

Guidance: Please explain who has benefited from the project and how (Please specify the number and types of beneficiaries).

| | Component | Beneficiaries envisaged | Beneficiaries reached out to |
|-----------------|--|-------------------------|--|
| Result 1 | Essential lifesaving GBV response services | 4,500 | 162 (60 at the OSC, 102 for legal aid (128 female) |
| Result 2 | Community mobilization and information on available services | 10,000 | 4,036 + 1091 (802 female) |
| | Total direct beneficiaries | 14,500 | 5,289 |

The total number of direct beneficiaries is lesser than the target (reaching 36.48% compared to envisaged), as the number of survivors approaching the One Stop Centre was less than envisaged.

GBV incident statistical overview and trend analysis for the project

A total of 60 cases of Gender Based Violence were reported and responded to at the OSC, including 11 cases of sexual assault, 4 cases of economic violence, 18 physical abuse, 5 cases of psychological violence, and 9 victims of forced marriages, 6 victims of denial of resources. All rape cases were female survivors perpetrated against by adult males. All the survivors received psycho-social counselling. GBV Incidents responded to during the project period are as below:

| Type of GBV | Adults above 18 years | | Children | | Total |
|----------------------------|-----------------------|-----------|-----------|-----------|-----------|
| | Female | Male | Female | Male | |
| Rape | 02 | 00 | 05 | 00 | 07 |
| Sexual Assault | 05 | 00 | 06 | 00 | 11 |
| Physical Violence | 07 | 02 | 09 | 00 | 18 |
| Economic Violence | 01 | 00 | 02 | 01 | 04 |
| Psychological Violence | 02 | 00 | 04 | 01 | 05 |
| Denial of Resources/ Right | 02 | 00 | 03 | 01 | 06 |
| Early/ Forced marriage | 0 | 00 | 09 | 00 | 09 |
| Total | 19 | 02 | 38 | 03 | 60 |

4. Implementing partner coordination and stakeholder engagement

The following key partnerships and interagency collaborations were established

during the project period.

| Agency | Role |
|---------------------------|---|
| UNFPA | Lead GBV actor in Malakal supporting SAADO & IMC |
| UNICEF | GBV cluster coordinator in Malakal for information exchange and referral pathway |
| IMC | GBV cluster co-coordinator in Assosa and partner in coordination of activities to ensure there is no duplication on the ground. |
| IOM | Supporting partners in GBV referral pathway and MHPSS. |
| Advocates without borders | For legal aid trainings and legal aid for the survivors of violence |

b). Please detail how the project engaged governmental organizations, UN agencies, NGOs and other key stakeholders. Which coordination mechanisms did the project establish or use? What was the impact of the collaborations on the results of the project?

A multi-sectoral committee was established under the project, to ensure effective coordination for the GBV prevention and outreach, and access to services. The committee is represented by 35 members (21 females and 14 males) representing women’s associations, community chiefs and members of parliaments. The multi sectoral committee was instrumental in ensuring that there was no duplication of activities in Malakal between SAADO and IMC in the teaching and referral hospital. The committee was also important in ensuring that there was greater coordination between the MoGCSW, MOH and other service providers such as IOM and IMC. A key achievement was to ensure that the referral pathway was established and functioning.

c) Please describe which multi-sectoral, comprehensive plans or strategies that address conflict-related sexual violence the project contributed to. This can include Protection of Civilians (POC) Strategies, United Nations Development Assistance Frameworks (UNDAF), GBV Strategies, Joint Communiqués on CRSV etc.

The project contributed to the United Nations Cooperation Framework 2019- 2021 (under the pillar IV); the Joint Communiqué of the Republic of South Sudan and the United Nations document on the Prevention of Conflict-Related Sexual Violence, dated October 2014, and the Revitalized Agreement on the Resolution of the Conflict in South Sudan (chapter V).

5. Capacity building

The weak capacity of the national institutions and local organizations is one of the major challenge in dealing with conflict-related sexual violence in Malakal. As elaborated in the activities’ reporting, 153 service providers from different ministries and institutions were trained on integrated case management.

During the project period, besides several capacity building trainings, efforts were made to institutionalise the system through facilitating establishment of the multi-sectoral committee comprising of the representatives from government, civil society, and community chiefs to coordinate for effective response to GBV cases. This proved quite effective mechanism for coordination.

The major capacity building activities carried out in the reporting period was through training of Ministry of Gender & Social services, Ministry of health, Ministry of Education and the Women Union on GBV concepts and prevention which made the intervention to gain higher ownership from the government side, which in turn assisted in coordination for case referrals.

6. Challenges

Key challenges and suggested recommendations

- Insecurity, lack of police personnel with adequate skills in investigation especially in cases of SGBV posed challenges in proper investigation and prosecution of the cases. A capacity building training was conducted with the police personnel to address this challenge.
- Lack of facilities for the forensic analysis has been a consistent challenge. This challenge has not been addressed during the project period due to the paucity of resources. There is ongoing discussion with donor to establish central laboratory for forensic examinations and forensic evidence collection in Juba teaching hospital.
- During October- November 2019, Malakal was affected by floods. This adversely affected the service delivery as well as community outreach activities.
- The unavailability of birth certificates/ age assessment remains as a major challenge to perform legal services effectively. This has caused serious delays in legal case management especially at the police investigative department and court. This challenge has persisted although survivors with relatively financial stability manage to receive court affidavits to serve as birth certificate to support their cases. This is expensive and inaccessible for survivors from economically poor background. This issue has been brought to the attention of the State authorities to address the challenge.
- Long distance between town and villages combined with lack of transportation facility has made some survivors lose interest in accessing GBV services or for providers to continuously follow up cases. Community awareness continue to be raised to engage members of families and communities, especially men who are decision makers at family and community level to respond and support survivors to seek assistance and services. In addition, discussions are ongoing to have a hotline number in place to support GBV survivors to access services timely using the project transportation.

7. Lessons Learned

The One Stop Centres serve as a single-window service platform for the survivors of GBV who otherwise may not be able to navigate the different referral pathways for their recovery and access to justice. The OSCs as a model are now being scaled up across the country, and receiving increasing number of women and girls accessing these services.

The readiness of state government to provide multi-sectoral services to GBV survivors is essential for effective delivery of services as well as the sustainability of the access to essential services, and access to justice for the survivors of GBV.

The project also demonstrates the importance of availability of GBV supplies (Post-rape treatment) for effective and timely response to the GBV survivors.

8. Innovations

The One Stop Centres are a new approach in the country, initiated only since 2017. The One Stop Centre is an integrated service provision, i.e. medical, psychosocial and legal services to the survivors of gender based violence all under one roof. In 2020, an assessment is planned to document the learnings of the case management through OSC.

9. Sustainability Plan

- a. What are the implementing organizations plans to sustain the project results beyond the life of the project?
 - a. The project will continue to be supported through the participation of the Government, and deployment of the staff from the ministry. Also, efforts are ongoing to generate the resources for continued management of the One Stop Centre. Knowledge is transferred to government and other community structures at boma level through training and other capacity building initiatives and plans are geared at rolling out to a wide range of community at different levels.
 - b. The multi-sectoral committee is also supporting and monitoring the functioning of the OSC, which provides one avenue for continued engagement of the government as well as civil society for offering the much-needed services to the survivors of GBV in Malakal.

Do you anticipate any challenges in regard to project sustainability?

- a. The project is only one-year-old and therefore requires more time to get complete ownership by the government. In absence of the resources, the project does face a challenge to sustain the operations at the current scale. The project is integrated into the government operations having staff as members of the civil service and the out-patient department. However, challenges anticipated are in relation to operational costs and proper maintenance of the equipment and facilities especially at the Centre. Efforts are aimed at advocating for inclusion of the OSC costs in the hospital budget.
- b. Community mobilization and awareness raising are long-term endeavours and therefore these also may get adversely affected by the lack of resources

10. Communication Strategy, Communication Materials, Tools and Media

- a. Project's communication strategy and actions to promote the visibility of UN Action:
The project is part of the larger national level joint programme, wherein the communication materials developed and media engagement highlight the UN Action's contribution to GBV survivors' access to services and access to justice in South Sudan.
- b. List of communication materials, tools and other communications-related products developed
 - The collection of human interest stories of change is attached as Annexure 1;

- The Information, Education and Communication materials (posters) used for the community outreach are attached as Annexure 2a and 2b;
- The banners and awareness material on child marriage, developed during the 16 Days' Activism attached as Annexure 3;
- SAADO made a video clip and documentary on men's role in ensuring Zero Tolerance to GBV in South Sudan. This was done at the men's conference during 16 days of activism campaign.

11. Products, Resources and Tools developed

- a. Tools and resources that were developed to fill cross-sector gaps in knowledge, practices, advocacy and technical expertise for improved survivor-centered response.
 - a. A Paralegal training manual developed to provide training to community member on how to serve as paralegals (Annexure 4);
 - b. Training Manual on gender-based violence and human rights was developed by SAADO, Annexure 5. This was based on SASA!⁶ training manual.

The paralegal training manual will now serve as a reference material for all the trainings to other community members beyond the project tenure.

The SGBV Training Manual will be used for all future training on SGBV in South Sudan as it was developed in consultation and with the participation of the Ministry of Justice and Constitutional Affairs and the Ministry of Gender, Child and Social Welfare.

12. Voices and Stories

The voices and stories of survivors' access to services and justice is attached as Annex 1.

13. Budgetary and Spending Report

There were no changes to the budget or unanticipated spending.

14 Contribution to UN Action's Results Framework

Through providing quality integrated services to the survivors, and building the capacity of the service providers, the project contributed to the outcome 1 (UNA outcome 1.1) and output 3 (UNA output 3.1).

Outcome 1 – CRSV risks are prevented; survivors and at-risk groups are supported and protected

⁶ Sasa is a Kiswahili word that means now. SASA! is a groundbreaking community mobilization approach developed by Raising Voices for preventing violence against women and HIV. More information about the approach can be found at <http://raisingvoices.org/sasa/>

UNA Outcome 1.1 - Increased knowledge, technical expertise and/or advocacy capacity of targeted stakeholders to respond to CRSV and protect survivors and at-risk groups

Output 3 – Capacity and technical expertise of institutional, operational, national and other key actors is strengthened to prevent and address CRSV

UNA Output 3.1 - Stakeholder groups trained and/or employing knowledge products, advocacy tools and/or resources developed through UNA support, per focus country.

15. Monitoring and Evaluation

To provide a continuous support to the partner at Malakal OSC, the Programme Coordinator of UNFPA based in Malakal, conducted regular monitoring visits, and provided regular substantive guidance specially to highlight the needs in situations where the matters needed to be brought to the attention of State ministry of Health and Ministry of Gender, Child and Social Welfare. These included recommendations of the field monitoring visits and actions to be taken to address them.

16. Support and follow up from UN Action

Given the expertise of the Action Fund, it will be useful if the Action Fund can support and facilitate learning exchange between similar contexts.

17. Other Feedback

As access to services for SGBV survivors in fragile context like South Sudan requires a long – term approach, it will be useful to support the intervention beyond one-year project framework.

18. Project Data

Guidance: Present achievements against the Goal, Outcomes, Outputs, Activities and Indicators stated in the project's log-frame

[PROJECT TITLE]

- LOGFRAME -

| | Project Summary | Achievements | Achievements against indicators | | Verification Method |
|--|---|---|--|--|----------------------------|
| | | | Original Baseline, Targets and Indicators | Achievements against Baseline, Targets and Indicators | |
| | <p>The project responds to the high number of reported GBV cases in South Sudan, where there is very limited access to GBV response services due to weak institutional and technical capacities. The survivors, without such services carry on short term and life-long impact of GBV. Many of the GBV perpetrators have continued with impunities due to weak and/or absent legal system.</p> <p>The project is planned to increase use of GBV response services for survivors of GBV including conflict related sexual violence. It uses health facility as an entry point to an integrated range of GBV response services provided under one roof or through a facilitated referral to services outside the facility such as</p> | <p>During the project period, 60 cases of GBV were supported through the medical, psychological and psychosocial, and legal services. Of these survivors, including 11 cases of sexual assault, 4 cases of economic violence, 18 physical abuse, 5 cases of psychological violence, and 9 victims of forced marriages, 6 victims of denial of resources.</p> <p>More than 150 service providers were trained on integrated case management.</p> <p>To strengthen the coordination amongst the service providers and</p> | | | |

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| | litigation, while legal advice and counseling is provided within the health facility setting. The range of integrated services include: medical, psychosocial support, legal advice and protection services | duty bearers, a multi-sectoral committee on GBV prevention and ending child marriage was established in Malakal, represented by 35 members (21 females and 14 males) representing women's associations, community chiefs and members of parliaments. | | | |
| GOAL | To reduce the prevalence and negative impact of GBV including CRSV in South Sudan | | | | |
| Achievement for project Goal | Within one year of the establishment of the One Stop Centre at Asosa Hospital, Malakal, 60 women and men accessed the integrated services related to medical, psychological and legal assistance. With the initial challenges related to identification of the partner and coordination amongst the stakeholders active in Malakal, the referrals are now well coordinated between the partners on the ground. There is also a visible increase in the commitment of the key ministries, i.e. State Ministry of Health, and State Ministry of Gender, Child and Social Welfare, both each assigned staff to support the functioning of the OSC. The doctor at the OSC is deputed from the hospital and social workers are deputed from the Ministry of Gender, Child, and Social Welfare, a sign of the increased ownership by the government. | | | | |
| OUTCOME 1 | Increased percentage of GBV survivors utilizing GBV response services in South Sudan. | | | | |
| Achievements for Outcome 1 | <ul style="list-style-type: none"> ▪ Prior to the establishment of OSC, there were no integrated support services available to the survivors. During the project period, 60 women received the medical services, 5 received psychological assistance; and 3 survivors received initial legal guidance at the OSC. Eighty-nine (89) survivors received legal aid assistance through Advocates without Borders. ▪ Conducted state and county level campaign was conducted on ending child marriage campaigns in Malakal. The first state/county meeting was attended by state ministers, directors and protocols on ending child marriage (ECM) and gender based violence (GBV). The State officials welcomed the establishment of OSC in Assosa, Malakal and expressed their commitment to support its function and sustainability. The first state/county meeting was opened by the ministry of gender, child and social welfare, followed by SAADO staff | | | | |

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| | <p>project Manager and gender & protection Coordinator where awareness was raised on basic concepts and information on GBV and child marriage.</p> <ul style="list-style-type: none"> ▪ Boma level committees composed of 7 males and 8 females established to advocate for ending GBV and ECM in all bomas of Malakal town | | | | |
| OUTPUTS 1 | <p>Output 1: GBV survivors have increased access to GBV response services (health, legal psycho-social and protection) in Malakal, Upper Nile State</p> | <p>Achievements at Project Outputs level under Outcome 1:</p> <p>Output 1 achievements:</p> <p>1.1. Total 60 women and girls accessed the GBV response services (medical, psychosocial and legal)</p> <p>1.2 Total 189 duty bearers and service providers were capacitated on integrated GBV services and case management</p> | <p>1.Existence of functional Family Protection Centre or One-Stop Centre for GBV case management located within a health facility in Malakal and having defined referral pathways. <u>Baseline: No;</u></p> <p>2.Number of GBV survivors (esp. women and girls) utilizing GBV response services (disaggregated by age, sex, type of service and geographical location). <u>Baseline: 0;</u></p> <p>3.No. of health service providers trained in survivor-centered</p> | <p><u>1.Target: Yes</u> The OSC is established and referral pathways are fully functional.</p> <p><u>2. Target: 500</u> Total 60 (F:59; M:1) GBV survivors utilised GBV services.</p> <p><u>Target: 100</u> 88 service providers were trained in</p> | |

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| | <p>Output 2: Community engagement, mobilization and information campaigns are supported to increase the space of protective environment for women and girls</p> | <p>Output 2 achievements: 2.1 The community engagement and mobilization reached out to more than 4,036 community members across the Upper Nile State. Across these community mobilization significant number of men supported the GBV services</p> | <p>GBV case management. <u>Baseline: 0;</u></p> <p>4.No. of paralegal workers in Malakal trained in provision of GBV legal case management. <u>Baseline: 0;</u></p> <p>5.No of community dialogues sessions conducted on GBV services availability, GBV prevention and risk mitigation, by estimated audience reached. <u>Baseline: 0;</u></p> <p>6.No. of 1-hour radio programmes aired on GBV services availability and prevention/risk mitigation by estimated</p> | <p>survivor-centred GBV case management</p> <p>4. <u>Target: 100</u> Total 108 paralegal workers were trained over the project period</p> <p>5.<u>Target: 100 sessions; 10,000 population participating</u> Total 12 dialogue sessions were conducted, reaching out to approximately 4,036 population.</p> <p>6. <u>Target: 52 radio programmes; 100,000 population reached</u> Total 12 radio programmes conducted,</p> | |
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| | | | <p>audience reach. Baseline: <u>0</u>;</p> <p>7.No. and type of IEC materials developed on socio-cultural practices and risk to GBV. <u>Baseline: 0</u>;</p> <p>8.Existence of work plan for community mobilization and outreach activities at the One-Stop Centre. Baseline: No;</p> <p>9. No. of community mobilization outreaches conducted by number of people participating in the dialogues. Baseline: 0;</p> | <p>reaching to 10,000 audience.</p> <p>7. <u>Target:</u> <u>Various</u> 209 IEC material related issues produced, and distributed to 209 people</p> <p>8. Target: Yes The workplan for community mobilization and outreach was prepared and followed.</p> <p>9. Target: 200 Total 200 community mobilization outreach sessions were conducted.</p> | |
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| <p style="text-align: center;">ACTIVITIES</p> | <p>Please insert Project Activities under Outcome 1 here:</p> <p>Output 1 Activities</p> <p>1.1.1. Set up of One-Stop Centre at Malakal state hospital</p> <p>1.1.2. Procure and preposition medical equipment and supplies for management of GBV cases, including post rape kits for cases of sexual assault</p> <p>1.1.3. Train health workers and other partners on GBV case management</p> <p>1.1.4. Provide legal aid to survivors of GBV</p> <p>1.1.5. Support multi sectoral Coordination meetings</p> <p>Output 2 Activities</p> <p>1.2.1. Develop plan for community mobilization and awareness activities for the One-Stop Centre at Malakal state hospital</p> | <p>Please describe achievements at Project Activities level under Outcome 1 here:</p> <p>1.1.1 The One-Stop Centre was established at the Asosa Health Centre, Malakal</p> <p>1.1.2 500 dignity kits were procured and assorted medical equipment were set up in the hospital</p> <p>1.1.3 Total 8 case workers and partners were trained on GBV concepts and case management issues to equip the service providers on GBV case management</p> <p>1.1.4 Total 3 survivors were provided with the legal aid services over the project period at the OSC and 102 cases received legal aid through Advocates without Borders.</p> <p>1.1.5 A multi sectoral coordination committee was established; the committee met 2 times per quarter to discuss project challenges and issues and took actions related to avoiding duplication and coordination.</p> <p>Output 2 Activities:</p> <p>1.2.1 A plan for community mobilization and awareness was designed. Total 5127 community</p> | | | |
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| | <p>1.2.2. Conduct <i>Boma</i> level community mobilization outreaches and targeted dialogue sessions with cultural leaders, women and men groups informed by GBV data seen at the facility</p> <p>1.2.3. Conduct 1-hour radio programs conducted on GBV</p> <p>1.2.4. Develop and print 5000 materials for IEC.</p> <p>Develop/print copies of referral pathway.</p> | <p>mobilisation and awareness activities were planned.</p> <p>1.2.2 Total 5 Boma level outreach meetings were organized during the project period.</p> <p>1.2.3 Total 12 radio programmes with Nile FM & Radio Miraya radio were conducted to spread awareness on GBV.</p> <p>1.2.4 Total 209 copies of IEC materials covering GBV issues were produced and distributed. Total 12 copies of referral pathway were produced and shared with the survivors as well as service providers operating in Malakal.</p> | | | |
| <p>PROBLEM STATEMENT</p> | <p>Large number of reported GBV cases, yet very limited availability of GBV response services for survivors of GBV including CRSV in South Sudan</p> | | | | |
| <p>Contribution to UN Action's Results Framework</p> | <p>The project contributes to the following result areas of the UNA's global results framework</p> <p>Outcome 1 – CRSV risks are prevented; survivors and at-risk groups are supported and protected</p> <p>UNA Outcome 1.1 - Increased knowledge, technical expertise and/or advocacy capacity of targeted stakeholders to respond to CRSV and protect survivors and at-risk groups</p> <p>Output 3 – Capacity and technical expertise of institutional, operational, national and other key actors is strengthened to prevent and address CRSV</p> <p>UNA Output 3.1 - Stakeholder groups trained and/or employing knowledge products, advocacy tools and/or resources developed through UNA support, per focus country</p> | | | | |