

# GBV RISK MITIGATION INTEGRATION IN NUTRITION PROGRAM IN SOUTH SUDAN

IMPLEMENTING SAFETY AUDITS AT  
NUTRITION SITES  
KEY FINDINGS FROM PILOT



Action Against Hunger, South Sudan  
& South Sudan Nutrition Cluster  
4 June 2019



South Sudan  
Nutrition Cluster



**ACTION  
AGAINST  
HUNGER**

# BACKGROUND

- Integrated response was initiated by Nutrition, Health, WASH and FSL clusters in 2018
  - Integrated Famine prevention package developed Jan 2018
  - Capacity strengthening workshop held Nov 2018
- Collaboration with GBV Sub Cluster
  - GBV indicators agreed included in HRP 2018 and country pool funds
- GBV Regional Training held in Nairobi - nutrition cluster partners ACF-USA, ART and CARE participated
  - Plan - agreed to develop and pilot Safety Audit Tool
- Nutrition as platform for nutrition-sensitive service delivery
  - Third SO of HRP: Increased access to integrated Nutrition, Health, WASH, FSL and protection interventions/responses in counties
- In 2019, SS Nutrition Cluster committed to two key GBV indicators; strengthening referrals and roll out of safety audits
- The SS HCT New Ways of Working Approach commits to GBV and food security as two main collective outcomes



# BACKGROUND

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- ACF-USA adapted GBV Safety Audit tool used to identify potential GBV-related safety risks at & around nutrition facilities (OTP/TSFP sites, stabilization centres) as requested by GBV/Nut project funding by BPRM with ACF Canada support.
- ACF-USA and CARE safety audit tools were reviewed & tailored to nutrition programming for South Sudan context, in partnership with GBV Guidelines Implementation Support Team and UNICEF
- Safety Audit tool used to identify potential GBV-related safety risks at & around nutrition facilities (OTP/TSFP sites, stabilization centres).
- Tool formally endorsed & adopted by the South Sudan Nutrition Cluster in 2018
- ACF-USA & CARE worked closely with NC team and UNICEF to identify 2 GBV integration indicators (i. # safety audits; ii. increasing awareness of GBV referral pathways among frontline nutrition workers) to be included in cluster's 2019 HRP
- 2019 cluster targets: → nutrition safety audit utilized in at least 260 sites and → GBV trainings imparted to nutrition staff of 400 sites, in collaboration with GBV specialists

# SAFETY AUDIT TOOL

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## Primary Objectives of Safety Audit Tool:

1. Understand safety and security for women and girls in and around nutrition facilities.
2. Identify availability and access to GBV and other services in facilities' catchment areas
3. Identify GBV and security risks in order to mitigate risks and for use in future program design and planning.

Tool includes 3 sections + introduction & tips for using the tool:

- **General observation**
- **A focus group discussion with at least 8-10 women at site level**
- **An individual/key informant interview**

→ Nutrition partners ideally complete Safety Audits of all nutrition facilities on a bi-annually basis & report major findings in the nutrition cluster and other humanitarian coordination fora.

# ROLLOUT OF SAFETY AUDIT PILOT

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Action Against Hunger – South Sudan Country Program began formal rollout of Safety Audits for all of its nutrition sites, including Stabilization Centers (SC) as below:

- January 2019 – completed for nutrition sites Dhoreak, Thokchak, and Paguir in Fangak county
- May 2019 - safety audits completed for Wanjok, Warawar, and Gabat nutrition sites and Maluakon Stabilization Centre in Aweil East county.



# GENERAL OBSERVATIONS

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- Completion of the Safety Audit for one nutrition site takes between 1-2 hours
- Approximately 3 sites can be assessed in one day, depending on caseload & service delivery hours
- Useful methodology for implementing Safety Audits (where possible) can be to divide tasks to different staff (e.g. between male & female staff members) → ensures a woman staff member always available to conduct FGD portion, while other staff do remaining 2 sections
- Harmonized reporting template is needed for after action upon completing the Safety Audit → may require additional instruction and/or supportive supervision



# GENERAL OBSERVATIONS

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- Staff found Safety Audit tool easy to implement; questions are straightforward & purpose of exercise is clear.
- Trained nutrition officers felt confident in their ability to cascade training down to lower levels of staff and nutrition site teams.
- Site team can be trained on the audits → however should not do audit for their own sites as could lead to bias and hesitation among women to share their experiences. The trained team can be used to do audit at other sites, depending on the number of staff available.



# PRELIMINARY SAFETY AUDIT RESULTS & IMPLICATIONS FOR PROGRAMMING

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## **Beneficiary awareness of available feedback and complaint mechanisms**

**Challenges** –Women in general indicated local authorities (police, traditional leaders, public radio stations) as reporting channels. Some women indicated they might report the issue to site staff, however others indicated they would rather cease coming to the site than complain/report a problem.

**Recommendations** - Communication mechanisms for informing beneficiaries on available feedback & complaints mechanisms need to be strengthened. Sensitization sessions, MIYCN counselling and MtMSGs could be potential entry points for increasing awareness. Hotline to ensure provision of an anonymous modality could also be a good alternative.

# PRELIMINARY SAFETY AUDIT RESULTS & IMPLICATIONS FOR PROGRAMMING

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## **Presence of women staff at site level**

**Challenges** - Currently, only 30-40% of ACF-USA nutrition sites have women staff. In majority of sites women staff not available to facilitate referral of sensitive cases, such as GBV, nor collect feedback from women who are not comfortable reporting issues to male staff.

**Recommendations** - findings suggest presence of at least one woman staff at each site is essential to quality service delivery, so that mother or pregnant woman feels more comfortable reporting issues to someone of their own sex. Gender-diverse staffing in nutrition sites should be made a standard.

# PRELIMINARY SAFETY AUDIT RESULTS & IMPLICATIONS FOR PROGRAMMING

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## **Common protection risks for women and children – Aweil East and Fangak counties**

**Challenges** - Many women reported assault & theft by street boys, sometimes close to nutrition site, as major safety risk for women & children accessing nutrition facilities. Especially common in sites located in urban areas/adjacent to markets. Distance traveled to access services another major risk highlighted (risk of assault/harassment/lack of necessary food or water to make the trip). Women reported seasonal flooding/other climatic conditions as major inhibitors to access of services.

**Recommendations** - while solutions for many of these problems are out of the direct control of the organization, they remain important advocacy points for engagement with local authorities and community leaders and advocacy for scale up in programming to increase overall coverage of nutrition services.

# PRELIMINARY SAFETY AUDIT RESULTS & IMPLICATIONS FOR PROGRAMMING

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## **Staff uptake of GBV training concepts**

**Challenges** - Safety Audits found that GBV trainings implemented by ACF-USA in early 2019 were effective in informing nutrition staff on available GBV services & proper procedures for referral of GBV cases - additional support from IRC and ARC, who systematically sensitize all partner health and nutrition facility staff on the GBV and protection services they deliver on the area. → However, most staff interviewed seemed unsure about their ability to practice Psychological First Aid (PFA)

**Recommendations** - refresher training on PFA and GBV concepts will be needed; all women staff members should be trained on GBV and PFA; continue collaboration with protection service providers in the operational areas to reinforce GBV training efforts and awareness on referral pathways for both staff and beneficiaries.

# MAJOR CHALLENGES AND RECOMMENDATIONS ON IMPLEMENTATION OF SAFETY AUDIT TOOL

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## **Contextual adaption of language**

**Challenges** – Translators often reframed questions & answers around mothers “feeling safe” to questions on “what they fear”. By asking if mothers feel safe, as opposed to if they fear anything, the tool may not capture real perceived threats by project beneficiaries.

**Recommendations** - Questions included in the Safety Audit tool may require expansion based on the culture/context assessed. Another option is translation of Safety Audit tool into local language to facilitate meaningful record of findings. → ACF-USA has translated Safety Audit tool into Dinka and will begin piloting the translated version in June 2019.

# MAJOR CHALLENGES AND RECOMMENDATIONS ON IMPLEMENTATION OF SAFETY AUDIT TOOL

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## **Question redundancy and clarity**

**Challenges** – Some FGD questions in their current wording elicit similar or redundant responses from women interviewed

**Recommendations** - Improve the clarity and specificity of questions in the Safety Audit tool, especially those included in Part 2 (FGD)

# MAJOR CHALLENGES AND RECOMMENDATIONS ON IMPLEMENTATION OF SAFETY AUDIT TOOL

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## **Measures for gender sensitivity**

**Challenges** - In FGD discussions where male translator was present, women explained they fear bringing up some issues. Moreover, in FGDs with men involved, fewer dynamics related to GBV are expressed by women participants.

**Recommendations** - women enumerators and exclusively female presence during FGDs should be a mandatory condition for the Safety Audit.

# MAJOR CHALLENGES AND RECOMMENDATIONS ON IMPLEMENTATION OF SAFETY AUDIT TOOL

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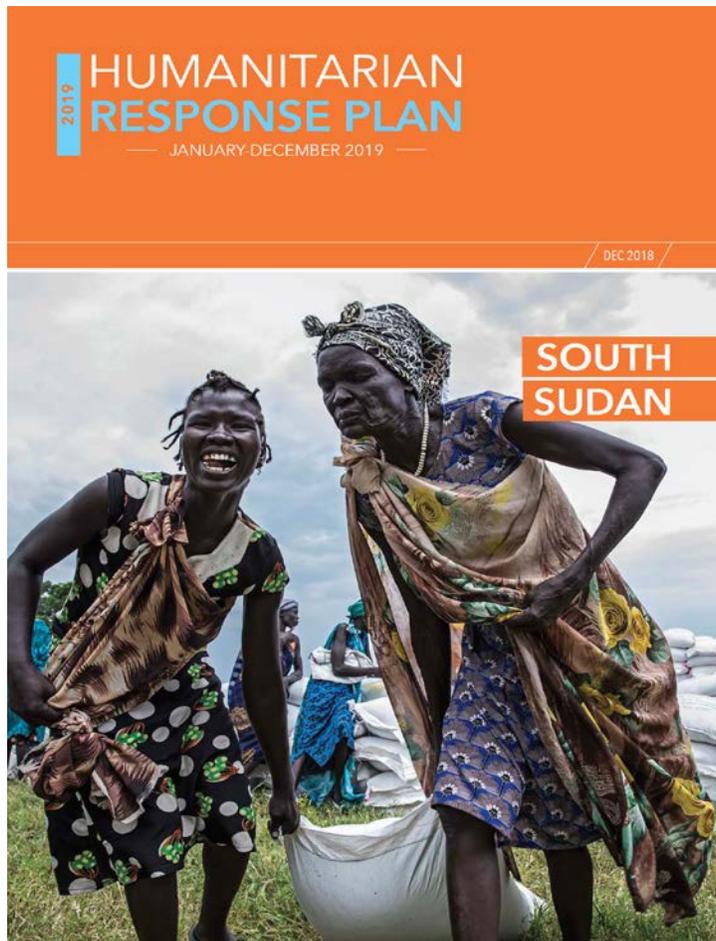
## **Applicability of the tool for use in stabilisation centres**

**Challenges** - Safety Audit tool also piloted in ACF-USA SC in Maluakon, Aweil East County → found that significant portion of questions not appropriate/applicable for the analysis of protection risks at SC level. Safety Audit tool may require separate questions to better capture conditions specific to access of services at the SC.

**Recommendations** - a separate version of the tool may be necessary for the assessment of Stabilisation Centres. Current risk factors, including most apparently overnight stay need to be included.

# WAY FORWARD

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- Partners committed to delivering HRP commitments; integration
- National GBV training to held in June 2019; covers Safety Audit Tool, PFA and Referral mechanism
- Partners to roll out Safety Audit tools in all nutrition sites
  - At least in 50% of the nutrition sites in 2019
- Technical support by GBV sub cluster at sub national and national levels
- Initial summary analysis of safety audits expected
  - Safety audits form basis for GBV mainstreaming micro-plans for nutrition