



PROGRAMMATIC PACKAGE FOR INTEGRATING GBV INTO NUTRITION PROGRAMMING IN SOUTH SUDAN



The table below summarizes the GBV/Nutrition programmatic package that was implemented in targeted sites¹ as part of a multi-year study (2021-2023) led by the Ministry of Health with support from Ministry of Gender, Child and Social Welfare. Other core partners include: Action Against Hunger, AIRD, TOCH, and UNICEF.

CATEGORIES		GBV RISK MITIGATION ACTIVITIES
1	Safety audits	1.1 Safety audits at nutrition facilities to identify access barriers and GBV-related safety risks in/around the facility.
		1.2 Community-based safety audits to identify broader gender dynamics and GBV-related issues linked to nutrition programming.

¹The initial study was implemented in Warrap and Northern Jonglei.

2	<p>Changes in nutrition services based on safety audit findings</p>	<p>2.1 Structural improvements, such as:</p> <ul style="list-style-type: none"> • Construct and/or repair fencing around the compound • Establish sex-segregated waiting areas • Install locks and/or lighting on latrines and/or other bathroom facilities • Construct and/or rehabilitate sex-segregated latrines, including accessibility considerations for people with disabilities <p>2.2 Service delivery adaptations, such as:</p> <ul style="list-style-type: none"> • Mobile nutrition services and/or community outreach sessions • Adjust service delivery schedule to reflect timing that is most convenient/preferred by women and girls in the community • Take targeted action to minimize overall wait times at nutrition facilities and/or use a queueing system that gives priority to those who have traveled the furthest and/or have specific vulnerability factors (people with disabilities, female-headed households, etc.) • Make nutrition facility vehicles available for urgent GBV referrals, as feasible
3	<p>Staffing/capacity considerations</p>	<p>3.1 Take targeted action to increase the proportion of female staff delivering nutrition services (e.g., community health workers, community nutrition volunteers, nutrition assistants, hygiene volunteers, nutrition and WASH staff), with an aim for 50% or more.</p> <p>3.2 Train all frontline nutrition and WASH staff and volunteers on GBV risk mitigation, the GBV referral pathway and how to safely and appropriately respond to survivor disclosures (GBV Pocket Guide).</p> <p>3.3 Disseminate and discuss safety audit findings and other GBV safety risks with nutrition and WASH staff and volunteers; facilitate joint brainstorming to identify options to mitigate risks.</p> <p>3.4 Strengthen knowledge of and compliance with Protection from Sexual Exploitation and Abuse (PSEA) protocols (spot checks incorporated into M&E, refresher sessions, etc.).</p>
4	<p>Consultations with women and girls + community feedback mechanisms</p>	<p>4.1 Consult with women and girls who access nutrition services regarding their opinions of (and/or experience related to) the risk mitigation intervention actions taken.</p> <p>4.2 Utilize women and girls' safe spaces (WGSS) for ongoing consultations with women and girls focused on safety, access/barriers and GBV risks linked to nutrition programming.</p> <p>4.3 Strengthen community feedback mechanisms (CFM) to make sure they are sensitive to GBV-related feedback (e.g., multiple, accessible entry points for submitting complains, include GBV-related topics in regular CFM interviews and focus group discussions).</p>

5	Strengthening referrals Nutrition ↔ GBV	5.1 Strengthen coordination/communication linkages between Nutrition services and GBV response services , including SOPs for cross-referrals.
		5.2 Train GBV service providers on how to identify and refer cases of malnutrition (including, but not limited to, GBV survivors and children of survivors).
		5.3 Make information about GBV response services available in various visual formats within nutrition facilities (posters, pocket cards, informational sessions in waiting areas, etc.).
		5.4 Utilize WGSS as a platform for community outreach on nutrition
		5.5 Set up a system for safe and ethical tracking of referrals 1) from nutrition services to GBV services and 2) from GBV services to nutrition services.
6	Community awareness	6.1 Integrate information on available GBV services/referral pathway into materials for nutrition community outreach ; Maternal, Infant, and Young Child Nutrition (MYCN) activities; mother-to-mother support groups; father support groups; nurturing care groups; etc.
		6.2 Develop messages specific to nutrition-related gender norms raised during safety audits and consultations with women and girls to be integrated into nutrition outreach/awareness activities at nutrition sites and within the community.
		6.3 Organize dedicated sessions on GBV (facilitated by GBV service providers) to take place at nutrition facilities on a regular basis.
		6.4 Facilitate opportunities for women accessing nutrition services to exchange of safety-/resilience-related information with one another.

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