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**PBF PROJECT progress report**

**COUNTRY:** South Sudan

**TYPE OF REPORT: semi-annual,**

**YEAR of report:** 2021

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| **Project Title:** Protecting women and girls in South Sudan: Addressing GBV as catalyst for peace.  **Project Number from MPTF-O Gateway:** | |
| **If funding is disbursed into a national or regional trust fund:**  Country Trust Fund  Regional Trust Fund  **Name of Recipient Fund:** | **Type and name of recipient organizations:**  **UNFPA (Convening Agency)**  **UNDP**  **UNICEF**  **UN Women** |
| **Date of first transfer:** 05/09/2019  **Project end date:** 22/8/2021  **Is the current project end date within 6 months?** Yes | |
| **Check if the project falls under one or more PBF priority windows:**  Gender promotion initiative  Youth promotion initiative  Transition from UN or regional peacekeeping or special political missions  Cross-border or regional project | |
| **Total PBF approved project budget (by recipient organization):**  **Recipient Organization Amount**  UNFPA$ 1,000,000  UNDP $ 500,000  UN Women $ 500,000  UNICEF $ 1,000,000  Total: $ 3,000,000  Approximate implementation rate as percentage of total project budget:  **Gender-responsive Budgeting:**  Indicate dollar amount from the project document to be allocated to activities focussed on gender equality or women’s empowerment: 100%  Amount expended to date on activities focussed on gender equality or women’s empowerment: 100% | |
| **Project Gender Marker: Gen. Marker 3**  **Project Risk Marker: Low**  **Project PBF focus area: 3.2; equitable access to social services** | |
| **Report preparation:**  Project report prepared by: UNFPA  Project report approved by: RCO  Did PBF Secretariat review the report: | |

**PART 1: OVERALL PROJECT PROGRESS**

During the reporting period October 2020 to March 2021, the project reached to 2126 survivors through the integrated GBV response services at the One Stop Centres (OSC) and four auxiliary help desks situated at police stations through 44 community volunteers, and community GBV response and prevention mechanisms. Total 1335 women and girls, including the survivors of GBV were provided with skills development; 63 (61 girls and 2 boys) survivors of child marriage were provided with temporary protection, legal and psychosocial support. Total 152 duty bearers and service providers (68 women) were trained on legislations and policies governing GBV investigation, prevention, prosecution and case management, PSS and referrals. The engagement with men and boys reached to 745 community members, including traditional leaders. Fifty two (52) community discussion leaders (CDLs) were trained during this period and in close working relationship and guidance from the already existing community discussion leaders, reached a total of 1,201 people ( 112 girls, 178 adolescents, women: 451 and 59 boys, 129 Adolescent, 268 men) were reached through community awareness raising on social norms change as part of implementation of the agreed 11 community level action plans on positive social norms transformations launched in December 2020 as public declaration in Bor and Aweil during the celebration to mark the International Human Rights Day. Total 973 925 community members (approximately 53% women) were reached out through community outreach. Fifteen (15) Radio talk shows on positive social norms agreed on, engagement of women in peace building and decision making, promotion of the rights of women in property ownership or inheritance, child marriage and child labor were held in radio stations in Jonglei and Aweil. Total 32 copies of GBV/CP referral pathways were distributed to all the champions of change for dissemination of information on services available that can be accessed by communities.

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| --- | --- | --- | --- |
| **Output** | **Lead Agency** | **Collaborating partners** | **Beneficiaries reached between October 2020- March 2021** |
| Output 1 | UNFPA | * UN Joint programme agencies * Ministry of Gender, Child and Social Welfare (MoGCSW) * Smile Again Africa Development Organization * ADAFIN * Nile Hope | * GBV survivors provided integrated services: 211 (101 in Akobo, 110 in Aweil) * 27 (25 girls, 2 boys) survivors of child marriage provided with temporary protection, legal and psychosocial support in Aweil * 2 referral pathways (Aweil, Akobo) updated in collaboration with health facilities, law enforcement agencies, courts, community action groups * GBV service providers and duty bearers sensitization: 70 (25 women and 45 men) * Community Action Groups: 15 * Community outreach: 5320 (3100 women and 2220 men) reached with GBV information (4100 in Akobo, 1220 in Aweil) |
| Output 2 | UN Women | * UN Joint programme agencies * UNMISS * American Refugee Committee (ARC) * Steward Women * INTERSOS | * 1,335 women and girls including survivors reached with skills development training, case management and PSS, awareness on SGBV including available services and referral pathways. * 745 men and boys including local authority, community leaders, police. |
| Output 3 | UNDP | * UN Joint programme agencies * Action for Children Development Foundation –South Sudan (ACDF) * Humanitarian Aid for Change and Transformation (HACT) * Humanitarian and Development Consortium (HDC) * Upper Nile Youth Mobilization for Peace and Development Agency (UNYMPD) | * Survivors/ Cases recorded at JCC: 1879 (1078 women, 801 men) * Cases referred to court: 282 (156 women, 126 men) * Cases that received judgements: 94 (51 women, 43 men) * Service providers and duty bearers’ capacity building: (i) 40 investigators, social workers, chiefs, prosecutors, and judges, 11 were female trained on investigation, prosecution, prevention, response, and adjudication of SGBV. (ii) Twenty-two (22) women were trained as community paralegals * Community outreach: 795,205 people, 52.9 percent women |
| Output 4 | UNICEF | * UN Joint programme agencies * American Refugee Committee (ARC) * African Initiative for Rural Development (AIRD) * CARE International South Sudan | * 4,274 individuals (972 girls, 895 boys, 1,212 women, 1,195 men) reached through GBV response, prevention * 36 cases supported including cases of child marriage * Distribution of dignity kits: 300 (170 girls, 130 young women) * A total of 173,400 people (32,750 girls, 23,750 boys, 75,900 women, 41,000 men) were reached through outreaches with community actions launched on positive social norms transformations |

**Significant project-related events planned in the next six months:**

As per the project plan, following significant events are scheduled –

* End of the project evaluation (ToR attached as **Annex 4**).
* Dissemination of PBF project results to the Programme Management Team of UN
* Conduct community dialogues in Bor and Aweil to increase awareness on GBV and family law issues at the community level and print and disseminate public information materials on SGBV, legal rights and trauma management.
* Commemoration of 16 days of activism as One UN in collaboration with the Ministry of Gender, Child and Social Welfare
* Intensify the advocacy to enact the Anti-GBV Bill at the parliament and post-enactment awareness raising amongst the main duty bearers, especially police, judiciary and GBV frontline staff.
* Continue awareness raising campaigns against GBV while continuing to provide legal aid to survivors of GBV.

**Structural, institutional, societal level change the project has contributed to so far:**

There is a steady increase in the number of GBV survivors accessing the GBV response services across all the entry points, i.e. One Stop Centres, Justice and Confidence Centres and Women’s Empowerment Centres and Community Action Groups. This is an early indicator of the positive impact of the project. Behaviour change has been observed in administration of justice by the traditional leaders as they are referring GBV cases to the Justice and Confidence Centres as opposed to making rulings as had previously been the case. This is attributed to their understanding that GBV is a crime and should be prosecuted in a court of law. The shift in mind set by the communities and traditional leaders where GBV is seen as a crime is seen progress in achieving project objectives.

**Human Impact Stories[[1]](#footnote-1):**

**Access to justice and released from prison through intervention in prison**

Awut, 34 years old married woman and mother of five (5) children and a resident of Hai Fanjak residential area in the outskirts of Bor town. She was imprisoned for 14 months following sentencing on charges of adultery. When UNYMPDA conducted the prison visitation and they picked her case and successfully mediated for her release with stipulations to pay a fine of 23 heads of cattle: 10 goats and 300,000SSP to the husband.

**Securing custody of children and divorce for GBV survivor:**

Achol sought legal aid at HDC office to file for divorce following years of enduring domestic violence and failure of the husband to take financial responsibility for their children claiming he had not fathered them. She had tried family mediations during her 10 years of marriage, but the situation only changed temporarily. During community awareness conducted in Block 2, she learnt of the JCC services and approached them. The case was presented in court and was granted divorce and custody of her children. Following the ruling Achol expressed her gratitude noting that “I am free to live in peace. I have been providing for my family and will continue to do so in peace. HDC has given me hope.”

*“I am free to live in peace. I have been providing for my family and will continue to do so in peace. HDC has given me hope.” ~ Achol, a GBV survivor receiving services at JCC.*

**Young girl report Father to Special Protection Unit for trying to force her into marriage**

Aluel, a 17 years old, is a second youngest in the family with 7 children. In July 2020, a man with one wife approached her parents asking her hand in marriage, to which the parents consented. She however, wished to first finish he reducation and therefore ran away to a relative’s place to seek refuge. When the father found her, she was beaten up. On 21st October 2020, Aluel attended a neighbourhood assembly in Block 7 on the dangers of early and forced marriage organized by STEWARDWOMEN. During the session, she learned about forced marriage as a violation of the free and full consent of a person to choose whoever they desire to marry and hence is a violation of the constitutional right to marry. On the 22nd October 2020, she reported her father to the Special Protection Unit (SPU). After listening to our story, the Officer ordered the father to write a commitment letter that he will not force daughter into marriage, which he refused. The SPU Officer forwarded the case to the Public Prosecutor Attorney (PPA). At PPA’s Office, my father agreed that he will not force her into marriage. “If I had not attended the awareness session, I would still be homeless and my future would also be ruined”, said Aluel expressing her gratitude to StewardWomen.

“I grew up seeing how differently my parents treated us girls from the boys. My elder sister was forced in marriage in 2017 and right now she is suffering with doing casual labor of fetching water and cleaning fish to feed her two children. In July 2020, a man with one wife approached me and wanted to pay my bride price. I said to him, let me first finish my Senior Four and I will marry him but he did not listen. He then approached my parents to ask for my hand in marriage and my parents accepted. On 17th October 2020, my father said I should pack my belongings and go to my husband. I begged him to let me finish my education but he refused to listen to me and said, if he found me with any relative, he will kill me and the relative.” ~ Aluel sharing account of her fears in fighting against child marriage.

**A prominent businessman in Bor gets convicted for rape:**

Through efforts by StewardWomen, supported by UN Women and partners working to mitigate SGBV, on 11 March 2021, the High Court in Bor the capital of Jonglei state sentenced a 40-year-old prominent businessman for raping a 16-year-old girl. The Jonglei Civil Society network praised the decision of the High Court saying, “it sends a strong message to men who abuse women”. One of the challenges in addressing SGBV in South Sudan is the impunity of perpetrators, thus discouraging women and girls to report cases of SGBV to relevant authorities, and cases like these chart a positive precedent.

**P PART II: RESULT PROGRESS BY PROJECT OUTCOME**

**Outcome 1: Increased empowerment of women in South Sudan by strengthening prevention mechanisms for GBV by transforming harmful social norms into positive behaviour that promotes gender equality.**

**Output 1: Increased access comprehensive GBV support services**

**Current status of the progress: On track**

**Progress summary:**

The two established One Stop Centre (OSC) in Aweil and Akobo continue to provide integrated medical, psycho-social and legal services for the survivors of gender based violence. These centres continue to serve as platform for coordination meetings and safe place for the survivors of GBV. During the reporting period, total 211 Survivors provided with integrated GBV services at the two OSC (101 in Akobo and 110 in Aweil). Total 27 (25 girls and 2 boys) survivors of child marriage were provided with temporary protection, legal and psychosocial support in Aweil; 2 referral pathways (Aweil and Akobo) updated in collaboration with other stakeholder such as health facilities, law enforcement agencies, courts and community action groups supporting GBV case reporting and referrals including counterpart agencies. Total 70 duty bearers built their capacity on legislations and policies governing GBV and child marriage in Akobo (25 women and 45 men); and, 5320 (3100 women and 2220 men) community members were reached with GBV information including child marriage and available services (4100 in Akobo and 1220 in Aweil). Social distancing as part of Covid19 prevention protocols continued as prevention measures. The summary of cases is as below:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| OSC | **Total Cases** | **GBV Type** | | | | | |
|  |  | Physical violence | Sexual violence | Rape | Emotional violence | Child/force marriage | Denial of resources |
| Akobo | 101 | 26 | 15 | 13 | 24 | 19 | 4 |
| Aweil | 110 | 27 | 7 | 26 | 12 | 27 | 11 |
| **Total** | **211** | **53** | **22** | **36** | **36** | **39** | **15** |

Since the onset of COVID-19 pandemic, gender based violence, particularly domestic violence against women and girls, teen-age pregnancies and other violations of women’s rights witnessed an upsurge in South Sudan and around the world. UNFPA led the Joint UN actions during 16 Days’ Activism in collaboration with the Office of the Vice President, MoGCSW, The Office of the Chief Justice, and Paramount Chiefs. South Sudan commemorated with the theme “Keep the Promise: Invest, Prevent and Respond to GBV” This national theme recognizes the need to ensure sustained funding and concrete actions to prevent and respond to GBV in South Sudan. The concept note of 16 Days’ Activism is attached as **Annex 1**. The joint action resulted in high level outcomes such as the Chief Justice of South Sudan announcing to revitalise the GBV and Juvenile Court, which was fulfilled in December 2020 (the programme attached as **Annex 2**). Using complementary resources, a national dialogue with the paramount chiefs and State MoGCSW was organized to follow up on the implementation on Strategic National Action Plan on ending child marriage (SNAP) (**Annex 3**). As a result of the National dialogue with the Traditional chiefs and State MoGCS, all states including the ones under the project, designed State-wise action plans for implementation of SNAP.



Picture 1 is stakeholders’ sensitization in Aweil; Picture 2 is Community Action Group meeting at Akobo

**Output 2: Strengthened women's groups participation in local peace processes in Bor, Akobo and Aweil and increase civic engagement on GBV Prevention and response**

**Rate the current status of the outcome progress: On track**

**Progress summary:**

UN Women, through the partner Intersos in Akobo, supported the women attending the WGFS and members of the Akobo Women’s Association. As a result, as of December 2020, three women representatives are positioned in the traditional courts in Akobo and Lankien to ensure the consideration of protection issues. Key stakeholders’ training was conducted with at least 87% in support of the involvement of women in legislation, peace building and leadership as well taking responsibility of their contribution to the conflict and ensuring that they demonstrate best practices at the HH and Community level. Hygiene and social distancing as part of Covid 19 prevention protocols were put in place to avoid exposure and risk.

The number of beneficiaries accessing the WGFS was limited while awareness campaigns were delivered door to door and vocational skill training were practiced safely at home. The Community Mobilizers and Community Based Protection Networks conducted community mobilization activities to raise awareness on various Peace building and mobilized community members to join efforts to prevent and eliminate GBV and improve the participation of women and girls in leadership and peace building. Through complementary funding, men and boys were engaged as agents of change for shifting gender norms through regular workshops using the EMAP (Engaging Men in Accountable Practice) curriculum with the aim of achieving social cohesion and peaceful coexistence between IDPs and host community men and women. Selected groups of women with entrepreneurial interest participated in basic life skills activities such as knitting, bed sheet decoration, beadwork, fuel efficient stove making as well as business skills. Participation was allowed for all women at the WGFS with priority to the most vulnerable groups such as women with disabilities, widows and elderly ones can receive the intervention from home. Total 84 women (All<18 years, 20 widows, 16 single parents, 21 elderly, 27 women with disability) were trained in livelihood skills. Confidential Peace Huts and Listening Centers within the established WGFS were maintained. Training of staff was conducted covering topics such as GBV case management, PSS communication and participation in Peace building activities to ensure community women’s knowledge and skills improved to participate actively in the community peace process.

Case management responded to 31 cases since the start of the project. The cases include 11 Physical assault, 8 Denial of resource, 9 Force marriage, 1 Emotional abuse. All cases were referred to the appropriate assistance including medical, PSS, counselling and livelihood upon consent. Identification of survivors was done through voluntary reporting during house-to-house visits by case workers, community mobilizers, or community based protection network members as well as from those reporting during GBV awareness sessions and community dialogues. Total 9 cases were referred by other agencies such as ICRC. A services mapping was conducted and referral pathways were updated. Total 4 community dialogues sessions were conducted where 65 people (20 men, 5 boys, 34 women 6 girls) participated to discuss child marriage, physical abuse and access to resources in Akobo.

In Bor, through StewardWomen, orientation seminar for 25 members (12 F, 13 M) support groups was conducted on reporting, documentation and the human rights of women and girls. The outcome of the orientation seminar, the participants formed a joint network of watch groups for joint actions. Since then, there is an increase in reporting of cases at the special protection unit. One of the chiefs of block 4 said that after the seminar the watch group of his block have improved the security in the neighbourhood. Two engagement meetings were conducted with support groups and caseworkers- one in Bor Town with 24 participants (F10&M14), and other in Bor South, with 25 participants (F16&M9) comprising of the youth, women, teachers, community activist and community leaders.

Furthermore, 25 GBV survivors trained on enterprise and business management skills. A training on enterprise management and business skills for 25 identified GBV survivors was conducted comprising of 10 participants in Bor South and 15 participants in Bor Town. The training impacted knowledge to manage enterprises and business skills, and a startup kit was provided to all participants. The first session of neighbourhood assembly was conducted in Bor Town with 62 individuals (42 males, 20 females). The second session was conducted in Tregok IDP Camp in Bor South, with 31 individuals (22 female, 9 male). The purpose of these sessions was to enhance community understanding and to reduce anti-police sentiment by the community of especially Kolanyang in Bor South. Renovation of Jonglei State Women Association (JSWA) are in advance stages. The renovation of the JSWA building is aimed at maintaining the building in good and habitable condition for women groups. Land has been allocated to build 3 more Women empowerment centres to accommodate women groups that are too far from the Jonglei State Women Centre.



Renovations of JSWA Women’s Empowerment Centre

In Aweil, the WEC continued to attract many women in the area and surrounding villages for economic empowerment activities and case management support services. Both case management and economic empowerment activities like bed sheet sewing, beads making, chair sets, and local tray/craft making continued without disruption. In an effort of ensuring reach out, ARC has a hotline number in the Women Empowerment Centre (WEC) for the reporting and management of cases of GBV. The hotline has helped reaching out to girls and women in the remote areas. The cumulative number of cases received so during January was 24 (21 women, 3girls). A total of 185 (150 women, 30 girls) have been identified for the next skill building course. Sessions on COVID-19 preventive measures were also conducted with the girls and women at the centre, covering awareness on social distancing, hand washing and other preventive measure. A total of 68 individuals (53 women, 15 girls) identified by women leaders and watch group were supported with hygiene materials including underwear, sandals, pads, body lotions and soaps.

The state level 16 Days of activism was launched in 8 areas of War Chum, Waar Akual, Maper Chuei, Zizirah, Makazin and Rum Tiit. The total number reached in the community awareness and 16 Days of Activism was 845 (430W, 192M, 97G, 126B). Furthermore, an increase in the cases of Child, Early and Forced Marriages (CEFM) was noticed. Total 5 serious cases of child marriage were received by the MoGCSW in January alone. The looming hunger in the state has created fear that the food insecurity will negatively affect the situation of girls and women and there will a rise in some forms of GBV against women and girls (CEFM, sexual exploitation, children involved in labour and beggary etc.).

**Output 3: Increased access of GBV survivors to justice mechanisms**

**Rate the current status of the outcome progress: On track**

**Progress summary:**

Under output 3, UNDP partnered with four Civil Society Organizations (CSOs) to establish two Justice and Confidence Centres (JCCs) and revamp four previously existing ones. The CSOs provide legal aid which encompassed legal representation and legal awareness while simultaneously providing counselling and referral services for GBV survivors to institutions that provide psychosocial support. The partner CSOs are Action for Children Development Foundation –South Sudan (ACDF) and Humanitarian Aid for Change and Transformation (HACT) implementing in Aweil whileHumanitarian and Development Consortium (HDC) andUpper Nile Youth Mobilization for Peace and Development Agency (UNYMPD) are implementing in Bor. The CSOs employed various approaches to ensure wide accessibility for SGBV survivors including: establishing four auxiliary help desks situated at police stations, recruiting, training and deploying forty four community volunteers, strengthening their links with Special Police Units, Women and Girls’ Friendly Spaces and other relevant government institutions. The mentioned approaches ensured increased accessibility for SGBV survivors to receive speedy and timely reporting, investigation, and processing of SGBV cases for prosecution and referral to relevant services for their recovery including medical, psychosocial and counselling support. Additionally, UNDP provided capacity building of justice actors who included judges, investigators, prosecutors and social workers and customary chiefs was undertaken to empower them to conduct fair investigation, prosecution and prevention of GBV related cases.

The table below provides a summary of the GBV cases registered by the four CSO providing legal aid in Bor and Aweil.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Aweil** | | **Bor** | | **Grand total**  **(Bor & Aweil)** | |
| **Total** | **Female** | **Total** | **Female** |
| Cases recorded at JCC | 587 | 420 | 491 | 381 | 1078 | 801 |
| Cases referred to court | 70 | 61 | 86 | 65 | 156 | 126 |
| Cases that have received judgement in court | 30 | 22 | 21 | 17 | 51 | 43 |

One thousand and seventy eight people of which 74 percent were female gained access to justice and legal aid services at the 6 Justice and Confidence Centers: The four CSOs partners continued providing legal aid services through continued support to established auxiliary help desks situated at police stations, mobile legal clinics, engagement with community volunteers, strengthened their links with Specialised Police Units, Women and Girls’ Friendly Spaces and other relevant government institutions ensuring that vulnerable groups could report their cases easily and receive speedy and timely investigation and processing of cases. All the survivors were provided with counselling and referred to other institutions for other specialized services. One hundred and fifty-six of which 126 were female cases were referred to court and 51 (43 female) have so far received judgement which is 32.7 percent of the total referred cases.

The CSO partners also reached 795,205 people of which 52.9 percent were female through outreaches and radio campaigns with messages on rights of women and girls, SGBV, early and forced marriages, and Human Rights. The CSOs also informed their audiences about the legal consequences of perpetrators of GBV while also outlining the available services for survivors at the JCCs and help desks. This was further supported through facilitation of three community dialogues to increase awareness on SGBV amongst community members who included local opinion leaders/influencers, gender champions, youth, women, the clergy, the police and prisons officials.

Total 40 (11 F) investigators, social workers, chiefs, prosecutors, and judges received training on investigation, prosecution, prevention, response, and adjudication of SGBV and related offences. Similarly, twenty-two (22) women were trained as community paralegals through a participatory approach combining presentations, focused group discussions, case studies, group work, questions-and-answer sessions were used to impart knowledge among the participants. The training was based on a manual for paralegal trainings that had been developed with UNDP support. The paralegals were equipped with basic legal knowledge drawn from the laws and the criminal justice system of South Sudan, introduction to human rights, understanding their roles and responsibilities, introduction to non-judicial alternatives to problem-solving and alternative dispute resolution mechanisms.

At the national level, the capacity of Women and Children’s Unit in Directorate of Public Prosecutions to provide support for GBV survivors was strengthened through provision of ICT equipment and office supplies. UNDP also supported the development of a GBV training manual has also been produced as an SOP in handling GBV cases and a paralegal training manual which was used for the paralegal training.

**Output 4: Communities in Bor and Aweil transform harmful social norms that contribute to GBV into positive norms that promote gender equality**

UNICEF and partners increased prevention efforts including social norms transformation conducted several awareness raising campaigns on different topics such as child abuse, child marriage, sexual violence and related health risks and emotional/psychological consequences as well as COVID 19 preventive measures. Through the Communities Care Programme (CCP), 4 community discussion groups were formed and over 300,000[[2]](#footnote-2) people benefitted from community actions and engagements through radio talk shows, door to door awareness, neighbourhood campaigns and school outreaches in 2020 to date.

Total 4,274 (972 girls, 895 boys, 1,212 women, 1,195 men) people reached through GBV response, prevention & positive social norms transformation messages. In addition to community dialogues and discussions, UNICEF and partners reached the communities in Bor and Aweil on social norms transformation including agreed upon action plans through radio talk shows, jingles, door to door messaging and dialogues in small groups. Community action group members provided door to door services to the beneficiaries of different ages, gender, with their topics of discussions on; child marriage/ forced marriage, domestic violence, physical assault, girl education and rape among others.

A total of 36 GBV survivors who sought support at the WGFS were provided with GBV response services and/or referred for other specialised services according to their needs. In addition, 20 beneficiaries (10 women, 10 girls) completed the skills-building course on tailoring and bead-making and graduated in March. Furthermore, 300 women and girls of reproductive age who participated in menstrual health and hygiene discussions conducted in Aweil and in Bor and Twic East received dignity kits. Despite the stringent measures on travel and subsequent floods rendering poor passage and transportation, UNICEF and partners were still able to provide dignity kits to women and girls timely.

Total 200 (100 women, 100 men) trained community action group members had increased knowledge in addressing negative social norms & increasing women and girls' engagement in peace building and social cohesion. A total of 173,400 people (32,750 girls, 23,750 boys, 75,900 women, 41,000 men) were reached with community actions launched on social norms transformations, identification of actions to transform the norms to positive measures that promote gender equality and women’s engagement in peace building.

UNICEF and implementing partners put in place measures to adhere to the Covid 19 standard operating procedures (SOPs) and modified activities to ensure continuum of services to women and girls in line with the guidelines developed specifically for communities Care Programming implementation as well as the running and management of WGFS. The guidance-note on Communities Care and the case study of the approach are attached as **Annex 5** and **Annex 6** respectively.

UNICEF continued to strengthen positive working relationship with government counterparts, who have shown dedication by achieving results under trying circumstances. A key lesson learned is the critical importance of maintaining and building upon these relationships, in order to sustain and further improve results for child protection, strengthen the engagement of communities with the government and local authorities

**Actions to ensure gender equality and women’s empowerment and youth inclusion:**

The project ensures women’s empowerment by providing critical integrated services, and creating an enabling environment that improves access to justice for women and girls and opportunities for counselling and referrals. The project also trained women paralegals, social workers, police and other duty bearers to build their capacity to sensitize communities on GBV and available channels to access justice. The project also engaged with male community members and traditional leaders to improve their knowledge on women and girls’ rights as human rights through dialogue sessions on social norms and harmful cultural practices that heighten the risk of violence against women and girls.

**PART III: CROSS-CUTTING ISSUES**

|  |  |
| --- | --- |
| **Monitoring:** Please list monitoring activities undertaken in the reporting period  The agencies came together to design the End of the Prject evaluation ToR. A workshop was also organized to plan the future of the project once this project comes to an end. Based on this, a UN-wide joint programme on prevention of and addressing GBV is being designed as one of the flagship programmes of United Nations in South Sudan.  The following programme monitoring visits were conducted by respective agencies individually:  Total 4 Technical Working Group meetings and one workshop were conducted under the convenorship of UNFPA to regularly monitor the progress of the project.  Output 1:   * Two partners’ workshops were conducted to monitor the progress where the PBF project partners also participated * A field mission was conducted by Field Hub Coordinator to Bor   Output 2:   * Participated in the technical working group meetings.   Output 3:   * Participated in the technical working group meetings. * UNDP field staff in the areas of implementation hold regular monitoring meetings with the implementing partners to assess their progress. * Regular team debrief through a weekly virtual meeting.   Output 4:   * UNICEF undertook a monitoring visit in November to Bor and Aweil to support the implementing partner as well as provide technical oversight in implementation. * Remote/online support include weekly activity reports to update on activity progress and gaps continued during the report period. | Do outcome indicators have baselines? No  Has the project launched perception surveys or other community-based data collection? No |
| **Evaluation:** Has an evaluation been conducted during the reporting period? No | Evaluation budget (response required): USD 69,000 (ToR **Annex 4**). The ToR has been developed in line with PBF and UN evaluation guidelines. |
| **Catalytic effects (financial):** Indicate name of funding agent and amount of additional non-PBF funding support that has been leveraged by the project. | None during the reporting period |
| **Other:** Are there any other issues concerning project implementation that you want to share, including any capacity needs of the recipient organizations? | The project had to modify the implementation plan to comply with the Government issued COVID-19 guidelines. |

**PART IV: COVID-19**

1. Monetary adjustments: Please indicate the total amount in USD of adjustments due to COVID-19: N/A
2. Non-monetary adjustments: Please indicate any adjustments to the project which did not have any financial implications:
   1. As shared earlier through the RCO, adjustments were made in the implementation approach to adhere to Government issued guidelines regarding COVID-19 preventative measures. In this regard, trainings that would be conducted in one hall saw participants being split into two groups and facilitation conducted separately. Additionally, the training facilitators ensured to echo the message of COVID-19 urging participants to adhere to guidelines as well as take protective and preventative actions.
3. Please select all categories which describe the adjustments made to the project

Reinforce crisis management capacities and communications

Ensure inclusive and equitable response and recovery

Strengthen inter-community social cohesion and border management

Counter hate speech and stigmatization and address trauma

Support the SG’s call for a global ceasefire

Other (please describe):

**PART V: INDICATOR BASED PERFORMANCE ASSESSMENT**

|  | **Performance Indicators** | **Indicator Baseline** | **End of project Indicator Target** | **Indicator Milestone** | **Current indicator progress** | **Reasons for Variance/ Delay**  **(if any)** |
| --- | --- | --- | --- | --- | --- | --- |
| Outcome 1  Increased empowerment of women in South Sudan by strengthening prevention mechanisms for GBV by transforming harmful social norms into positive behaviour that promotes gender equality. | Indicator 1.1  % increase in women and girls’ participation in local peace and justice activities | TBD | 40% |  |  | Outcome indicators will be measured at the end of implementation through an independent expert. |
| Indicator 1.2  Women’s perception of their inclusion and equality in society | TBD | TBD |  |  | Outcome indicators will be measured at the end of implementation through an independent expert. |
| Indicator 1.3  proportion of women and girls who feel confident to report GBV and know where to access relevant services in case they become victim of GBV | TBD | 40% |  |  | Outcome indicators will be measured at the end of implementation through an independent expert. |
| Output 1.1  Increased access to comprehensive GBV support services in Bor and Aweil | Indicator 1.1.1  Number of GBV survivors accessing and using the integrated GBV services in One stop centre (SADD | 0 | 1000 | Based on the case management record | 92+211+27 | Target not achieved as the number of cases in the initial set up period are less. |
| Indicator 1.1.2  Number of GBV One Stop centres established and operational | 0 | 2 | Based on the baseline | 2 | Target achieved. |
| Indicator 1.1.3: Number of service providers (disaggregated by sex and profession) with increased skills and other capacity in providing integrated response services | 0 | 100 | Establishment of the OSCs | 148 + 70 | Target achieved.  In total, 218 GBV case management related actors, i.e. OSC staff, chiefs, representatives from police, youth representatives and women representatives, have been trained in Aweil and Akobo. |
| Indicator 1.1.4: Number of People (SADD) which are aware of the existence and services of the One stop centre in the intervention areas | 0 | 20000 | Outreach campaigns/ activities | 49,660 +5320 | Target achieved. Community awareness conducted through radio talk shows and road shows through microphone rallies. These new strategies also create an opportunity to sensitize the communities and create awareness on COVID-19 and how best the community could keep their families and friends safe from COVID- 19. |
| Output 2    Strengthened women’s groups participation in local peace processes in Bor and Aweil and increase civic engagement on GBV Prevention and response | Number of advocacy issues raised by women through peace huts initiatives. | 0 | 5 | Establishment of the peace huts | 5 | Target achieved.  1. Early marriage  2. Wife inheritance  3. Property ownership  4. Girl – child education  5. Revenge killings |
| Number of women’s peace huts/ women centres functional | 4 | 5 | Establishment of the peace huts | 2 (Aweil and Bor) | 3 more will be established in Bor |
| Number of community members reached on GBV response and importance of women participation (SADD). | 0 | 5000 (60% women and girls) | Establishment of the peace huts | 1,335 women  745 men | COVID-19 restrictions such as social distancing and flooding in Bor and Akobo contributed to decreased number of women and girls reached. Despite this, the no cost extension allowed to rectify this. |
| # of women trained on facilitation skills on women participation in peace | 0 | 350 | Establishment of the peace huts | 441 Women including 22 girls | Target achieved. |
| Output 1.3  Increased access of GBV survivors to justice mechanisms | Indicator 1.3.1  Output Indicator 3.1  Existence of functional mobile court system to adjudicate GBV cases | No | Yes | As per the set target in the project document | Yes. five mobile courts dispatched to Kapoeta, Yambio and Terekeka, Malakal and Bentiu prioritized the adjudication of 20 GBV cases. | The mobile court teams continue to be engaged to prioritize adjudication of GBV cases. |
| Indicator 1.3.2  % of cases prosecuted to completion | 0 | 5% | As per the set target in the project document | 32.7 percent | Sensitization of formal and inform justice actors and communities on SGBV is resulting in an increase in the number of SGBV cases reported ad subsequently numbers prosecuted. |
|  | Indicator 1.3.3  Number of community-based paralegals with skills to support dispensation of justice for survivors (SADD) | TBD | 25 per state (min 25% men) | As per the set target in the project document | 22 women trained as community paralegals | Due to budgetary constraints, the Technical Working Group adjusted the target to 10 women per State. |
| Output 1.4  Communities in Bor and Aweil transform harmful social norms that contribute to GBV into positive norms that promote gender equality | Indicator 4.1  % of target population that views GBV as less acceptable after participating in the perception survey | 0 | 75% | 113% | 85% | Target achieved |
| Indicator 4.2  # of community action groups addressing GBV, peacebuilding, social cohesion, social norms, and negative cultural practices | 0 | 16 | 100% | 20 | Target achieved |
| Indicator 4.3  # of trained community action group members with increased knowledge on addressing negative social norms and increasing women and girl’s engagement in peace building and social cohesion | 0 | 200 | 100% | 200 | Target achieved |
| Indicator 4.4  # of people (women, men, girls and boys) reached through weekly and monthly community dialogues and awareness raising on social norms, peace building, reconciliation, stigma reduction and GBV prevention and response | 7,900 | 30,000 | 150% | 75,000 | Target is overachieved due to us of multiple forum including radio talk shows, peer to peer discussions, community dialogues , discussions during commemorative days like 16 days of activism, International Women’s Day etc. |



**ANNEX 1**

**Concept Note for Commemoration of 16 Days of Activism against GBV campaign**

**Global Theme: "Orange the World: Fund, Respond, Prevent, Collect!"**

**South Sudan: Proposed theme “Keep the Promise: Invest, Prevent and Respond to GBV”**

**November – 10 December 2020**

## Background

Gender-based violence (GBV) is deeply entrenched in South Sudan, where women and girls continue to experience the high risk in both public and private spaces. Gender based-violence is not only manifested in the physical and sexual violence, but also through overall lack of equal opportunities for women and girls to lead a fulfilling life. High rate of illiteracy amongst girls and women, high rate of child marriage, high maternal mortality due to preventable causes, limited access to livelihood opportunities, are some of the indicators that highlight the dire need to address the gender inequality at the root causes to end gender based violence. According to the Gender Based Violence Information Management System (GBV IMS) annual report of 2019, 41% of the reported incidents were physical violence, 24% were emotional violence and 16% were sexual violence. Government data shows that about 40% of girls are married before age of 18. Clearly, there is a need for urgent and scaled up action against GBV in South Sudan.

GBV in particularly, sexual violence, is widespread and one of the largest crises emanating from the protracted conflict in South Sudan. The use of sexual violence and the brutalisation of women and girls have been well documented. Even in displacement settings, threats and risks of GBV against women and girls persist particularly sexual violence, growing levels of intimate partner violence (IPV), sexual exploitation, harassment and early and forced marriage*.* Anecdotally all forms of GBV such as rape, sexual harassment, physical violence, psychological violence, denial of resources, and others, remain prevalent. In most cases, some GBV survivors experience multiple forms of GBV.

### 2020 CONTEXT

Since the onset of COVID-19 pandemic, gender based violence, particularly domestic violence against women and girls, teen-age pregnancies and other violations of women’s rights have witnessed an upsurge in South Sudan and around the world. Civil society organizations and women’s rights groups and the frontline responders have all anecdotally highlighted the rising risk factors such as food insecurity, economic insecurity and unemployment, school closure related risks such as increased child marriages, high teenage pregnancies, sexual violence and harassment in public spaces. While South Sudan faces challenges with regards to credible evidence base and data to ascertain the scale of the issue, all stakeholders agree on the increased risk of gender based violence, including sexual exploitation and abuse, harassment, domestic violence, sexual violence, emotional violence and economic violence fueled through the food and income insecurity risks.

As the already fragile health system of South Sudan struggles to meet the overwhelming demand for COVID-19 response, there is a great risk of deprioritizing the needs related to addressing gender based violence and its devastating impact on the health and wellbeing on the women and girls and the whole community. Limited physical mobility, suspended transport, and closed or stretched capacity of specialist support services endangers a ‘shadow pandemic’ of gender based violence and devastating impact on the sexual and reproductive health rights of women and girls. Therefore, this year’s 16 Days’ Activism calls for all the stakeholders to continue prioritizing the collective actions for financing, prevention and response to GBV.

While adequate financing is required so that gender equality commitments made by world leaders translate into action, the global evidence suggests that the financing gaps for the national action plans are usually as high as 90%. In view of the COVID-19, this challenge is only likely to exacerbate. Building on the Addis Ababa Action Agenda[[3]](#footnote-3) of the Third International Conference on Financing for Development (Addis Ababa Action Agenda), 2015, this year’s 16 Days’ Activism is a Call for Attention to the State, development partners, UN and other multilateral actors as well as civil society to continue prioritizing addressing GBV in spirit, letter and corresponding financing.

## Rationale

The 16 Days of Activism against Gender Violence is an international campaign originating from the first Women’s Global Leadership Institute sponsored by the Center for Women’s Global Leadership (CWGL) at Rutgers University in 1991. Participants chose the dates November 25, International Day against Violence against Women, and December 10, International Human Rights Day, in order to symbolically link violence against women and human rights and to emphasize that such violence is a human rights violation.

South Sudan started commemoration of 16 days of Activism against Gender Based Violence since 2007 and has continued since then. The commemoration is carried out in all the 10 States of the Republic of South Sudan. The Ministry of Gender Child and Social Welfare and partners organize activities to make people aware of the negative impact of violence on women and children, what the available services, legal are and policy framework and prevention of violence against women and girls.

Under the 2020 international theme: ***“Orange the World: Fund, Respond, prevent, collect!”*** South Sudan will commemorate the day with the theme **“Keep the Promise: Invest, Prevent and Respond to GBV”** This national theme recognizes the need to ensure sustained funding and concrete actions to prevent and respond to GBV in South Sudan.

The 16 days period offers an opportunity to raise awareness and scale up advocacy for effective initiatives to prevent and respond to GBV. The Ministry of Gender, Child and Social Welfare will lead the Campaign with focus on the following;

* To create awareness on GBV prevention and available services for the response
* To advocate for enactment of Anti-GBV Bill
* To call on all the stakeholders to prioritize financing for GBV prevention and response programmes
* To empower vulnerable women and girls through GBV information and services
* To bolster the collective efforts by government, the UN, donors and traditional leaders in addressing GBV, including child marriage
* To engage the youth, i.e. adolescent girls and boys, various stakeholders and media at the national and state levels

## Proposed Activities

Considering the COVID-19 restrictions and to comply with government directives on physical distancing and suspension of public events, most of the activities will be done virtually and the few physical events will be conducted with minimum participants**.** All the physical events will be live-streamed to allow maximum attendance while adhering to guidelines.

In addition to limiting the participants of the face to face event, COVID19 compliance Standard Operating Procedures (SOP) such as use of thermos gun to measure temperature, jar and water for hand washing facilities, use of sanitizer, masks and spacing on the sitting arrangement will be employed.

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Activity** | **Responsible institution** | **Budget estimate** |
| Tuesday 24th Nov | Joint Press releases by Ministry of Gender, Child and Social Welfare and United Nations Agencies. | Ministry of Gender, UNCG, UNFPA and SRSG Office | 1000 USD (Refreshments, banners and transport reimbursement for journalist) |
| Wednesday 25th Nov | Highly level dialogue on ‘Addressing the shadow pandemic of Gender-based Violence in South Sudan: From commitment to action’ with key stakeholders (50 max)  (VP on Gender and Youth, Key Ministers, Heads agencies of UN, Donor representatives and CSO Representatives)  Palm Africa Hotel big conference hall  Time : 10:00 to 1:00 PM (3 hours event)  1:00 to 2:00 PM Lunch  Event will be streamed live for other participants and public | UN, GRSS, Donors and Civil Society | 10,000 USD (Venue hire, lunch and visibility materials, transport reimbursement for journalists, internet cost ) |
| Thursday 26 Nov |  |  |  |
| Friday 27 Nov | Film Festival (100 participants) and the rest to join virtually including from the states  An outdoor event, in a big tent and big screen to project the film  Time: 3:00 to 5:00 PM | UNFPA and partners, Ministry of Gender | 5,000 USD (Venue, Snacks, transport reimbursement and IEC materials) |
| Saturday 28 Nov |  |  |  |
| Sunday 29 Nov |  |  |  |
| Monday 30th Nov | Two Radio Talk Shows | MGCSW, UNFPA, Steward women |  |
| Tuesday 1st Dec | (World AIDS Day) Media discussion on multiple exclusions suffered by HIV positive GBV survivors | AIDS-Commission, Line Ministries and UN-Agencies and CSO |  |
| Wednesday 2nd Dec |  |  |  |
| Thursday 3rd Dec | (Intl Day of Persons with Disabilities) Media discussion on GBV survivors who are PWDs and their right to services | MGCSW, ICRC, HI, Light for the World and others |  |
| Friday 4th Dec |  |  |  |
| Saturday 5th Dec | (International Volunteer Day) Forum on the role of health and social workers in providing survivor-centered services to GBV survivors | UNFPA, MOH, Midwives |  |
| Sunday 6th Dec |  |  |  |
| Monday 7th Dec |  |  |  |
| Tuesday 8th to Thursday 10th Dec | National level dialogue with traditional leaders on child marriage to follow up and review the 2019 chiefs’ conference  30 participants inclusive of states representatives | Ministry of Gender, UNFPA and UNICEF | 15,000 USD, (Flights, DSA, Venue, meals, transport reimbursement and IEC materials) |
| Dec 10 | International Human Rights Day  Grand Finale of Girls’ Football tournament | SSHRC, MGCSW, UNDP, UCHAR and CSOs  Ministry of Gender, MY&S UNFPA, UNICEF | 5,000 USD (IEC materials ) |

# Communications Support/ UNCG:

* Media coverage for key events
* Press conference
* Media outreach (arrange interviews with print, radio, TV)
* Special advertorial in 2 newspapers
* IEC materials (flyers, posters, banners, ribbons, wrist bands, face mask with GBV message, Anti-GBV Bill summary booklet printing) for awareness-raising
* Human interest stories in of activists and survivor advocates and how organizations are supporting them.
* Sharing of existing short advocacy videos via digital media platforms
* Stimulate public conversations and educate the public through social media on what individuals and organizations can do to raise awareness of the increase in violence against women during the COVID-19 pandemic.
* Hold virtual seminars

# 5. Key Messages

1. Despite the recognition of the need, financing for GBV response and prevention remains under-funded. This must change if we wish to end GBV and fulfill SDGs
2. The persistent failure to prevent and punish violence against women and girls leads to the continued violation of their rights and stunts the contribution that women and girls can make to international development, peace and progress. Passing the anti-GBV Bill is one giant step towards changing the situation.
3. Addressing the structural barriers of discrimination, including challenging discriminatory laws, social norms and stigma that perpetuate inequality and disparities, should be an essential part of the work of government and partners in responding to the needs of GBV survivors.
4. Fear of stigmatization are the main barriers for women and girls to access GBV services.The shame and stigma surrounding sexual violence contributes to survivors not talking about violence when it happens.
5. We will strive to uphold the inherent dignity and human rights of GBV survivors, while working for their empowerment as active partners in our efforts to achieve universal access to sexual and reproductive health and rights.

## Virtual Planning Meetings Schedule:

|  |  |  |
| --- | --- | --- |
| **MEETINGS** | **DATES** | **TIME** |
| 1st Meeting | Friday 23rd October 2020 | 2:00 to 3:00 PM |
| 2nd Meeting | Friday 6th November 2020 | 2:00 to 4:00 PM |
| 3rd Meeting | Friday 13th November | 2:00 to 4:00 PM |
| 4rd Meeting | Friday 20th November 2020 | 2:00 to 4:00 PM |

****

# HIGH LEVEL NATIONAL DIALOGUE TO COMMEMORATE 16 DAYS OF ACTIVISM AGAINST GENDER- BASED VIOLENCE

**Date: Wednesday 25th NOVEMBER 2020**

**Time: 10:00 AM to 1:00 PM**

**Venue: PALM AFRICA**

**Theme: “Keep the Promise: Invest, Prevent and Respond to GBV”**

|  |
| --- |
| **Dialogue Objectives** |
| * To call on all the stakeholders to prioritize financing for GBV prevention and response programmes * To advocate for enactment of Anti-GBV Bill * To bolster the collective efforts by government, the UN and development partners in addressing GBV, including child marriage * To launch Joint Programme Steering Committee (JPSC) |

|  |  |  |
| --- | --- | --- |
| **Time** | **Activity** | **Responsibility** |
| 9:30-10:00 | Arrival and Registration at the venue | MGCSW |
| 10:00-10:10 | Welcome remarks and brief on commemoration of 16 days of activism against GBV and 2020 national dialogue | Esther Ikere  Undersecretary, MGCSW |
| 10:10-10:30 | Opening session  Remarks   * Mr. Alain Noudehou, Deputy SRSG/ United Nations Resident Coordinator and Humanitarian Coordinator * Donor Representative * Hon. Chan Reec Madut, Chief Justice, Judiciary of South Sudan * Her Excellency Rebecca Garang De Mabior, Vice President of the Republic of South Sudan | Esther Ikere  Undersecretary, MGCSW |
| 10:30-10:45 | Tea/Coffee Break | All |
| 10:45-11:00 | Current GBV overview, trends figures from GBV OSC (2019-2020) | Dr. Alex Dimity  Director General of Reproductive Health  Ministry of Health |
| 11:00-11:20 | Summary of Draft Anti GBV Bill and next steps | Hon. Aya Benjamin Warile, Minister of Gender, Child and Social Welfare |
| 11:25 – 12: 00 | Moderated Panel Discussion **“Keep the Promise: Invest, Prevent and Respond to GBV”**  (5 mins each)   * Hon. Minister of Defense * Hon. Minister of Health * Hon. Minister of Justice * UNFPA Representative * Donor Representative * Civil Society Representative   Q&A | Aluel Atem  Gender and Human Rights Activist |
| 12:00 – 12:45 | Presentation and discussion of draft TOR of Steering Committee | Hon. Aya Benjamin Warile, Minister of Gender, Child and Social Welfare |
| 12:45-1:00 pm | Closing remarks  Launch of the Joint Programme Steering Committee (JPSC) by Her Excellency Rebecca Garang De Mabior, Vice President of the Republic of South Sudan | Hon. Aya Benjamin Warile, Minister of Gender, Child and Social Welfare |
| 1:00 – 2:00 pm | Lunch and Departure | All |

****

**ANNEX 3: Concept Note**

**Dialogue with Traditional Leaders to Review the Implementation of Palm Africa Declaration**

## Background

Under the leadership of Ministry of Gender, Child and Social Welfare, with logistic support from Advance Africa Initiative (ADAFIN) and financial support from the United Nations Population Fund (UNFPA) a National Chiefs Conference was conducted at Palm Africa Hotel on Tuesday 5th to Thursday 7th November 2019 in Juba, South Sudan.

The National conference for Chiefs was part of the initiatives to end Child marriage through engaging the duty bearers and men to change the negative norms and values. The conference offered an opportunity for learning and sharing among the chiefs and commitments to support the rights of women and girls through ending child marriage and support girls fulfil their full potential.

The conference brought together all the paramount chiefs from all former thirty two states of South Sudan and Abyei administrative area for three days conference to best find ways of protecting young girls against child marriage and other harmful practices. The conference also brought chiefs representatives from Malawi who shared experience with their South Sudanese chiefs.

## Rational for Dialogue with Traditional

During the National Chiefs Conference all the 32 Paramount Chiefs plus Abyei made commitments to implement The Palm Africa Declaration (Signed commitments is attached).

One year after the National Chiefs Conferencethere is a need to conduct a dialogue with traditional leaders and State Ministry of Gender, Child and Social Welfare to review the implementation of The Palm Africa Declaration. This proposed dialogue will be conducted during the 16 days of activism against violence on women and girls jointly as part of the recently signed letter of understanding between United Nations Population Fund (UNFPA) and United Nations Children Funds (UNICEF) partnership to accelerate action to end child marriage in South Sudan.

## Dialogue Objectives

* To review the draft 2020 annual progress report of Strategic National Action Plan (SNAP 2017-2030) on ending child marriage
* To review the progress made towards the implementation of The Palm Declaration
* To identify gaps and barriers and strategize how to overcome these challenges
* Agree on next steps to ensure follow through on The Palm Africa actions points, SNAP implementation
* To agree on the frequency of review and annual progress report for both SNAP and The Palm Africa.

## Expected Outputs

* Defined SNAP progress report including progress of The Palm Africa Declaration
* Establishment of Chief Champions against Child marriage and other harmful practices
* A dialogue report

## Methodology and approach

This dialogue will employ the following methodologies and approach to attain the objectives and outputs:

1. Presentation from various stakeholders and Keynote speakers
2. Group Discussions & Presentations.
3. Related Cases Studies from Selected States

## Target Groups/Participants:

The proposed dates of Dialogue Tuesday 8th to Thursday 10th December 2020

Proposed venue: Palm Africa Hotel

|  |  |  |
| --- | --- | --- |
| **N/S** | **Participants** | **Total** |
| 1 | Paramount Chiefs States and Juba | 15 |
| 2 | Ministry of Gender, Child and Social Welfare, States and Juba | 15 |
| 3 | Civil Society, including DPOs | 10 |
| 4 | UN Agencies | 10 |
|  | **Total Participants** | **50** |

**ANNEX 4**

**Terms of Reference**

**End of the Project Evaluation for project ‘Protecting women and girls in South Sudan: Addressing GBV as catalyst for peace’**

**under the United Nations Joint Programme on Prevention of and Addressing Gender Based Violence in South Sudan**

**2019-2021**

**End of the Project Evaluation**

**March, 2021**

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**Acronyms**

CO Country Office

CP Country Programme

CCA Common Country Analysis/Assessment

CPD Country Programme Document

ECM End Child Marriage

ERG Evaluation Reference Group

EQA Evaluation Quality Assessment

EQAA Evaluation Quality Assurance and Assessment

GBV Gender-based Violence

GoSS Government of South Sudan

JP Joint Programme

M&E Monitoring and Evaluation

MOH Ministry of Health

NGOs Non-Government Organizations

SDGs Sustainable Development Goals

SRHR Sexual and reproductive health and rights

ToR Terms of Reference

UNCF United Nations Cooperation Framework

UNCT United Nations Country Team

UNDP United Nations Development Programme

UNEG United Nations Evaluation Group

UNICEF United Nations Children Fund

UNFPA United Nations Population Fund

UN Women United Nations Entity for Gender Equality and Women’s Empowerment

# Introduction

The Peacebuilding fund project, “Protecting women and girls in South Sudan: Addressing gender based violence (GBV) as catalyst for peace”, is implemented by United Nations Development Programme (UNDP), United Nations Population Fund (UNFPA), United Nations Children’s Fund (UNICEF) and United Nations Entity for Gender Equality and Women’s Empowerment (UN Women) since September 2018. The project is part of the United Nations Joint Programme (JP) on prevention of and addressing gender-based violence (2017-2020) supported by Peacebuilding fund. . The project runs for the period, September 2018- February 2021. The programme aims to address the alarming situation of GBV gender based violence in South Sudan through an integrated approach to achieve increase empowerment of women in South Sudan by strengthening prevention mechanisms for GBV and transforming harmful social norms into positive behaviour that promotes gender equality in Bor, Aweil and Akobo. This entails, (i) provision of life-saving integrated services through One Stop Centres/ Family Protection Centres in Aweil and Akobo, (ii) strengthening women’s groups participation in local peace processes in Bor,Aweil and Akobo and increase civic engagement on GBV Prevention and response, (iii) increasing access to justice mechanisms for the GBV survivors, and (iv) transforming communities’ harmful social norms that contribute to GBV into positive norms that promote gender equality.

The PBF project contract stipulates to conduct an end of project evaluation towards the end of the project. In this respect, the evaluation will be implemented in line with the United Nations Evaluation Group (UNEG) norms and standards and international good practice for evaluation. It offers step-by-step guidance to prepare methodologically robust evaluations and sets out the roles and responsibilities of key evaluation stakeholders at all stages in the evaluation process.

The main audience and primary users of the evaluation are: (i) The participating UN agencies for the project; (ii) Government of South Sudan (iii) the United Nations Country Team (UNCT) in South Sudan; (iv) the donors operating in South Sudan. The evaluation results will also be of interest to a wider group of stakeholders, including: (i) Implementing partners of the joint project; (ii) UN participating agencies in regional offices and headquarters divisions, branches and offices; (iii) academia; (iv) local civil society organizations and international NGOs; and (v) beneficiaries of UN support (in particular women and adolescents and youth). The evaluation results will be disseminated to these audiences as appropriate, using traditional and new channels of communication and technology.

The evaluation will be managed by the UN lead agency for the project, UNFPA South Sudan, with guidance and support from the Country Office (CO) M&E Manager, Resident Coordinator’s Office as the portfolio manager, and in consultation with the Evaluation Reference Group (ERG) throughout the evaluation process. A team of independent external evaluators will conduct the evaluation and prepare an evaluation report in conformity with these terms of terms of reference.

# Country Context

South Sudan is one of the world’s newest nations, only attaining independence on July 9, 2011. It has a Transitional Government leading the country based on the South Sudan Transitional Constitution with parliamentary and executive system of governance. South Sudan has a population of 12.3[[4]](#footnote-4) million with 81 per cent living in rural areas and 73.7 per cent aged below 30 years. The protracted conflict in South Sudan has a profound impact on individuals and communities as it has further weakened and destabilized coping mechanisms, GBV prevention and response systems, and peace building initiatives. The conflict has further weakened institutional capacity for provision of basic social services and for justice and reconciliation; has reinforced deep seated grievances that underpin many inter-communal conflicts, perpetuating revenge killings and violence, including GBV.

GBV is a serious human rights violation and a significant global health and security issue. Studies suggest that the rates, perpetrators and types of GBV fluctuate during conflict; evidence shows that sexual violence against both women and men increases during conflict. The global prevalence of sexual violence among refugees and displaced persons is estimated to be 21.4%, suggesting that approximately one in five women who are refugees or displaced by an emergency, experience sexual violence[[5]](#footnote-5).

In South Sudan many GBV survivors experience multiple forms of GBV during fighting, flight and once in displacement[[6]](#footnote-6). The 2015 Protection Survey conducted within Protection of Civilian (PoC) sites commissioned by the Humanitarian Country Team (HCT) showed GBV prevalence ranging from 23-72%. The special investigation team on human rights abuses in South Sudan described GBV as reaching epidemic proportions in its communique in 2016. GBV in South Sudan including Conflict Related Sexual Violence[[7]](#footnote-7) (CRSV) is used as a tactical tool and GBV rates therefore takes unprecedented proportions in the country. The hostilities that erupted in Juba in December 2013 and July 2016 marked by political and ethnic undertones[[8]](#footnote-8), had especially atrocious consequences for targets of GBV. The GBVIMS report shows a significant increase in the number of GBV cases reported in the periods of armed conflict in 2013 and 2016, further emphasising the impact of conflict on the increase of GBV cases.[[9]](#footnote-9) Impunity stems from a weak judicial system wherein customary practices influence decisions. While the South Sudan Penal Code provides for the criminalisation of several forms of sexual violence, several of such cases are determined by customary courts with unsatisfactory results especially for survivors. This requires strengthening prosecutorial capacities, referral pathways and legal assistance to survivors.

# UN joint project ‘Protecting women and girls in South Sudan: Addressing GBV as catalyst for peace’

The project brings together UN agencies to deliver on the prevention and response to GBV, recognizing that it is a part of the Revitalized agreement of the Republic of South Sudan, National development strategy of South Sudan, the UNSCR 1325 and its National Action Plan and the UN Nations Peacebuilding plan, all advocating for and promoting the Women, Peace and Security agenda; peacebuilding, Gender equality and respect for, and protection of, human rights and fundamental freedoms is at the core of the resolutions. This project further contributes to progress on the implementation of Agenda 2030 on Sustainable Development, particularly on goals 5 (gender equality and women’s empowerment) and 16 (peace, justice and strong institutions) by strengthening women’s participation at all levels (target 5.5), addressing violence against women (target 5.2) and strengthening the promotion of the rule of law and access to justice for all (target 16.3).

The project, contributes to the four priority areas of the UN Joint GBV Programme, 1) Increased access to health & psychosocial support services, 2) Protection and security, 3) Justice and Rule of law, 4) Community engagement & social norms; and considers existing GBV interventions coordinated under the GBV sub-cluster mechanism.

At the outcome level, the project’s aim is *to strengthen the response and prevention mechanisms to GBV and enhance women and girls’ participation in local peace processes, contributing to social cohesion and peace in Bor, Aweil* and Akobo. The programme’s Theory of Change is as below.

* **If** survivors of GBV in Bor and Aweil have access to integrated and comprehensive services, including access to justice and healing and;
* If women and girls have safe spaces and platforms where they can raise peace and security issues that concern them, including GBV, and where they receive capacity training to mobilize around these concerns and;
* **If** perpetrators of GBV are held accountable, are being prosecuted and the culture of impunity ends
* And **if** the whole community, especially men, boys and community leaders, actively promote gender equality and condemn GBV

**Then** social cohesion in Bor- Jonglei State and Aweil states increases towards stability and sustainable peace

**Because** women will participate more actively in local (and national) peace processes in a safe and conducive environment, free from GBV and other harmful acts, reaching their full potential as central actors in society and peacebuilding and herewith ensuring a more inclusive peace process.

The project is designed to achieve the following outcome and the below mentioned outputs:

**Overarching Outcome:** Increased empowerment of women in South Sudan by strengthening prevention mechanisms for GBV by transforming harmful social norms into positive behavior that promotes gender equality.

**Output 1: Increased access comprehensive GBV support services**

Establishment of two GBV one stop centres, in Akobo and Aweil to provide survivors with access to critical GBV services (medical, psychosocial, continuous legal advice) and; increase capacities of staff to address survivor needs in a timely and comprehensive manner.

**Output 2: Strengthened women’s groups participation in local peace processes and increase civic engagement on GBV Prevention and response**

The output focuses to strengthen capacities of local women’s groups at the community level to engage in local peace processes. Women’s groups and peace huts/women empowerment centres are established at community level in Aweil and Bor to serve as safe spaces for dialogue on all issues and topics which women would like to raise related to their needs and concerns regarding security, safety, including on GBV prevention and available service.

**Output 3: Increased access of GBV survivors to justice mechanisms**

Under this output, several initiatives are supported to make local justice processes more accessible for women and ensure that these structures are sensitive to women’s justice needs and foster effective legitimacy, engagement and cooperation with women and other vulnerable groups. Through technical support and capacity training on GBV to informal and formal authorities, especially security and justice actors such as law enforcement and prosecutors, access to justice for GBV survivors is expected to increase.

**Output 4: Communities in Bor and Aweil transform harmful social norms that contribute to GBV into positive norms that promote gender equality**

This output area engages the whole community including local CSOs (both women led and other CSOs), including men and boys, to enable sustainable behavior and social change by transforming gender unequal relationships.

# Evaluation Purpose, Objectives and Scope

## 4.1. Purpose

The end of the project evaluation will serve the following three main purposes: (i) demonstrate accountability to stakeholders on performance in achieving development results and on invested resources; (ii) support evidence-based decision making on the progress made against the results outlined; and (iii) contribute key lessons learned to the existing knowledge base on how to carry forward the gains made through the intervention.

## 4.2. Objectives

The **objectives** of this evaluation is:

* to provide the project participating agencies, national stakeholders with an independent assessment of the performance of the project and key lessons learned, based on the relevance, effectiveness, efficiency and sustainability of the project towards the expected outputs and outcomes set forth in the results framework.
* Draw key lessons from past and current cooperation and provide a set of clear and forward-looking options leading to strategic and actionable recommendations for the next project.

## 4.3. Scope

**Geographic Scope**

The evaluation will cover interventions at the national level and in locations Bor, Akobo and Aweil.

**Thematic Scope**

The evaluation will cover the following thematic areas as outlined under the four outcomes envisaged as per the results framework. In addition, under the evaluation criteria noted above, the evaluation will cover cross-cutting issues such as gender equality, human rights and peacebuilding, monitoring and evaluation (M&E), communications, innovation; resource mobilization and strategic partnerships.

# Evaluation Criteria and Preliminary Evaluation Questions

## 5.1. Evaluation Criteria

The evaluation will examine the following four OECD/DAC evaluation criteria: relevance, effectiveness, efficiency, coherence and sustainability. The evaluation will also apply Human Rights and Gender Equality as integrated criteria for evaluation.

|  |  |
| --- | --- |
| **Relevance** | The extent to which the objectives of the project correspond to population needs at country level (in particular, those of vulnerable groups), and were aligned throughout the project period with government priorities and with the project. |
| **Effectiveness** | The extent to which outputs have been achieved and the extent to which these outputs have contributed to the achievement of the outcomes. |
| **Efficiency** | The extent to which outputs and outcomes have been achieved with the appropriate amount of resources (funds, expertise, time, administrative costs, etc.). |
| **Sustainability** | The continuation of benefits from intervention after its termination, linked, in particular, to their continued resilience to risks. |
| **Coverage** | The extent to which major population groups facing life-threatening suffering were reached. |
| **Coherence** | The extent to which the project was complimentary to the actions by the participating agencies and the areas that could be strengthened further. |
| **Gender Equality and Human Rights** | The extent to what gender and human rights considerations have been integrated into the project. |

## 5.2. Preliminary Evaluation Questions

The evaluation is expected to provide answers to a number of evaluation questions which are derived from the above criteria. The evaluation questions will delineate the thematic scope of the evaluation and are meant to formulate key areas of inquiry that are of interest to various stakeholders, thereby optimizing the focus and utility.

The evaluation questions presented below are indicative and the evaluators are expected to develop a final set of evaluation questions based on these preliminary questions, in consultation with the Evaluation Reference Group (ERG), including the RCO as the overall oversight responsibility.

***Relevance***

1. To what extent is the project adapted to: i) the needs of diverse populations, including the needs of marginalized and vulnerable groups; ii) national development strategies and policies; iii) the strategic direction and objectives of the joint programme; and iv) priorities articulated in international frameworks and agreements, in particular the UNCF, HRP, SDGs and the New Way of Working.
2. To what extent has the project linked the GBV and peacebuilding and community cohesion in the project planning and implementation?
3. To what extent has the project been able to respond to changes in national needs and priorities, including those of vulnerable or marginalized communities, or to shifts caused by crisis or major political changes?

***Effectiveness***

1. To what extent have the interventions supported by the project contributed to the achievement of the expected results (outputs and outcomes)?
2. To what extent has the project successfully integrated gender, human rights and conflict analysis in the design, implementation of the project?
3. To what extent has human rights and a gender mainstreamed in the design and implementation of the project?

***Efficiency***

1. To what extent has the project made good use of its human, financial and administrative resources, and used a set of appropriate policies, procedures and tools to pursue the achievement of the outcomes defined?

***Sustainability***

1. To what extent has the project been able to support implementing partners and beneficiaries (women and adolescents and youth) in developing capacities and establishing mechanisms to ensure the durability of effects?
2. To what extent do the stakeholders prioritize and pay attention to/integration of gender equality and human rights concerns in their areas of work?

***Coherence***

1. To what extent was the project coherent in building synergy between each other in the project implementation?

***Coverage***

1. To what extent have the interventions systematically reached geographic areas in which affected populations reside?

The final evaluation questions and the evaluation matrix will be presented in the design report.

# Methodology and Approach

## 6.1. Evaluation Approach

***Theory of change-based approach***

The evaluation will adopt a theory-based approach that relies on an explicit theory of change, which depicts how the interventions supported by the project are expected to contribute to a series of results (outputs and outcomes) that lead to the overall goal of the project.

The theory of change will play a central role throughout the evaluation process, from the design and data collection to the analysis and identification of findings, as well as the articulation of conclusions and recommendations. The evaluation team will be required to verify the theory of change and use this theory of change to determine whether changes at output and outcome levels occurred (or not) and whether assumptions about change hold true. The analysis of the theory of change will serve as the basis for the evaluators to assess how relevant, effective, efficient and sustainable the support provided by the project.

***Participatory approach***

The evaluation will be based on an inclusive, transparent and participatory approach, involving a broad range of partners and stakeholders at national and sub-national levels. These stakeholders include: representatives from government, civil society organizations, implementing partners, the private sector, academia, other United Nations organizations, donors and beneficiaries (in particular women and girls, adolescents/youth and men). They can provide insights and information, as well as referrals to data sources that the evaluators should use to assess the contribution of the project.

The Evaluation Manager in the UNFPA South Sudan CO will establish an ERG comprised of key stakeholders including: governmental and non-governmental counterparts at national level, Implementing Partners, staff from the Technical Working Group of UN agencies. The ERG will provide inputs at different stages in the evaluation process.

***Mixed-method approach***

The evaluation will primarily use qualitative methods for data collection, including document review, interviews, group discussions and observations through field visits, as appropriate. The qualitative data will be complemented with quantitative data to minimize bias.

## 6.2. Methodology

The evaluation team shall develop the evaluation methodology in line with the evaluation approach and guidance provided in accordance with the UNEG *Norms and Standards for Evaluation[[10]](#footnote-10), Ethical Guidelines for Evaluation[[11]](#footnote-11), Code of Conduct for Evaluation in the UN System[[12]](#footnote-12), and Guidance on Integrating Human Rights and Gender Equality in Evaluations[[13]](#footnote-13)*. When contracted, the evaluators will be requested to sign the UNEG *Code of Conduct* prior to starting their work.

The methodology that the evaluation team will develop builds the foundation for providing valid and evidence-based answers to the evaluation questions and for offering a robust and credible assessment. The methodological design of the evaluation shall include in particular: (i) a theory of change; (ii) a strategy for collecting and analyzing data; (iii) specifically designed tools for data collection and analysis; (iv) an evaluation matrix; and (v) a detailed work plan.

***Finalization of the evaluation questions and assumptions***

Based on the preliminary evaluation questions presented in the present terms of reference (see section 5.2), the evaluators are required to finalize the set of questions that will guide the evaluation. The final set of evaluation questions will need to clearly reflect the evaluation criteria and key areas of inquiry (highlighted in the preliminary evaluation questions). The evaluation questions should also draw from the theory of change. The final evaluation questions will structure the evaluation matrix and shall be presented in the design report.

***Sampling strategy***

The participating agencies of the project (UNDP, UNFPA, UN Women, UNICEF) will provide an initial overview of the interventions, the locations where these interventions have taken place, and the stakeholders involved in these interventions.

Based on information gathered through desk review and discussions with the participating agencies, the evaluators will refine the initial stakeholders map and develop a comprehensive stakeholders map. From this stakeholders map, the evaluation team will select a sample of stakeholders at national and sub-national levels who will be consulted through interviews and/or group discussions during the data collection phase. These stakeholders must be selected through clearly defined criteria and the sampling approach outlined in the design report. In the design report, the evaluators should also make explicit what groups of stakeholders were not included and why. The evaluators should aim to select a sample of stakeholders that is as representative as possible.

The evaluation team comprising of two members (One International Team Lead, One national Team member) shall also select a sample of sites that will be visited for data collection, and provide the rationale for the selection of the sites in the design report.

***Data collection***

The evaluation will consider primary and secondary sources of information. Primary data will be collected through semi-structured interviews with key informants at national and sub-national levels (government officials, representatives of implementing partners, civil society organizations, other United Nations organizations, donors, and other stakeholders), as well as group discussions with service providers and beneficiaries (women and adolescents and youth) and direct observation during visits to programme sites.

The evaluation team is expected to dedicate a total of approximately twelve days (12 days) for data collection in the field. The data collection tools that the evaluation team will develop, which may include protocols for semi-structured interviews and group discussions, a checklist for direct observation at sites visited or a protocol for document review, shall be presented in the design report.

***Validation mechanisms***

All findings of the evaluation need to be firmly grounded in evidence. The evaluation team will use a variety of mechanisms to ensure the validity of collected data through systematic triangulation of data sources and data collection methods, regular exchange with the Technical Working Group of the project; internal evaluation team meetings to share and discuss hypotheses, preliminary findings and conclusions; and the debriefing meeting with the UNCT and the ERG at the end of the field phase where the evaluation team present the preliminary findings and emerging conclusions.

Additional validation mechanisms may be established, as appropriate.

# Evaluation Process

The evaluation can be broken down into five different phases that include different stages and lead to different deliverables: preparatory phase; design phase; field phase; reporting phase; and facilitation of use and dissemination phase.

7.1. Preparatory Phase

The preparatory phase includes:

* Establishment of the ERG.
* Drafting the terms of reference (ToR), and approval of the draft ToR by the Participating UN agencies
* Selection of two consultants (one International, one national),
* Compilation of background information and documents for desk review by the evaluation team.
* Preparation of a first stakeholders map.

7.2. Design Phase

The evaluation team will conduct the design phase in consultation with the Evaluation Manager and the ERG. This phase includes:

* Desk review of initial background information as well as other relevant documentation.
* Review and refinement of the theory of change
* Formulation of a final set of evaluation questions based on the preliminary evaluation questions provided in the ToR.
* Development of a comprehensive stakeholders map and sampling strategy to select sites to be visited and stakeholders to be consulted in South Sudan through interviews and group discussions.
* Development of a data collection and analysis strategy, as well as a concrete work plan for the field and reporting phases
* Development of data collection methods and tools, assessment of limitations to data collection and development of mitigation measures.
* Development of the evaluation matrix (evaluation criteria, evaluation questions, assumptions, indicators, data collection methods and sources of information).

At the end of the design phase, the evaluation team will develop a **design report** that includes the results of the above-listed steps and tasks.

7.3. Field Phase

The evaluation team will undertake a field mission to project sites to collect the data required to answer the evaluation questions. Towards the end of the field phase, the evaluation team will also conduct a preliminary analysis of the data to identify emerging findings and conclusions to be validated with the ERG. The field phase should allow the evaluators sufficient time to collect valid and reliable data. While a period of 12 days is recommended, the Evaluation Manager will determine the optimal duration of the field mission in consultation with the evaluation team during the design phase. The field phase includes:

* Meeting with the participating agencies to launch the data collection.
* Meeting of evaluation team members with relevant programme officers
* Data collection at national and sub-national levels.

At the end of the field phase, the evaluation team will hold a **debriefing meeting with the ERG** to present the preliminary findings and emerging conclusions from the data collection. The meeting will serve as an important validation mechanism and will enable the evaluation team to develop credible and relevant findings, conclusions and recommendations.

7.4. Reporting Phase

In the reporting phase, the evaluation team will continue the analytical work (initiated during the field phase) and prepare a **draft evaluation report**, taking into account the comments and feedback provided by the ERG at the debriefing meeting at the end of the field phase.

This draft evaluation report will be submitted to the ERG for quality assurance purposes. Prior to the submission of the draft report, the evaluation team must ensure that it underwent an internal quality control against the criteria outlined in the Evaluation Quality Assessment (EQA). The M&E Advisors/ focal points of each participating agency will play a role in quality assurance.

The Evaluation Manager will collect and consolidate the written comments and feedback provided by the members of the ERG. On the basis of the comments, the evaluation team should make appropriate amendments, prepare the **final evaluation report** and submit it to the ERG. The final report should clearly account for the strength of evidence on which findings rest to support the reliability and validity of the evaluation. Conclusions and recommendations need to clearly build on the findings of the evaluation. Conclusions need to clearly reference the specific evaluation questions from which they have been derived, while recommendations need to reference the conclusions from which they stem.

The evaluation report is considered final once it is formally approved by all the four participating agencies.

7.5. Facilitation of Use and Dissemination Phase

In the facilitation of use and dissemination phase, the evaluation team will develop a **PowerPoint presentation and evaluation brief for the dissemination of the evaluation results** that conveys the findings, conclusions and recommendations of the evaluation in an easily understandable and user-friendly way.

# Expected Deliverables

The evaluation team is expected to produce the following deliverables:

* **Design report.** The design report should translate the requirements of the ToR into a practical and feasible evaluation approach, methodology and work plan. It should include (at a minimum): (i) a stakeholders map; (ii) an evaluation matrix (incl. the final set of evaluation questions, indicators, data sources and data collection methods); (iii) the evaluation approach and methodology, with a detailed description of the agenda/timeline for the field phase; (iv) and data collection tools and techniques (incl. interview and group discussion protocols).
* **PowerPoint presentation of the design report.** The presentation will be delivered at an ERG meeting to present the contents of the design report and the agenda for the field phase. Based on the comments and feedback of the ERG, the Evaluation Manager and the Regional M&E Adviser, the evaluation team will develop the final version of the design report.
* **An evaluation brief** outlining the methodology, findings and recommendations of the evaluation
* **PowerPoint presentation for debriefing meeting with the ERG, M&E Working Group of UNCT, PMT and UNCT.** The presentation provides an overview of key preliminary findings and emerging conclusions of the evaluation. It will be delivered at the end of the field phase to present and discuss the preliminary evaluation results with UNCT and the members of the ERG.
* **Draft and final evaluation reports.** The final evaluation report *(maximum 70 pages plus annexes)* will include evidence-based findings and conclusions, as well as a full set of practical and actionable recommendations to inform the next project cycle. A draft report precedes the final evaluation report and provide the basis for the review of the participating agencies, ERG members, the Evaluation Managers of participating agencies. The final evaluation report will address the comments and feedback provided by the stakeholders.
* **PowerPoint presentation of the evaluation results.**The presentation will provide an overview of the findings, conclusions and recommendations to be used for dissemination purposes.

All the deliverables will be developed in English language.

# Quality Assurance and Assessment

The ERG is responsible to ensure the quality assurance and quality assessment. While quality assurance occurs throughout the evaluation process and covers all deliverables, quality assessment takes place following the completion of the evaluation process and is limited to the final evaluation report only.

The evaluation team leader also plays an important role in undertaking quality assurance. The evaluation team leader must ensure that the evaluation team member provides high-quality contributions and that the deliverables submitted comply with the quality assessment criteria outlined below. The evaluation quality assessment checklist (see below), is used as an element of the proposed quality assurance system for the draft and final versions of the evaluation report.

|  |
| --- |
| **1. Structure and Clarity of the Report**  To ensure report is user-friendly, comprehensive, logically structured and drafted in accordance with international standards. |
| **2. Executive Summary**  To provide an overview of the evaluation, written as a stand-alone section including key elements of the evaluation, such as objectives, methodology and conclusions and recommendations. |
| **3. Design and Methodology**  To provide a clear explanation of the methods and tools used, including the rationale for the methodological approach. To ensure constraints and limitations are made explicit (including limitations applying to interpretations and extrapolations; robustness of data sources, etc.) |
| **4. Reliability of Data**  To ensure sources of data are clearly stated for both primary and secondary data. To provide explanation on the credibility of primary (e.g. interviews and group discussions) and secondary (e.g. reports) data established and limitations made explicit. |
| **5. Findings and Analysis**  To ensure sound analysis and credible evidence-based findings. To ensure interpretations are based on carefully described assumptions; contextual factors are identified; cause and effect links between an intervention and its end results (including unintended results) are explained. |
| **6. Validity of Conclusions**  To ensure conclusions are based on credible findings and convey evaluators’ unbiased judgment of the intervention. Ensure conclusions are prioritized and clustered and include: summary, origin (which evaluation question(s) the conclusion is based on), and detailed conclusions. |
| **7. Usefulness and Clarity of Recommendations**  To ensure recommendations flow logically from conclusions, are targeted, realistic and operationally feasible, and are presented in order of priority. Recommendations include: summary, priority level (very high/high/medium), target (administrative unit(s) to which the recommendation is addressed), origin (which conclusion(s) the recommendation is based on), and operational implications. |
| **8. SWAP - Gender**  To ensure the evaluation approach is aligned with SWAP (guidance on the SWAP Evaluation Performance Indicator and its application to evaluation can be found at <http://www.unevaluation.org/document/detail/1452> - UNEG guidance on integrating gender and human rights more broadly can be found here: <http://www.uneval.org/document/detail/980>). |

# Indicative Timeframe and Work Plan

The table below indicates the specific activities and deliverables and their timelines at all stages of the evaluation.

*Nota Bene: Column “Deliverables”:* Deliverables in *italic* are the responsibility of the Evaluation Manager/ TWG, while the deliverables in **bold** are the responsibility of the Evaluation team.

|  |  |  |
| --- | --- | --- |
| **Evaluation Phases**  **and Activities** | **Deliverables** | **Timelines** |
| **Preparatory phase** | | |
| Development of the **terms of reference (ToR)** in consultation with the Regional M&E Adviser and **approval by the Evaluation Office** | *Final ToR* | March 2021 |
| Preparation of **letter for government and other key stakeholders** to inform them about the evaluation | *Letter from the UNFPA Country Representative* | June 2021 |
| Selection, pre-qualification and recruitment of consultants to constitute the **evaluation team** |  | May-June 2021 |
| Establishment of the **Evaluation Reference Group (ERG)** | RCO may take lead in establishing. Include M&E wg and possibly 1-2 separate un agencies not involved in the project.  And Keep pbso informed | June 2021 |
| Development of a first **stakeholder map** | *Stakeholder map* | May 2021 |
| Compilation of **background information and documentation** for desk review by the evaluation team | *Creation of a Google Drive folder containing all relevant documents on country context and CP*  *List of Atlas projects* | April-June 2021 |
| **Design phase** | | |
| **Evaluation kick-off meeting** between Evaluation Manager and evaluation team (virtual) |  | June 2021 |
| **Desk review** **of initial background information and documents** (incl. bibliography and resources in the ToR) **and drafting of the design report** (incl. articulation of evaluation methodology, refinement of theory of change, finalization of evaluation questions, development of evaluation matrix, methods and tools and indicators, development of comprehensive stakeholder map and sampling strategy, and drafting the agenda for the field phase) | **Draft design report** | June 2021 |
| **Presentation** of the draft design report to the ERG for comments and feedback (virtual) | **PowerPoint presentation of the design report** | July 2021 |
| **Review** of the draft design report by the Evaluation Manager, ERG and the Regional M&E Adviser | *Consolidated feedback provided by Evaluation Manager to evaluation team leader* | July 2021 |
| **Revision of the draft design report** and submission to the Evaluation Manager for approval | **Final design report** | July 2021 |
| **Field Phase** | | |
| **Meeting of the evaluation team with Joint programme**  staff to launch data collection | ***Meeting between evaluation team and project staff of participating UN agencies, RCO*** | July 2021 |
| **Individual meetings** with relevant programme officers of participating UN agencies | ***Meeting of evaluators and project staff of participating UN agencies, RCO*** | July 2021 |
| **Data collection** (incl. interviews with key informants, site visits, direct observation, group discussions, desk review etc.) | **Entering data/information into the evaluation matrix** | July-August 2021 |
| **Debriefing meeting** with the ERG to present preliminary findings and emerging conclusions from data collection | **PowerPoint presentation for debriefing with the ERG** | July2021 |
| **Reporting Phase** | | |
| **Preparation of the draft evaluation report** and submission to the Evaluation Manager | **Draft evaluation report** | July-August 2021 |
| **Review of the draft evaluation report** by the Evaluation Manager, the ERG and the M&E Managers of each agency  Joint development of the **EQA** of the draft evaluation report by the M&E Managers of all participating agencies | *EQA of the draft evaluation report* | August 2021 |
| **Drafting of the final evaluation report** (including annexes) and submission to the Evaluation Manager | **Final evaluation report (including annexes)** | August 2021 |
| Preparation of the **management response** by joint programme agencies | *Management response* | September 2021 |
|  |  |  |
| **Facilitation of Use and Dissemination Phase** | | |
| Development of the **presentation** for the dissemination of the evaluation results by evaluation team | **PowerPoint presentation of the evaluation results** | August 2021 |
| Development of the **evaluation brief** by the Evaluation Manager, with support from the communications officer at CO | *Evaluation brief* | August 2021 |
| **Publication** of the final evaluation report |  | September-October 2021 |
| **Dissemination** of the evaluation report and the evaluation brief to stakeholders | *Including (but not limited to): Communication via email; stakeholders meeting; workshops with implementing partners etc.* | October 2021 |

Once the evaluation team leader has been recruited, she/he will develop a detailed work plan in close consultation with the Evaluation Manager.

# Management of the Evaluation

The Evaluation Manager at the UNFPA South Sudan CO will be responsible for the management of the evaluation and supervision of the evaluation team. The Evaluation Reference Group comprising of the participating agencies’ focal points will oversee the entire process of the evaluation, from the preparation to the dissemination and facilitation of the use of the evaluation results. The Evaluation Manager will coordinate the exchanges between the evaluation team and the ERG. The major task of the ERG is to ensure the quality, independence and impartiality of the evaluation in line with the UNEG norms and standards and ethical guidelines for evaluation. The Evaluation Manager has the following roles and responsibilities:

* Compile a preliminary list of background information and documentation on both the country context and the participating agencies and share with the evaluation team upon recruitment.
* Collate the stakeholders map and share them with the evaluation team.
* Prepare the ToR for the evaluation and submit it to RCO for approval.
* Establish the ERG.
* Chair the ERG, convene meetings with the evaluation team and manage the interaction between the evaluation team and the ERG.
* Launch and lead the selection process for the team of evaluators in consultation with the ERG members
* Identify potential candidates to conduct the evaluation, complete the consultant assessment matrix to assess their qualifications, and coordinate the recruitment
* Inform the ERG members about with logistical support in making arrangements for data collection (site visits, interviews, group discussions etc.).
* Prevent any attempts to compromise the independence of the evaluation team throughout the evaluation process.
* Coordinate the quality assurance of the deliverables submitted by the evaluators throughout the evaluation process (notably the design report: focusing on the final evaluation questions, the theory of change, sample of stakeholders to be consulted and sites to be visited, the evaluation matrix, and the methods, tools and plans for data collection, as well as the draft and final evaluation reports) and approve final versions.
* Coordinate feedback and comments on the deliverables produced by the evaluation team throughout the evaluation process.
* Lead and participate in the preparation of the management response.
* Submit the final evaluation report to RCO and PBSO

At all stages of the evaluation process, the Evaluation Manager will require support from staff of the participating agencies. Specifically, the roles and responsibilities of the **participating agencies** are:

* Contribute to the preparation of the ToR, specifically: the stakeholder mapping and the compilation of initial background information and documentation, and provide input to the evaluation questions.
* Be available for meetings with/interviews by the evaluation team.
* Provide support to the Evaluation Manager in making logistical arrangements for site visits and setting up interviews and group discussions with stakeholders at national and sub-national levels.
* Be available for the quality assurance, recruitment of the evaluation team, keeping an overview of the evaluation process.
* Provide input to the management response.
* Prepare the agency specific dissemination of the evaluation results.

The progress of the evaluation will be followed closely by the **Evaluation Reference Group (ERG)** which is composed of relevant UN participating agencies’ staff from RCO, UNDP, UNFPA, UN Women and UNICEF, M&E working group, representatives of the national Government of South Sudan, non-governmental implementing partners, separate UN entities may be invited to participate in the reference group. The ERG will serve as an entity to ensure the relevance, quality and credibility of the evaluation. It will provide inputs on key milestones in the evaluation process, facilitate the evaluation team’s access to sources of information and undertake quality assurance from a technical perspective. The ERG has the following roles and responsibilities:

* Provide input to the drafting of the ToR, including the selection of preliminary evaluation questions.
* Provide feedback and comments on the design report.
* Provide comments and substantive feedback from a technical perspective on the draft and final evaluation reports.
* Act as the interface between the evaluators and key stakeholders of the evaluation, and facilitate access to key informants and documentation.
* Assist in identifying key stakeholders to be consulted during the evaluation process.
* Participate in review meetings with the evaluation team as required.
* Contribute to learning, knowledge sharing and dissemination of evaluation results, as well as the completion and follow-up on the management response.

# Composition of the Evaluation Team

The evaluation will be conducted by a team of independent, external evaluators, consisting of: (i) an evaluation team leader (international) with overall responsibility for carrying out the evaluation exercise, and (ii) 1 member (national) who will provide technical expertise in thematic areas of the project priority.

Emphasis will be placed on recruiting evaluation team members that have adequate peacebuilding, regional and subject matter expertise and experience and knowledge of the country context. The evaluation team leader must have solid knowledge and experience in conducting evaluations of development interventions and humanitarian action. In addition, the evaluation team should have the requisite level of knowledge to conduct human rights- and gender-responsive evaluations and be able to work in a multidisciplinary team in a multicultural environment.

## 12.1. Roles and Responsibilities of the Evaluation Team

***Evaluation team leader***

The evaluation team leader will hold the overall responsibility for the design and implementation of the evaluation. She/he will be responsible for the production and timely submission of all expected deliverables in line with the ToR. She/he will lead and coordinate the work of the evaluation team and ensure the quality of all deliverables at all stages of the evaluation process. The Evaluation Manager will provide methodological guidance to the evaluation team in developing the design report, in particular, but not limited to, the evaluation approach, methodology, work plan and agenda for the field phase, the draft and final evaluation reports, and the PowerPoint presentation of the evaluation results. She/he will lead the presentation of the design report and the debriefing meeting with the ERG at the end of the field phase. The Team leader will also be responsible for liaising with the Evaluation Manager and participating agencies and RCO.

***Evaluation team member:***

The evaluation team member will provide expertise on the evaluation. She/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the expected deliverables. She/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the Evaluation Manager and the ERG. She/he will hold interviews and group discussions with stakeholders, and undertake desk review, as advised by the evaluation team leader.

The modality and participation of the evaluation team members in the evaluation process, including data collection analysis, provision of technical inputs to the drafting of the design and draft and final evaluation reports will be agreed with the evaluation team leader and these tasks performed under her/his supervision and guidance.

## 12.2. Qualifications and Experience of the Evaluation Team

**Team leader**

The competencies, skills and experience of the evaluation team leader should include:

* Master’s degree in Social Sciences, International Studies, Gender studies, Peace building and conflict resolution, Development Studies or a related field.
* 7 years of experience in conducting or managing evaluations in the field of international development and peace building.
* Experience in leading evaluations commissioned by United Nations organizations and/or other international organizations and NGOs.
* Demonstrated expertise in one of the thematic areas of programming covered by the project, especially peacebuilding programming
* In-depth knowledge of theory-based evaluation approaches and ability to apply both qualitative and quantitative data collection methods and to uphold standards for quality evaluation as defined by UNEG.
* Good knowledge of peacebuilding and GBV strategies, policies, frameworks and principles as well as the international humanitarian architecture and coordination mechanisms.
* Ability to ensure ethics and integrity of the evaluation process, including confidentiality and prevention of harm to evaluation subjects.
* Ability to consistently integrate human rights, peace building and gender perspectives in all phases of the evaluation process.
* Excellent management and leadership skills to coordinate and supervise the work of the evaluation team.
* Excellent analytical skills and demonstrated ability to formulate evidence-based conclusions and realistic and actionable recommendations.
* Excellent communication (written and spoken), facilitation and knowledge-sharing skills.
* Good knowledge of the national development context of South Sudan
* Fluent in written and spoken English, knowledge of Arabic will be an asset.

**Team member**

The competencies, skills and experience of the team member should include:

* Master’s degree in Social Sciences, International Studies, Gender studies, Peace building and conflict resolution, Development Studies or a related field.
* 5-7 years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development and/or humanitarian action.
* Substantive knowledge of GBV, peace building, human rights and conflict resolution.
* Good knowledge of GBV and peacebuilding strategies, policies, frameworks and principles applicable in South Sudan as well as the stakeholders in GBV and peacebuilding.
* Ability to ensure ethics and integrity of the evaluation process, including confidentiality and prevention of harm to evaluation subjects.
* Ability to consistently integrate peacebuilding, human rights and gender perspectives in all phases of the evaluation process.
* Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both quantitative and qualitative data collection methods.
* Excellent analytical and problem-solving skills.
* Experience working with a multidisciplinary team of experts.
* Excellent communication (written and spoken), facilitation and knowledge-sharing skills.
* Excellent knowledge of the national development context of South Sudan
* Familiarity with United Nations organizations’ mandates and operations will be an advantage.
* Fluent in written and spoken English and Arabic.

# Budget and Payment Modalities

The evaluators will receive a daily fee according to the UN consultancy scale based on qualifications and experience.

The payment of fees will be based on the submission of deliverables, as follows:

|  |  |
| --- | --- |
| Upon approval of the design report | 20% |
| Upon satisfactory completion of the draft final evaluation report | 40% |
| Upon approval of the final evaluation report and PowerPoint for dissemination of evaluation results | 40% |

In addition to the daily fees, the evaluators will receive a daily subsistence allowance (DSA) in accordance with the UN Duty Travel Policy, using applicable United Nations DSA rates for the place of mission. Travel costs will be settled separately from the consultancy fees.

The provisional allocation of workdays among the evaluation team will be the following:

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| --- | --- | --- |
|  | **Team Leader** | **Team Member** |
| **Design phase** | *10* | *10* |
| **Field phase** | *20* | *20* |
| **Reporting phase** | *15* | *15* |
| **Facilitation of use and dissemination phase** | *4* | *2* |
| **TOTAL (days)** | ***49*** | ***47*** |

The exact number of workdays and distribution of the workload will be proposed by the evaluation team in the design report, subject to approval by UN ERG.

# Bibliography and Resources

The following documents will be made available to the evaluation team upon recruitment:

**South Sudan national strategies, policies and action plans**

1. South Sudan Vision 2040
2. National Development Strategy (2018/19-2020/21)
3. National Health Policy (2016-2026)
4. Strategic National Action Plan for Ending Child Marriage (2017-2027)
5. The South Sudan Humanitarian Response Plans (2019, 2020)
6. SSPDF , SPLA-IO, NPSS National Action Plans for ending conflict related sexual violence

**UN Project documents**

1. United Nations Cooperation Framework (UNCF) (2019-2021)
2. UN System Wide Peacebuilding plan 2018-2021
3. UNCT Core Contribution 2019-202
4. Community mechanisms for peacebuilding in South Sudan
5. UNCF Joint Workplans
6. UNFPA, UNW, UNDP, UNICEF annual work plans
7. PBF Project/Donor Proposal Documents
8. Joint programme documents (JP GBV)
9. Project progress reports/ Donor reports.
10. Field mission reports
11. Communication materials generated under the project
12. Audit reports and spot check reports
13. Meeting agendas and minutes of joint United Nations working groups

ANNEX 5: UNICEF SOUTH SUDAN GUIDANCE NOTE ON COVID-19 FOR PARTNERS IMPLEMENTING THE COMMUNITIES CARE PROGRAMME

* 1. **Objective**: this Guidance Note aims to provide guidance to Implementing Partners for ensuring continued implementation of the Communities Care Programme in a safe manner during the COVID-19 pandemic and its related risks.

This Guidance Note is a living document that will be reviewed in line with emerging issues, the level of criticality of activities and guidelines from the government of South Sudan.

# Situation analysis: COVID-19 and Gender-Based Violence (GBV)

Gender-Based Violence (GBV) is often exacerbated during crisis and women and girls are at an increased risk of gender-based violence, including sexual exploitation and abuse (SEA). Pre-existing social norms and gender inequalities and discrimination, economic and social stress caused by restricted movement and social isolation measures, are likely to lead to an exponential increase in GBV cases. Furthermore, because of their gender role, women and girls are primarily caregivers and therefore are at heightened risk of contracting the virus due to roles like taking care of the sick and elderly. Because of gender discrimination and stereotypes, women and girls are likely to be excluded from decision-making spaces and might have restricted access to information on outbreaks, prevention and availability of services It is therefore important that GBV prevention activities continue during this time, especially activities that will include the voices of women and girls, taking into consideration the unique situation brought about by COVID-19 and related prevention measures.

This guidance note provides concrete strategies and actions that UNICEF partners in South Sudan implementing the Communities Care Programme (CCP) can take to ensure that activities continue in a safe manner. It includes recommendations for adapting safe activity implementation and ensure compliance to Governmental guidelines and preventive measures.

# Guidance for the implementation of the CCP during the COVID-19 pandemic

Although most activities under the Community Engagement and Action Component of the CCP may not be considered critical activities, they are key in promoting change in negative beliefs and attitudes. The social norm change process is very useful during emergency situations, such as the COVID-19 Pandemic, as GBV risks and women’s and girls’ vulnerabilities increase during crisis. Therefore, prevention efforts should be strengthened, including through the adoption of the following measures:

* + - Accurate information on COVID-19 should be shared with all staff, partners and communities. Provide information on symptoms (such as cough, fever or respiratory problems), transmission, when to seek medical attention, and a strong emphasis on preventive measures.
    - Participants for Community Discussion Meetings should be reduced to 16 member and up to a maximum of 20 members, is in line with the Government and the Ministry of Health directives.
    - Community Discussion Meetings should be held at an open space, if possible, with a distance of 2 meters between participants. If held indoors, the meeting venue should be large enough to ensure physical distancing and it should have enough ventilation.
    - Each meeting location should be provided with a handwashing station equipped with soap and water. It is highly recommended that sanitizers should also be provided.
    - Only group activities that would not violate the physical distancing rule can be undertaken during the discussion process.
    - All community Discussion Leaders (CDL) should be trained on COVID-19 prevention and risk reduction through the relevant UNICEF Field Office, to ensure preventive measures are adopted during discussions and to create awareness of COVID19 prevention amongst their respective groups. Additional dedicated session(s) on COVID-19 prevention and awareness should be included in the meeting schedule.
    - The duration of meetings should not exceed one and a half hours. CDLs must be aware of the time and keep the discussion to that time limit.
    - Meetings should be scheduled as to enable all participants to respect the Government- imposed curfew and to give them enough time to return to their respective homes.
    - Staff monitoring the discussion meetings should be provided with masks, hand sanitizers and preferably transport to and from field visits. Where possible, remote monitoring should be used. Bilateral discussions with respective field locations/Implementing Partners are strongly encouraged.
    - Maybe you should add a point on community action workshop and launching, if these activities need to be put on hold (given the number of participants) or if they can be done in a different way.

# Additional resources:

* + - Guidance Note on GBV Service Provision during the time of COVID-19 - South Sudan GBV Sub-Cluster (available at: [https://gbvaor.net/search?search\_api\_fulltext=south+sudan](https://gbvaor.net/search?search_api_fulltext=south%2Bsudan))
    - UNICEF SOUTH SUDAN GUIDANCE NOTE ON COVID-19 FOR GENDER BASED VIOLENCE (GBV) IMPLEMENTING PARTNERS
    - GBV Case Management and the COVID-19 Pandemic - GBV AoR Helpdesk 2020 (available at: [https://gbvaor.net/search?search\_api\_fulltext=GBv+case+management+and+the+covid19](https://gbvaor.net/search?search_api_fulltext=GBv%2Bcase%2Bmanagement%2Band%2Bthe%2Bcovid19))
    - Online training course on <https://agora.unicef.org/course/info.php?id=25131> (UNICEF training platform open to non-UNICEF staff/ partners) ahead of the online training.

For further GBV related information for UNICEF implementing partners, contact the following UNICEF staff:

1. Juliet Akello, Child Protection Specialist – GBViE, [jakello@unicef.org](mailto:jakello@unicef.org)
2. Alice Liani, GBViE Specialist, [aliani@unicef.org](mailto:aliani@unicef.org)
3. Moses Wandera, GBV Specialist (CCP), [mwandera@unicef.org](mailto:mwandera@unicef.org)

For more information on COVID-19: Call Ministry of Health, South Sudan on Toll Free Number 6666

**ANNEX 6: THE COMMUNITIES CARE PROGRAMME**

*Changing social norms to end violence against women and girls in conflict-affected communities.*

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Community discussion group meeting during flooding in Bor

**Summary.** Through the Communities Care Programme, 33 community discussion groups with 825 participants were formed in four out of ten States and through community actions, over 800,000 people benefitted from community actions and engagements through awareness and recreation activities including radio talk shows, door to door campaigns, neighbourhood campaigns and school outreaches. 74% of community discussion participants (537 out of 725) registered positive change in beliefs and attitudes on GBV**.**

**Background**

Women in South Sudan experience the poorest quality of life indicators in the world and have suffered disproportionately from the effects of armed conflict. They experience profound suffering during cyclic episodes of violence and displacement that have been occurring since the civil war; worsened by the recurrent political conflicts of 2013 and 2016. Gender-based violence is pervasive. Women and girls are exposed to violence in their homes and while undertaking life sustaining activities such as fetching water and collecting firewood.

During 2020, the situation was exacerbated by several shocks: the lockdowns during COVID 19 pandemic caused loss of livelihoods. Closure of schools further exposed boys and girls to risks of violence with increased reports of adolescent/teenage pregnancies and child marriage in many locations during and after the lockdown

Primary GBV preventions strategies target *transforming conditions that support GBV, promoting positive behaviours and developing skills to model behaviours so others are able to adopt new norms and behaviours in order to prevent GBV.* Communities have shared beliefs and unspoken rules that send the message that GBV against women and girls is acceptable and even normal.

Although overall more men than women continue to die as a result of conflict, women and girls suffer a myriad of debilitating consequences of war, including sexual and other forms of violence. This suggests that armed actors are not eh only perpetrators – and in some instances not even the primary perpetrators – of sexual violence in conflict-affected settings. Thus, it is important to not only target active parties to the conflict when undertaking sexual violence prevention in conflict/post conflict settings; prevention activities with armed actors should run parallel to and, whenever possible, be linked with prevention efforts that are targeted to the broader community.

But even when there is no conflict, women in South Sudan still face a culture of violence and marginalization. Traditional practices such as forced and early marriage, and intimate partner violence including marital rape are rooted in social norms that not only condone violence against women but may even encourage it.

**The Communities Care Programme (CCP)**

Sexual violence is preventable. Its roots lie in unequal power relations between women and men and pervasive gender inequality. It happens many times because of shared beliefs and expectations in a community about gender, sex and violence. These shared beliefs and expectations are unspoken rules for behaviour that could foster tolerance and silence about sexual violence in communities; and prevent people from speaking out or taking action against it.

To address the social norms that driver sexual violence against women and children and ensure access to appropriate and gender sensitive services for victims, UNICEF South Sudan implement The Communities of Care Programme (CCP)

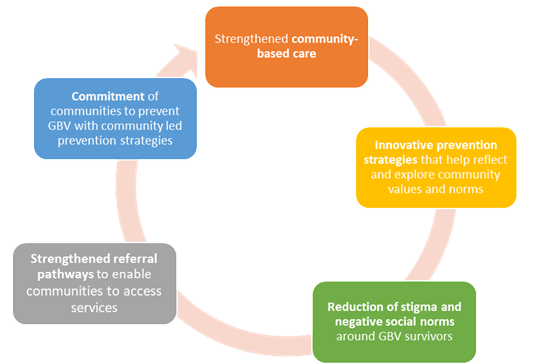
The goal of the programme is **to create safer communities for women and girls through transforming harmful social norms that contribute to sexual violence into social norms that uphold women and girls’ equality, safety and dignity**

Through the CCP and in partnership with international, national NGOs, research institutes and community bases organizations, UNICEF South Sudan is contributing to prevent and address GBV against children and women and providing life-saving interventions for survivors. The programme is evidence based and directed by a community approach

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| The program applies two mutually reinforcing strategies: first is to strengthen the care and support for survivors of sexual violence; the second is to engage the community in collective action to prevent sexual violence. Each community will identify collective actions that are relevant in their particular context at family and community levels, including across different sectors. |



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| The evaluation of the pilot project was conducted by The Johns Hopkins University and longitudinal study of the effectiveness of the program on changes in harmful social norms that justify and sustain gender-based violence (GBV). **Key finding showed the effectiveness of the Communities Care program (intervention) on harmful social norms that sustain GBV against women and girls and on the response from diverse sectors (e.g., health, education, protection, and justice) to GBV survivors[[14]](#footnote-14).** |



Based on the positive evaluation results, South Sudan started the scale up of the programme in 2019

**Progress and results**

Access to GBV risk mitigation, prevention and response services for survival are critical interventions for Child Protection in emergency settings and contributed to achieve the overall Child protection outcome of South Sudan Country Programme and one of the two outputs.

In 2019 and 2020 the Peace Building Funds contributed to scale up of the CCP in Bor, Aweil. The Programme reached 825 individuals in 4 locations in South Sudan states of Jonglei, and Northern Bahr el Ghazal.

Throughout the year, in partnership with the American Refugee Committee, Care International, Africa Initiative for Rural Development, UNICEF supported community-led dialogues to help communities change harmful social norms that influence the way people behave and protect children from violence. The participatory community led approaches brought community members together including leaders, custodians of culture and caregivers to discuss GBV, exploitation and violence facing girls and boys, child marriage and girls’ education etc.

Through **the community based care component of the CCP** services provision was strengthening and community-based referral mechanism developed This was achieved through capacity building of service providers; the Police, the local justice system, education actors and health workers were trained in each of the locations implementing the programme. The training included: sexual violence, sexual exploitation and abuse; survivor centered response, psychosocial support. School based activities on awareness and response to GBV were also supported, and police gender desks established.

**30 police officers, 60 chiefs and local leaders, 15 health workers and 30 education actors** received capacity building on survivor centered knowledge, sexual violence, safe referrals, social norms and peacebulding. Response services and coordination were also strengthened

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| Service providers reported that there were changes in their personal beliefs and attitudes around gender equality and GBV due to the programme. Trainings helped change harmful beliefs of providers and increased their capacity and commitment for providing quality care to survivors  **“**I was one person who used to blame survivors. I would laugh at survivors when they came for counselling. I was doing more harm to survivors without knowing. Now I know that a perpetrator is a perpetrator and should not be excused by putting blame on the survivor. Now I help them to heal.” Female health worker.  “Initially I did not know how best to help a survivor. Now I can help the survivor, I can refer survivors for services, I now understand the importance of keeping confidentiality**.”** Said a 27-year-old social worker.  **“**I was one person who used to blame survivors. I would laugh at survivors when they came for counselling. I was doing more harm to survivors without knowing. Now I know that a perpetrator is a perpetrator and should not be excused by putting blame on the survivor. Now I help them to heal.**”** Female health worker  Source. Process Evaluation preliminary results |

**Through dialogue Forums** the CCP challenged social norms and personal beliefs that support and perpetuate sexual violence and other forms of GBV. Targeted communities engaged in conversations where they reflect on the beliefs they have and how they affect children. These discussions were guided; facilitators were selected from the community and received training

**29 community discussion groups** were formed. That included women groups, men groups, mixed groups, community leaders’ groups, youth groups etc. 38 Community Discussion Leaders received 10 days training on facilitation of Community Discussions, Sexual violence, Social norms and self-awareness.

The actionsincluded GBV awareness in churches, schools, door to door campaigns, advocacy at state level including speaking against GBV at public forums and events; and engagement of the local justice system among others. With the new challenges posed by COVID 19, community discussion leaders became focal points for community awareness on COVID 19 through providing factual information and countering myths around the pandemic.

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| Discussion group participants reported changes in their personal beliefs and behaviors around gender equality and GBV.  “Out of my ignorance, I would be happy when I heard stories of girls being raped. I used to think it was a good thing, something to be laughed about.” Male participant  “I would never support a survivor before, I always thought that they had done something that made them deserve to be raped. Right now, I am at the forefront to support survivors of sexual violence.” Female participant  With changed beliefs, increased knowledge and confidence, participants changed their behaviors in their households and spoke out to their friends, families, and neighbors about the harmful effects of gender inequality and GBV.  “I stayed because I gained some experiences. Most of us experienced forced marriage and this forum has helped us to advocate for our daughters not to go through the same. When there are differences in the community, they come to us in the group to help find a solution. We are now more aware of our rights as women and our value as human beings.” Female participant  Source. Process Evaluation preliminary results |

Through assessment of beliefs, **it was found that 74% of community discussion participants (537 out of 725) registered positive change in beliefs and attitudes on GBV**. 53 community actions were successfully implemented by these groups in Rumbek, Yei, Bor, Lainya and Aweil.

Finally, 800,000 people benefitted from community actions and engagements through radio talk shows, door to door awareness, neighborhood campaigns and school outreaches during the year.

**Criticality and value addition**

Addressing GBViE is a core element of UNICEF’s gender programming priorities, grounded in its strategic plan, 2018-2021 and Gender Action Plan (GAP) 2018-2021. Through this programme, key element of the GAP; ending child marriage and stopping GBViE addressed through social norm and behavior change. By working to change values, beliefs and attitudes of the communities; eventually communities wil work together to protect women and children against gender-based violence including sexual violence.

Through the scaling up of the Communities Care Programme UNICEF and partners are encourage environments in which survivors can obtain holistic compassionate care and support from quality survivor-centred services and are working to catalyse community-led action to reduce tolerance of sexual violence and to implement comprehensive prevention measures through transforming harmful beliefs and norms that foster sexual violence.

Rigorous studies that examined the effectiveness of GBV prevention and response interventions are limited in humanitarian settings[[15]](#footnote-15). It is expected that The John Hopkins University will come again to evaluate the CCP during 2021. Findings that will arise from the evaluation will be used as a tool for advocacy and resource mobilization with governments and donors while informing the next phases of the programme with lessons learned.

As part of UNICEF efforts to generate evidence on what works to support behavior changes and positive social norms during 2020 the second stage of a Process Evaluation[[16]](#footnote-16) was conducted in Yei, Rumbek, Bor, and Twic East to monitor and evaluate results and sustainability of the results to provide a basis for decision making on improvements and to identify and document lessons learned. The analysis of the results is still ongoing but preliminary findings showed positive results on belief and attitude changes among service providers, discussion leaders and community participants. Below we summarized a few key results and testimonies.

In terms of sustainability, the CSO partners especially national partners who have been part of the programme have generally integrated the CC program into their ongoing programming and community activities. For example, TOCH, one of the pilot partners created a concept note and got funding to implement it in Yirol. This was integrated with a community savings and loan model where communities were empowered financially but also worked at changing negative social norms and improving community-based care and referral services.

The approaches and strategies already tested by The CCP could also be used to address other social norms that could perpetuate or eliminate other pervasive forms of violence and abuse against children.



Akoi Bul, a participant in Twic East helping his wife with cooking. He is a father of 5 daughters and says there is no shame in that since boys and girls have the same value.

**Challenges and lessons learned**

In 2020 The onset of the COVID 19 pandemic in February of 2020 brought about many unprecedented challenges including how to safely continue with community discussions. Many activities had to stop for a while as communities grappled with many unknowns, lack of personal protective equipment, sanitation options and myths. Despite all this Community Discussion leaders rose to what they had been trained to do; bring the community together to find solutions and to give as much factual information as possible. Also community Discussion leaders became focal points for community awareness on COVID 19 through providing factual information and countering myths around the pandemic.

A lot of focus should be put on the training of the community dialogue leaders. Strong mentoring drastically improved results. A lot of effort was needed to build the capacity of staff to required levels and even if this was achieved, there was no guarantee of retaining the same staff

The participatory and community base approach of the CCP had also helped in scaling up interventions on child marriage and other GBV related issues that are relatively sensitive and difficult to address in the communities.

To cover for limited or lack of GBV services in South Sudan, the Communities Care model was implemented alongside the Women and Girl Friendly Spaces (WGFS) this has been a successful adoptive strategy. The Community Discussion groups are linked to the WGFS for referrals.

**Moving forward**

During 2021 UNICEF and partners aim to increase GBV prevention interventions through scaling up GBV risk mitigation efforts including conducting multi-sectoral safety audits in clusters and sections, strengthening work with women led organizations and capacities of community based networks and systems on GBV response and prevention and the CCP to address harmful social norms and influence positive changes that promote gender equality and violence free environments for women and girls.

For the CCP a major challenge in funding for 2021 has created bumps in the scale up of the programme. As with many behavior change programs, some consistency is needed over time to get the best possible results. What is needed is to continue with locations that are already implementing consistently for at least 2 years and possibly extend to the rest of the country.

Building on the results achieved and documented so far, the findings of the ongoing process evaluation and the research planned by the Johns Hopkins University UNICEF South Sudan is developing a solid and evidence based advocacy and resources mobilization strategy to sustain the ongoing scale up process of the CCP beyond the four States where the programme is implemented while ensure continuity of the implementation in all the counties already targeted.

1. Names of all survivors changed to protect the anonymity of the survivors. [↑](#footnote-ref-1)
2. This figure could have an error of double counting and could be due to the wide coverage achieved through radio talk shows, the launch of action plans during 16 days of activism commemoration to end violence against women and girls. [↑](#footnote-ref-2)
3. <http://www.undocs.org/A/RES/69/313>, last accessed on 20 October 2020 [↑](#footnote-ref-3)
4. 2008 Population and Housing Census – Projections [↑](#footnote-ref-4)
5. *Stark L, Ager A. A systematic review of prevalence studies of gender-based violence in complex emergencies. Trauma, Violence, & Abuse. 2011;12 (127-134)* [↑](#footnote-ref-5)
6. *IRC, No Safe Place: A Lifetime of Violence for Conflict-Affected Women and Girls in South Sudan (2017)* [↑](#footnote-ref-6)
7. *Conflict-related sexual violence refers to incidents or (for SCR 1960 listing purposes) patterns of sexual violence, that is rape, sexual slavery, forced prostitution, forced pregnancy, enforced sterilization, or any other form of sexual violence of comparable gravity, against women, men, girls or boys. Such incidents or patterns occur in conflict or post-conflict settings or other situations of concern, Stop Rape Now: UN Action Against Sexual Violence in Conflict (2011).* [↑](#footnote-ref-7)
8. *Report of the Secretary-General to the Security Council (S/2018/250) issued on 16 April 2018* [↑](#footnote-ref-8)
9. *South Sudan GBVIMS 2016 report* [↑](#footnote-ref-9)
10. <http://www.unevaluation.org/document/detail/1914> [↑](#footnote-ref-10)
11. <http://www.unevaluation.org/document/detail/102> [↑](#footnote-ref-11)
12. <http://www.unevaluation.org/document/detail/100> [↑](#footnote-ref-12)
13. <http://www.unevaluation.org/document/detail/980> [↑](#footnote-ref-13)
14. Communities Care: Transforming Lives and Preventing Violence. Evaluation Final Report. Johns Hopkins University School of Nursing.2018 [↑](#footnote-ref-14)
15. Communities Care: Transforming Lives and Preventing Violence. Evaluation Final Report. August 2018. Johns Hopkins University School of Nursing [↑](#footnote-ref-15)
16. It is Time!. Communities Care in South Sudan. Draft Process evaluation Report. Internal document. UNICEF 2020. [↑](#footnote-ref-16)