



# HOW A SAFETY AUDIT TOOL IS USED AS A PLATFORM TO MITIGATE GENDER-BASED VIOLENCE RISKS AT NUTRITION SITES IN SOUTH SUDAN

LEARNING REVIEW 2019

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## BACKGROUND

In South Sudan, the cumulative effect of years of conflict, violence and destroyed livelihoods has led to a humanitarian emergency of high proportions. The recently revitalised peace process promises to offer new opportunities in the coming years for South Sudan's women, men and children.

Violence, abuse and exploitation remain the greatest protection risks to women and girls, reflecting continued gender inequalities exacerbated by the prolonged crisis. Naturally, these risks extend to nutrition sites, and nutrition programme beneficiaries are among the most affected. To assess and address these risks, Action Against Hunger, in collaboration with UNICEF and Care, have developed a gender-based violence (GBV) Safety Audit Tool (SAT) for the nutrition facilities.

## THE TOOL

The SAT was designed to identify potential GBV-related safety risks at and around nutrition sites. To do this, a combination of structured and semi-structured questions were formulated to assess risks and challenges experienced by women and girls. These questions formed the basis of the following three key activities included in the tool:

1. An observation checklist
2. Focus group discussions (FGDs) with beneficiaries
3. Key informant interviews (KIIs) with staff at nutrition sites

## THE PILOT

In early 2019, the tool was piloted in eight of Action Against Hunger's 35 nutrition sites. This identified the following key risks faced by women and girls and recommendations to address these:

### 1. LACK OF BENEFICIARY AWARENESS ON AVAILABLE FEEDBACK AND COMPLAINT MECHANISMS

**CHALLENGES:** Generally, women considered local authorities (police, traditional leaders, public radio stations) as their primary reporting channels for GBV-related safety risks. While some women indicated that they might report an issue to site staff, a reluctance to report issues on site was noted among many beneficiaries.

**RECOMMENDATIONS:** Strengthen communication on programme feedback and complaint mechanisms by implementing one or more of the following: (1) monthly staff meetings between first-line implementers and field office staff; (2) FGDs with direct beneficiaries at the site level; (3) individual interview forms; (4) comment boxes at field office gates; and (5) hotline numbers (where applicable) to enable anonymity.

## 2. LACK OF FEMALE STAFF ON SITE

**CHALLENGES:** 60-70% of nutrition sites lack female staff to facilitate referral of gender sensitive cases and collect feedback from women who are not comfortable reporting issues to male staff.

**RECOMMENDATIONS:** Gender-diverse staffing is critical to quality service delivery, and should be made a standard on all nutrition sites.

## 3. THEFT AND ASSAULT AROUND THE NUTRITION SITE

**CHALLENGES:** Theft and assault were especially common on sites located in urban areas or adjacent to markets, and, findings indicated that risk of GBV increased with distance travelled to nutrition sites.

**RECOMMENDATIONS:** Strengthen advocacy with local authorities and community leaders to increase overall coverage of nutrition services and decrease distance travelled.

## 4. TOOL APPLICABILITY IN STABILISATION CENTRES

**CHALLENGES:** A pilot of the SAT in Action Against Hunger's stabilisation centre in Maluakon, Aweli East County found that a significant proportion of survey questions were not applicable.

**RECOMMENDATIONS:** Develop an adapted tool to capture risks specific to stabilisation centres, including those related to child and caregiver overnight stay.

## 5. LACK OF DATABASE FOR PARTNERS TO DIRECTLY UPLOAD THEIR ASSESSMENTS

**CHALLENGE:** Currently, Action Against Hunger supports the nutrition cluster with the compilation of after action safety audit data received from partners. A cluster-level repository for SATs and reporting templates would maximise efficiency and strengthen data analysis.

**RECOMMENDATIONS:** Develop a harmonised reporting mechanism (including a master database, reporting templates, guidance notes and supportive supervision) for after action safety audits at the cluster-level.



*Beneficiaries interviewed during safety audit.*

## IMPLEMENTATION OF THE SAT IN SOUTH SUDAN

The SAT was implemented in South Sudan by the national nutrition cluster in three phases:

### PHASE 1: INDUCTION OF NUTRITION CLUSTER PARTNERS

Partners were familiarised with the SAT during the national nutrition cluster meeting in August 2019. This was followed by a sub national nutrition cluster induction via skype.

### PHASE 2: DATA COLLECTION, ANALYSIS AND REPORTING

To avoid overwhelming partners in the nutrition cluster and maximise uptake of the safety audit methodology, the rollout of the SAT followed a two-tiered approach. While the observation checklist was rolled out across all sites, FGDs with community members and programme staff were targeted at sites where implementing partners had capacity to facilitate and analyse sessions.

### PRELIMINARY ANALYSIS AND REVIEW

**KEY FINDINGS:** The observation checklist was rolled out across a total of 583 nutrition sites and 47 stabilisation centres. Key findings were similar to those elicited during the pilot: a significant proportion of sites lacked female staff, and protection concerns regarding travel

to and from sites were widespread among beneficiaries. Assault, theft and intercommunal youth fights were identified as key barriers to service use, and, in Paguir, caregivers reported making longer journeys through bush and swampland to mitigate GBV-related risks. A lack of water points on journeys to and from sites was also noted as a barrier in Paguir, and a number of beneficiaries raised concern over the lack of reporting channels for GBV issues beyond the facilities.

These issues were, however, raised among more positive comments, and, in FGDs, beneficiaries commented on the friendliness and helpfulness of staff at nutrition sites. In stabilisation centres, caregivers felt safe among male staff, and agreed that the presence of guards brought them 'peace of mind' when accessing the facilities. Finally all beneficiaries were satisfied with the services, and felt that staff provided ample information regarding treatment, products, how often to use the facilities and when to return.

**RECOMMENDATIONS:** Upon evaluation, findings from the SAT's pilot and rollout signal the need for greater gender diversity on nutrition sites and further staff training on gender, GBV and referrals. It is also evident that stronger community advocacy on gender and GBV is required to improve reporting channels beyond the facilities, and increase awareness on

current feedback and complaint mechanisms. Additionally, greater engagement of nutrition staff to develop site-specific strategies for mitigating barriers to service use is required to improve access. Finally, a thorough review of fencing and security barriers is required at stabilisation centres in high risk areas to determine if reinforcement is needed.

**ACTIONS:** In response, Action Against Hunger have already undertaken a number of actions, including: improving gender diversity on nutrition sites; enhancing fencing at sites in high risk areas; sensitising staff to GBV and gender discrimination; repairing locks in latrines; deploying mobile teams for long distance journeys to and from sites; integrating GBV safety training into 2020 proposals; and strengthening feedback mechanisms through onsite suggestion boxes.

### WAY FORWARD

#### PHASE 3: GBV LEARNING WORKSHOP

Moving forward, a follow-up GBV learning workshop will be organised with nutrition partners to share key lessons learned, review observation data and overall findings, analyse key trends identified through consultations, and plan how to highlight findings. Attendees will include UNICEF (Regional and Country), WFP, and national and local partners in the nutrition cluster.