Republic of South Sudan

Ministry of Health

Health Sector Transformation Project (HSTP)

P181385

Final

Gender Based Violence (GBV)/Sexual Exploitation and Abuse and Sexual Harassment (SEA/SH) Action Plan

February 2024

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1. Introduction

1.1. Background

The Health Sector Transformation Project (HSTP) will operate in all ten states and three administrative areas in South Sudan and is designed to expand access to basic packages of health and nutrition services for the people of South Sudan, including refugees. The project design outlines activities that will be implemented with an initial funding envelope that comprises an IDA grant and a grant from the IDA20 WHR. Additional resources are expected to be mobilized as donor funding through a Multi-Donor Trust Fund (MDTF) and a Single-Donor Trust Fund (SDTF) from January to September 2024.

This project will complement existing activities carried out by the Government and its partners. In South Sudan, the risk of the emergence of infectious diseases has heightened over the last few decades, with the rapid increase in human population, climate change has characterized unprecedented flooding and more interconnectivity amongst some of the key drivers of this threat. Malnutrition is widespread, along with a preponderance of infectious diseases, accounting for a considerable proportion of the total burden of disease. Infectious diseases, including malaria and typhoid, respiratory infections and acute watery diarrhea are among the major causes of death and morbidity. Internally displaced persons are among the most vulnerable populations living in this region, given the widespread inadequate access to basic services, limited economic opportunities, poor infrastructure, and food insecurity.

1.2. Objective of GBV/SEA/SH Action Plan

The SEA/SH Action Plan details the measures that will be put in place to assess and mitigate the risks of SEA/SH and other forms of GBV due to the HSTP project-implementation. This includes procedures for mitigating SEA/SH and other forms of GBV risks, responding to SEA/SH or GBV cases reported in the project area, and ensuring effective management of GBV related grievances. This GBV/SEA/SH action plan was developed in consultation with project stakeholders and will apply to the Ministry of Health (MoH) and the projects management organizations (MOs).

1.3. Project Description

The Project Development Objective (PDO) is to expand and improve access to a basic package of health and nutrition services, improve health sector stewardship, and strengthen the health system. The project consists of the following components:

- Component 1: Provision of Essential Health Services Nationwide
- Component 2: Health Systems Strengthening
- Component 3: Monitoring and Evaluation and Project Management
- Component 4: Contingent Emergency Response Component

The primary objective of this project is to expand access to an essential package of health and nutrition services, improve health sector stewardship, and strengthen the health system in all ten States. The main strategy is to support an agile mix of static modalities of implementation, complemented by outreach interventions, through fixed health clinics and integrated outreach services delivered by mobile teams (especially during the dry season) to increase and expand equitable coverage and access, particularly for mobile or hard-to-reach populations with intermittent

periods of stability and access. These front-line interventions will be supported in specific areas with the rollout of community-based health services, such as the Boma Health Initiative (including integrated community case management), to bolster community resilience and basic services provision, even while communities are exposed to shocks and cannot be accessed. The implementation of the project will also engage some health facilities' infrastructure rehabilitation and therefore experience limited labour influx both for the construction works as well as the effective delivery of health services given the very poor status of the local health workforce in the project areas. Such conditions may be registered all along the entire project sites all currently concerned by health infrastructure damages due to persisting floods.

The Sexual Exploitation and Abuse (SEA)/Sexual Harassment (SH) risk of the project is considered High. Pervasive incidences of GBV in South Sudan are a significant contextual challenge, exacerbated by a context of pervasive insecurity in the country. More specifically, Component 1 includes activities which may potentially exacerbate existing inequalities or cause social exclusions in health service access, especially for vulnerable and conflict-affected communities. The project activities including the technical assistance activities involve limited potential social risks associated with labor conditions, safety and security of project workers, exclusion of beneficiaries during targeting, and delivery of capacity development trainings, compromising the service delivery quality, and challenges of ensuring the quality and reliability of the data generated, particularly in areas with limited human resources and infrastructure.

The Ministry of Health in South Sudan with support from the Management Organizations (MO), World Health Organization (WHO) and UNICEF, are committed to strengthening GBV/SEA/SH prevention, response, and risk mitigation across all components of the HSTP in line with the World Bank Environmental and Social Framework (ESF). This action plan is linked to the Social Assessment carried out as part of this project and is closely aligned to the Environmental and Social Standard 1 (ESS1) on the Assessment and Management of Environmental and Social Risks and Impacts.

1.4. Definitions

Gender-Based Violence (GBV): constitutes any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e., gender) differences between males and females. It includes acts that inflict physical, sexual, mental, and economic harm or suffering; threats of such acts; coercion; and deprivations of liberty whether occurring in public or private life.

Sexual Exploitation (SE): Sexual exploitation means any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially, or politically from the sexual exploitation of another.

Sexual Abuse (SA): Sexual abuse means the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions. While sexual exploitation and abuse can be perpetrated by anyone in a position of power, the term 'SEA' particularly has been used about sexual exploitation and abuse perpetrated by staff of humanitarian organizations, including both civilians and uniformed personnel.

Sexual Harassment (SH): relates to "Unwelcome sexual advances, requests for sexual favors, and other unwanted verbal or physical conduct of a sexual nature. SH differs from SEA in that it occurs between personnel/staff working on the project, and not between staff and project beneficiaries or communities. The distinction between SEA and SH is important so that agency policies and staff training can include specific instructions on the procedures to report each. Both women and men can experience SH."

Violence against Women (VAW): Article 1 of the 1993 UN Declaration on the Elimination of Violence against Women defines violence against women as any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life. Article 2 of the Convention further states that violence against women shall be understood to encompass, but not be limited to, the following: (a) physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation; (b) physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced sex work; (c) physical, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs. The term violence against women and girls is also used.

Violence against Children (VAC): The International Classification of Violence Against Children (ICVAC) defines violence against children as a deliberate, unwanted, and nonessential act, threatened or actual, against a child or against a group of children that either results in death or in injury or other forms of physical and or psychological suffering.

Intimate Partner Violence (IPV): A form of gender-based violence that occurs within an intimate relationship, including physical, sexual, and psychological harm. IPV encompasses any behavior by an intimate partner that causes physical or emotional harm, including acts of physical aggression (e.g., hitting, slapping, beating), sexual coercion, emotional abuse (e.g., humiliation, controlling behavior), and threats of violence. IPV can affect individuals regardless of age, gender, or socio-economic status and is a significant barrier to achieving gender equality and improving health outcomes.

GBV Risk Mitigation or Integration is the process of ensuring that a program (1) does not cause or increase the likelihood of GBV; (2) proactively seeks to identify and takes action to mitigate GBV risks in the environment and in program design and implementation; and (3) proactively facilitates and monitors vulnerable groups' safe access to services. GBV risk mitigation is the responsibility of everyone working in humanitarian response, cutting across all programmatic sectors. It is distinct from, but complementary to, GBV-specialized programming.

2. National Legislation, Policies and Operational Guidelines

The laws, policies and regulatory frameworks governing the environmental and social aspects in South Sudan are revised and updated to ensure tandem with similar policies and frameworks in the East African Region. The GBV/SEA/SH Action Plan is aligned with these national laws and procedures, as well as the WB ESF.

National Policy/Legal Framework	Description	Relevance to the Project

The Transitional Constitution of the Republic of South Sudan, 2011	Article 41 of the constitution sets the basis for policies related to the environment including: (1) the people of South Sudan shall have a right to a clean and healthy environment; (2) every person shall have the obligation to protect the environment for the benefit of present and future generations Article 166 (6) further mandates local governments to involve communities in decision making regarding the promotion of a safe and healthy environment.	The project's implementation is anticipated to have both positive and negative environmental and social impacts and will therefore need to be undertaken in a manner that: a) Promotes sustainable development; and b) Protects the right to a clean and healthy environment for communities and persons in the project host areas c) Promotes meaningful consultations with various stakeholders
National Health Policy, 2016-2026	The NHP provides the overall vision and strategic direction for South Sudan's health sector development, aligning with the Transitional Constitution, Vision 2040, the South Sudan Development Plan (SSDP), the Comprehensive Peace Agreement, and the Sustainable Development Goals (SDGs). Its goal is to strengthen the national health system and partnerships to overcome barriers to effective health service delivery and address quality and safety concerns in health care.	Provides the overarching strategic framework for health sector development, which the project supports through enhancing the national health system and addressing barriers to effective health service delivery.
The South Sudan National Gender Policy, 2012	The ultimate goal of this policy is to ensure that gender equality is an integral part of all laws, policies, programs and activities of all South Sudan's public institutions, the private sector and civil society so as to achieve equality in the cultural, social, political and economic spheres in South Sudan.	Gender discrimination, GBV, sexual exploitation and abuse and sexual harassment (SEA/SH) among others may be associated with project activities.

The Labour Act, 2017	The purpose of this Act is to establish a legal framework for the minimum conditions of employment, labour relations, labour institutions, dispute resolution and provision for health and safety at the workplace.	The project will employ a large number of professionals through various modalities i.e. direct workers, contracted workers, third party contracted workers and primary supply workers.
Child Act, 2008	The Child Act regulates the prohibition on child labour, the protection of children and young persons and hazardous child labor.	This policy will ensure that no child engages in project-related work that could negatively affect their health and personal development or interfere with their education.
Public Health Act, 2008	Emphasises the prevention of the pollution of air and water. Key provisions include the protection of the sanitation of the environment and it encompasses the measure to address the pollution of water and air. The Public Health Act (2008) also provides the need for the protection of pollution of water through the enforcement of regulations and measures necessary to combat all elements of pollution and protect the natural level of the environment and public health.	The project is anticipated to generate waste in the form of medical waste, effluents and plastic leading to environmental contamination through open dumping/incineration, which, in turn, result in water, soil and air pollution The increased outreach & use of mobile health services could also lead to higher fuel consumption and vehicle emissions, contributing to air pollution. Furthermore, The rise in health services delivery may also lead to a higher amount of medical waste, necessitating proper handling and disposal to avoid/minimise/mitigate environmental contamination.
Penal Code Act, 2008	This Act criminalizes various forms of violence, including rape, which carries a penalty of up to 14 years' imprisonment. It places particular emphasis on the protection of minors by enforcing strict penalties for sexual intercourse with individuals under 18 years of age.	relevant to the project as it underpins the legal framework for addressing sexual violence and protecting minors, aligning with the project's focus on strengthening justice and protection systems.
South Sudan Access to Information Act No. 65, 2013	The purpose of the Act is to give effect to the constitutional right of access to information, promote maximum disclosure of information in the public	This emphasizes the need to disseminate project information to all the respective stakeholders and which go a long way in ensuring transparency on various aspects of the project.

	interest and establish effective mechanisms to secure that right.	
Social Insurance Act, 2023	This Act establishes a national social insurance scheme for employees in the private sector and nongovernmental organizations, with a focus on providing coverage for government-employed workers through public insurance. It also governs insurance for national workers employed by implementing partners, contractors, and consultants.	Although the project primarily supports government-employed workers through public insurance, this Act's establishment of a national insurance scheme highlights the importance of comprehensive insurance coverage.
Code of Criminal Procedure, 2009	This code requires a police officer who suspects a SGBV victim needs medical attention to arrange for an examination by a medical professional, with findings recorded on Police Injury Report Form No. 8, commonly known as Form 8. However, the necessity of Form 8 has become a barrier to timely medical care for sexual violence survivors.	The barriers created by the Form 8 requirement directly impact the project's efforts to improve timely and effective medical care for sexual violence survivors, highlighting the need for policy and procedural adjustments.
Standard Operating Procedures (SOP) for Prevention, Protection, and Response to GBV in South Sudan (2014):	This procedure outlines systems, roles, and responsibilities for institutions involved in GBV prevention, protection, and response. It promotes a well-coordinated, multi-sectoral approach and establishes standards and procedures for addressing various forms of GBV.	The SOP's comprehensive approach to GBV aligns with the project's goal of enhancing multi-sectoral responses to GBV, ensuring effective prevention, protection, and support services.
Draft Anti-GBV Bill, 2019	Awaiting presentation to Parliament, this draft bill aims to address gender-based violence (GBV) comprehensively by filling existing legal gaps, ensuring justice, and providing protection and support to	This draft bill's focus on improving legal frameworks and support systems for GBV survivors aligns with the project's objectives to enhance protection and response mechanisms for GBV.

	survivors of violence, including domestic abuse, rape, and SH.	

2.1. International Conventions and Legal Agreements

In addition to compliance with regulatory requirements, the Project will also adhere to the international conventions ratified by South Sudan. Key conventions and treaties potentially relevant to the GBV/SEA/SH Action Plan are outlined below;

Treaty, Convention, Agreement	Requirement of the Treaty, Convention, and Agreement	Ratification	Relevance to the Project
Convention for the Safeguarding of the Intangible Cultural Heritage, 2003	The objectives include: safeguard the intangible cultural heritage, ensure respect for the intangible cultural heritage of the communities, groups and individuals concerned and raise awareness at the local, national and international levels regarding the importance of the intangible cultural heritage, and of ensuring mutual appreciation thereof.	23rd October 2017	The people of South Sudan have a number of customs and beliefs that may entail tangible and intangible cultural heritage. The implementation of the project should consider the potential impact on cultural heritage in the project area and implement measures to safeguard them where they exist.
International Labour Organisation's Fundamental Conventions	Labour, working conditions, health and safety are the subject of numerous international agreements, conventions, policies and standards. Fundamental labour standards formulated by the International Labour Organisation (ILO) include forced labour, child labour and workmen's compensation among others.	2012	Labour policies for the Project and impact mitigation measures for employment should be in accordance with the requirements of these Conventions.

Convention on the Rights of the Child (1989)	The Convention is the most comprehensive compilation of international legal standards for the protection of the human rights of children. It acknowledges children as individuals with rights and responsibilities according to their age and development, as well as members of a family or community.	23rd January 2015	Activities associated with the development of project such as construction activities will require semi-skilled and unskilled labour that pose a potential risk of engaging child labour.
Convention on the Elimination of all forms of Discrimination against Women (CEDAW)	CEDAW places explicit obligations on states to protect women and girls from sexual exploitation and abuse, among other issues.	2014	South Sudan had exhibited an obligation to protect women and children from sexual exploitation and abuse.

2.2. The World Bank Environmental and Social Framework (ESF)

The ESF's Environmental and Social Standards (ESSs) set out the requirements for Borrowers relating to the identification and assessment of environmental and social risks and impacts associated with projects supported by the World Bank. While the ESF itself does not explicitly mention SEA/SH, various ESSs are in alignment with the recommendations of the World Bank's Good Practice Note (GPN) for addressing SEA/SH in Investment Projects, including:

- ESS1: Assessment and Management of Environmental and Social Risks and Impacts;
- ESS2: Labor and Working Conditions;
- ESS4: Community Health and Safety; and
- ESS10: Stakeholder Engagement and Information Disclosure.

ESS1 Assessment and Management of Environmental and Social Risks and Impacts

ESS1 sets the client's responsibilities for assessing, managing and monitoring environmental and social risks and impacts associated with each stage of a project supported by the Bank through Investment Project Financing, in order to achieve environmental and social outcomes consistent with the Environmental and Social Standards (ESSs).

The environmental and social assessment will be proportionate to the risks and impacts of the project. It will inform the design of the project, and be used to identify mitigation measures and actions and to improve decision making. This standard adopts differentiated measures so that adverse impacts do not fall disproportionately on the disadvantaged or vulnerable, and they are not disadvantaged in sharing development benefits and opportunities resulting from the project. ESS1 ensures that national environmental and social institutions, systems, laws, regulations and procedures are utilised in the assessment, development and implementation of projects, whenever appropriate.

An assessment of the Environmental and social risks and impacts of the project throughout the project life cycle will be conducted in a systematic manner, proportional to the nature and scale of the project and the potential risks

and impacts. The assessment will evaluate the project's potential environmental and social risks and impacts including stakeholder engagement as an integral part of the assessment.

ESS2 Labor and Working Conditions

ESS2 recognizes the importance of employment creation and income generation in the pursuit of poverty reduction and inclusive economic growth. This standard provides specific requirements on occupation health and safety, fair treatment, nondiscrimination and equal opportunity of project workers and Grievance Redress Mechanism (GRM). ESS2 applies to all project workers including direct workers, contracted workers, primary supply workers and community workers.

The project will develop a labour management plan and implement labour management procedures applicable to the project setting and ways in which project workers will be managed, in accordance with the requirements of national law and this ESS.

ESS4 Community Health and Safety

ESS4 recognizes that project activities, equipment, and infrastructure can increase community exposure to risks and impacts i.e. pollution, hazardous materials, traffic and accidents related risks during transportation of personnel and items, an increase in crime, prostitution, GBV/SEA, labour influx, security issues and sexual exploitation. In addition, communities that are already subjected to impacts from climate change may also experience an acceleration or intensification of impacts due to project activities.

ESS4 also addresses the health, safety, and security risks and impacts on project-affected communities and the corresponding responsibility of clients to avoid or minimize such risks and impacts, with particular attention to people who, because of their circumstances, may be vulnerable such as women and children.

ESS10 Stakeholder Engagement and Information Disclosure

ESS 10 recognizes the importance of open and transparent engagement between the Borrower and project stakeholders as an essential element of good international practice. Effective stakeholder engagement can improve the environmental and social sustainability of projects, enhance project acceptance and make a significant contribution to successful project design and implementation.

The client will engage with stakeholders throughout the project life cycle, commencing such engagement as early as possible in the project development process and in a timeframe that enables meaningful consultations with stakeholders on project design. The nature, scope and frequency of stakeholder engagement will be proportionate to the nature and scale of the project and its potential risks and impacts. The nature, scope and frequency of stakeholder engagement will be proportionate to the nature and scale of the project and its potential risks and impacts.

Stakeholder engagement, if properly designed and implemented should support the development of strong, constructive and responsive relationships that are important for successful management of a project's environmental and social risks.

World Bank Group (WBG) Environmental, Health and Safety (EHS) Guidelines and Technical Notes

The HSTP will further apply the WBG General EHS Guidelines, which are guidelines that contain the performance levels and measures that are acceptable to the WB. When host country regulations differ from the levels and measures presented in the EHS Guidelines, projects are expected to achieve whichever is more stringent. Effective management of environmental, health, and safety (EHS) issues entails the inclusion of EHS considerations into corporate and facility-level business processes in an organized, hierarchical approach.

The applicability of specific technical notes should be based on the professional opinion of qualified and experienced persons. The HSTP will apply: "Public Consultations and Stakeholder Engagement in WB-supported operations when there are constraints of conducting public meetings" (2020) Communication and Community Engagement Action Plan Guidance Preparedness and Response; Risk Communication and Community Engagement (RCCE) readiness and response; COVID-19 risk communication package for healthcare facilities; Addressing sexual exploitation and abuse and sexual harassment (SEA/SH) in investment; Addressing Gender based violence in Investment Project Financing involving major civil works, 2018; Assessing and managing the risks and impacts of the use of security personnel, 2018; and Managing the risks of adverse impacts on communities from temporary project induced labor influx, 2016.

2.3. United Nations (UN) Environmental and Social Sustainability Framework

The UN Environmental and Social Sustainability Framework aims to enhance accountability for the environmental and social sustainability of the UN systems and policies. The framework will therefore improve the quality and results of UN's activities and projects and help identify opportunities to harness greater efficiencies and reduce costs. The framework proposes a common vision, rationale and objective, individual actions to be taken by each United Nations entity to internalize environmental and social sustainability measures; and collective actions for the system to undertake.

The environmental and social sustainability framework provides an approach to the management of a wide variety of environmental and social impacts and risks. It establishes procedures for identifying and avoiding, or where avoidance is not possible, mitigating environmental and social risks, and for discerning and exploring opportunities to enhance positive environmental and social impacts. The framework is structured around guiding principles, safeguard standards and related operational guidelines.

- Standard 1: Biodiversity Conservation and Sustainable Natural Resource Management
- Standard 2: Climate Change and Disaster Risks
- Standard 3: Community Health, Safety and Security
- Standard 4: Cultural Heritage
- Standard 5: Displacement and Resettlement
- Standard 6: Indigenous Peoples
- Standard 7: Labour and Working Conditions
- Standard 8: Pollution Prevention and Resource Efficiency

3.GBV/SEA/SH in South Sudan

3.1. Gender inequalities and access to services

Deep-rooted gender inequalities in education, economic opportunities, decision-making, harmful socio-cultural norms, and weakened social and community support systems perpetuate vulnerability and marginalization, disempowering women and girls. Consequently, South Sudanese women and girls have some of the lowest education and health outcomes in the world. Across South Sudan, access to lifesaving multi-sectoral GBV responses, including health, GBV case management, psychosocial support, higher-level mental health, and other services, is very limited. Even in locations where there are services, there are multiple barriers to survivors seeking support, including self-blame, fear of reprisals, mistrust of authorities, and risk of retaliatory attacks coupled with cultural norms and values that promote a culture of silence. Quality of care and capacity of service providers also impact the utilization of services when available. Preventing and responding to GBV requires comprehensive multi-sectoral responses from health, psychosocial, legal and security actors to improve the availability and quality of services for GBV survivors and health services have a critical role to play.

The Gender-Based Violence (GBV) Area of Responsibility (AoR) in South Sudan has established a priority system to effectively allocate resources in response to the ongoing GBV crisis. Counties across the country are categorized into Priority 1 and Priority 2 levels based on the severity of GBV incidents and population needs. In 2024, 25 counties are classified as Priority 1, indicating an urgent need for intervention due to high incidence rates of GBV, significant vulnerabilities like food insecurity and displacement, and limited access to services. The mapping of these priority areas can be found in Figure 1.[1]

According the the Situational Analysis report by Gender Based Violence in Emergencies Health Response in South Sudan (2024), in 2023, South Sudan reported 10,541 GBV incidents, underscoring severe protection concerns affecting approximately 9 million people, including 1.9 million internally displaced persons (IDPs)[2], 1.2 million returnees, and 0.5 million refugees[3]. The most common forms of violence include physical assault (37% of incidents), sexual violence (24%), and emotional abuse (21%). Alarmingly, 98% of survivors are women and girls, with 25% being children, primarily adolescent girls. The drivers of GBV are multifaceted, rooted in gender inequalities, ongoing conflicts, weak justice systems, and economic crises. Approximately 2.7 million individuals are at risk, and targeted interventions aim to reach 546,000 people, requiring $36.5 million in resources[4].

While 60% of counties have health facilities providing SGBV services within 10 kilometers of settlements, access remains inadequate; only 198 out of 460 health facilities (28%) offer these essential services, and only 40 facilities (about 8%) consistently track and report on GBV. This gap underscores the urgent need for improved training and community awareness initiatives[5]. The prioritization process considers multiple criteria, including the prevalence of GBV risks, availability of services, community knowledge, safety concerns, and existing protection monitoring systems. By fostering intersectoral collaboration, the priority system aims to create comprehensive responses to

[1] GBV AoR Prioritization Presentation. Rev. April 25, 2024.
[2] South Sudan Humanitarian Needs and Response Plan 2024. (2024).
[3] World Health Organization. (2023). *Situation analysis GBV health response in South Sudan* [unpublished]
[4] Situation Analysis Report on Gender-Based Violence in Emergencies Health Response in South Sudan. (July 2024)
[5] Situation Analysis Report on Gender-Based Violence in Emergencies Health Response in South Sudan. (July 2024)

GBV, ultimately striving to reduce its incidence and effectively support survivors in a complex humanitarian landscape.

As witnessed in the COVID-19 Emergency Response and Health Systems Preparedness Project (CERHSPP), the provision of integrated basic package of health and nutrition services under the Health Sector Transformation Project, the risks of SEA remain due to the high vulnerability of beneficiaries, a differential of power between project staff and vulnerable women and girl beneficiaries. Existing factors including conflict, poverty, breakdown in social structures, widespread GBV, child/forced marriage, and negative coping strategies such as transactional sex continue to increase the risk of SEA.

Persistent conflict, widespread poverty, ethnic and communal conflict, recurrent climatic and economic shocks, the absence of effective justice mechanisms, and harmful social norms are having devastating gendered impacts on the protection and well-being of women and girls. More recently, the outbreak of fighting in Sudan on 15 April 2023 has led to an influx of people fleeing the country. This crisis has affected South Sudan significantly, with more than 700,000 fleeing from Sudan into South Sudan, about 49% of the new arrivals are women and girls, 46% are below the age of 18. Women and girls in South Sudan face extraordinary challenges and bear the brunt of the civil war, ongoing conflict and inter-communal violence coupled with climatic shocks including recurrent droughts and flooding that contribute to growing levels of poverty. Limited access to education, healthcare, economic opportunities, and political participation coupled with harmful social norms and cultural practices further exacerbate gender disparities. Gender-based violence (GBV) including sexual violence, intimate partner violence (IPV) and harmful traditional practices like child marriage, remain pervasive across South Sudan. While the full magnitude of GBV is unclear, a study conducted by the World Health Organization (WHO) in 2018 indicated South Sudan has some of the highest rates of IPV in the East and Southern Africa region among married women aged 15-49 amounting to 41% experiencing either physical and/or sexual violence in their lifetime.[6] More recently, Ministry of Gender, Child and Social Welfare (MGCSW), United Nations Population Fund (UNFPA) conducted a national prevalence survey on violence against women and men in 2023 that shows that the prevalence of GBV among married women aged 15-49 years is among the highest in the world with 75.8% of South Sudanese women of those aged 15-64 years experiencing at least one form (i.e., out of physical, emotional, sexual, economic) of violence over their lifetime. Another study showed that over 50% reported that the first incident of sexual violence occurred before they left adolescence, demonstrating that violence begins early in the lives of women and girls in South Sudan.[7] Adolescent girls are particularly vulnerable to sexual violence, exploitation, and abuse, with child marriage on the rise; 57% of the South Sudanese population are under the age of 18.

South Sudan has the world's fifth-highest prevalence of child marriage with over 52% of girls married under the age of 18. It is among the countries in Eastern and Southern Africa with the highest proportion of child marriage. According to the 2010 Household Health Survey, over one-half (52%) of women aged 20-24 years were married or in union before the age of 18 and 9% married before the age of 15.[8] While comprehensive data is not available, evidence suggests child marriage rates have worsened with the civil war, natural disasters and recent economic crisis. In South Sudan, approximately one-third of girls become pregnant before turning 15 years old with

[6] Ministry of Gender, Child and Social Welfare and United Nations Population Fund (UNFPA) (2023) Prevalence of Violence Against Women and Men in South Sudan [unpublished]

[7] International Rescue Committee (2017). No Safe Place: A Lifetime of Violence for Conflict-Affected Women and Girls in South Sudan, "What Works" summary report.
https://globalwomensinstitute.gwu.edu/sites/g/files/zaxdzs1356/f/downloads/No%20Safe%20Place_Summary_Report.pdf

[8] Ministry of Health and National Bureau of Statistics, 2010. South Sudan Household Survey 2010, Final Report. Juba, South Sudan. https://mics.unicef.org/surveys

devastating impacts on health, safety and well-being. Adolescent pregnancies can be life-threatening for the mother as their young bodies are not ready to carry a baby and give birth. Children born by children are more likely to be born prematurely with a low birth weight, predisposing them to lifelong health conditions. Polygamy is common, with 41% of unions involving more than one wife which further exacerbates gender inequalities.[9]

The economic opportunities created by the HSTP has the potential to increase risks of GBV including sexual violence, child marriage, SEA and SH due to the high vulnerability of beneficiaries, a differential of power between project staff and vulnerable women and girl beneficiaries. Existing factors including conflict, poverty, breakdown in social structures, widespread GBV, child and forced marriage, and negative coping strategies such as transactional sex continue to increase the risk of SEA. Staff and contractors anticipated to be moving to project areas for work brings inherent risks – many of them will be males and recruited from outside their locality. Therefore, strong mitigation measures need to be applied to prevent GBV and SEA – these are outlined in the GBV/SEA/SH Action plan and include requirements for MO engaged Staff, Implementing Partners, and contractors to sign a Code of Conduct and monitor staff behavior to prevent and mitigate the risks of GBV/SEA/SH by contracted employees.

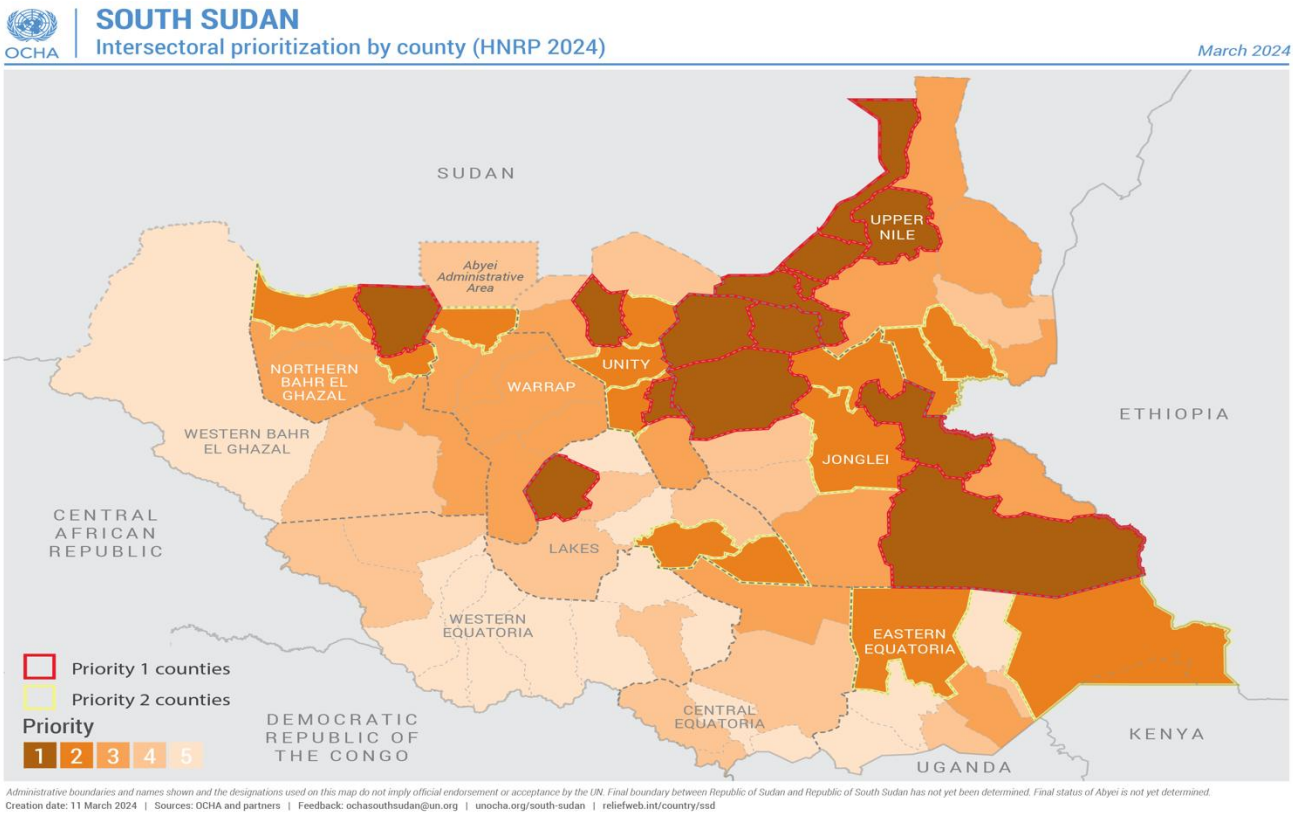

Figure 1 Priority Map for GBV Interventions in South Sudan (2024[10])

[9] Ministry of Health and National Bureau of Statistics, 2010. South Sudan Household Survey 2010, Final Report. Juba, South Sudan. https://mics.unicef.org/surveys

[10] GBV AoR Prioritization Presentation. Rev. April 25, 2024

3.2. GBV/SEA/SH Risks

Despite the promising social impacts, the project social and SEA/SH risks are classified as high. The project could face multiple potential social risks as it will be implemented nationwide where prevalence of poverty, drought, security challenges, and many more complex social issues under the FCV context of South Sudan are severe. Social risks are above all the result of the FCV context in the project area.

Women and girls in South Sudan face significant risks related to GBV/SEA/SH due to a complex interplay of socio-economic and cultural factors. The pervasive insecurity and ongoing conflict exacerbate these risks, resulting in widespread instances of GBV/SEA/SH including early and forced marriages, domestic and sexual violence, and displacement. These risks are compounded by inadequate access to essential services and support systems. Social risk factors include entrenched cultural norms, limited awareness of rights and available services, and systemic barriers such as weak healthcare infrastructure and inadequate legal protections. Moreover, displacement and emergency situations, such as floods, further strain the capacity of health and social services to provide support to survivors. Addressing GBV/SEA/SH effectively requires a comprehensive approach that includes improving access to medical and psychosocial support for survivors, enhancing legal and social support systems, and implementing targeted risk management strategies to prevent and mitigate GBV/SEA/SH within affected communities. This approach should also address labor conditions and safety concerns for project workers, potential exclusion during targeting, and challenges in maintaining service quality and data reliability in high-risk areas.

For 2024, the GBV AoR (Gender-Based Violence Area of Responsibility) has identified 25 priority counties where GBV (Gender-Based Violence) risks are high due to factors like food insecurity, displacement, and lack of access to water. There are 2.7 million people at risk of GBV, and the aim is to target 546,000 individuals with GBV interventions. The key issues include insufficient availability and knowledge of GBV services, high numbers of locations avoided by women and girls due to safety concerns, and ongoing protection monitoring and violence prevalence surveys. The response to SGBV in South Sudan remains inadequate, with limited capacity within the health system to provide appropriate care for survivors. Stigma associated with rape and sexual violence further hampers women and girls from acknowledging their experiences and seeking timely and appropriate care. Strengthening the availability of trained medical personnel to handle Clinical Management of Rape (CMR) and provide basic psycho-social support in a safe environment is crucial.

Project Component 1: Nationwide Provision of Essential Health Services includes activities that may potentially exacerbate existing inequalities or cause social exclusions in health service access, particularly for vulnerable and conflict-affected communities. Potential GBV/SEA/SH risks involve labor conditions, safety and security of project workers, exclusion of beneficiaries during targeting, and challenges in capacity development, which could affect service delivery quality and data reliability, especially in areas with limited resources and infrastructure.

These risks can be mitigated by supporting the delivery of prioritized sexual, reproductive, and maternal health services, including family planning counseling and services, antenatal care (ANC), skilled attendance at birth, basic and comprehensive emergency obstetric and neonatal care (EmONC), and postnatal care (PNC). This comprehensive service package aims to improve survival rates for pregnant women, girls, and newborns, and empower women to make informed decisions about family size and

timing of births, which is vital for reducing maternal mortality. The component also supports the hiring and training of Boma Health Workers (BHWs), particularly female BHWs, to reach vulnerable and remote populations with essential medical supplies and services.

Additionally, the project will provide SGBV care, including identification, counseling, management, and proper referral for survivors, including those who have experienced rape. The intervention package includes behavior change communication (BCC) initiatives focusing on SGBV awareness and prevention. These actions—strengthening reproductive and maternal health services, training and deploying Boma Health Workers, and providing SGBV services—address the two primary issues identified: high fertility and maternal mortality, and inadequate support for SGBV survivors. Indicators to monitor progress include: (i) maternal mortality ratio; (ii) percentage of women receiving four ANC visits; (iii) percentage of deliveries attended by skilled health personnel; (iv) contraceptive prevalence rate (any method); and (v) number of GBV services provided.

For survivors of gender-based violence in South Sudan, the South Sudan Council of Churches operates a toll-free number at 2222, while UNICEF manages additional support lines at 0920111333 and 0920111888. These numbers provide critical access to assistance and support for those in need.

The following risks have been identified following recent assessment in project areas in line with **ESS1: Assessment and Management of Environmental and Social Risks and Impacts.**

Area	**Risks**
Reporting of GBV/SEA/SH cases	• "Normalisation" of sexual violence and other forms of GBV may make reporting very difficult • High stigma attached to survivors of GBV and elevated risks of retaliation
Community mobilization and awareness	• Communities in the project areas may not comprehend the concept of GBV/SEA/SH as this is new in the context of their cultural practices • Low literacy level especially in rural areas may hinder delivery of awareness messages
Stakeholder engagement and advocacy	• Not many stakeholders in the PSEA and GBV response may not play their role to ensure comprehensive delivery of PSEA/GBV package
Project implementation	• IP staff may not have the capacity and knowledge to mainstream PSEA and GBV into the project • Men who make the decision whether women go to seek health services may limit access to health and other GBV services
Support to GBV/SEA survivors	• Social norms perpetuate GBV and prevent survivors from accessing services and support • GRM call centre agents may not know how to handle GBV disclosures or how to refer survivors to appropriate services

	• Women may not make reports of SEA/GBV, because they are unaware of the GRM or are fearful that their information will not be kept confidential • Absence or weak linkage to other services such legal aid, security, protection and prevention services renders the GBV/SEA interventions inadequate.

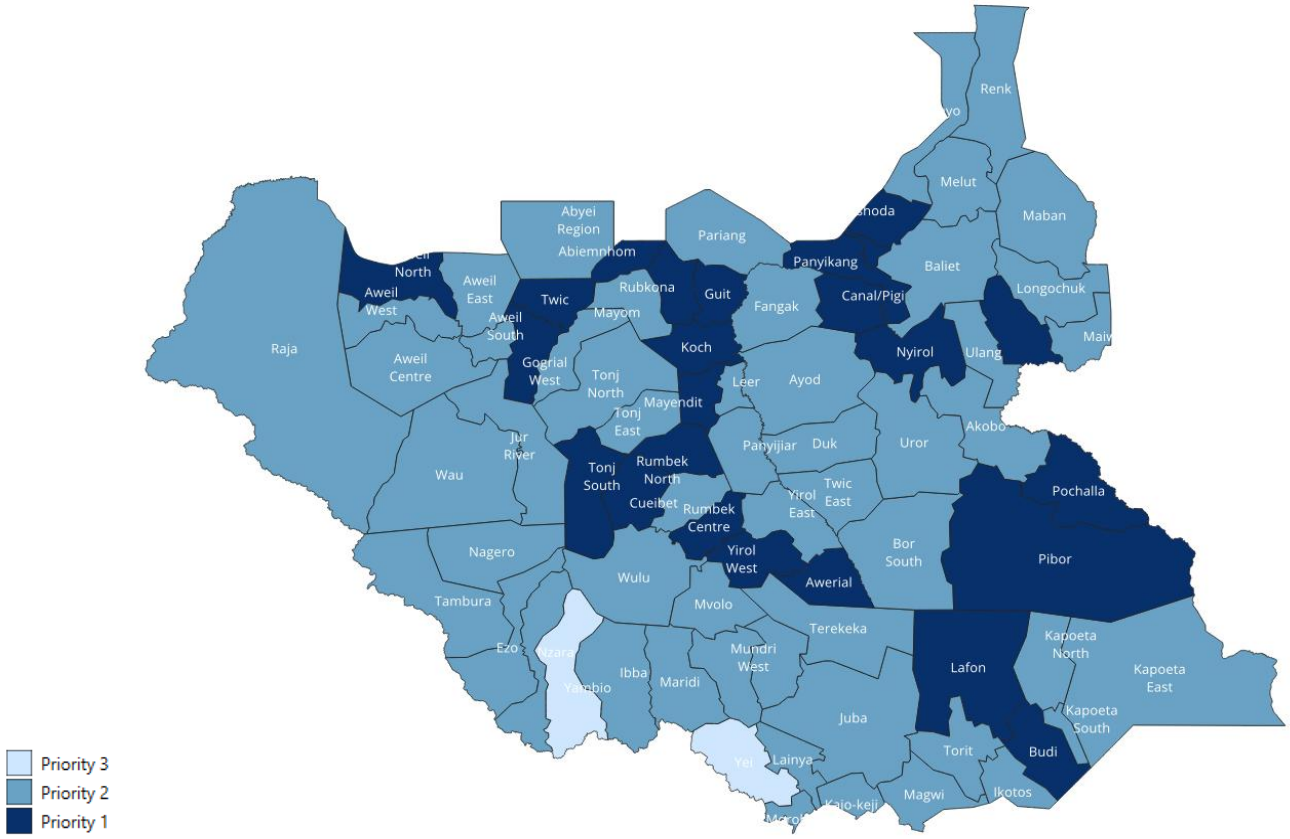

Figure 2 Map of ***Overview of GBV situation, responses to date, priority counties, and funding landscape (2024)(Source: GBV AoR South Sudan)***

3.3. GBV/SEA/SH Mitigation Measures

In terms of social risks, the project activities will generate considerable social benefits to the communities in the project areas. Social mitigation measures encompass, among others, awareness campaigns, transparent disclosure of project activities, analysis of risks throughout the project lifecycle, meaningful consultations, and participatory approach towards project activities on the ground, Code of Conduct, integration of women into boma health committees, and continuous enhancement of the GRM. The Project also builds in an iterative social/conflict monitoring in line with the Security Risk Assessment and Management Plan throughout the project period to see how the support for local facilities interacts with local social dynamics, so that the project activities/approach are adjusted in real-time.

The community provides an ideal, bottom-up framework for integrating various sectors that align with local interests, needs and various community contexts. Lessons learned have proven that investing the limited resources in the Primary Health Care system at community and in health facilities, along with proper referrals to hospitals,

has the best chances of achieving equitable and large-scale health coverage. At the center of community engagement, including outreach to vulnerable peoples, is the BHI as a local health committee, supported by the project, which establishes strong linkages between primary health facilities and the local communities to identify people in need as well as any potential grievances.

The project will carry out targeted stakeholder engagement with vulnerable groups, such as IDPs, poor people in urban areas, those in Protection of Civilian (POC) settlements, women, spear-masters/traditional healers, etc., to understand their concerns/needs in terms of accessing information and services and other challenges in their communities. The consultative process will be adopted to reach out to vulnerable populations and will include community leaders, such as *Payam* and *Boma* chiefs, and women's and youth group leaders, to involve them in the process of planning and executing the activities in their catchment area.

The project includes a Grievances Redress Mechanism (GRM) that will be set up for the project. Respective details are outlined in the Stakeholder Engagement Plan (SEP). Complaints received through any of the above routes will be recorded and documented in the project GRM logbook and summarized in progress reports to the World Bank, including the number and type of complaints and the status of their resolution. Responsible staff will ensure that complaints and questions are registered, tracked and promptly resolved.

Through the ESS Manager and GBV Specialist, the PMU will coordinate with MOs (UNICEF and WHO), local government officials and community leaders to ensure prompt follow-up action in response to complaints received. Community engagement and social accountability will also be fostered at the local level though community feedback mechanisms (e.g. Boma Health Committees). The project coordinator will have overall responsibility to address concerns regarding any environmental and/or social impacts resulting from project activities.

Regarding the vaccination against vaccine preventable diseases (VPD), the intervention will follow global approaches to vaccine allocation based on a risk and needs basis, in other words, following an inclusive framework. The project will also establish the logistical structures to ensure reaching targeted beneficiaries.

3.3.1 Security Mitigation Measures

To mitigate security risks, the project will:

- prepare and implement a Security Risk Assessment and Management Plan (SRAPM) for the project
- assist in the development of interventions and risk mitigation measures based on best-practices and proven strategies of both development partners as well as humanitarian organizations and close consultations undertaken with the health cluster in South Sudan.
- support enhanced access to areas and populations that were previously difficult to reach, due to the neutrality and impartiality of partner organizations mobilized.
- engage community leaders, which has been identified as a way to reduce security-related risks and enhance local stakeholder engagement .
- where possible, cash payments will be avoided and any financial payments to service providers will be direct payments to facility accounts at commercial banks or certified credit unions.

Finally, risks related to GBV remain acutely prevalent throughout the country. The project has included several interventions to address this, including a significant expansion of training for health workers and provision of services, including mental health and psycho-social support, for victims of GBV.

Significant Event Management

Significant Event Management is covered by **ESS2**- Labour and Working conditions, and **ESS10**- Stakeholder Engagement and Information Disclosure. MoH will develop a significant event management framework for the project to cover personnel, premises, and assets, which includes security events with the support from the relevant stakeholders.

MoH PMU will provide support to IPs related to their management of their security responsibilities under the SLT. The objective of SLT *"is to enhance the ability of partner organizations to make informed decisions, manage risk and implement effective security arrangements to enable delivery of assistance and improve the safety and security of personnel and operations.*" MoH will require those same SLT principles for all stakeholders delivering services under the project.

It is important to note that SLT partner organizations have different approaches to how they perceive and evaluate risks and how they assess vulnerabilities, accept different levels of risks they face, and implement security arrangements which they consider suitable for their organization and operational conditions. With regards to accountability, SLT partners accept that they remain fully accountable for the security of their personnel in accordance with their 'duty of care' obligations as employing organizations. Accordingly, organisations that wish to cooperate under the SLT are required to maintain internal security risk management procedures, contingency planning, and adequate and reliable arrangements to respond to security incidents and crises.

There are two levels of collaboration within the SLT – "regular" and "enhanced." The MoH implementation of the SLT will follow the "enhanced" level of collaboration with regards to security plans and information management to bolster security coordination arrangements, information sharing and operational/logistics arrangements. MoH will determine the security context(s) in which the IP will operate including intercommunal violence (ICV), crime, cattle raids, population displacement and hazards. To complement the SLT, MoH will implement and require IPs to act in accordance with an IP Security Management Approach as well as a Significant Event Reporting[11] protocol.

[11] Significant Event is defined term in the Financing Agreement between UNICEF and the World Bank.

3.3. GBV/SEA/SH Health Facility Assessment Findings from CERHSP (2023) Health Facility Assessment Findings from CERHSP (2023)

The project's GBV/SEA/SH risk assessment will be conducted in the initial stages of the project and will include an evaluation of the availability and quality of safe and ethical services for survivors, as well as the local capacity to address these issues effectively. In preparation for the GBV/SEA/SH Action Plan, a health facilities assessment was conducted as part of a previous project, providing valuable insights into the existing infrastructure and service provision. Building on this assessment, the GBV/SEA/SH risk asssesmssment will prioritize engagement with women leaders, representatives from at-risk groups, and other key stakeholders through consultations. These consultations will be managed by the MOs (UNICEF AND WHO) and PMU Officers may be engaged where necessary. The impact of the project will be assessed at various levels—site-specific, community, and regional—to ensure comprehensive risk management.

In 2023, the Programme Management Unit (PMU) of the South Sudan CERHSP project with support from UNICEF carried out a GBV/SEA assessment of health facilities to better understand available services, supplies, equipment, trained staff and safety at the facilities. The assessment used two qualitative data collection tools 1) the GBV Health Facility Assessment tool[12] to assess the readiness of facilities to provide GBV services 2) the Health Facility Safety Audit tool[13] was designed to assist health partners in identifying potential GBV-related safety risks at and around health facilities. Out of the 280 health facilities in Jonglei, Upper Nile, Unity, Pibor Administrative Area and Ruweng Administrative Area supported under the CERHSP project, 102 health facilities were eligible for providing CMR services. A total of 80 health facilities wre sampled to carry out this assessment to determine the overall readiness of health facilities to provide GBV services. Key findings from the assessment indicate that while much progress has been made, more efforts are required to make GBV health services more accessible, available and utilized by GBV survivors. The findings demonstrated gaps including, but not limited to, few female staffing providing Clinical Management of Rape (CMR) and other GBV-related services and high numbers of male staff at all levels leading to low utilization of GBV services and increased risks of SEA and SH and a lack of trained staff on GBV including CMR and limited ongoing mentoring and supervision for health providers on GBV. Some facilities assessed reported limited CMR supplies (HIV PEP, emergency contraception, pregnancy tests etc.) and equipment at some facilities, a lack of availability of SOP/written protocols and weak coordination with multi-sectoral GBV and Child Protection partners. Poor infrastructure in health facilities (segregated waiting areas, lighting etc.) and WASH facilities not being gender segregated can also contribute to GBV and SEA risks

3.4. Key Findings from the Assessment

3.4.1. Standard Operating Procedures

- Out of 72 health facilities assessed, 41 (56.9%) had written protocols/SOPs, while 31 (43.1%) of health facilities did not have a written protocol. Out of 12 hospitals assessed, 9 had a written protocol, 31 of PHCCs out of 54 assessed had a written protocol/SOP whilst only one PHCU out of five accessed had a written

[12] The GBV Health Facility Assessment tool was used to assess the readiness of facilities to provide GBV services and was adapted from the WHO GBV service readiness tool which assesses several requirements, including some minimum requirements, to support healthcare providers provide care to GBV survivors and assess if services are available to deliver care in line with requirements.

[13] The Health Facility Safety Audit tool was designed to assist health partners in identifying potential GBV-related safety risks at and around health facilities. It focused on structural design; latrines for users (hygiene); handwashing and bathing areas; and a general protective environment for women and children. Additionally, data was also collected on staffing structure at health facilities disaggregated by gender for all cadres.

GBV protocol/SOP. This demonstrates a worrying absence of written protocols/SOPs for the provision of healthcare to GBV survivors in UNICEF supported locations regardless of the levels of health facility.

- CMR is offered at 63 (87.5%) facilities assessed with referrals to other services (GBV/Child Protection/Police etc.) available at 70 (97%) facilities. 18 (25%) were not providing basic psychological first aid / basic psychosocial support; 54 (75%) were offering this.
- Across facilities assessed, 19 (26.4%) were not providing information to GBV survivors on available services while 53 (73.6%) were providing this.

3.4.2. Health workforce – trainings, supervision, and capacity building on GBV

- Across all health facilities, there is a dearth of female staff at all levels – the presence of female staff is evidenced to increase levels of help-seeking and disclosure among GBV survivors and increases the likelihood that they will access services. One facility assessed had no female staff at all at any level; only 14% had medical officers that were female; 8% clinical officers and 17% nurses are female. Taking into consideration that these cadres will be the ones providing CMR and other GBV-related services, the absence of female staff can be a barrier to accessing services.
- Facilities assessed reported that 46 (63.9%) have trained local health-care professionals to provide GBV-related health services. Out of these 37 (51%) are female who speak the same language as the survivor. In relation to ongoing capacity building, 58 (80.6%) facilities reported having mechanism in place to provide ongoing mentoring, supervision and support on GBV to health care providers.

3.4.3. Grievance Redress Mechanism (GRM) and PSEA Mechanisms

- Overall, 31 (43%) had a mechanism in place to receive feedback from women about services, including any grievances or violations of rights in the health facility and at community level. These included helplines, of which 30 (42%) have these in place; a focal point to receive feedback, of which 52 (72%) were available; complaints boxes were in use by 21 (29%) facilities and 20 (28%) has other mechanism.

3.4.4. Multisectoral coordination and community engagement

- Across locations, there are gaps in the availability of multi-sectoral services for survivors. Referral systems to facilitate access by survivors to multi-sectoral services are in place in 64 (87.5%) facilities. However, only 51 (71%) facilities reported having a printed referral pathway in place in the facility. In 64 (89%) facilities, other service providing like, police and non-governmental organizations (NGO) working on GBV) have been informed about available health services offered.

3.4.5. Infrastructure, equipment, medicine and other supplies

- Approximately 47 (65.3%) have a space (for example, a room or area) available for private and confidential consultation that ensures the survivor cannot be seen or heard from outside. Out of the equipment needed to provide care to GBV survivors, 43 (60%) had some or all of these.
- Supplies required to provide care to GBV survivors including speculums, needles, sterile medical instruments pregnancy test kits, sanitary supplies, clothing etc. were available to varying degrees depending on the items at 46 (64%) facilities. However, some supplies were not available, and this impacts the provision of care to survivors.

3.4.6. Safety and security within the health facilities and other service delivery points

Safety audits were carried out in 67 facilities assessed. Based on the data from the safety audit, 62 (92.5) facilities reported that the location of the health facility enabled women with children to reach the facility safely without accompaniment.

- Out of the facilities that completed the safety audit, 39 (58.2%) had fencing; 33 (49.3%) health facilities had a compound that was well-lit at night; 27 (40.3%) facilities had wards that are segregated by gender;

46 (68.7%) have a safe waiting area for health services users and 35 (52.2%) have functional transport for referrals.

- While nearly all of those assessed (92.7%) have functional handwashing facilities, only 50 (74.6%) reported having access to safe drinking water, which is a concern. Only 52 (77.6 %) reported having latrines of which 43 (64.2%) were lockable, 34 (50.7%) were separated by gender which is a risk factor for GBV and 40 (59.7% have functional handwashing stations at the latrines.

Additionally, harmful social norms, fear of retaliation, stigma, distance to health facilities and lack of community awareness of GBV health services further prevent survivors from accessing life-saving services even when they are available. Weaknesses in GBV referral pathway services for follow-up care including GBV case management, child protection, safe houses, legal services and economic support also impact survivors' willingness to access health services. Many women and girls travel long distances to access health services combined with GBV risks on the way and risks at home due to time spent there impacts service utilization. Insecurity, conflict and instability further exacerbate survivors' access to healthcare.

These assessment findings have been used to inform the development of the GBV/SEA action plan below. This GBV/SEA assessment will be carried out in all HSTP-supported health facilities as part of the project start-up to establish a baseline in 2024 and will be carried out annually throughout the project to assess progress in improving GBV/SEA prevention, response and risk mitigation across health facilities.

4. GBV/SEA/SH Action Plan Implementation Arrangements

Risk Management System Borrower Policies on SEA/SH

The Government of South Sudan has policies and laws in place that addresses SEA and SH within the public/civil sector. For the Ministry of Health, the following legislation includes the following provisions:

- The Civil service Act 2011, chapter 14 provides for disciplinary procedures where civil servants are in breach of Code of conduct for civil service. Furthermore, in chapter 15 the act provides for grievances concerning decisions in summary and board of discipline proceedings. This act also gives rights to civil servants to lodge a grievance concerning alleged violation by public authorities of his or her rights.
- The Penal code Act 9 of 2008, chapter 28, section 395 and 396 defines sexual harassment and provides for punishment up to three years imprisonment or a fine or both.
- The Labour Act 64 of 2017[14] chapter 2 provides for the protection of fundamental rights at the workplace, section 6 prohibits discrimination and section 7 prohibits sexual harassment and further obligates employers to make rules and regulations against sexual harassment to govern employer and employees in the place of work.

Through the HSTP, further support will be provided to develop and/or update policies to further prevent and mitigate GBV/SEA/SH risks under this project.

a) Code of Conduct
b) The Ministry of Health, with support of Management Organization (MOs) will mitigate SEA/SH risks by ensuring contractual obligations include signing of codes of conduct (CoC) and disciplinary actions for offenders by all personnel working on the project. In addition, project personnel will be trained on SEA/SH and CoC obligations with support from MO's Referral Pathways for Survivor Care and Support and GBV service providers.

[14] The Labour act, Civil service act and Penal code prohibits sexual harassment at work.

c) Across South Sudan, GBV services including GBV case management and psychosocial support (PSS) are available in all states primarily at women and girl friendly spaces (WGFS) and at 17 one stop centres (OSC) at hospitals across the country that provide medical treatment, psychosocial support and counselling. Safe houses for high risk GBV cases are operational in three locations in South Sudan providing temporary accommodation to GBV survivors at high risk. The GBV Area of Responsibility (AoR) is led by United Nations Population Fund (UNFPA) in coordination with the Ministry of Gender, Child and Social Welfare (MGCSW) coordinate GBV services in South Sudan, however, many gaps remain and there are large areas of the country with limited or no GBV services. For child survivors, Child Protection partners provide care and support and the Child Protection AoR is led by UNICEF and MGCSW, however, significant remain in coverage of services. The MO UNICEF is working closely with the MGCSW to professionalize the social services workforces through a certificate programme to qualify social workers across the country and increase capacity of service providers to provide timely, quality services to women and children. GBV and Child Protection referral pathways have been developed at the state level, however, some locations lack the presence of services providers and efforts are ongoing to increase coverage and capacity. Improving GBV-related health services for GBV survivors is a core component of HSTP and plans to enhance this will focus on increasing capacity of health-care providers, including midwives and nurses, to deliver quality care to survivors through training, support and supervision, including on GBV prevention and response, CMR and IPV. With support from MOs, efforts will focus on improving coordination and development of functional referral pathway systems between health and GBV service providers at the national, state and county levels through training, materials and other support. Safe and Confidential Staff and Community Reporting Mechanisms;
d) Developing and enhancing safe and confidential reporting mechanisms for staff and wider community including vulnerable groups like women and girls including people with disability will be is addressed below under the GRM. The GRM to be established will be comprehensive and include existing and established reporting channels by the Ministry of Health, MOs and all implementing partners. This is a mandatory requirement. MOs will support Ministry of Health and implementing partners to ensure reporting mechanisms are safe and accessible to both personnel and community members to report GBV/SEA/SH concerns and complaints.

In recognition of the high risks of GBV/SEA/SH, the Ministry of Health with work with MOs to develop a culturally appropriate, confidential, safe and accessible GRM that can be utilised for the HSTP. In the short-term, the project will implement the existing GRM developed and implemented under CERHSSP which aligns with the requirements of ESS 10 and other relevant E&S standards. Community engagement and social accountability will also be fostered at the local level through community feedback mechanisms (e.g. Boma Health Committees).

f) Accountability and Response Framework

The Ministry of Health will work with the PMU and MOs to development the accountability and response framework for the HSTP following project inception.

h) Capacity to implement the SEA/SH Action Plan

Within the PMU, the Ministry of Health will recruit and experienced and qualified GBV specialist who will work closely with GBV and PSEA Specialists within MOs (UNICEF and WHO) to support implementation of the GBV/SEA/SH action plan. Training and capacity building on PSEA to mitigate risks of SEA and strengthen accountability, reporting and response mechanisms are critical components of this action plan to ensure that SEA risks are addressed throughout the project. This includes GBV/PSEA training for all partners focal points (at all levels – national, state, counties) and mandatory PSEA training for all personnel working on health programs (including health workers, implementing partners personnel and will be regularly monitored by Ministry of Health MOs to ensure that it is in place.

In parallel, efforts to enhance the capacity of health service providers to deliver GBV-related services in health facilities will be supported. This will include training by MOs on CMR and clinical care to child survivors with on-going training, support and supervision. At the start of the project, a detailed capacity building plan will be developed under the leadership of the Ministry of Health with support from PMU and MOs detailing training needs and plans for HSTP.

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4.1. Management Organizations (UNICEF and WHO):

Management Organizations (UNICEF and WHO) will be responsible for overseeing implementation and compliance with the GBV/SEA/SH Action Plan for their respective project components. In addition, the Management Organizations (MOs) will review/update the GBV/SEA/SH Action Plan during implementation, in consultation with the World Bank and the Ministry of Health in an event that it is deemed necessary. MOs are responsible for the procurement, contracting, and monitoring/supervision of implementing partners and service providers/contactors in their respective project components. Some of the duties of the contractors include:

- Organization and conduct of trainings, where necessary following a cascaded model.
- Organization of information to be passed from management to workers.
- Provision and implementation of social management, GBV/SEA/SH and occupational health and safety measures.
- Review of circumstances and causes of GBV/SEA/SH risks and advice MOs on preventive measures.

the MOs (UNICEF and WHO) should adhere to the Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action, which outline essential actions for preventing and addressing GBV in humanitarian contexts. These guidelines require that the Management Organizations implement comprehensive GBV prevention strategies, promote resilience by strengthening systems to support survivors, and aid in community recovery by building lasting capacity to address GBV. Compliance with these guidelines is crucial for maintaining effective and ethical management of GBV risks throughout the project's lifecycle.

MOs (UNICEF AND WHO) should adhere to the United Nations Protocol on Allegations of Sexual Exploitation and Abuse (SEA) involving implementing partners, 2018. This protocol ensures that the UN's standards are maintained in preventing and responding to SEA when working with implementing partners. It outlines the need for rigorous safeguards and appropriate actions related to SEA and requires that implementing partners demonstrate effective prevention, investigation, and corrective measures. Implementing partners must be screened for their capacity to manage SEA risks, and must follow UN standards including providing training, establishing reporting mechanisms, and maintaining transparency about past SEA allegations. The protocol emphasizes a victim-centered approach, prioritizing confidentiality and safety, and requires appropriate actions if SEA allegations arise, which may include terminating agreements with non-compliant partners.

4.2. Implementing Partners (IPs)

The Implementing Partners (national and international NGOs) will constitute the primary implementation modality for the delivery of health services. They are responsible for reporting on project SEA/SH indicators and Grievance Mechanism (GM) indicators, in line with the project's legal agreements and the standard Results Framework. It is essential for the IPs to include appropriate ESS specialists, particularly a GBV specialist, to effectively manage and address the project's Environmental, Social, Health, and Safety (ESHS) risks and ensure adherence to global quality and ethical standards. Implementing Partners will be responsible for the following within the ESMF and GBV/SEA/SH Action Plan:

- Identifying needs for improved medical waste management and IPC procedures in health facilities, and providing the means to improve infrastructure and practices through the provision of supplies and operating costs to health facilities, as appropriate
- Implement / comply with all relevant environmental and social requirements as defined in the contracting documents
- Monitor the implementation of environmental and social requirements in health facilities and by sub-contractors (if relevant)
- Implement and manage a GRM, where feasible
- Report on the implementation of environmental and social requirements including grievances, accidents, and incidents.

- Adhere to the Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action,

- Adhere to the United Nations Protocol on Allegations of Sexual Exploitation and Abuse (SEA) involving implementing partners, 2018.

4.3. Other UNICEF/WHO engaged Contractors and Service Providers

Under the Project, MOs will contract services from private sector organizations. These services will primarily be for rehabilitation for health facilities and suppliers of medicines.

. Almost all procurement of goods under the Project will be procured from offshore private sector vendors vetted throughout global supply contracts by UNICEF Supply Division in Copenhagen. Service providers will be responsible for compliance with the environmental and social requirements set out in their contracting arrangements.

Operational Steering Committee

Operational steering committee will coordinate with the numerous MOH Technical Working Groups established on various health programming aspects relevant to the Project. MOs are already standing members of all relevant technical committees. These national committees act as a forum to receive consultations from state level and other stakeholders. These technical committees also include Risk Communications and Community Engagement Committee which often acts as a consolidator of community feedback and consultation of various health topics.

4.4. Third Party Monitoring (TMP)

The Management Organizations (MOs) are required to adhere to the guidelines set forth in the GBV/SEA/SH Action Plan by ensuring that a Third-Party Monitoring Organization is contracted to oversee its implementation. The Third-Party Monitoring (TPM), appointed by the Ministry of Health (MoH), will report directly to the MoH and will be responsible for monitoring and supervising the GBV/SEA/SH action plan. The TPM's contract will include specific terms of reference to ensure effective oversight of the GBV/SEA/SH mitigation measures, including monitoring the execution of the GBV/SEA/SH Action Plan and evaluating the functioning of GBV service providers and grievance mechanisms.

The Health Monitoring and Evaluation Specialist will collaborate closely with the TPM, providing technical guidance and monitoring performance. The TPM will be instrumental in identifying lessons learned and suggesting improvements in service delivery to beneficiaries based on the findings from their monitoring reports. The management of the TPM activities will incorporate the World Bank's ESF Good Practice Note on Third Party Monitoring to ensure alignment with established standards and practices.

The TPMO's role is to offer higher-level oversight rather than to investigate individual GBV/SEA/SH cases. This includes confirming that all project participants, including GBV service providers and complaint resolution mechanisms, are fulfilling their responsibilities under the GBV/SEA/SH Action Plan. The TPM will deliver quarterly reports on the effectiveness of the implementation, directly to the PMU, who will then forward these reports to the World Bank. Since this is a High-Risk project, it is essential that the TPM is independent of service provision entities to avoid conflicts of interest and ensure impartial monitoring.

5. GBV/SEA Action Plan

Since the launching of the Provision of the Essential Services Project (PEHSP), the COVID-19 Emergency Response and Health System Preparedness Project (CERHSP) and now its transition to the HSTP, the Ministry of Health supported by MOs has been embarking GBV/PSEA prevention, response and risk mitigation as part of the social accountability framework. Some of these include:

- Ensuring safe, accessible, child-sensitive reporting mechanisms are in place for GBV/SEA.
- Enhancing community mobilization, and awareness raising on GBV/SEA/SH in each community in line with ESS10: Stakeholder Engagement and Information Disclosure.
- GBV/SEA survivor assistance is provided as part of existing Child Protection and GBV services.
- Ensuring that implementing partners are assessed and trained in Protection from Sexual Exploitation and Abuse (PSEA) prevention and response to PSEA/GBV in line with ESS1.
- Ensuring that implementing partners are knowledgeable of the principles of child-sensitive investigations.

Under the new HSTP, these actions will be maintained and expanded to address GBV/SEA prevention, response and risk mitigation in new locations and across new partners. This is further elaborated in the GBV/SEA Action Plan shared below.

The goal of this action plan is **to create an environment free from GBV/SEA within the implementation of the HSTP by strengthening GBV/SEA prevention, response and risk mitigation across all project components**. This GBV/SEA Action Plan outlines key measures for GBV/SEA prevention, response and risk mitigation that the HSTP will undertake to address potential risks to women and children, particularly adolescent girls. The Ministry of Health with support from MOs (WHO and UNICEF) is committed to reducing the opportunities for SEA to happen through effective prevention, ensuring that survivors are not exposed to further harm through good reporting and responses, and ensuring that survivors receive appropriate care. This comprehensive GBV/SEA Action Plan has four pillars of prevention, reporting, response and risk mitigation and these are harmonized with the World Bank **ESS4: Community Health and Safety.**

1) Communities and partners have increased understanding and knowledge of GBV/SEA through safe recruitment, trainings, community outreach and awareness and social norms behavioral change interventions to prevent GBV and SEA.
2) Women and children have access to safe and child-sensitive SEA reporting mechanisms.
3) GBV/SEA survivors have increased access to lifesaving, age-appropriate health services including referrals to GBV, Child Protection, Protection, legal and other services.
4) GBV/SEA risk mitigation measures are implemented to reduce risks and make health services safer and more accessible for women and children.

Total costs for implementation of the GBV/SEA/SH Action Plan are $870,000 per year covering human resources, technical support, training and capacity building and resource development to enhance GBV/SEA/SH prevention, response and risk mitigation.

Health Sector Transformation Project

Table 1: **Table 1. GBV/SEA/SH Action Plan**

Result 1: Communities and partners have increased understanding and knowledge of GBV/SEA through safe recruitment, trainings, community outreach and awareness and social norms behavioral change interventions to prevent GBV and SEA.

Risk Assessed	Activities	Indicators	Timeframe				Responsible	Budget (Year 1 only)
			Q1	Q2	Q3	Q4		
Health staff including MOH, MO, IPs and contractors perpetrate SEA and are unaware of their obligations to report SEA cases	GBV/PSEA training for all MOs, IP focal points (at all levels – national, state, counties)	Number of MO, IP focal points trained	X	X			Ministry of Health with technical support from MOs	$100,000 (PSEA capacity building and assessment costs)
	Mandatory PSEA training for all personnel working on HSTP (including health workers, implementing partners personnel)	Number trained on PSEA	X	X				
	Code of Conduct (CoC) signed by all the project personnel	100% of project personnel signing CoC	X	X	X	X		
	Obligations on PSEA and PSEA requirements and mitigation measures integrated into all MO partnership agreements and contracts	Number of partnership agreements and contracts with PSEA requirements	X	X	X	X		
	MOs and IPs complete their Capacity Strengthening Implementation Plans (CSIPs) for identified organizational capacity gaps to prevent and respond to SEA	Number of MO, IP CSIP completed	X	X	X	X		
	Training for MOs and IPs on child-sensitive, survivor-centered principle and standards for SEA investigations	Number of MO, IP trained	X	X	X	X		

	Conduct community awareness sessions on PSEA and GRM	Number of community awareness sessions held	X	X	X	X		
Communities lack appropriate information and knowledge on how and where to report SEA cases.	Provide capacity building to the Boma Health Initiative (BHI) to integrate GBV and SEA information and awareness including how to deal with disclosures and make safe referrals. This should include key messages to inform the community about the urgency of, and the procedures for, referring survivors, if safe to do so.	Number of BHI staffs trained on GBV/SEA/SH		X	X	X		
	Conduct community awareness sessions on PSEA including what is SEA, and reporting mechanisms that beneficiaries and community members can report concerns. Various GRM and feedback mechanisms entry points will be communicated clearly.		X	X	X	X		
Lack of PSEA materials available to communities	Develop GBV/PSEA audio visual communications materials for communities in appropriate language and media; ensure these are designed in collaboration with communities	Number/type of audio-visual communication materials developed	X	X				
	Distribution of GBV/PSEA IEC materials to all health facilities and among implementing partners	Number/type of audio-visual communication materials distributed		X	X	X		
Result: 2 Women and children have access to safe and child-sensitive SEA reporting mechanisms.								
Risk Assessed	Activities	Indicators	Timeframe				Responsible	Budget

			Q1	Q 2	Q3	Q 4	Ministry of Health with technical support from MOs	$200,000
GRM not known by community or staff and not operational	Make reporting entry points explicit in all community awareness sessions, as well as be part of the publicly disclosed information. All information will be made accessible to all project beneficiaries	Development of GRM at all facilities	X	X	X	X		
	Strengthen Grievance Redressal Mechanism (GRM) at all levels including at health facilities: • GRM hotline/call center established with the capacity to log and refer GBV/SEA/SH cases • Implementing partners establish help desks at all facilities • GRM hotline/call center staff (female and male) trained on survivor centered GBV/SEA/SH case intake and referral		X	X	X	X		
	• Identify and train GBV/SEA/SH focal points and sensitive community as to their role • Review GRM logs for GBV/SEA/SH sensitivity	Number of GRMs Number of GBV/SEA/SH complaints Number of GBV/SEA/SH complaints successfully resolved Number of focal points identified and trained Number of reviews done on GRM logs.	X	X	X	X		
Result 3: GBV/SEA survivors have increased access to lifesaving, age-appropriate health services including referrals to GBV, Child Protection, Protection, legal and other services.								
Risk Assessed	Activities	Indicators	Timeframe				Responsible	Budget

			Q1	Q 2	Q3	Q 4		
Health staff lack skills to provide CMR and other GBV-related health services Service providers do not have capacity to provide gender responsive and respectful health services	Strengthen GBV service delivery in health facilities by enhancing the capacity of health-care providers to deliver quality care to survivors through training, support and supervision, including on GBV prevention and response, CMR and IPV. Implement a detailed capacity building plan to ensure health care providers are trained to provide: • Survivor-centered care and PFA to all GBV survivors. • CMR including history taking, the physical and genito-anal exam, treatment, follow-up and referral for specialist services and legal reporting requirements (Form 8) • Care to survivors of IPV including recognizing the signs that a woman may be experiencing IPV, providing physical care, enhancing safety, assessing MHPSS needs and referring for support, and documentation. • Care for child survivors in a way that is adapted to their needs and capacities.	Number and type of trainings provided to health staff to enhance GBV-related health services	X	X	X	X	Ministry of Health with technical support from MOs	$50,000 [GBV technical support and training costs]

	• Provision of ongoing mentoring and supervision for health providers on GBV							
Lack of female health staff limit GBV survivors seeking services	Where possible, identify female health staff as a GBV focal point in each facility to provide CMR and provide appropriate on-going training, support and supervision. • Improve and increase training and hiring of female health staff	Number of female health staff trained as GBV focal points		X	X	X		
GBV and Child Protection services are not available	Work closely with MOs (UNICEF and WHO) and MGCSW to ensure that GBV and Child Protection service provision including case management and PSS in locations with limited services to ensure minimum services are available for women and children.	Number of GBV and Child Protection partners operational	X	X	X	X	MO	$500,000 [contribution of $50,000 per state for areas with limited services]
GBV referral pathways not functional	Improve coordination and development of functional referral pathway systems between health and GBV service providers at the national, state and county levels through training, materials and other support. Map out GBV/SEA/SH service providers. Identify existing providers.	Number of GBV referral pathways functional Number of GBV referral pathways functional by level		X	X	X		

	Update the GBV/SEA/SH service referral pathways. Review capacity of existing service providers. Disseminate the GBV/SEA/SH service referral lists widely and in public places							
Health workers do not have knowledge of handling disclosure, reporting channels and referral pathways	Establish clear, user-friendly written and printed documentation outlining reporting channels and referral pathways. Conduct GBV/SEA/SH training covering how to handle disclosures, utilize reporting channels, and follow referral pathways.	Percentage of health workers who have easy access to documentation on reporting channels and referral pathways. Percentage of health workers who completed the GBV/SEA/SH training		x	x	x		
Result 4: GBV/SEA risk mitigation measures are implemented to reduce risks and make health services safer and more accessible for women and children.								
Risk Assessed	Activities	Indicators	Timeframe				Responsible	Budget
			Q1	Q 2	Q3	Q 4		
Health facilities are not safe or accessible for survivors and increase risks of GBV/SEA/SH	Conduct facility-based assessments to assess the readiness of health facilities to provide GBV services and safety audits to identify GBV risks in and around health facilities. This will include country-wide facility assessment and safety audits, consultations and trainings for assessment.	Number of facility assessments and safety audits completed	X	X			Ministry of Health with technical support from MOs	$20,000
	Based on findings from safety audits and assessments, develop mitigation measures to address GBV risks	Number of recommendations from assessments implemented		X	X			

	identified within and around health facilities.							
Women and girls may face gender barriers including GBV, in accessing health services	Develop and implement community-based outreach programs that educate women and girls about available health services, including GBV support, and provide assistance in navigating these services.	Number of community outreach events held Number of participants engaged.		x	x	x		
Low level of consultation of women and girls on barriers and risks related to accessing services	Develop the capacity of health partners to conduct regular consultations with women and girls including those with disabilities as a standard activity to understand risks and threats to women and girls accessing health facilities.	Number of consultations with women/girls completed		X	X	X		
Monitoring of GBV/SEA/SH Action Plan								
Risk Assessed	Activities	Outputs	Timeframe				Responsible	Budget
			Q1	Q 2	Q3	Q 4		
GBV/SEA/SH not monitored closely and risks remain unaddressed	MO IPs PSEA requirements monitored and reported through quarterly partner reports and programme visit reports	Regular programme visits to MO IPs	X	X	X	X	Ministry of Health with technical support from MOs	Funded as part of PSEA costs above
	GBV/SEA/SH Action Plan implementation tracked monthly and reported quarterly	Quarterly review of action plan with PMU and MOs	X	X	X	X		
	GBV/SEA/SH Action Plan reviewed twice a year. • Monitor contractor GBV/SEA/SH action plan on quarterly basis	Bi-annual review of GBV/SEA/SH Action plan by MOH, MO and World Bank	X	X	X	X		

	• Measures related to non-compliance							

Annexes

ANNEX I: CODE OF CONDUCT

1. Introduction

The Government of South Sudan Ministry of Health (MoH) is committed to ensuring a work environment which minimizes any negative impacts on the local environment, communities, and its workers. The MoH also strongly commits to creating and maintaining an environment in which Sexual Exploitation and Abuse (SEA) and Sexual Harassment (SH) have no place, and where they will not be tolerated by any employee, sub-contractor, supplier, associate, or representatives of the contracted agency engaged in HSTP project implementation. The purpose of this Code of Conduct is to:

1. Create a common understanding of what constitutes Sexual Exploitation and Abuse, and Sexual Harassment

2. Create a shared commitment to standard behaviors and guidelines for employees of contracted agency engaged in HSTP project implementation to prevent, report, and respond to SEA and SH, and

3. Create an understanding that breach of this code of conduct will result in disciplinary action.

Definitions:

1. Sexual Exploitation and Abuse (SEA) is defined as any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another.
2. Sexual Abuse: "The actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions."
3. Sexual Harassment: Unwelcome sexual advances, request for sexual favors, and other verbal or physical conduct of sexual nature.
4. Consent is the choice behind a person's voluntary decision to do something. Consent for any sexual activity must be freely given, ok to withdraw, made with as much knowledge as possible, and specific to the situation. If agreement is obtained using threats, lies, coercion, or exploitation of power imbalance, it is not consent. Under this Code of Conduct consent cannot be given by anyone under the age of 18, regardless of the age of majority or age of consent locally. Mistaken belief regarding the age of the child is not a defense. There is no consent when agreement is obtained through: the use of threats, force or other forms of coercion, abduction, fraud, manipulation, deception, or misrepresentation; the use of a threat to withhold a benefit to which the person is already entitled, or a promise is made to the person to provide a benefit.

While all forms of violence against a community resident or a co-worker are forbidden, this code of conduct is particularly concerned with the prevention and reporting of sexual exploitation and abuse (SEA) and sexual harassment which constitute gross misconduct, is grounds for termination or other consequences related to employment and employment status.

Individual signed commitment:

I, _____, acknowledge that sexual exploitation and abuse (SEA) and sexual harassment, are prohibited. As an (employee/contractor) of (contracted agency / sub-contracted agency) engaged for HSTP implementation in South Sudan, I acknowledge that SEA and SH activities on the work site, the work site surroundings, at workers' camps, or the surrounding community constitute a violation of this Code of Conduct. I understand SEA and SH activities are grounds for sanctions, penalties or potential termination of employment. Prosecution of those who commit SEA and SH may be pursued if appropriate. I agree that while working on the project I will: Treat all persons, including children (persons under the age of 18), with respect regardless of sex, race, color, language, religion, political or other opinion, national, ethnic or social origin, gender identity, sexual orientation, property, disability, birth or other status.

5. Commit to creating an environment which prevents SEA and SH and promotes this code of conduct. In particular, I will seek to support the systems which maintain this environment.
6. Not participate in SEA and SH as defined by this Code of Conduct and as defined under (country) law (and other local law, where applicable).
7. Not use language or behavior towards women, children or men that is inappropriate, harassing, abusive, sexually provocative, demeaning or culturally inappropriate.
8. Not participate in sexual contact or activity with anyone below the age of 18. Mistaken belief regarding the age of a child is not a defense. Consent from the child is also not a defense. I will not participate in actions intended to build a relationship with a minor that will lead to sexual activity.
9. Not solicit/engage in sexual favors in exchange for anything as described above.
10. Not use any of the project material (such as computers) to engage in any sexually explicit content.
11. Unless there is the full consent by all parties involved, recognizing that a child is unable to give consent and a child is anyone under the age of 18, I will not have sexual interactions with members of the surrounding communities. This includes relationships involving the withholding or promise of actual provision of benefit (monetary or non-monetary) to community members in exchange for sex—such sexual activity is considered "non-consensual" under this Code.

I commit to:

12. Adhere to the provisions of this code of conduct both on and off the project site.
13. Attend and actively partake in training courses related to preventing SEA and SH as requested by my employer.

If I am aware of or suspect SEA and SH, at the project site or surrounding community, I understand that I must report it to the Grievance Redress Mechanism (GRM) or to my manager. The safety, consent, and consequences for the person who has suffered the abuse will be part of my consideration when reporting. I understand that I will be expected to maintain confidentiality on any matters related to the incident to protect the privacy and security of all those involved. Sanctions: I understand that if I breach this Individual Code of Conduct, my employer will take disciplinary action which could include:

14. Informal warning or formal warning
15. Additional training.
16. Loss of salary.
17. Suspension of employment (with or without payment of salary)
18. Termination of employment.
19. Report to the police or other authorities as warranted.

I understand that it is my responsibility to adhere to this code of conduct. That I will avoid actions or behaviors that could be construed as SEA and SH. Any such actions will be a breach of this Individual Code of Conduct. I acknowledge that I have read the Individual Code of Conduct, do agree to comply with the standards contained in this document, and understand my roles and responsibilities to prevent and potentially report SEA and SH issues. I understand that any action inconsistent with this Individual Code of Conduct or failure to act mandated by this Individual Code of Conduct may result in disciplinary action and may affect my ongoing employment.

Signature:_____

Printed Name: _____

Title:_____

Date: _____

Annex 2: Glossary of terms and definitions

Abuse is the maltreatment of a person by inflicting harm on them, whether physical, emotional or sexual or by failing to act to prevent such harm.

Child Protection is an action taken to prevent abuse and guarantee the physical, emotional and psychological well-being of the child.

Complaint any formal communication, written or oral, that expresses a concern, dissatisfaction, or claim about service delivery or project implementation.

Discrimination occurs when a person or a group of people, is treated less favorably than another person or group because of their race, color, national or ethnic origin, sex, pregnancy or marital status, age, disability, religion or sexual preference.

Gender refers to the socially constructed roles, behaviors, expressions and identities of girls, women, boys, men, and gender diverse people.

Gender-based violence (GBV) constitutes any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e., gender) differences between males and females. It includes acts that inflict physical, sexual, mental, and economic harm or suffering; threats of such acts; coercion; and deprivations of liberty whether occurring in public or private life.

Grievance Redress Mechanism (GRM) is a set of arrangements that enable local communities, employees, project workers, and other affected stakeholders to raise grievances resulting from a project when they perceive a negative.

GBV Referral Pathway is a flowchart that directs communities and survivors of SGBV to readily available response services.

GBV Risk Mitigation or Integration is the process of ensuring that a program (1) does not cause or increase the likelihood of GBV; (2) proactively seeks to identify and takes action to mitigate GBV risks in the environment and program design and implementation; and (3) proactively facilitates and monitors vulnerable groups' safe access to services. GBV risk mitigation is the responsibility of everyone working in humanitarian response, cutting across all programmatic sectors. It is distinct from but complementary to, GBV-specialized programming.

Perpetrator is a person who carries out a harmful, illegal, or immoral act against another person(s).

Referral is the process by which a survivor gets in touch with professionals and/or institutions regarding his/her case. It is also the process by which different professional sectors communicate and work together, in a safe, ethical and confidential manner, to provide the survivor with comprehensive support.

Sexual Exploitation and Abuse (SEA): Sexual exploitation means any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially, or politically from the sexual exploitation of another. Sexual abuse means the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions. While sexual exploitation and abuse can be perpetrated by anyone in a position of power, the term 'SEA' particularly has been used about sexual exploitation and abuse perpetrated by staff of humanitarian organizations, including both civilians and uniformed personnel.

Sexual Harassment (SH) relates to "Unwelcome sexual advances, requests for sexual favors, and other unwanted verbal or physical conduct of a sexual nature. SH differs from SEA in that it occurs between personnel/staff working on the project, and not between staff and project beneficiaries or communities. The distinction between SEA and SH is important so that agency policies and staff training can include specific instructions on the procedures to report each. Both women and men can experience SH."

Survivor is a person who survives, especially a person remaining alive after an event that could have led to death occurring. Someone who survives a traumatic experience: E.g.: Rape/ Accidents/ Physical Assault, etc.

Survivor-Centered Approach means recognizing and prioritizing the rights, needs, and wishes of the person who has experienced gender-based violence. A survivor-centered approach creates a supportive environment, ensures safety and dignity to promote a survivor's recovery, and reinforces the survivor's capacity to make decisions about possible interventions.