

Progress and Learning on Transforming Social Norms Around Gender-Based Violence in South Sudan

Executive Summary

The Gender-Based Violence Prevention South Sudan (GBVPSS) programme, launched in 2024 and funded by the FCDO, aims to prevent gender-based violence (GBV) and strengthen access to survivor-centred services for women and girls in South Sudan. Led by UNICEF in partnership with women-led organisations, the programme uses the *Communities Care: Transforming Lives and Preventing Violence* approach, UNICEF's evidence-based social norms change model, to transform harmful social norms that sustain GBV through community dialogue, reflection, and collective action.

During the first round of implementation of *Communities Care*, implemented between August 2024 and September 2025, the programme engaged 570 (53% female) community dialogue participants and reached over 18,000 community members through public events and localised action plans. Under Objective 1 (Community-Based Care), monitoring data shows that integrating *Communities Care* within Women and Girl Friendly Spaces (WFGS) increased GBV reporting and survivor self-referrals, particularly after community dialogues and public declarations – indicating stronger linkages between services and community action – and changing perception of services, with 86% of respondents believing survivors are confident to seek help and 97% agreed health providers deliver good care.

Under Objective 2 (Community Work to Transform Social Norms), Community Care programming, community dialogue and community-led actions produced measurable attitude shifts in the wider community, contributing to a 7% reduction in negative beliefs related to GBV. The negative social norms score related to GBV also decreased by 7% among the targeted communities. These results demonstrate that social norms change programming to prevent GBV, coupled with strengthened services, can catalyse meaningful change in beliefs and behaviours around GBV.

Key lessons highlight the need to strengthen action planning, deepen male engagement, and embed new norms within everyday community life. Communities Care Round 1 has laid a strong foundation for scaling up transformative, locally led GBV prevention across South Sudan.

Introduction and Background

Launched in 2024, the **GBV Prevention South Sudan (GBVPSS) Programme**, funded by Foreign, Commonwealth & Development Office (FCDO), aims to enable women and girls to have improved access to lifesaving GBV services necessary for healing and recovery and face reduced risks in their communities by addressing underlying conditions and drivers of GBV. This programme is designed to centre resources and technical support on local women-led organisations (WLO) to address GBV by shifting harmful social norms, meeting critical gaps in GBV response services, and promoting women and girls' safety, protection, and well-being.

The purpose of this learning report is to document summary findings and practice-based learning from the **inception phase** of the four-year (2024-29) GBVPSS programme. The learning report aims to strengthen GBVPSS programme implementation and share practical insights for donors, practitioners, and policymakers working on GBV and social norms change.

PROGRAMME CONTEXT

South Sudan is experiencing a deteriorating humanitarian crisis, leaving more than 10 million people, including 5.3 million children, in need.ⁱ Persistent conflict, recurrent climatic and economic shocks, disease outbreaks, widespread poverty, ethnic and communal conflict, absence of effective justice mechanisms, and harmful social norms are having devastating gendered impacts on the protection and well-being of women and girls.

Women and girls in South Sudan face extraordinary challenges and bear the brunt of the legacy of the civil war, ongoing conflict, and inter-communal violence coupled with climatic shocks 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), sexual exploitation and abuse (SEA), and harmful traditional practices like child marriage, remain pervasive across South Sudan.

While the full magnitude of GBV is unclear, a 2023 national prevalence survey by the Ministry of Gender, Child and Social Welfare (MGCSW) and the United Nations Population Fund (UNFPA) revealed that more than 75% of South Sudanese women of women aged 15-64 years experiencing at least one form (i.e., physical, emotional, sexual, economic) of violence over their lifetime – one of the highest rates globally.ⁱⁱ Another study demonstrated that over 50% reported that the first incident of sexual violence took place during adolescence, demonstrating that violence begins early in the

lives of girls in South Sudan.ⁱⁱⁱ Adolescent girls are particularly vulnerable to sexual violence, exploitation, and abuse, with child marriage on the rise.

PROGRAMME OBJECTIVE

Under the leadership of UNICEF, the GBVPSS programme has rolled out *Communities Care: Transforming Lives and Preventing Violence*, UNICEF's flagship programme to address the social norms, root causes and drivers of GBV. Originally piloted in Somalia and South Sudan in 2016, this evidence-based approach has been implemented in partnership with four WLOs operating women and girl-friendly spaces (WGFS) across six locations in South Sudan. *Communities Care* was selected as it had been previously tested in the country, and it engages local communities in transforming harmful social norms which are perpetuating and driving violence against women and girls.

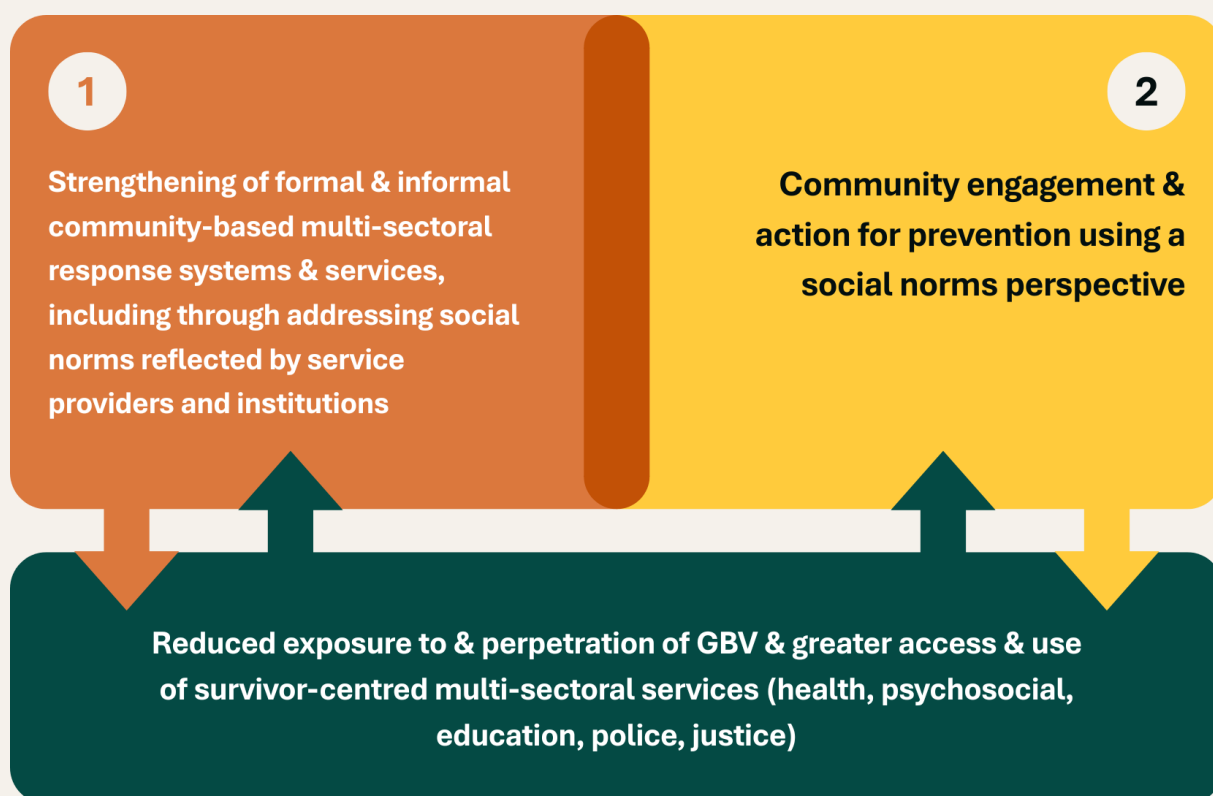
The Communities Care Model

Communities Care: Transforming Lives and Preventing Violence is a community-based model for preventing and responding to sexual violence against girls and women in conflict-affected settings. The intervention is designed to **create safer communities for women and girls through transforming harmful social norms** at the individual, family, community, institutional, and societal levels that contribute to sexual violence into social norms that **uphold women and girls' equality, safety and dignity**.^{iv}

Communities Care has two core objectives that are put into operation through separate but interrelated programme strategies:^v

- **Objective 1 - Community-Based Care:** Provide holistic, survivor-centred care through timely, coordinated and compassionate quality services.
- **Objective 2 - Community Action to transform harmful norms:** Catalyse community-led actions to reduce tolerance of sexual violence by transforming harmful practices and social norms that perpetuate gender inequality and related violence. This work engages all members of community, including men, boys, women and girls.





Communities Care begins by strengthening survivor-centred GBV services, ensuring women and girls receive holistic, compassionate support and quality care. **GBV services are foundational to ensure women and girls receive lifesaving assistance as well as to signal to the community that GBV is an important issue requiring action. Once such services are strengthened, the *Communities Care* model catalyses community action to transform harmful norms and beliefs that underpin GBV.** The model engages community groups in dialogue and self-reflection about beliefs regarding GBV before mobilising community action to communicate new positive norms and to create an enabling environment for change through laws, policies and protocols. Community dialogue groups are composed of a mix of influential people from across the community and includes women's groups, men's groups and mixed-gender groups of adults and youth.

Key principles of the *Communities Care* approach include¹:



Inclusivity and Representation: *Communities Care* represents all layers of the community -- women, youth, traditional and religious leaders, service providers, police, education actors. Ideally 50% consisting of women.



Creating safe spaces for dialogue: Safe spaces for communities to discuss harmful norms, reflect on their impact, and identify positive alternatives.



Capacity building: The *Communities Care* programme builds local leadership capacity to implement and sustain these changes over time, ensuring community ownership and long-term sustainability.

What Makes *Communities Care* Unique?^{vi}

Effective: *Communities Care* was rigorously evaluated through a 24-month evaluation using a longitudinal, community-based design. Using a reliable and valid social norms index, *Communities Care* was able to measure significant changes in the norms that sustain GBV. During this evaluation it was also found to be relevant and applicable within the South Sudan context.

Community- driven: While *Communities Care* provides the foundation for reflecting on GBV and promoting new and positive norms and beliefs; communities decide what change to seek and what issues and norms to tackle that are relevant to their context. Therefore, all change is rooted in positive community values.

Feminist: *Communities Care* is rooted in feminist approaches that understands GBV as an outcome of power imbalances that place women as subordinate to men. *Communities Care* acknowledges the need to address multiple levels within the ecological framework (individual, family, community and social) that cause and maintain GBV. The *Communities Care* model centres women in every aspect of the programme, while also highlighting the ways in which the whole community is impacted by GBV. It differs from models of prevention that focus solely on male engagement or target men and boys. Men are involved and challenged to examine their beliefs and practices in *Communities Care* but always alongside women and girls in a community-based approach.

¹ The full details of the *Communities Care* approach and tools for implementation are available via the [Communities Care Toolkit](#) which provides information, guidance and capacity strengthening resources to plan, implement and monitor the programme. The toolkit has four parts to build knowledge and awareness; inform planning and monitoring; strengthen compassionate, community-based care and support for sexual violence survivors; and guide community engagement in collective reflection and action for change.

Flexible: The *Communities Care* model comprises six steps that are the building blocks of the programme: strengthen, reflect, explore, commit, communicate, and build. These steps are based on careful analysis and research about what has worked in shifting harmful social norms and practices in other contexts. *Communities Care* is accompanied by a comprehensive training and programming toolkit that can be adapted to community needs and multiple contexts. As long as the heart of the six-step change process is preserved, and the principles and feminist approach to GBV maintained, *Communities Care* can be modified or integrated into other programmes and places.

Communities Care in South Sudan

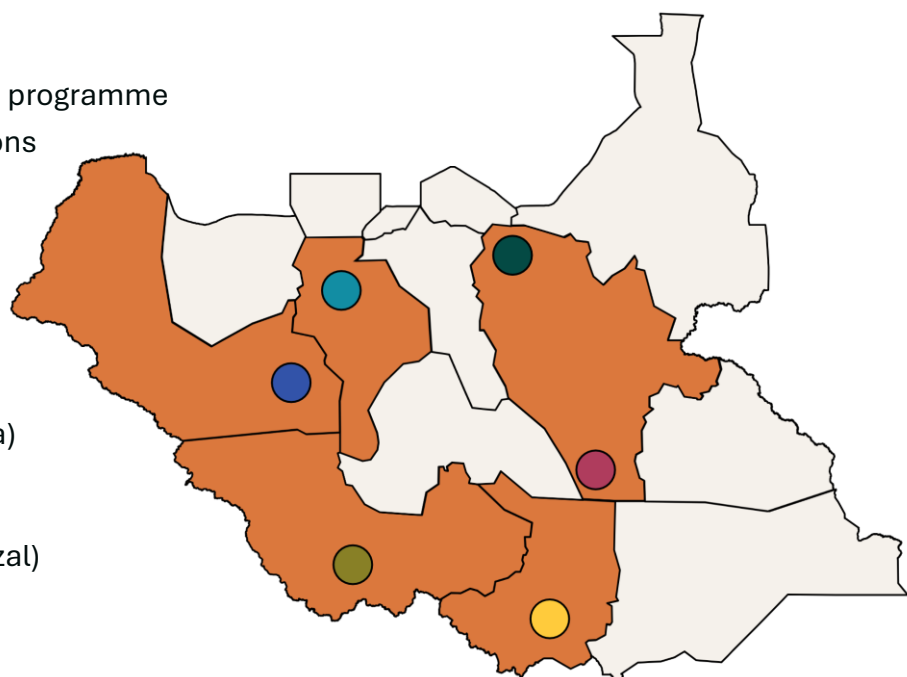
In February 2024, UNICEF relaunched the *Communities Care* programme in South Sudan, partnering with four WLOs across six locations. The programme is anchored in community dialogue sessions and delivered alongside UNICEF-supported Women and Girl Friendly Spaces (WGFS), where WLOs also provide psychosocial support (PSS) and GBV case management. The WLO partners include **Africa Initiative for Rural Development (AIRD)**, **Eve Organisation for Women Development, Gender Empowerment for All South Sudan (GEFASS)** and **Women for Justice and Equality (WOJE)**.

WLOs are at the forefront of feminist change and calling for an end to GBV. By leading *Communities Care*, they bring deep expertise in mobilizing for gender equality and justice and can adapt and enrich the model to better meet community needs. Their leadership not only strengthens impact but also ensures the programme is rooted in local knowledge, accountability, and likelihood of sustainability.

Locations

Round 1 of the *Communities Care* programme was established across six locations in South Sudan:

-  Bor South (Jonglei)
-  Fangak (Jonglei)
-  Juba (Central Equatoria)
-  Yambio (Western Equatoria)
-  Twic (Warrap)
-  Wau (Western Bahr el Ghazal)



Programme Activities and Timeline

Communities Care programme is designed to be implemented over twelve months, and four rounds of *Communities Care* will be implemented over the course the GBVPSS.² The details of this learning brief draw from round 1 (February 2024- September 2025) which was phased as follows:

Baseline Survey



March – August 2024: To track progress, **baseline surveys** were conducted before Community Dialogue Leader (CDL) selection, engaging 120 community members and 96 discussion group participants in each location. This data captures community members' personal beliefs and social norms around gender, GBV, and power dynamics before the intervention begins.

Community Discussions



July – November 2024: In each location, WLOs worked with communities to select eight CDLs, influential figures such as religious leaders, youth leaders, teachers, police, and service providers. These leaders were trained on the *Communities Care* approach, established peer groups, and facilitated 13+ weeks of dialogue using the community discussion guide (CDG), with technical support from WLO and UNICEF staff. Prior to the discussions, UNICEF adapted the CDG to include more scenarios, to adapt to the low literacy level and the oral culture of the context.

Public Declarations & Action Plans



Overall, 32 **community discussion groups** met twice weekly to reflect on power, dignity, GBV, and accountability. In each location, eight groups were formed to reach all types of community stakeholders and relevant sectors: community leaders, elders, youth, women's group, service providers, education actors, business owners, farmers. Discussions were designed to spark personal reflection and shared learning across diverse community members and between genders; six out of the eight groups were mixed gender.

Endline Survey



November 2024 – September 2025: Each site hosted a one-time **public declaration event** where community leaders and members pledged to challenge harmful norms. This was followed by the design and implementation of **localized action plans** over a 4–6-week period.

June 2025 & December 2025: **Endline surveys** were conducted 3–6 weeks after the conclusion of action plan activities to measure change. Four of the locations (Bor, Fangak, Yambio and Juba) finalised their endline surveys by end of June 2025, with the remaining endline surveys in Wau and Twic completed by December 2025³.

² The GBVPSS timeline aligned closely with UNICEF's work on *Communities Care* which was already underway in 2024, which was also supported through FCDO funding.

³ Delays in the endline were caused by delays in the action plan roll out; in one location this was a result of changing implementing partner and the other due to administrative delay by the partner.

Monitoring Progress and Measuring Impact

To track progress, generate learning, and measure impact, UNICEF used a mix of **qualitative and quantitative tools** originally developed and validated by Johns Hopkins University (JHU) and UNICEF during the *Communities Care* pilot and scale-up in Somalia (2013–2021). These tools were adapted for South Sudan, with data collection led by UNICEF partners under UNICEF’s technical supervision.

The evaluation tool, adapted from JHU’s **Social Norms and Beliefs about GBV Scale^{vii}**, was applied at baseline and endline. Data was gathered from all **community discussion group participants**, resulting in 478 baseline valid surveys and 554 endline surveys, as well as from a broader **community sample** (756 surveys at baseline and 751 at endline) using random sampling across four locations.

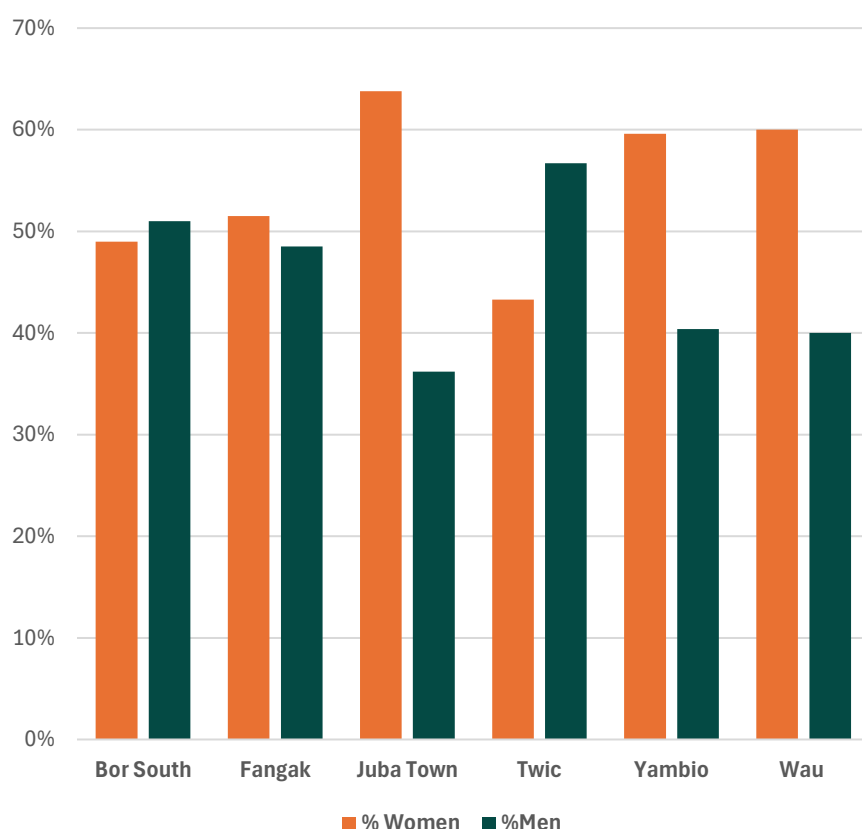
The analysis compared baseline and endline findings to assess changes in personal beliefs and social norms related to GBV across the locations. Data collection was reliant on UNICEF’s internal monitoring and evaluation system with quality control reinforced through intensive training of data collectors and close technical supervision by UNICEF.

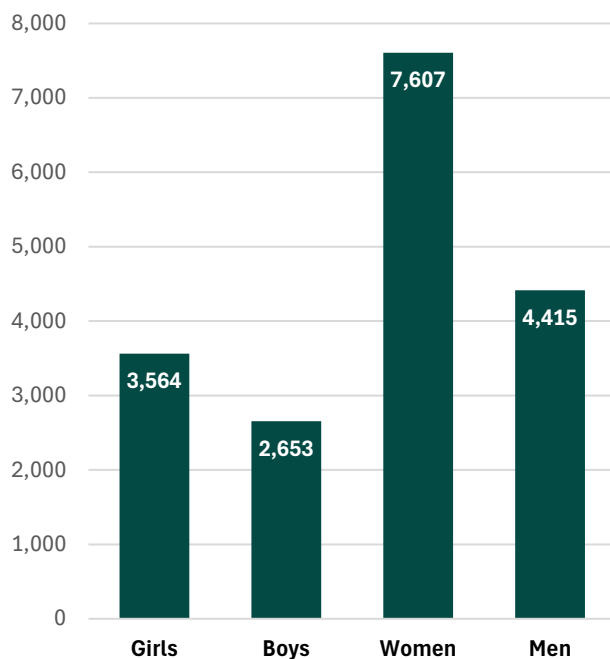
Programme Reach and Participation

A total of **570 participants took part in weekly community discussion sessions** during round 1 of *Communities Care*.

Participation was relatively gender-balanced overall (54% female), with Juba, Wau and Yambio showing notably higher female engagement.

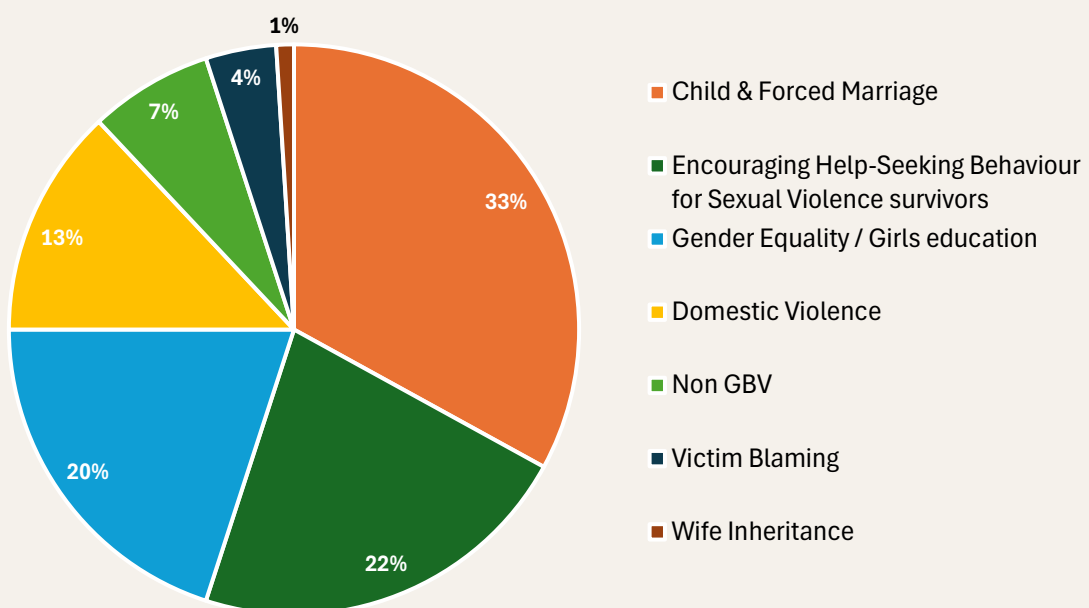
Gender balanced participation ensures that both men’s and women’s voices contribute to norm change discussions which is critical for challenging patriarchal norms whilst also creating space for women’s leadership and perspectives.





The community discussions, public declarations and action plan activities reached 18,239 individuals, including a strong representation of women and girls (62%). The span of age and gender groups demonstrates the community-level saturation of the intervention and **suggests that messaging extended beyond community discussion group participants to the wider population through public events and outreach strategies**. The under-representation of men was stronger in some locations, more specifically in urban centres like Juba and Wau.

Community Action: Messaging Themes



Overall, the 47 Communities Care groups designed and implemented 374 community actions. These included GBV awareness-raising events, school and market outreach, drama performances, and home visits that were intended to address

prevalent norms related to GBV and covered a range of themes and messages. Child marriage was the most frequently addressed topic, representing 33% of all messages shared during community action. These messages were often linked to girls' education, which represented 20% of messages. In contrast, only 13% of messages focused on domestic violence. Around 22% of messages shared during action plans promoted help-seeking behaviours and encouraged the reporting of perpetrators, helping to challenge harmful social norms related to protecting family honour. Many of the messages shared by participants reflected discussions held during the values-based sessions and emphasized key principles such as equality, respect, and non-discrimination.

SNAPSHOT OF PUBLIC DECLARATION EVENT IN JUBA

In partnership with WOJE, a march was organised in Gurei North, Juba, to celebrate the public commitment to promoting a peaceful, safe and comfortable environment for women and girls. Following the march, community dancing and speeches were organised to help communicate the positive norms that the community discussions identified.

Overall, this public declaration event reached 567 community members.



Video by WOJE showcasing the public declaration event from the Communities Care project.

COMMUNITY ACTIONS



Men's leaders' group, Wau, 2025, UNICEF/Peter Louis



Service provider group meeting, Wau, 2025, UNICEF/Peter Louis

KEY MESSAGES DURING COMMUNITY ACTIONS

“Domestic violence separates partners and causes permanent injuries; we must challenge it in churches, schools and villages.”

— Religious Leaders Group, Fangak

“We (the community) must stop marrying off pregnant girls to old men and give them a second chance for studies.”

— Youth Group, Twic

“Every rape survivor deserves respect and care, and access to services at the health facility”

— Police / Law Enforcement Group, Bor South

“Equal opportunities for all. Everyone should be given a chance to make choices and protect women and girls from discrimination.”

— Women Opinion Leaders Group, Bor South

“Stigma and discrimination against survivors should be abolished because what happened to them was not their will.”

— Service Providers Group, Juba

Key Findings and Learning from Round 1 of Communities Care

Quantitative and qualitative data has been collected by UNICEF and WLOs from the first round of implementation, measuring any changes between baseline and endline assessments.

OBJECTIVE 1 - COMMUNITY-BASED CARE

Communities Care has been associated with increased help-seeking and reporting of GBV incidents through WGFS. Survey data and the GBV information management system (GBVIMS) data has shown that the integration of the *Communities Care* programme with GBV service delivery at WGFS led to a notable increase in GBV reporting, particularly during and after community dialogues and action plan phases. The data confirms that there were higher levels of survivors self-referring after public declarations or community actions — indicating stronger norm and service linkages.

During the community discussions and action plan phase, **information about available services was repeated**; for example, *“I personally enjoyed topics about sexual violence. I learnt that when it happens it is better to speak to service providers for help and I was able to tell my neighbours about this new knowledge”*. – community discussion participant from religious group, Juba. In the meantime, **training on case management has further built the capacity of WLOs to respond to GBV survivors.**

PERCEPTION OF SERVICES

4% 

INCREASE IN PEOPLE WHO AGREE THAT GBV SURVIVORS ARE CONFIDENT TO SEEK SERVICES

89%

BELIEVE THAT GBV SURVIVORS GET GOOD COUNSELLING AT WOMEN AND GIRL FRIENDLY SPACES

97%

AGREE THAT HEALTH CARE PROVIDERS WILL PROVIDE GOOD SERVICES

OBJECTIVE 2 – COMMUNITY ACTION TO TRANSFORM HARMFUL SOCIAL NORMS

How did Communities Care impact direct project participants personal beliefs?

Personal beliefs and social norms questions were measured using several questions for five different themes. Each response was given a score. The score comparison between baseline and endline provided the percentage of change mentioned in below results.

Theme	Questions
Gender equality	• It is more important to send a son to school than to send a daughter to school • Women should participate equally with their husbands in making decisions about the household
Husband's right to use violence	• It is okay for a husband to beat his wife to discipline her • It is acceptable for a husband to force his wife to have sex when she does not want to • A wife has the right to refuse sex with her husband if she does want to
Family honour as a barrier to reporting sexual violence	• Women and girls should only report sexual violence if they have serious physical injuries • A woman/girl's reputation will be damaged if she reports sexual violence to the authorities or elders • Women/girls should not report rape to protect the family dignity • Sexual violence should be handled within the family and not reported to authorities
Wife inheritance	• A man has the right to inherit his brother's wife
Child Marriage	• It is okay for girls to be married before they are 18 years old • When girls are married early it can lead to domestic violence

Community Discussions **successfully shifted community discussion participants' personal beliefs on child marriage, gender equality, domestic violence, and protecting family honour across locations.**

Personal Beliefs Change: Project Participants

8%



OVERALL REDUCTION IN
PERSONAL BELIEFS THAT SUPPORT
**HUSBANDS' RIGHTS TO USE
VIOLENCE AGAINST THEIR WIVES**

For example, at endline only 3% of Community Discussion participants believed a husband has the right to force his wife to have sex even if she does not want to, compared to 19% at baseline

13%



OVERALL REDUCTION IN
PERSONAL BELIEFS THAT SUPPORT
**NEGATIVE RESPONSES TOWARDS
SEXUAL VIOLENCE SURVIVORS**

For example, at endline only 8% of Community Discussion participants believed that a woman/girl's reputation will be damaged if she reports sexual violence to the authorities or elders, compared to 29% at baseline.

Personal beliefs change over time in the general community

In the general community, **Communities Care programming contributed to measurable reduction in negative beliefs related to GBV** (overall decrease of 7%). Beliefs related to protecting family honour showed the greatest improvement, decreasing by 10%, followed by gender inequality and child marriage (both 5%), and wife inheritance and female genital mutilation (FGM) (both 4%). Beliefs supporting a husband's right to use violence showed a small, non-significant decrease of 2%. In contrast, victim-blaming attitudes related to sexual violence increased by 6% over the same period.

Beliefs supporting child marriage were already low, but Fangak showed the greatest improvements given higher baseline adherence to harmful norms. Acceptance of a husband's right to use violence reduced only in Paguir, remained unchanged in all other locations. Wife inheritance remains high in Fangak, Turalei and Bor South, stable at low levels in Juba, Wau and Yambio. Overall, **themes that had no to little change in personal beliefs and social norms in the general community include measures of husband's right to use violence, victim blaming and wife inheritance.**

Across survey items on family honour as a barrier to reporting sexual violence, girls' education, and early marriage, women were less likely than men to endorse harmful beliefs. For example, 12% of women and 27% of men agreed that women should only report sexual violence if they have serious physical injuries

Personal Beliefs Change: General Community



3 OUT OF 6 COMMUNITIES SAW AN IMPROVEMENT IN BELIEFS RELATED TO **CHILD MARRIAGE**



1 OUT OF 6 COMMUNITIES SAW AN IMPROVEMENT IN BELIEFS RELATED TO **HUSBAND'S RIGHT TO USE VIOLENCE**



5 OUT OF 6 COMMUNITIES SAW AN IMPROVEMENT IN BELIEFS RELATED TO **PROTECTING FAMILY HONOUR**



3 OUT OF 6 COMMUNITIES SAW AN IMPROVEMENT IN BELIEFS RELATED TO **GENDER EQUALITY**

Measuring social norms change in the general community

Across participating communities, **Communities Care** programming contributed to **reduction in adherence to negative social norms related to GBV by 7%**. Community members reported a growing perception that behaviours and attitudes supporting GBV were becoming less acceptable within their communities, signalling positive shifts in the social environment.

While progress was observed across several areas, **norms relating to a husband's right to use violence and wife inheritance remained largely unchanged**. Wife inheritance continued to be the most widely accepted harmful norm, followed by attitudes that tolerate domestic violence, highlighting areas where entrenched beliefs may require longer-term and more targeted efforts to influence change.

Findings suggest that the **Communities Care** approach successfully translated **community dialogue and action into measurable shifts in social norms**. The issues most frequently prioritised through community action plans (see page 9) were also those where the greatest changes were observed. Child marriage, protecting family honour, and gender equality featured in approximately 75% of community actions and were among the areas showing the strongest improvements in both social norms and individual beliefs. In contrast, norms related to a husband's right to use violence received less attention in community action plans and showed little evidence of change.

Harmful Social Norms Changed: General Community

7%



REDUCTION IN SOCIAL NORMS
THAT SUPPORT **PROTECTING
FAMILY HONOUR**

For example, participants report that fewer influential people in their lives would expect them to think that women and girls should not report rape to protect the family dignity

10%



REDUCTION IN SOCIAL
NORMS THAT SUPPORT
GENDER INEQUALITY

For example, participants report that fewer influential people in their lives would expect them to think that it is more important to send a son to school than a daughter

7%



REDUCTION IN SOCIAL
NORMS THAT SUPPORT
CHILD MARRIAGE

For example, participants report that fewer influential people in their lives would expect them to think that it is ok for girls to be married before they are 18 years old.

Impact of *Communities Care* on Individuals

Qualitative data demonstrates how some community discussion participants made significant personal changes in their lives and family dynamics after attending the community discussions. Trends were observed from the qualitative data analysis showing individual impact of the *Communities Care* intervention on behaviour, attitudes and mental health.

COMMUNITIES CARE IS RELEVANT TO TARGETED COMMUNITIES

“I want to use a metaphor. Our community is sick and this CC discussions are like medicine that will help for several generations.”

— Female participant in community discussions, Juba

“When we talked about the topic “violence throughout life”, I realise that the violence girls and women experience throughout life give them no room to exercise their own rights”

— Male Service provider, Paguir, Fangak

“To me all topics were interesting and that's why I didn't missed out any session from the start because the formulated topics are so educative and life experience on matters to do with gender-based violence that's mostly done by men against women and girls. To me, as one of the participants, I really loved the discussion program, and I took this opportunity to learn and be in position of helping and protecting others who may fall as victims of gender-based violence”

— Male participant in community discussions, Police, Juba

COMMUNICATION IS REPLACING VIOLENCE

Both women and men participating in community discussions reported improvements in household communication and increased peace at home; some male participants described replacing shouting, verbal abuse and physical violence with dialogue and non-violent conflict resolutions in their home. These findings suggest that, for some participants, beliefs and norms changes resulted in behavioural changes in their family sphere.

“When I’m angry now, I wait and talk later. Before I would beat my children without thinking.”

— Mother of four, Munuki

“We don’t argue like before. Now we talk and laugh. Even my children noticed.”

— Female CD participant, Yambio

“I used to shout and blame. Now I take time. My wife says the home is quieter.”

— Male Participant, Munuki

BEHAVIOUR AND ATTITUDE CHANGE AMONG MEN

“I am selling my cows to support my children’s education. Cows have value, but I am ready to sacrifice them for my son and daughter’s future.”

— Male community elder, Bor South

“I used to think it’s okay to shout at my sister. Now I respect her space. I even told my friends to stop mocking girls.”

— Youth group member, Yambio.

“Before CC, I made all decisions alone. Now I ask my wife before deciding. It doesn’t make me weak, it brings peace.”

— Male participant in community discussions, Bor South

“Before the training, I was the sole decision maker at home and I was controlling my wife and children[s] movements, they could not get out of the house without my permission. After the training, I started to involve my wife and children in decision making, I wanted them to voice their opinion. Now I give them freedom of movement and freedom of speech at home. Recently my wife and I disagreed on how to plant some seeds, I discussed with her, and I let her do how she wanted. I feel we are happier at home.”

— Male chief, Community Discussion Leader, Wau

“I told my son to help sweep like his sister. It’s not her job alone.”

— Male participant, Fangak

BENEFITS OF MIXED GENDER DISCUSSION GROUPS

“Men argued more. Women wanted solutions.”

— Community Discussion Leader, Juba

“As a man, I learned how certain traditions affect women. I had never seen it from their side before.”

— Male participant, Juba

“The interactions were very amazing and colourful between the men and women because they brought up different ideas and came up with a final positive way of handling it.”

— Male opinion leader, Yambio

BUT...WOMEN WERE NOT ALWAYS READY TO SPEAK THEIR MIND IN FRONT OF MEN IN SOME GROUPS

“Sometimes I had answers, but I kept quiet. I didn’t want my husband or uncle to think I was too forward.”

— Female participant, Fangak

“Women responded in low voices when men are there because they are afraid. In the topic of human rights and property ownership, they know they have rights, but they can't respond in their men's presence.”

— Male Police Community Discussion Leader, Kolnyang

COMMUNITY DISCUSSIONS: UNEXPECTED BENEFITS TO WOMEN PARTICIPATING

Qualitative findings point to meaningful improvements in women’s self-confidence, increased knowledge of their rights, and psychosocial wellbeing, suggesting that the programme contributed to women’s empowerment and improved mental health. Some women described reduced isolation and emotional relief from being able to speak openly about their experiences of male domination and GBV in a safe environment.

“Before joining, I was very stressed. I am an orphan in secondary school. My relative who I stay with usually mistreat me and I had suicidal thoughts. Through the CC discussions, I got courage from the group to continue with my education even though I support my education on my own. I collect and sell firewood to pay my school fees and my personal needs. Thanks to the CC sessions, I know that if I would look for a husband, I would be very vulnerable, so I prefer to persevere in my education.”

— Female participant of community discussions in Kolnyang, Bor South

“Before this program, I kept everything in my heart. Now I can talk, and it has made me feel lighter.”

— Female participant in community discussions, Fangak

“I thought I was the only one with problems. When I heard others talk, I felt strong again.”

— Female participant in community discussions, Kolnyang, Bor South

WOMEN DROVE THE CHANGE

Women demonstrated greater positive shifts in personal beliefs than men, both among *Communities Care* participants and the wider community. Although attitudes improved among both groups, men continued to hold stronger support for several GBV-related issues by the end of Round 1 of implementation. Differences between women and men were less pronounced on issues related to domestic violence and gender inequality, where attitudes were more closely aligned.

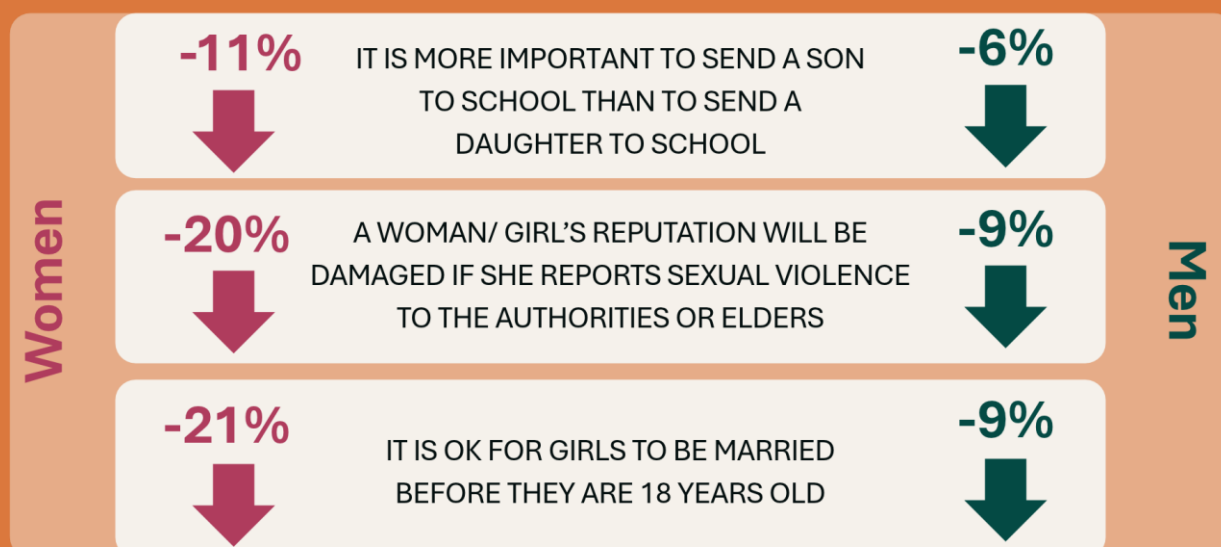
“Women participated more towards ending violence than men in the CC discussions.”

— Male teacher, Yambio

“Women were more concentrated in discussing harmful norms than men.”

— Female participant, Fangak

Changes in the proportion of women and men agreeing with key statements: General Community



LIMITING FACTORS



Community action plans did not consistently address some of the most resistant social norms. Themes such as victim blaming and domestic violence were underrepresented in community actions despite remaining among the strongest harmful beliefs and norms at endline, suggesting a need for more targeted engagement in future implementation cycles.



Men from the community were reached less than women during community action plans, accounting for 24% of participants compared with 42% women, 19% girls and 15% boys. This likely reflects both persistent perceptions of GBV as a women's issue and competing livelihood demands, including farming and work in urban centres. Future phases should adopt more targeted strategies to engage men despite these barriers.

SUCCESS FACTORS



The intervention successfully increased community exposure to GBV prevention messages and events through community action plans. The percentage of people from the general community who heard messages about GBV increased from 61% at baseline to 83% at endline across all locations.



Value-based discussions, participatory methods and group consistency supported the process of change in the Communities Care groups. Participatory methods, local mapping of violence, scenarios, role plays/drama and power walk, helped groups translate rights and fairness into practical choices. Many described the sessions as “eye-opening.”



Mixed-gender dialogue was a key driver of social norms change. *Communities Care* created safe and structured spaces where women and men could openly discuss sensitive issues, fostering mutual understanding and reflection on the impacts of GBV. The programme's phased sessions, which focus first on building trust, helped participants engage honestly and respectfully.

Looking Ahead:

Key Learning from Round 1 to Inform Future Rounds

Although *Communities Care* has been implemented for just 12 months, and the programme evaluation only covers a short timeframe for possible changes to occur, some key lessons and reflections have emerged to help inform implementation of *Communities Care* moving forward to round 2 and beyond in the GBVPSS. ^{viii, ix}



Strengthen action plan design implementation: Community Dialogue Leaders and staff will receive refresher training to build their action planning capacity in order to translate dialogue outcomes into tangible, community-wide change. To guide this process, UNICEF has developed an Action Plan Guide that supports the design of higher-quality, higher-impact initiatives. The guide provides core *Communities Care* messages, practical methodologies, and creative approaches such as scenarios, drama, transformation stories, and change-maker speeches. It also offers strategies for better targeting sector-specific stakeholders and engaging religious leaders through meaningful workshops, ensuring that action plans are both innovative and impactful.



Scale high-impact interventions and improving action plan targeting to move away from simple awareness raising: Focus on reaching people in the community where they are instead of creating ad hoc events and utilising social change methodologies such as drama, power walk activity or GBV case scenarios with guided conversation. Platforms such as schools, youth sports events, drama, radio, health facilities, and parent-teacher associations can be used as this offers opportunities to multiply the programme's reach.



Strengthen engagement of men and boys to address deeply entrenched harmful gender norms: To effectively engage more men and boys in *Communities Care* in South Sudan, WLOs will conduct a stakeholder mapping and recruit opinion leaders across all age groups, emphasising that both men and women share responsibility for community safety. During community discussions, CD leaders will be encouraged to monitor men's attendance, identify challenges, and find local solutions to improve participation. In the action plan phase, male CD participants will be encouraged to reach men where they are and be supported to share their own stories of change to spark debates with their peers. Through training and

mentorship, male group facilitators will be encouraged to address patriarchal culture and the link to domestic violence.



Enhance linkages between GBV services and community engagement:

Efforts going forward will focus on improving the linkages between Communities Care social norms programming and GBV service delivery at WGFS and other key service delivery points, including nutrition sites and health facilities. Trainings for services providers on Communities Care Toolkit Part 3: Strengthening Community based Care will be increased, and nutrition specialists will be integrated into community discussion groups.

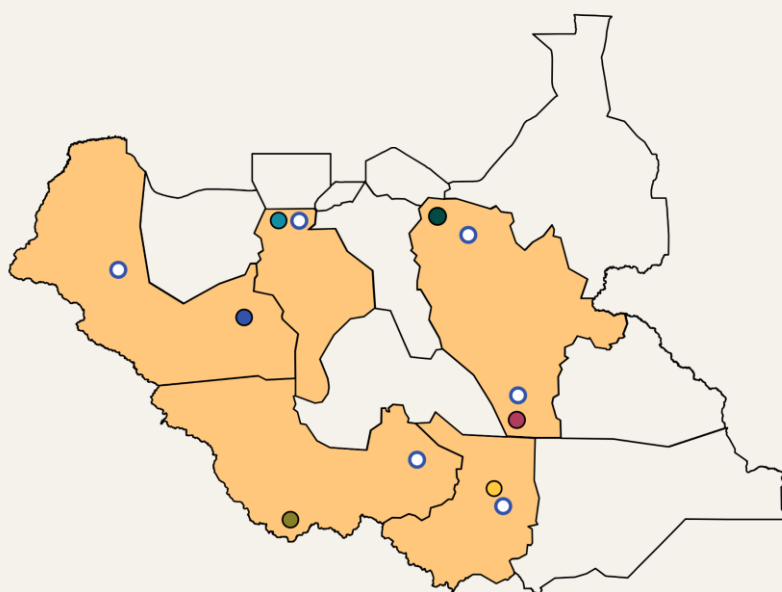
Overall, Round 1 of the GBVPSS *Communities Care* programme implemented by UNICEF and its local partners has laid a strong foundation for GBV social norms change in South Sudan through meaningful dialogue and public commitments. To transform these into continuous community-wide change, the action plan phase must move beyond symbolic activities. It must anchor new norms in daily life at schools, homes, health facilities, and community spaces ensuring that the momentum of dialogue translates into deep, measurable, and lasting impact.

Next Steps

Over the course of GBVPSS, three further rounds of *Communities Care* implementation are planned, expanding to include six new locations.

- **Round 2 (12 locations):**
Oct 2025 – Sept 2026

By the end of the programme, it is projected that a total of **392 groups** will have completed *Communities Care* discussions.



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ENDNOTES

ⁱ OCHA (2024). [Humanitarian Needs and response Plan South Sudan 2025](#).

ⁱⁱ UNFPA (2023). [South Sudan ranks second in GBV prevalence rate in East Africa – a new study indicates](#).

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