

REGA MISSIONS

1 MISSION AT GLANCE

Location	Juba, South Sudan
Mission Objective	Build the capacity of members of the CCCM cluster and GBV sub-cluster on GBV mainstreaming and GBViE
Lead Agency	UNFPA
Supervisor	Representative, Esperance Fundira
Initial Length of Mission	5 days (inclusive of travel)
Actual Length of Mission	5days
Date Report Submitted	10 March, 2017

2 BACKGROUND

This end of mission report was produced by Jessica Gorham, the Regional Emergency GBV Advisor (REGA) who covers east and southern Africa on behalf of the Global GBV AoR. The REGA travelled to Juba, South Sudan to help facilitate two workshops that were organized through the GBV sub-cluster. The REGA's travel logistics were managed by UNFPA.

The REGA's ToR was signed by six heads of agency which have leadership roles in either the CCCM cluster (UNHCR, ACTED, IOM) or GBV sub-cluster (UNFPA and IMC). UNICEF organized and funded both training on behalf of the GBV sub-cluster. Please find the ToR attached.

There is an active national GBV sub-cluster in South Sudan which comprises more than 80 organizations. Nationally, it is co-led by two full-time international coordinators from UNFPA and IMC. There are also various GBV sub-national coordination mechanisms in place throughout the country.

As noted in the ToR: There has been continuous internal armed conflict between two major political groups (SPLA and SPLA – IO) in South Sudan since 2013, which propelled the country into humanitarian crisis. In July 2016 the conflict re-escalated and the peace agreement between the two parties collapsed. Since July the conflict has engulfed more parts of the country and has taken on strong ethnic dimensions, which has heightened the risk of further atrocity crimes, including GBV in its most egregious forms.

Currently an estimated 1.8 million people are displaced. Some of them live in Protection of Civilian (POC) sites inside UNMISS bases (approximately 200,000 people), while the majority live in displacement areas (formal and informal) throughout the country, or are in hiding in remote areas of bush and swamp. Humanitarians are making all possible efforts to serve the needs of the displaced. The majority are women and children at very high risk of GBV. Engaging all humanitarian sectors in prevention and response to GBV is critical to meet the needs of this population.

As noted above, there are approximately 1.8 million people displaced in South Sudan: many of whom are living in POC sites that are managed by members of the CCCM cluster. Evidence suggests that women and girls are especially vulnerable to GBV both in and outside of the POC sites. Therefore, it is crucial that the CCCM cluster is actively engaged in GBV prevention and response.

KEY FINDINGS

OUTPUTS (against mission objectives)	Level of achievement
1. Co-facilitate a two-day inter-agency training with participants from the CCCM cluster and GBV sub-cluster	Completed
2. Facilitate a two-day training with GBV sub-cluster members focusing on GBViE	Completed

Co-facilitate training for members of the CCCM cluster and members of the GBV sub-cluster

The GBV sub-cluster with funding from UNICEF organized a two-day workshop with members of the CCCM cluster. The Coordinators of the two groups developed the agenda based on feedback from members. (Please find the agenda and PPT presentations attached.) The intended outputs for the training were the following:

- Increased knowledge among all participants of CCCM on GBV mainstreaming
- Coordination around tools for safety audit, gender checklists and data sharing
- Drafted action plan on 2017 CCCM GBV mainstreaming

The REGA co-facilitated the following three sessions: identifying operational challenges, data sharing, and PSEA. CCCM colleagues identified data sharing (or lack thereof) as a key operational challenge to being able to effectively mainstream GBV prevention mechanisms. This issue dominated much of the discussion on the first day. CCCM colleagues were mindful that GBV-related data is sensitive, but they kept stressing the need for *some* data to help identify protection risks in the POC sites. After much discussion about what GBV-related data actually exists (not as much as perceived), and its overall usefulness, CCCM and GBV colleagues agreed on the following:

- GBV sub-cluster to ensure that safety audits (main means of collecting information on risks) are implemented by an inter-cluster team that includes representatives from CCCM
- GBV sub-cluster will revise existing safety audit tools so that they can be used to collect information outside of the POC sites.
- GBV sub-cluster will ensure that updated copies of the referral pathway are sent to CCCM on a regular basis; CCCM colleagues will ensure they are disseminated to the appropriate partners.
- GBV-sub-cluster to work with CCCM to develop reporting indicators that focus on service delivery standards.

CCCM colleagues stated that they have cross-sectoral indicators that they have to report on every month. These indicators reveal whether sectors are meeting the minimum standards of service delivery in each of the individual sites. It was determined that GBV incident data wouldn't actually be relevant to this reporting structure. This realization really helped reconcile the issue of data sharing.

The REGA presented the minimum standards for SEA prevention and response. She stressed that addressing SEA is the responsibility of every agency, and not the sole responsibility of the GBV sub-cluster. The co-lead of the GBV sub-cluster then gave a presentation on the progress of the in-country inter-agency PSEA taskforce. They are still in the information-gathering stage, but the REGA suggested that they request technical support from the global PSEA taskforce to help move forward with the development of a national strategy.

Facilitate a two-day training with GBV sub-cluster members

Approximately 18 participants from various field sites attended the training for GBV sub-cluster members. The agenda was developed in concert with the Coordinators of the sub-cluster. (Please find the agenda and PPT presentations attached.) The REGA facilitated all of the sessions except the one focusing on advocacy, which was facilitated by UNHCR's Senior Protection Officer.

As per the direction of the Co-coordinators, much of the training focused on contingency planning. Each sub-national working group is in the process of developing a contingency plan. The REGA was worried that the content might be a bit advanced for some of the participants. But, the Coordinator rightly noted that these skills are what will ultimately make national organizations more competitive for funding.

The first session of the training focused on identifying gaps in knowledge and then understanding what tools currently exist that could help close that gap. It was agreed that the Coordinator would put tools shared by the REGA in the dropbox so all members could access them. Due to the timing of the trainings and the curfew, the REGA and the Coordinator did not have time to discuss additional capacity-building needs that could be met either remotely or in-country by the REGA.

Continued support to the GBV sub-cluster

The UNFPA-based Coordinator will be leaving South Sudan at the end of March. UNFPA has been working ahead of time to mobilize a new GBV coordinator to ensure continuity. The Coordinator noted that one of the most time-consuming tasks is providing technical feedback on key documents. She felt that this would be a gap in coordination in case a new coordinator is not

immediately available. It was agreed that the REGA would devote 10% of her remote time to South Sudan based on evolving needs. The IMC-based Coordinator will send documents to the REGA for review. The Protection Cluster leads, Co-coordinator of the GBV sub-cluster and the Representative of UNFPA were all keen to see this arrangement formalized.

3 RECOMMENDATIONS/ACTION POINTS

- GBV sub-cluster to ensure that safety audits (main means of collecting information on risks) are implemented by an inter-cluster team that includes representatives from CCCM
- GBV sub-cluster will revise existing safety audit tools so that they can be used to collect information *outside* of the POC sites.
- GBV sub-cluster will ensure that updated copies of the referral pathway are sent to CCCM on a regular basis; CCCM colleagues will ensure they are disseminated to the appropriate partners.
- GBV-sub-cluster to work with CCCM to develop reporting indicators that focus on service delivery standards. REGA will provide technical support.
- REGA to contact global PSEA Taskforce to see if there is technical support available to help colleagues develop PSEA Strategy.
- Discuss with the Coordinators longer term capacity building needs
- REGA will formally devote 10% of her remote time to supporting coordination in South Sudan.

4 ANNEX

- Approved ToR
- Agenda for CCCM training
- Power point presentations for CCCM sessions
- Notes from CCCM training
- Agenda for GBV sub-cluster training
- Power point presentation for GBV training