



This Progressive Gender Analysis is based on a number of CARE's Rapid Gender Analyses which have been conducted since December 2013 and focuses on Gender-based Violence. Our Rapid Gender Analyses are designed as an incremental process: as more information about gender relations during the current crisis in South Sudan becomes available, it will be further analysed and progressively included into this document. It is hoped that this document will continue to provide support for CARE staff members and other INGOs to ensure that the needs of women, men, boys and girls are taken into account as the humanitarian response continues to develop.

A range of methods were used to analyse information. Primary and secondary quantitative and qualitative information from before and during the crisis have been analysed. Much of the initial information is taken from CARE's initial Rapid Gender Analysis in 2014. In-line with CARE South Sudan's operational focus, this rapid gender analysis pays particular attention to Food Security/Livelihoods, Nutrition, Health and looks at the situation of IDPs and people in need outside of PoCs. As CARE delivers programming in Eastern Equatoria, Jonglei, Upper Nile and Unity States – this document is largely concerned with the East and North East of the country. There is a clear focus on Gender-based Violence (GBV) and the response, prevention and mitigation of it within this document. CARE is committed to addressing this issue throughout its programming.

## The current context

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South Sudan is the world's newest country gaining independence from Sudan in 2011 after a bloody, lengthy, two-decades-long civil war. This civil war (the Second Sudanese Civil War) forced over four million people from their homes and claimed the lives of more than two million people.<sup>1</sup> The conflict also took a heavy toll on the already inadequate social services that existed prior to the war. The Government of South Sudan struggled to put basic services in place following the signing of the Comprehensive Peace Agreement in 2005. Since South Sudanese independence in 2011, there was some progress made in building the basic infrastructure of the country, but this remained challenging and slow with inadequate numbers of schools, health centres, or road networks.

The current conflict in South Sudan can be traced back to the outbreak of civil war in December 2013. Despite a 2015 peace agreement, the fighting has recently expanded across the country, culminating in hostilities in the capital, Juba, in July 2016. This quickly spread to other regions that had previously remained calm. A combination of insecurity along the roads and active fighting derailed the ability of local authorities and humanitarian agencies to access all parts of South Sudan in order to develop a comprehensive picture of the humanitarian situation. Tens of thousands have been internally displaced by conflict since July 2016, while thousands more are fleeing to Uganda, Kenya, DRC, Ethiopia and Sudan every day to escape the violence. Although we do not have any sex and age disaggregated data on these displaced populations, our staff in the field have anecdotally described the breakdown of the population as largely being composed of women, girls and

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<sup>1</sup> <http://web.archive.org/web/20041210024759/http://www.refugees.org/news/crisis/sudan.htm>

younger boy children. Many men and older adolescent boys are engaged in the conflict, or have fled elsewhere in order to find employment.

Given the history of South Sudan over the past four decades, it is appropriate to describe the population as being in constant flux, with regular mass displacement occurring (both internally and externally) and politically motivated violence being a consistent part of everyday reality. Furthermore, the most recent political violence has catalyzed other forms of insecurity. With South Sudan currently in economic free-fall, and the conflict affecting food production, crime has increased. Robbery, looting and other forms of theft have become a regular occurrence as the population becomes more and more desperate. Subsequently, there have been increased reports of violence associated with criminality – including fatalities.

## Demographics

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### **General Population:**<sup>2</sup>

The estimated population as of 2015 is **12,530,717** people (male 6,356,460/50.7% & female 6,174,257/49.3%)

0 - 14 years: 5,621,825/44.86% (boys 2,866,374/51% & girls 2,755,451/49%)  
15 - 24 years: 2,546,657/20.32% (male 1,338,548/53% & female 1,208,109/47%)  
25 - 54 years: 3,684,644/29.4% (male 1,783,091/48% & female 1,901,553/52%)  
55 - 64 years: 415,034/3.31% (male 222,760/54% & female 192,274/46%)  
65 years and over: 262,557/2.1% (male 145,687/55% & female 116,870/45%) (2016 est.)

The 25 – 54 age bracket is the only age category in which females outnumber males. A possible explanation for this may be that this is due to fatalities during conflict. Overall, the population disaggregation of South Sudan reveals that there are more males than there are females. A number of gendered risks to female health may contribute to this, including the high rate of maternal mortality in South Sudan - with women and girls more likely to die during childbirth than graduate from high school.<sup>3</sup> There is a slightly higher male to female birth ratio, at 1.04:100(m:f),<sup>4</sup> however this does not fully explain the large differences in male to female population in the majority of age groups.

### Fertility and infant mortality:

- The total fertility rate has dropped from 6 births per woman in 2000, to 5.15 in 2015.
- Under-five mortality (deaths under age five per 1,000 live births) has reduced dramatically since 2000 – from 165 to 122 in 2015.<sup>5</sup>
- Infant mortality rates are currently estimated to be 108:100 (male:female).<sup>6</sup> This is in line with the global norm of infant mortality rates, for which boys have a higher

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<sup>2</sup> <https://www.cia.gov/library/publications/the-world-factbook/geos/od.html>

<sup>3</sup> <http://www.politifact.com/global-news/statements/2016/jul/25/unicef/unicef-more-girls-south-sudan-die-childbirth-gradu/>

<sup>4</sup> United Nations, Department of Economic and Social Affairs, Population Division (2015). World Population Prospects: The 2015 Revision, custom data acquired via website.

<sup>5</sup> United Nations, Department of Economic and Social Affairs, Population Division (2015). World Population Prospects: The 2015 Revision, custom data acquired via website.

<sup>6</sup> [http://www.indexmundi.com/south\\_sudan/demographics\\_profile.html](http://www.indexmundi.com/south_sudan/demographics_profile.html)

baseline due to a biological predisposition to death during infancy. There are therefore no indications that boy-child preference for care and nutrition is taking place during infancy.

- The number of adolescent girls giving birth has fallen since 2000. In 2000, the number of births per 1,000 females which involved a mother who was between the ages of 15 – 19 was 119.9. In 2015, that figure was 78.1.<sup>7</sup>
- South Sudan has the highest rate of maternal mortality in the world: one in seven women will die from childbirth or pregnancy (2054 per 100,000).

#### Ethnicity (in order of population size):

Dinka 35.8%, Nuer 15.6%, Shilluk, Azande, Bari, Kakwa, Kuku, Murle, Mandari, Didinga, Ndogo, Bviri, Lndi, Anuak, Bongo, Lango, Dungotona, Acholi (2011 est.). South Sudan is host to people from around 60 ethnic groups.

#### Languages (in order of usage):

English (Official), Arabic (Juba and Sudanese)

Regional/tribal languages are common and around 80 different languages are spoken in South Sudan (e.g., Dinka, Nuer, Bari, Zande, Shilluk)

#### Religion (in order of highest % of worshippers):

Christianity (Catholicism, Anglican), Animist, Muslim

#### Literacy rates (est. 2009):<sup>8</sup>

Total population: 27%

Male: 40%

Female: 16%

UNICEF estimates that 70% of South Sudanese children aged 6-17 years have never set foot in school.<sup>9</sup>

#### **Displacement:**

Between 15th December 2013 and 14th November, 2016, **1,107,702** South Sudanese people fled to neighboring countries - with the largest number of South Sudanese refugees fleeing to Uganda.<sup>10</sup> When added to the number of South Sudanese refugees in neighbouring countries who had arrived prior to 15th December 2013, the total refugee population as of 14<sup>th</sup> November 2016 is **1,222,936** (male 567,442/46.4% & female 655,494/53.6%). The number of refugees in neighbouring countries has increased by 712,651 since July 2016, and increased by 164,120 between October 11<sup>th</sup> and 14<sup>th</sup> November 2016 alone. Therefore, there is clearly an increased rate of displacement occurring.

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<sup>7</sup> United Nations, Department of Economic and Social Affairs, Population Division (2015). World Population Prospects: The 2015 Revision, custom data acquired via website.

<sup>8</sup> [http://www.indexmundi.com/south\\_sudan/demographics\\_profile.html](http://www.indexmundi.com/south_sudan/demographics_profile.html)

<sup>9</sup> UNICEF South Sudan; <http://www.unicef.org/southsudan/Education.pdf>

<sup>10</sup> <http://data.unhcr.org/SouthSudan/regional.php>

### Refugees:<sup>11</sup>

0 - 4 years: 217,682/17.8% (boys 111,287/51.1% & girls 106,395/48.9%)

5 - 11 years: 357,097/29.2% (boys 182,217/51% & girls 174,879/49%)

12- 17 years: 229,912/18.8% (boys 124,739/54.3% & girls 105,172/45.7%)

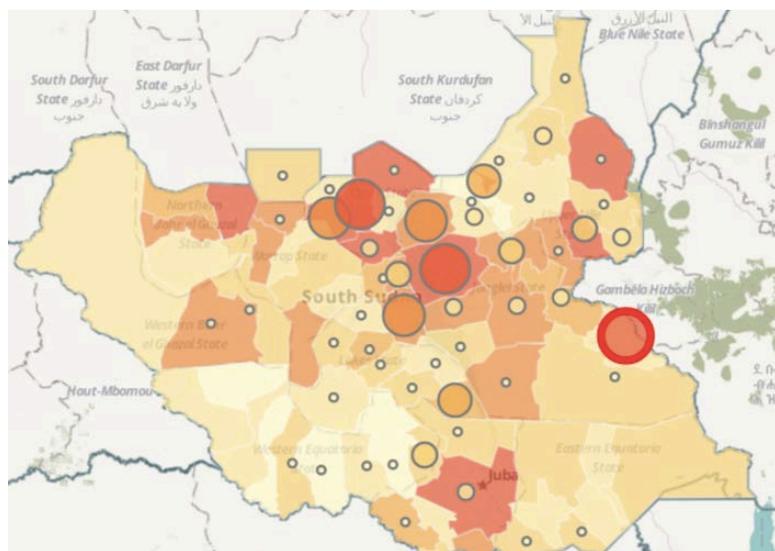
18 - 59 years: 392,562/32.1% (men 143,083/36.5% & women 249,479/63.5%)

60+ years and over: 25,683/2.1% (male 6,420/25% & female 19,292/75%)

Unfortunately, the data from UNHCR and the sex and age disaggregation of the South Sudan population are not directly comparable. However, if we review the percentages of the population from 0 – 11 years in the refugee population, and 0 – 14 years in the general population, we see that in terms of percentage share between boys and girls, the ratio is quite similar. This indicates that younger children are being brought over without gender preference. However, when comparing the age groups of 12 – 17 years in the refugee population and 15 – 24 years, we find that the percentage of males is higher, and the percentage of female lower, in the refugee population. This needs to be further investigated, and there are certainly issues with the lack of comparable data, however it may mean that more boys are fleeing (or being brought by their families) to neighbouring countries to avoid recruitment into armed forces. In CARE’s own assessments in refugee camps in Uganda, this was highlighted as a key driver of displacement for men and boys. The adult refugee population overall is clearly disproportionately female.

### Internal Displacement:

Inside South Sudan, of the estimated population of 12,530,717, 6,116,142 were in need of humanitarian assistance as at mid-2016<sup>12</sup> - 1,877,255 were IDPs.<sup>13</sup>



Map 1: Geographic representation of the number of people in need in each county, overlaid by a representation of the number of IDPs in each county<sup>14</sup>

<sup>11</sup> Using UNHCR’s data (<http://data.unhcr.org/SouthSudan/regional.php>) numbers and percentages have been calculated in order to provide data which is comparable to that of the general population of South Sudan.

<sup>12</sup> <https://data.humdata.org/dataset/2016-humanitarian-needs-overview-hno-for-south-sudan-number-of-people-in-need-by-sector>

<sup>13</sup> <http://www.unocha.org/south-sudan>

<sup>14</sup> <https://data.humdata.org/organization/ocha-south-sudan>



Sadly, there is a lack of sex and age disaggregated data concerning IDPs and people in need and census data is extremely out of date when the rapid rate of displacement - both internally and externally – is considered. Given the demographics of refugees explored above, we might make the informed assumption that the majority of those displaced are women and girls, and that adolescent boys are also disproportionately represented. This has been anecdotally confirmed by CARE field staff. In addition, it should be noted that a number of those displaced have experienced displacement a number of times since 2013.

## Gender relations and Gender-based violence prior to conflict

Gender relations in South Sudan are complex: the roles and responsibilities of women, men, boys and girls are clearly delineated but can and do alter. Women and girls have responsibilities for farming, collecting water and firewood, cooking, cleaning and childcare. Men and boys have responsibilities as decision-makers for the communities and their families, cattle (boys in particular tend to be cattle-herders), hunting, fishing and charcoal making.

Distinctions of age, ethnicity, language, religion, social class and whether a person comes from a rural or urban location, cut across society resulting in different gender relations - even within the same overall ethnic group. Most South Sudanese (83%) live in rural areas although there are significant differences between states.<sup>15</sup> The concept of masculinity in many South Sudanese cultures, is attached to stoicism in the face of pain and to being a ‘warrior’. This is expressed in scarification practices and in pulling teeth without anesthesia. This used to be practiced by girls and boys as a part of initiation rituals, but as feminine beauty has been redefined in recent years and influences from other cultures concerning this have taken hold, girls are no longer expected to go through this procedure. In cultures in South Sudan where boys undergo scarring, it is highly associated with the ability to ‘protect’ women and their community and women may reject potential husbands if they haven’t gone through these rituals. The gender norms associated with painful traditional practices and being a ‘man’, can be associated with a hyper-masculinity which is harmful for women, men, boys and girls and which can contribute to the power differentials which are at the root cause of gender-based violence as well as being a driver of other forms of violence.

Cattle culture is very important for most South Sudanese ethnic groups. The size of one’s herd is a key marker of wealth, and cattle-raiding was the main catalyst of inter-communal violence before the current political conflict erupted in 2013. In many parts of South Sudan, cattle are also used as currency for bride price. Women and girls regularly report sexual

<sup>15</sup> South Sudan National Bureau of Statistics Key Indicators for Southern Sudan: [http://ssnbs.org/storage/key-indicators-for-southern-sudan/Key%20Indicators\\_A5\\_final.pdf](http://ssnbs.org/storage/key-indicators-for-southern-sudan/Key%20Indicators_A5_final.pdf)

violence occurring during cattle raids. Cattle raiding on a large scale is common during dry season (November – April), especially in South Sudan’s largest State – Jonglei. Here, the Dinka, Lou Nuer and Murle clash regularly, with gender roles and responsibilities being constructed around conflict as a way of life. Clashes often result in deaths, and this figure can reach into the 1000s over the course of a dry season. In years when raiding is particularly severe, 100,000s can be displaced. Further, girls are often targeted for abduction during these clashes and then auctioned off to men and families. This is a particularly prevalent practice by the Murle tribe who have suffered long-standing reproductive health issues connected to sexual transmitted infections. Girls are therefore abducted in order to bear children in homes where there has been difficulty in becoming pregnant. In summary, girls are captured, sold and used as sex slaves/reproductive slaves.

Prevailing cultural norms, especially in the countryside, marginalize women from participation in any level of political activity or decision-making and the culture.<sup>16</sup> However, since independence, there have been real changes in national policy and laws on gender equality. The Transitional Constitution and Bill of Rights (2011) provides guarantees for the equality of men and women. It recognises the historic inequalities between women and men in South Sudan and sets out a 25% Affirmative Action quota for women in legislative and executive bodies. Women currently comprise 26.5% of the National Legislative Assembly.<sup>17</sup> Women in South Sudan have a historic engagement in peace negotiating teams and a significant number of women participated in drafting the Comprehensive Peace Agreement (2005).<sup>18</sup> The 1983-2005 conflict temporarily transformed some gender roles; *“Women managed to keep a semblance of community life as they went about taking care of their children and doing most of the work done by men, most of whom had gone off to war.”*<sup>19</sup>

CARE’s GBV baseline survey conducted in October and November 2013 found that rape, beatings, psychological abuse, denial of education and economic opportunity were both commonplace and seldom reported. Gender-based Violence is common with 41% of respondents (women and men) in a 2009 UNIFEM survey reporting having experienced gender-based Violence within the last year.<sup>20</sup> During the 1983-2005 conflict, documented gender-based violence included sexual violence perpetrated against women, men, boys and girls, trading women for food or security, traditional practices including ‘girl compensation’, and forced prostitution/sexual slavery.<sup>21</sup> Domestic violence is also widely accepted by both women and men in South Sudan: 82% of women and 81% of men agreed that *“women should tolerate violence in order to keep her family together”*.<sup>22</sup> Further, due to the

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<sup>16</sup> CARE International, “The girl has no rights: gender-based violence in South Sudan”, April 2014

<sup>17</sup> Inter-Parliamentary Union: <http://www.ipu.org/wmn-e/classif.htm>

<sup>18</sup> Women Count: SC1325: Civil Society Monitoring South Sudan. 2012

<sup>19</sup> Women Count: SC1325: Civil Society Monitoring South Sudan. 2012 page 5

<sup>20</sup> UNIFEM Gender-based Violence and Violence Against Women: Report on Incidence and Prevalence in South Sudan. 2009

<sup>21</sup> Scott, Jennifer, Averbach, Sarah, Merport Modest, Anna, Hacker, Michelle R., Cornish, Sarah, Spencer, Danielle, Murphy, Maureen, and Parmar, Parveen. “An assessment of gender inequitable norms and gender-based violence in South Sudan: a community-based participatory research approach” in *Conflict and Health* 7:4, 2013.

<sup>22</sup> Scott, Jennifer, Averbach, Sarah, Merport Modest, Anna, Hacker, Michelle R., Cornish, Sarah, Spencer, Danielle, Murphy, Maureen, and Parmar, Parveen. “An assessment of gender inequitable norms and gender-based violence in South Sudan: a community-based participatory research approach” in *Conflict and Health* 7:4, 2013.

prevalence of bride price, women and girls who are married are often considered to be the husband and his family's property. During our gender analysis work conducted in November 2016, both women and men considered that wives should be beaten to teach them a lesson, that a wife is the husband's property, and that men can demand sex from their wives whenever they wish. Further, women (and children resulting from marriages) are transferred in the same way in which property is transferred following the death of a husband – with a male relative 'inheriting' the widow of the deceased husband.

Although there is no specific law against domestic violence in South Sudan, there are laws which can be adapted to apply to domestic violence. There are also other laws in South Sudan which can be applied to certain acts of Gender-based Violence:<sup>23</sup>

**Rape:** Rape is illegal as stated in the Penal Act "whoever has sexual intercourse with another person, against his or her will or without his or her consent, commits the offence of rape." Sentencing for rape is up to 14-years imprisonment and/or a fine.

**Statutory Rape:** The Penal Act states that sex with a child below 18 years old is considered rape. Sentencing for rape is up to 14-years imprisonment and/or a fine.

**Sexual Harassment:** The Penal Act states that "whoever intentionally engages in sexual harassment commits an offence, and upon conviction, shall be sentenced to imprisonment for a term not exceeding three years, liable to a fine or both."

**Physical Assault:** Physical assault is an offence under the 2008 Penal Act of Southern Sudan. Any beating which causes body pain, disease or infirmity = up to 1 year imprisonment and/or a fine. Causing permanent injury, disfigurement or pain lasting more than 20 days is considered grievous hurt = up to 7-years imprisonment and/or a fine. If a weapon is used in the attack, the sentence increases to up to 10 years.

**Murder:** The sentence for murder is the death penalty, life imprisonment or if bloody money is paid to deceased's relatives up to 10-years imprisonment.

**Right to own inherit property:** The Constitution of Southern Sudan says "Women shall have the right to own property and share in the estate of their deceased husbands together with any surviving legal heirs of the deceased".

**Custody of children:** The Child Act states "in all cases of divorce, separation or nullity, both parents shall continue to be responsible for the maintenance of their child". If one parent is deceased then custody is given to the remaining parent or jointly shared between the surviving parent and the relatives of the deceased parent.

**Forced Marriage:** The Constitution guarantees the right that "no marriage shall be entered into without the free and full consent of the man and woman intending to marry." Under the Penal Act the punishment for forcing a woman to marry against her consent = imprisonment up to 10-years and/or a fine.

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<sup>23</sup> The laws below are taken from The Southern Sudanese Penal Code, 2008 and from American Refugee Committee's summary of these codes in their Legal Fact Sheet, Sarah Cornish, 2010

**Early Marriage:** The Child Act says that “every child has the right to be protected from early marriage”

Although these laws have been in place in South Sudan since 2008, there is very little knowledge about them within the community or within the police force, customary court or other judiciary mechanisms – especially in remote locations. Further, different ethnic groups have customary laws and customary courts. Many customary judicial mechanisms contradict the national laws of South Sudan, often discriminate against women and perpetrate acts of violence towards women and girls. For example, in some customary laws, a woman who is suspected of committing adultery may be lashed. Further, in most customary courts if an unmarried woman/girl has been raped, she may be forced by customary law to marry the perpetrator, with the perpetrator expected to pay a bride price to her family – essentially exposing the girl to a life of repeated sexual violence.<sup>24</sup>

Early marriage is very common: 45% of girls married before they were 18 years old and 7% of girls were married when they were younger than 15 years old.<sup>25</sup> Polygamy is also very common with 41% of unions involving more than one wife.<sup>26</sup> Divorce is extremely difficult for women to obtain: traditionally only men can ask for one and the wife’s family have to pay back the bride price. Gender-based violence and protection violations in South Sudan are driven by a culture of silence and stigma, masculine identity tied to cattle-raiding, bride-price, a lack access to legal recourse, and customary practices that favor compensation for crimes like rape.

## Gender Relations and Gender-based Violence in South Sudan, 2016

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### **Changes in Gender Relations:**

In times of crisis, gender roles and responsibilities change to take account of the context, the needs and the different coping strategies families and individuals can put into action. Gender and protection concerns for women, men, boys and girls are a crucial issue in South Sudan. Steps need to be taken to mitigate the harm they cause. Gender relations affect the needs, coping strategies, participation and access of women, men, boys and girls to humanitarian assistance.

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<sup>24</sup> <http://southsudanhumanitarianproject.com/wp-content/uploads/sites/21/formidable/Mennen-2008-Adapting-Resorative-Justice-Principles-to-Principles-to-Reform-Customary-Courts-in-Dealing-with-Gender-Based-Violence-in-Southern-Sudan-annotated.pdf>

<sup>25</sup> Republic of Sudan: Sudan Household Health Survey. 2010 p.60

<sup>26</sup> “This old man can feed us, you will marry him: Children and Forced Marriage in South Sudan” Human Rights Watch. 2013

There is limited information about the changes in gender relations in South Sudan since the most recent escalation in conflict in mid-2016. However, comparison's between CARE's 2014 and 2016 gender analysis from inside South Sudan, and 2016 assessments within South Sudanese refugee contexts, highlight certain changes which have taken place. Comprehensive disaggregated vulnerability assessment data is currently unavailable - 3 years into the civil conflict. This undermines efforts to identify specific needs of women, men, boys and girls, and limits humanitarian actors' ability to provide a tailored response.

In a CARE assessment in early 2016 in Bentiu PoC, we found that women continue to carry the bulk of the responsibility for taking care of the household with the help of their daughters and other female dependents. These include child-bearing, cooking, caring for the children, caring for older people and the sick, washing clothes, cleaning shelters, fetching water and fetching firewood. Long hours spent at water points and food distribution sites hinder women and girls' productive and community participation, including income generation activities. In the camps, many of the men spend their time in activities like playing cards, domino or other games as well as visiting friends. Young men and youths have organized gangs and are involved in criminal and violent crimes against women and girls, the disabled and elderly particularly in the evening and night.

Outside of the PoCs, with IDPs in informal settlements and with the population at large being effected more and more by food insecurity and a loss of income, there have been generalized reports of the behavior described above happening throughout the country, especially in locations where food insecurity and conflict have hit hardest. In our 2016 Eastern Equatoria assessment and our assessments in Uganda, we further found that men and older adolescent boys have reported a loss of self-respect related to being unable to feed their family – which is in direct contradiction to the traditional gender role of men as the head of the household in South Sudan. An increase in substance abuse has also been reportedly linked to this issue as have increased incidences of intimate partner violence (further below).

### **Gender-based Violence:**

CARE believes that:

*"It is important to remember that **GBV is happening everywhere. It is under-reported worldwide**, due to fears of stigma or retaliation, limited availability or accessibility of trusted service providers, impunity for perpetrators, and lack of awareness of the benefits of seeking care. Waiting for or seeking population-based data on the true magnitude of GBV should not be a priority in an emergency due to safety and ethical challenges in collecting such data. With this in mind, **all humanitarian personnel ought to assume GBV is occurring and threatening affected populations; treat it as a serious and life-threatening problem [...]** regardless of the presence or absence of concrete 'evidence'."<sup>27</sup>*

In order to further understand the needs of survivors of gender-based violence, and to fully understand what contextualised actions are needed to mitigate the risk to GBV, CARE has

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<sup>27</sup> IASC, Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action, 2015

gathered the following information – taken from primary and secondary sources between 2013 and 2016.

### Sexual Violence

- **There has been an increase in the number of reported incidents of sexual violence since July 2016<sup>28</sup>** and reports of sexual violence, including rape, by soldiers in uniform have increased dramatically in the capital Juba.<sup>29</sup> Prior to the clashes in July, sexual violence was being **used as a weapon of war** in areas of conflict, such as Unity State.<sup>30</sup> Sexual Violence has been described to have been used throughout South Sudan, and by multiple armed actors<sup>31</sup> between 2013 and to the end of 2016. It should also be noted however, **that prior to 2013, military actors were identified through GBV IMS data as being responsible for a large proportion of rapes and sexual assaults.** There are reports of family members forced to watch the rape of their relatives, gang rapes, and survivors as young as 9-years-old.<sup>32</sup>
- A CARE Uganda SRH/GBV assessment conducted in September 2016, revealed that women and girls had reported fleeing to Uganda to escape high levels of sexual violence. **Sexual violence was reported to have taken place throughout the route of migration** within South Sudan itself as well as when crossing the border.
- In Eastern Equatoria, **women, men, boys and girls all report that they cannot move outside the town or village for fear of being physically or sexually attacked.** There are daily reports of targeted and indiscriminate attacks affecting civilians and of rape and sexual assault (by military and non-military actors). This has been **reported to have been perpetrated against both males and females** (but as with all gender-based violence, it has most adversely affected females).<sup>33</sup>
- In Eastern Equatoria, many IDPs are being hosted with relatives or living in overcrowded semi-structures with little protection from the elements and **no privacy, no dignity and therefore increased risk of sexual violence** (including rape, sexual assault, unwanted touching, name calling, and other forms of sexualized harassment). People continue to live in fear of attacks, **with many living in crowded conditions in caves**, in nearby hills due to fear, or as a result of their homes being destroyed.<sup>34</sup>
- In Eastern Equatoria, across all counties surveyed, women **reported that they go out to collect food/firewood knowing the risk of rape** but they do it to protect men who are more likely to be killed. Reports of attacks on women and girls seeking firewood, food or trying to find relatives outside of Protection of Civilians (PoC) sites and IDP camps continued throughout the country between 2013 and 2016.<sup>35</sup>

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<sup>28</sup> <http://reliefweb.int/report/south-sudan/south-sudan-opening-remarks-delivered-un-resident-coordinator-south-sudan-eugene>

<sup>29</sup> [http://ec.europa.eu/echo/files/aid/countries/factsheets/south-sudan\\_en.pdf](http://ec.europa.eu/echo/files/aid/countries/factsheets/south-sudan_en.pdf)

<sup>30</sup> UN News centre, UN report highlights ‘searing’ account of killings, rapes by South Sudanese forces, 11 March 2016 <http://www.un.org/apps/news/story.asp?NewsID=53420>

<sup>31</sup> <http://www.nwo.nl/en/news-and-events/news/2016/wotro/2016.04.20-policy-brief-on-sgbv-in-south-sudan.html>

<sup>32</sup> United Nations Human Rights Office of the High Commissioner, *Terrorized, Killed, Rapes and Starving: The Fate of Civilians in South Sudan’s Continued Civil War*, March 2016 [<http://www.ohchr.org/EN/NewsEvents/Pages/SouthSudanReport.aspx>]

<sup>33</sup> FEWS alert, August 23<sup>rd</sup>, 2016

<sup>34</sup> FEWS alert, August 23<sup>rd</sup>, 2016

<sup>35</sup> [http://reliefweb.int/sites/reliefweb.int/files/resources/SS\\_Humanitarian\\_Bulletin\\_October.pdf](http://reliefweb.int/sites/reliefweb.int/files/resources/SS_Humanitarian_Bulletin_October.pdf) UNFPA, October 2016

- **Stigma about sexual violence and other forms of GBV remains high in South Sudan.** Despite the stigma associated with GBV, 15 women in Eastern Equatoria openly discussed sexual violence being perpetrated against them during focus groups conducted as a part of a CARE assessment - with 8 in one Boma, having first been ordered to carry looted items into the bush by armed men. Respondents in another Boma reported that 7 women were raped while working on their farms. Incidences of sexual violence against men were reported to be lower, as 2 young men were reported to have been raped by unknown gunmen in previous days. Risks to men were more commonly identified by communities as ranging from harassment and accusations (of spying) from military personnel at checkpoints to killings – however sexual violence perpetrated against men carries with it even more stigma in South Sudan (due to its mistaken association with homosexuality) than that perpetrated against women and girls and so, **it should be assumed and believed that women, men, boys and girls are being targeted by military perpetrators of sexual violence.** However, due to the high rate of criminality in South Sudan, non-intimate partner perpetrators of sexual violence are not all necessarily military actors and in these cases, we have seen that the vast majority of survivors reporting have been women and girls.
- Forced recruitment into armed groups is prevalent for girls as well as boys, and during our assessment in Eastern Equatoria, it was revealed that a number of **girls were taken by armed groups to be used as cleaners and cooks. Sexual violence is also likely to be a factor in the recruitment of girls into armed groups.**
- In a study conducted in early 2016,<sup>36</sup> **23% of respondents in Bentiu POC said someone in their household had been sexually assaulted in the past five years and nine percent of respondents said someone in their household had been sexually assaulted in the past five years - most of the incidents described were conflict-related.** However, given the nature of sexual violence and the endemic nature of it in South Sudan, we should not assume that this is the only form of sexual violence occurring at higher rates, and we should also not assume that the percentage stated is accurate – it is very likely higher much than this. **It is reasonable to assume, therefore, that 1000s of South Sudanese women and girls (and to a lesser extent men and boys) have experienced sexual violence between December 2013 and December 2016.**
- There are **reports of transactional/survival sex** taking place by women and girls by both displaced and non-displaced women and girls.

Intimate Partner Violence (sexual, physical, emotional, economic violence perpetrated by an intimate partner of the survivor)

- In the Protection of Civilians sites in 2014, CARE noted that women maintain all of the day-to-day responsibilities for the household such as cooking, washing, caring for children, collecting firewood, etc. Both women and men view the man’s primary role as to provide for the family monetarily. Since men are largely unable to play this role now due to lack of income-generating opportunities and insecurity outside, they are considered by both men and women to have “nothing to do.” Strict gender roles

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<sup>36</sup> Deng, D, Willems. S, Sexual and Gender-Based Violence (SGBV) in Unity State, South Sudan, 2016

prevent them from sharing responsibilities within the household. Thus, women can most often be found working in their homes while men can be found passing the time elsewhere together (drinking tea, playing cards, talking, etc.). In 2016, this situation has spread to the general population in the most conflict affected areas, as income generating activities are diminishing and the ability to farm has depleted due to a lack of ability to move freely. **In 2016, risks to the safety of women and girls were also described as occurring within households where socio-economic stress emanating from increased food insecurity has created an increase in the frequency and severity of intimate-partner violence.**

- In Eastern Equatoria, women described significant psychological distress due to the increase in intimate partner violence.

### Child and Forced Marriage

- According to CARE's rapid gender analysis work conducted in Jonglei in November 2016, women are still considered to be the 'property' of men and their family. Children resulting from marriages are considered to be the 'property' of the husband's family, and women are inherited by a male relative of the husband's family should he die. According to our gender analysis work, in the current context, with men engaged in conflict, **widow inheritance has become an increasing issue in many areas of South Sudan.**
- In Eastern Equatoria, **child marriages are reported to have increased over the past two months as a coping mechanism for the economic revival of families in crisis**, as they receive a bride price in exchange for their daughter. This practice also means a reduction in the number of mouths to feed in the home. Furthermore, families often confuse child marriage in emergencies as a form of protection and may not fully understand the protection and reproductive health impacts this can have: *"Adolescents, particularly girls under 16, have immature pelvises which may be too small to allow a baby to pass through the birth canal. This can result in obstructed labour, a medical emergency requiring an emergency caesarean section. Delay in accessing emergency obstetric care for obstructed labour can lead to obstetric fistula or to uterine rupture, haemorrhage and death of both the mother and the baby. Adolescent mothers are also more likely to have spontaneous abortion, premature births and stillbirths than older mothers. The infants of adolescent mothers are 50% more likely to die during their first year of life than those born to mothers in their twenties."*<sup>37</sup> Considering the overall reduction in the number of teenage births described in the demographics section of this document, and the increasing number of child marriages taking place, we can assume that the number of teenage births will increase in the coming months and years. **Given the high-risk of pediatric pregnancies, the humanitarian community should expect that the maternal mortality rate will increase.**

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<sup>37</sup> Save the Children and UNFPA, Adolescent sexual and reproductive health toolkit for humanitarian settings, 2009, p33, [www.unfpa.org/sites/default/files/pub-pdf/UNFPA\\_ASRHtoolkit\\_english.pdf](http://www.unfpa.org/sites/default/files/pub-pdf/UNFPA_ASRHtoolkit_english.pdf)

### Denial of Resources, Opportunities and Services

- Due to the gender discrimination discussed at the beginning of this document, women and girls may more generally be denied access to resources, opportunities and services – a form of GBV.
- In Eastern Equatoria, **women report having been marginalised from their usual livelihoods activities**, particularly in the case of small businesses, **by an increased incidence of harassment by men, who sometimes refuse to pay for services/goods.**
- Women do not have access to and control of valuable resources/assets, such as animals and other capital goods. They only have access to and control of those implements needed for them to perform their reproductive and non-paid domestic work. These include household utensils and food items. Displacement has not changed their traditional roles and responsibilities of women significantly. The most significant difference is the fact that those from pastoral communities do not have animals to graze and because of inadequate space in the POCs and lack of title to land in the spontaneous sites, those from agricultural communities cannot engage in planting and harvesting. **Generally, the limited earnings that women make from the sale of low-value resources is primarily dedicated to family subsistence, and is not sufficient for capital accumulation.**<sup>38</sup>
- Access to resources in the home (as well as the community) is usually controlled by men. CARE's work in the South and East of the country has revealed that control of food is dominated by men. Although women and girls have strict gender roles concerning the cooking and preparation of food, men and boys in the family eat first. Further, access to protein is also dominated by men and boys, with women and girls prohibited from eating certain protein-rich foods, such as eggs and in some locations parts of the chicken. Men have described throughout the country, holding women responsible if there is a lack of variety in meals and explained that this could be a trigger for men to physically assault women – whether there is a variety of goods in the market or not.

### Gendered Child Protection Concerns:

- Due to restrictions on movement, **girls are reportedly being held back from attending school.**
- **Boys and girls are also not attending school as they are employed in labour activities in order to bring income into the household.**
- In Eastern Equatoria, there are a high number of **child headed households** due to the loss of parents to HIV/AIDS and conflict. It was reported to CARE that these family heads experience a lot of challenges especially **exploitation and sexual violence in the case of the girls.**
- In July 2016, **13,000 boys and girls have become separated from their parents** as a consequence of the fighting,<sup>39</sup> girls who become separated are more likely to experience sexual violence than boys.

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<sup>38</sup> UN WOMEN, *Bridging Gender Gaps in Humanitarian Action (Analysis and Assessment) Report*, September 2014

<sup>39</sup> Save the Children, Family Tracing and Reunification Weekly Caseload Report: 3 July 2016

### Gendered Protection Concerns Effecting Men and Boys:

- In CARE's assessments in Uganda, men and boys reported that they had fled primarily to escape forced recruitments. Further, two women reported that their **husbands had killed themselves as a means to avoid recruitment.**
- An estimated 16,000 boys and girls have been recruited into armed forces and groups,<sup>40</sup> a high proportion of this number are likely to be boys.

## Other Groups with Intersecting Inequalities

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CARE believes that there is insurmountable evidence that women and girls are at higher risk of multiple protection concerns, including gender-based violence, in humanitarian contexts. There are some groups, however, whose vulnerability during an emergency is high because of other power dynamics and social norms in their community – aside from gender. When these inequalities combine with gender inequality, we see that women and girls are often at even further risk. It is important to note that the inequalities below should not be considered separately to gender roles and responsibilities, but rather considered in concert with them.

### Intersecting Inequalities: Disability and impairments

As South Sudan has spent the majority of the past 40 years in a state of war or with serious levels of intercommunal conflict, it goes almost without saying that tens of thousands of people have been disabled as a result of conflict or through disease or accidents. According to the Sudan Population and Housing Census, 2008/2009, there were at least 5.1% of the population who were classified as having a disability.<sup>41 42</sup>

Despite the development of the *South Sudan National Disability and Inclusion Policy* in 2013, the conflict halted the limited progress which had been made in this area. During the conflict, people with disabilities continue to face discrimination, limited access to services (education, health), and limited access to employment. Additional issues which have happened since the conflict are that people with disabilities are left behind as people are displaced and that they are unable to access aid distributions. During the conflict, people with disabilities have been attacked and targeted – with reports that some were burned alive.<sup>43</sup>

Having a child born with a disability is thought by many communities in South Sudan to be a sign that the family is being punished by God. Many with mental impairments and disabilities are thought to be a 'curse'. Children are locked away, whilst it is not uncommon for people with mental disabilities to be kept chained up. It is considered that this action is taken in order to 'protect' the person. There is discrimination within the disabled population as well, people with physical disabilities as a result of conflict are likely to view their

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<sup>40</sup> UNICEF (2016) South Sudan: Hundreds of children recruited into armed groups, reports UNICEF: 19 August 2016

<sup>41</sup> Including disabilities in vision, hearing, speech, physical disabilities and learning disabilities

<sup>42</sup> Ministry of Gender, Child, Social Welfare, Humanitarian Affairs and Disaster Management, *South Sudan National Disability and Inclusion Policy*, 2013

<sup>43</sup> United Nations Human Rights Office of the High Commissioner, *Terrorized, Killed, Rapes and Starving: The Fate of Civilians in South Sudan's Continued Civil War*, March 2016 [<http://www.ohchr.org/EN/NewsEvents/Pages/SouthSudanReport.aspx>]

situation differently than those who were born with a disability or who have become disabled due to a health condition.<sup>44</sup>

People with disabilities remain at risk for multiple protection concerns and vulnerable to other risks associated with isolation. Their lack of ability to leave their homes reduces their ability to access urgently needed aid. Distributions urgently need to take this into account and target people with disabilities for distribution through home visits, or through the use of community volunteers who are able to identify people with disabilities and deliver aid to them.

People with disabilities may experience an increase in the severity of their disability, especially those who require medication, during conflict. This may be particularly pertinent in cases of mental disability with a lack of adequate medication coupled with the stress, distress and trauma associated with conflict and displacement, there pre-existing condition may be compounded. There will, undoubtedly, be an increase in the number of people with physical disabilities and impairments as a result of the conflict.

People with disabilities, in particular girls, generally have an increased risk to sexual violence being perpetrated against them.<sup>45</sup>

### **Intersecting Inequalities: Refugees and Migrants**

There are still over 200,000 refugees from other countries in South Sudan. There are also a number of economic migrants and of course development and aid workers. The targeting of specific nationalities or of specific professions has taken place recently. Kenyan nationals were recently targeted and in recent months' western humanitarian aid workers were targeted for sexual violence by the military in Juba. GBV programming must be able to adequately respond to GBV incidents perpetrated by its own staff, and have a focal point in each office able to receive reports and provide post-rape medical treatment in access to a health facility is not possible for access or security reasons.

## **Suggested mainstreamed gender and GBV responses**

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The suggested mainstreamed gender and protection response below are not supposed to be fully comprehensive, but rather the minimum requirements for the current phase of the crisis.

It is deeply concerning that sex and age disaggregated data on both IDs and people in need is not available. There is a dire need for the humanitarian community to work together in order to provide SADD to be used by all actors in the design of programming.

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<sup>44</sup> IRIN, *Scant Help for South Sudan's Disabled*, Feb 2013

<sup>45</sup> P M Sullivan, & J F Knutson (1998). 'The association between child maltreatment and disabilities in a hospital-based epidemiological study', *Child Abuse & Neglect*, 22, 271–288

## Gender, GBV and Food Security & Livelihoods

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### **Sector Specific Issues of Concern:**

- Lack of food and resources to buy food has been shown above to contribute to intimate partner violence;
- Women and girls do not have the same access and control of food as men and boys. Men and boys are given nutritional preference in the home. Women and girls are prohibited from eating certain protein-rich food items, especially in more rural locations;
- Pregnant and lactating women require additional nutrition, which may be difficult to acquire due to mobility concerns associated with conflict and violence;
- The oldest girl child is likely to be given the responsibility to take care of children and the home if her mother is engaged in income generating activities – programming must mitigate the risk of that;
- Women and girls (and to a lesser extent boys and men) may enter into exchanges for food and resources.
- Access to distribution points may be limited due to issues for women, men, boys and girls with mobility concerns, and general insecurity which reduces mobility – particularly for women within the town.

### **Methods of Mitigation:**

- Food distributions should be coupled with sustained Information Education Communication (IEC) messaging and community mobilisation techniques used with a focus on intimate partner violence and the links to access and control of resources in the home. Further work should be conducted addressing harmful social norms concerning the sharing of food within the home, the negative impacts of male nutritional preference and myths and misconceptions surrounding protein-rich foods and gender addressed;
- Any work conducted which encourages women and girls into income generating opportunities, should be coupled with a series of gender and intimate partner violence discussions with male members or husbands of the participant's family, to discuss budgeting and access and control of resources. There must be an agreement that the oldest girl child will not be pulled out of education to take on the duties of the mother in order to take part in livelihoods activities.
- Pregnant and lactating women (and others with specific protection concerns) should be targeted for distributions and other forms of support. Specific, accountable vulnerability criteria should be created to ensure that 'vulnerability' is objective. CARE will use a points based mechanism, which has been trialled in other contexts;
- In the current environment, it is vital that all FSL staff members are trained in PSEA and understand the reporting mechanism – where no reporting mechanism exists, one must be created. All vendors, contractors and partner organisations should also be trained and should use the same reporting mechanism to avoid confusion. Shared reporting mechanisms (at least at a local level) are suggested, to improve accountability and to reduce confusion about the means of reporting. The code of conduct and the reporting mechanism will be explained verbally at the beginning of distributions, to ensure that women and girls are aware of their rights in this regard.

It is important that this is communicated in a way which is sensitive to the low-literacy rate amongst women and girls;

- A thorough community mapping is to be conducted prior to distribution of aid, to ensure that women, men, boys and girls are able to access distributions in a safe, secure and accessible location. Community volunteers are to be trained to identify and reach the most vulnerable within the community who may not be able to make the distributions even if provided in a safe location – such as people with disabilities, or female headed households with young children. Further, a simple analysis is to be conducted prior to distribution in each site, which reviews the typical actions of women, men, boys and girls from morning until evening. This will allow for targeted distributions to take place without placing further burden on the population. This is particularly important for women, who may delay other activities – such as collecting firewood – in order to collect the distribution. This may place women at further risk of sexual violence as community-based protection mechanisms could be disrupted; women may be able to attend to their roles and responsibilities which could act as a trigger of intimate partner violence. Information about the distribution must be communicated early and often to the community verbally through community-based volunteers and through IEC materials;
- All programming on food distribution is informed by participatory consultations with women, girls, boys and men in the affected population;
- 50% of all FSL staff are women and there is a gender-balanced team with regards to positions of authority. Organise child-care support in order to encourage women to take part as staff and volunteers;
- Design commodity- and cash-based interventions in ways that minimize the risk of GBV. Ensure a thorough assessment is conducted for each community to ensure that programming does not increase frequency and severity of Intimate Partner Violence;
- Include interventions that increase agricultural production for women;
- As cattle ownership is a driver of intercommunal violence, women may be at risk if agencies provide this as part of women focused activities. In stable contexts women, girls and other at-risk groups should be provided with cattle and trained in their care. Work with the community will be required to ensure acceptance of ownership and prevent violence occurring. In conflict prone areas, women, girls and other at risk groups should be provided with other livestock assets (such as goats, rabbits and sheep) and trained in how to keep them and how to use their milk to provide nutrition. In Equatoria and Upper-Nile regions, this programming has taken place on a smaller scale in the past.
- Solar cooking should be encouraged (for men and women) and instruction provided in how to use these. This would be intended to reduce the need for women to go to the bush to collect firewood.

For further mainstreaming actions please see: [www.gbvguidelines.org](http://www.gbvguidelines.org) & <https://www.humanitarianresponse.info/system/files/documents/files/GBV%20Guidelines%202005.pdf>

## Gender, GBV and Nutrition

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### Sector Specific Issues of Concern:

- Women and girls are reported to have been reducing their food intake further due to the food security crisis;
- The increase in child marriage will increase the number of early pregnancies. Teenage pregnancies require a high level of nutrition and in the current context will lead to poor health and nutritional status for the baby and mother – further increasing the already high risk of health complications during teenage pregnancy;
- Men and boys who have been separated from their families may not know how to cook for themselves. This may be especially prevalent in adolescent boy IDPs who have been displaced whilst escaping recruitment. Men who are single heads of the household may not be able to adequately provide nutrition for children;
- Women who are heads of households may have to take on non-traditional ‘male’ roles. The additional time and labour required in order to complete these tasks in addition to their own traditional roles, may mean that infants and young children’s feeding practices are disturbed;
- Lactating women who are IDPs living in close quarters, may not feel comfortable in breast feeding.

### Methods of Mitigation:

*In addition to ‘Methods of Mitigation’ described in ‘Gender, GBV and Food Security & Livelihoods’.*

- Nutritional targeting of teenage pregnancies to occur;
- Cooking and nutrition lessons should be conducted specifically targeting men and boys. Men and boys do not necessarily have to be single. This activity should be used as a means to support families to divide cooking practices, relieving women from the burden of cooking and encouraging men to engage in domestic activities as a means to reduce nutrition triggered intimate partner violence;
- Dignified breast-feeding centres should be set-up in informal and formal IDP settlements.

For further mainstreaming actions please see: [www.gbvguidelines.org](http://www.gbvguidelines.org) & <https://www.humanitarianresponse.info/system/files/documents/files/GBV%20Guidelines%202005.pdf>

## Gender, GBV and Health

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### Sector Specific Issues of Concern:

- Women are not able to participate in health programming in an equitable way;
- There are myths and misconceptions prevalent within all communities in South Sudan concerning reproductive health care for women - for example: in Western Bahr El Ghazal honey is used as a contraceptive and large quantities are eaten in

order to bring on abortions. These practices are fuelled by community myths. They combine with the further myths that contraceptive pills cause infertility and the association with the woman who take them being 'easy'. This combination means that women are more likely to have unwanted/unplanned pregnancy and means that women do not have full control of their body and reproductive health.

- With the increase in child marriage reported, maternal mortality and infant mortality will increase.

#### **Methods of Mitigation:**

- Hold sex and age segmented focus discussion groups with women, men and adolescent girls and boys in each location to ensure a thorough understanding of beliefs and practices towards health (and particular reproductive health) in each location of operation. There are huge differences from location to location in South Sudan;
- Community mapping and discussions should be conducted to ensure that new health facilities and mobile clinics are located in a safe, accessible place for all and that the design is gender-sensitive;
- Provision of basic health services with times, staffing, and locations that ensure the needs of men, women, boys, and girls are addressed equitably;
- Ensure that the timing of clinics and specific services are discussed with women, men, boys and girls, to ensure that the target group is able to equitable access different services;
- Ensure that at least two health care professionals in health centres are trained in Clinical Management of Rape Survivors and are provided with post-rape treatment kits. They should have a thorough understanding of drug regimens in order to be able to continuously provide services with or without the replenishment of RH kit 3.
- Ensure health centres have internal and external referral pathways and if there is a GBV case management/Psychosocial service provider, that a Standard Operating Procedure (SOP) is set-up with a clear delineation of roles and responsibilities, shared vocabulary, reporting mechanisms and minimum standards.
- Maternal health care should be provided and post-natal support given to ensure that there is a reduced harmful impact on girls who have been married early as a result of conflict and food insecurity. Outreach programming in the form of community mobilization should be used to ensure that women, men, boys and girls are made aware of the dire consequences of child marriage (from a health and psychosocial perspective).

For further mainstreaming actions please see: [www.gbvguidelines.org](http://www.gbvguidelines.org) & <https://www.humanitarianresponse.info/system/files/documents/files/GBV%20Guidelines%202005.pdf>