

# Evidence generation on GBV risk mitigation in Nutrition programming: recent developments and next steps

UNICEF, Action Against Hunger, IMC, South Sudan Nutrition Cluster, South Sudan GBV Sub-Cluster

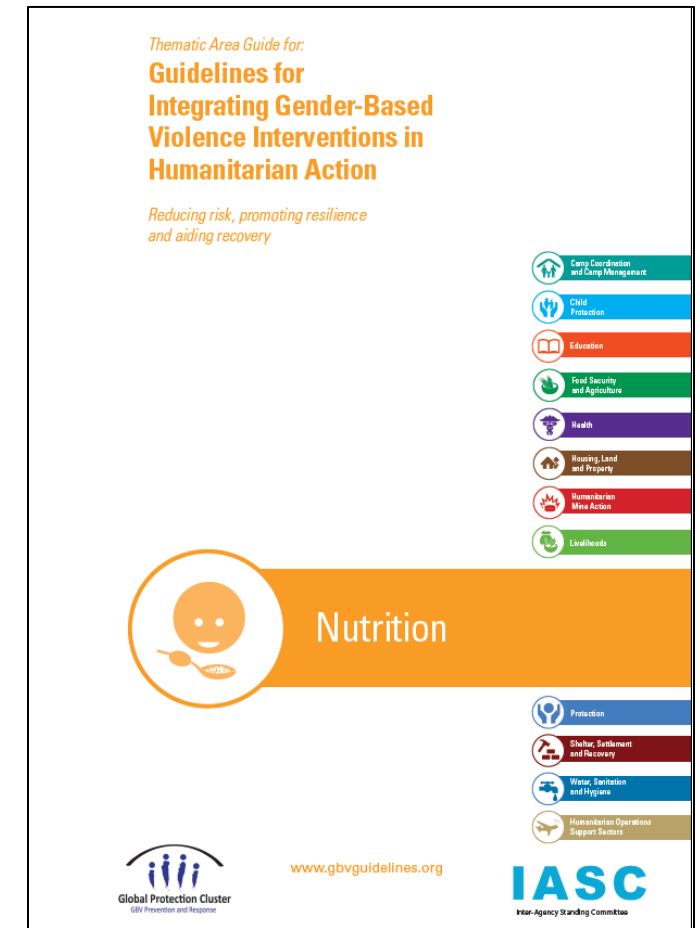


# Objective

- Familiarize participants with the latest developments strengthening the knowledge base on GBV risk mitigation in Nutrition programming
- Share a concrete field example (South Sudan)
- Identify potential entry points for expanding this work into new contexts

# Background

*IASC: All humanitarian actors must be aware of the risks of GBV and—acting collectively to ensure a comprehensive response—prevent and mitigate these risks as quickly as possible within their areas of operation.*



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# Findings from a recent UNICEF desk review examining the linkages between exposure to GBV and nutrition outcomes for children:

1. Women who experienced IPV were more likely to:

- have stunted children
- have wasted children

2. Other documented linkages:

- risk of perinatal and under-5 mortality
- iron deficiency/anemia in mothers and children
- behavioural implications (e.g. exclusive breastfeeding)
- maternal health (e.g. post-partum depression), health behaviours (e.g. substance abuse, less likely to seek medical care)

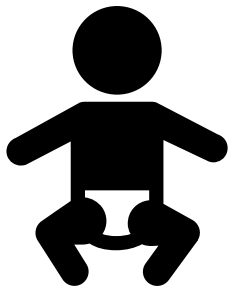


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# Pathways



Fetal Growth and Development -  
Violence before/during pregnancy →  
increased likelihood of low birth weight  
or children who were smaller than  
average for their gestational age.

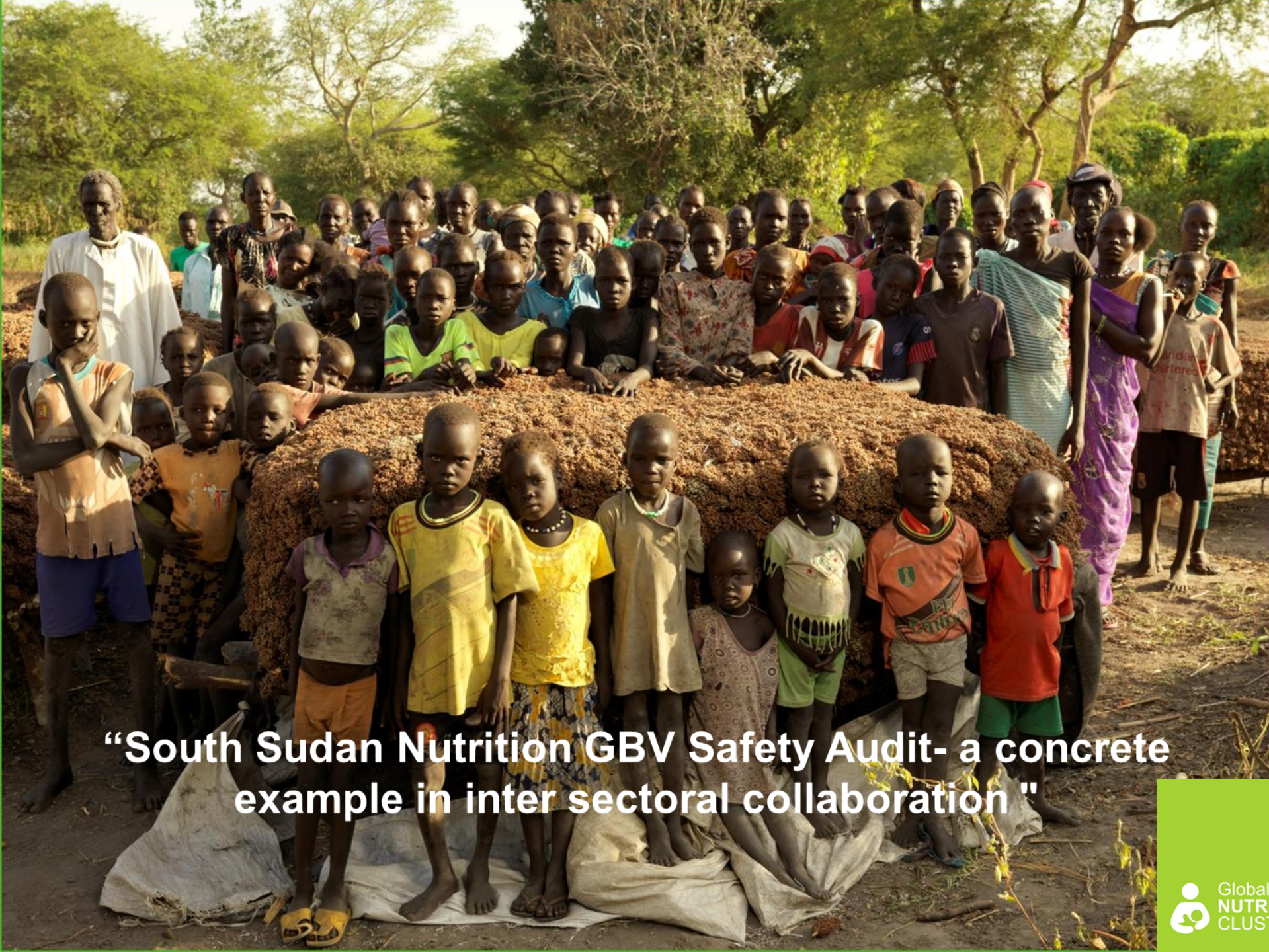


Infant and Young Child Feeding –  
Exposure to violence decreases likelihood  
of both immediate breastfeeding and  
exclusive breastfeeding.

# Measuring the effectiveness of GBV risk mitigation in Nutrition programming

- Multi-year collaboration between UNICEF and HHI
- Desk research and draft tools completed in 2019-2020
  - Compendium of Good Practice, Menu of Measures, Guidance Note
- Field testing with MOH, Action Against Hunger and South Sudan Nutrition Cluster in 2021
- All materials available here: <http://gbvguidelines.org/en/im/effectiveness/>





**SOUTH  
SUDAN**



**“South Sudan Nutrition GBV Safety Audit- a concrete example in inter sectoral collaboration ”**



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# Background



- **2019 GBV Regional Training**
  - Plan - agreed to develop and pilot Safety Audit Tool in South Sudan.
- **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.
- **Commencing 2019, SS Nutrition Cluster committed to two key GBV indicators; strengthening referrals and rolling out of safety audits**
- **The SS HCT New Ways of Working Approach commits to GBV and food security as two main collective outcomes.**
- **In partnership with GBV Guidelines Implementation Support Team and UNICEF; ACF-USA and CARE safety audit tools were reviewed & tailored to nutrition programming for South Sudan context.**
- **National GBV training; Safety Audit Tool, Basic emotions support (psychological first aid-PFA) and referral mechanism.**
- **Nutrition GBV Learning workshop**
- **Nutrition cluster in collaboration with ACF, WFP and UNICEF rolled out safety audit plans.**

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# SAFETY AUDIT OBJECTIVES

## Primary Objectives of Nutrition GBV Safety Audit:

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 health facilities' catchment areas
3. Identify GBV and security risks in order to mitigate risks and for use in future programs designing and planning.

## Method:

- General observation
  - Focus group discussion
  - An individual/ key informant interviews (KIIs)
- 
- A total of 632 sites out of 1,050 operational sites were audited and Analyzed.
  - A total of 34 out of 42 nutrition cluster partners participated.
  - 56 out of 79 counties covered.

# Key findings including GBV Safety Concerns

## Stabilization Centres Staffing

- **42% (53 F/ 126 M) are Nurses**
  - 9 sites do not have female Nurses
- **54% (20 F/ 37 M) Nurse aids**
  - 28 sites do not have female Nurse aids
- **24% (11F / 45 M) Medical doctors**
  - 19 sites do not have female Medical doctors
- **52% (66 F/ 127 M) Other category of staff**
  - 8 sites do not have females in other category of staff.

## OTP/ TSFP Staffing

- **Among total nutrition workforce audited 2132 Females & 2554 Males.**
- **34% of CNWs are Female (693F/ 1344M).**
  - 249 sites do not have female CNWs.
- **30% of Nurse Aids are Females (123F/ 283M).**
  - 551 sites do not have female Nurse aids.
- **59% of other category staff are Females (1316F/ 927M)**
  - 252 sites do not have females in other category of staff.

# Key findings including GBV Safety Concerns

- Long distances traveled to reach nutrition sites (1/2 day)
- Long waiting time to get nutrition services (1-2 hours)
- Armed youth near nutrition sites
- Lack of lockable latrines and absence of gender disaggregated latrines in the sites
- Large percentage of male staff profile,
- Reported violence or potential safety concerns at the sites during screening, nutrition education session, consultation and supply distribution
- Lack of knowledge on basic concepts on GBV and Sexual Exploitation and Abuse, and need for capacity building training on GBV and PSEA
- Lack of GBV referral pathways,
- Some SCs are not safe for women and children to access without accompaniment/ do not have clean drinking water/ are not fenced/ not well-lit at night



# Key Success

- 16 Active GBV SNC, 10 Nutrition SNC in all 10 states of South Sudan
- Active Nutrition GBV Taskforce
- In 2019, 2020 and 2021 SS Nutrition Cluster committed to two key GBV indicators; strengthening GBV survivors referrals and access to response services and expansion of safety audits through nutrition partners
- 2021 HRP Nutrition Framework with GBV indicators
- 2021 Nutrition GBV Action Plan
- GBV indicators incorporated in the cluster reporting systems
- GBV included in Food Security and Nutrition Monitoring System (FSNMS+), Multi-Sectoral Safety Audits
- Nutrition GBV Safety Audit Tools developed and endorsed by taskforce
- Nutrition projects with budgeted GBV Safety Audit activities
- GBV Referral pathways developed and endorsed for all 10 States in South Sudan

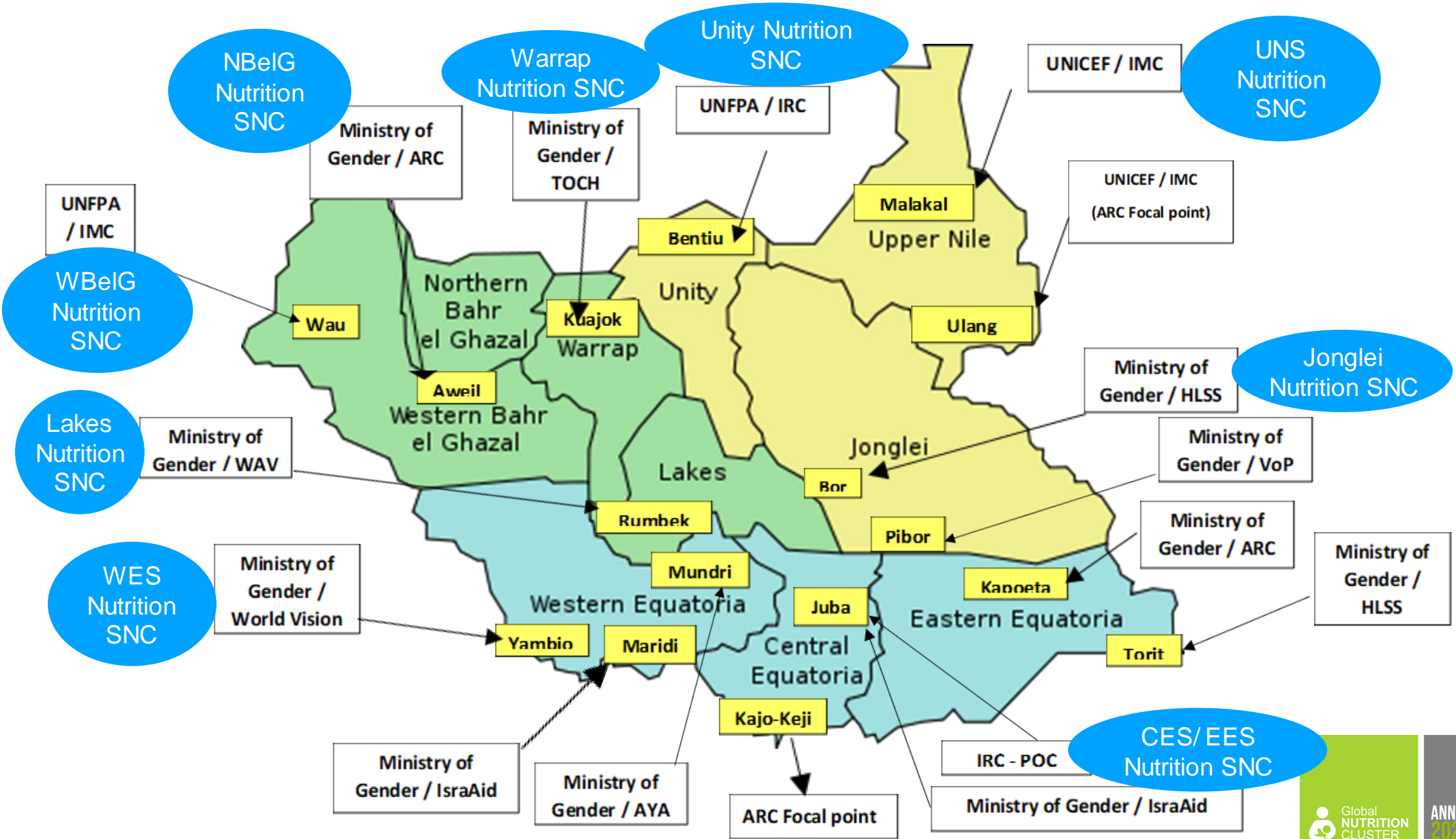
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# South Sudan Nutrition & GBV Sub-national clusters



# Key resources

## Global:

- [GBV Guidelines homepage](#), [Nutrition TAG](#) and [Knowledge Hub](#)
- [UNICEF/HHI collaboration on strengthening GBV risk mitigation M&E](#)
- Select citations from UNICEF desk review on exposure to GBV and Nutrition outcomes for children:
  - Chai, et al (2016) <https://doi.org/10.2471/BLT.15.152462>; Rahman, et al (2012) <https://doi.org/10.2105/AJPH.2011.300396>; Sobkoviak, et al (2012) <https://doi.org/10.1016/J.SOCSCIMED.2011.10.024>; Ziaei, et al (2014) <https://doi.org/10.1111/j.1740-8709.2012.00432.x>; Hasselmann, et al (2016) <https://doi.org/10.1590/0102-311X00017816>, <https://doi.org/10.1136/bmj.b4258>; Silverman, et al (2006) <https://doi.org/10.1089/jwh.2006.15.934>; Sipsma, et al (2013) <https://doi.org/10.1016/J.JADOHEALTH.2013.04.005>; Misch, et al (2014) <https://doi.org/10.1007/s10995-013-1294-x>; Moraes, et al (2011) <https://doi.org/10.1017/S1368980011000802>; Shamu, et al <https://doi.org/10.1186/s12889-018-5464-z>; Curry, et al (1998) <http://www.ncbi.nlm.nih.gov/pubmed/9764624>

## South Sudan:

- GBV safety audits in nutrition sites in South Sudan [report](#) and [related documents](#)
- South Sudan [GBV/Nutrition action plan](#)
- South Sudan [GBV Sub-cluster Strategy 2019-2021](#)
- Gender-Based Violence [Knowledge, Attitude and Practices Survey](#) in South Sudan

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# Q&A

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# Thank you

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