

SOUTH SUDAN CURRENT EMERGENCY RESPONSE THROUGH A GENDER LENS

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The purpose of this document is to inform advocacy messages to relevant stakeholders.

Summary of key messages:

- 1. Gender and the prevention of gender based violence is the responsibility of all actors.**
- 2. More funding of protection and GBV actors to scale up operation. More funding for GBV programs – medical, counselling and psychosocial support.**
- 3. More funding and responsibility for sanitary materials and pep kits.**
- 4. Organisations to establish presence and services in displacement sites outside of PoCs.**

The humanitarian response in South Sudan before 15 December was already challenging in many respects, with influx of returnees from Sudan and surrounding countries, limited infrastructure and a lack of governance and justice, low national capacity, high unemployment and illiteracy rates, food insecurity, poor health, and severe gender disparities. One in seven women will die in childbirth or pregnancy¹; women have lower education than men with only just 16% of women literate compared to 40% of men²; high levels of early marriage with 45% of girls marrying before the age of 18³; and that 41% of women in a 2009 survey reported experiencing some form of violence⁴.

However, the unpredictable and complicated nature of the emergency has posed real challenges to the humanitarian response. The sudden influx of people to UN bases left humanitarians ill-prepared to adequately respond, unfortunately necessitating standards to be compromised as humanitarians are forced to make hard choices. The poor standards, while unacceptable, are not because of lack of trying, but rather due to a complicated relationship between the humanitarian system and UNMISS, as well as the nature of the conflict. Unlike the typical IDP situation, where displaced persons would flee to a geographical area to seek reprieve from violence, in this situation, desperate people fled to the UN base, forcing the UN peacekeeping mission to open its gate, allowing people into a space not large enough nor intended for residence. Peacekeeping missions are not usually the first responders to humanitarian crisis, as in the case of UNMISS, not designed, equipped or prepared to deal with the emergency.

The location of displaced persons in UN peacekeeping bases severely compromises humanitarian action, and the minimum standards by which such actions are to be conducted, thus, this modality of the protection of civilians needs critical rethinking. However, this is a separate discussion.

Of imminent concern is how the recent onset of and continued violence since 15 December has exacerbated gender and protection gaps that were already proving difficult to address.

¹ Southern Sudan Household Health Survey Report. 2006.

² UNICEF South Sudan; <http://www.unicef.org/southsudan/Education.pdf>

³ Republic of Sudan: Sudan Household Health Survey. 2010 p.60

⁴ UNIFEM Gender-based Violence and Violence Against Women: Report on Incidence and Prevalence in South Sudan. 2009

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Insecurity, tension, high levels of violence and the threats or fear of violence from one ethnic group upon another, chronic poverty, critical food insecurity, overcrowding and substandard living conditions in displacement sites, and a sense of uncertainty linger in Juba town, in the UN peacekeeping bases (Protection of Civilian sites), in urban and rural settlements, and in all affected states – in particular Jonglei, Upper Nile, and Unity.

Almost all humanitarian standards have been compromised, justified with the excuse “due to the complexity and rapid changing nature of the emergency”, and also valid given the numbers of times a protection site has fallen and been taken over by either side of the conflict, causing displacement, and new influx, and undoing what response was commenced. The rapidly changing face of the response, from the constant short surge of capacity has affected the quality, consistency and continuity of the response. Although these broader systemic response issues are in themselves separate discussion points, they have a direct impact to the protection response.

Funding of Protection Cluster partners stands at a total of approximately 12% according to FTS, underscoring resource constraints for response. This is nowhere near adequate to address the range of gender and protection concerns. In addition to limited funding, there is the heavy concentration of humanitarian actors operating inside of PoCs where approximately only 10-15% of the displaced populations are found⁵. Displacement sites outside of PoCs, including in Warrap, have very few actors, thus leaving large pockets of displaced populations without basic lifesaving services. This saturation of limited humanitarian space in PoCs also led to unstrategic and fractured interventions to the humanitarian crisis leaving significant gaps in areas most at need.

While the issues presented below pertain to populations in PoCs, it can be extrapolated that the issues also resonate with populations outside PoCs.

An examination of assessments including those conducted by agencies, NGOs, gender focal points⁶, review of minutes of meetings, discussions and interviews with key stakeholders and community members themselves, and general observations, have identified a number of recurring gender gaps and themes, prioritized as follows:

WOMEN AND GIRLS' BASIC NEEDS NOT MET

Five months into the emergency response, and the most basic needs for women and girls have not been met. This has in part been as a consequence of slow response by lead agencies. The distribution of sanitary materials have been ad hoc, if at all. For example, in UN House, the first distribution, in only one of the two sites (at PoC1), took place in April. Women and girls of reproductive age in PoC2 have yet to receive their sanitary material. Procurement and distribution to other PoCs have been ad hoc, without a clearly articulated strategy regarding frequency, nor amount. The lack of clear accountability and lack of clarity regarding who is ultimately responsible has added to the confusion and delays. A variety of additional issues including lack of supplies, lack

⁵ There are approximately 30 organisations operating inside Juba PoCs.

⁶ Including Gender assessment of Juba PoCs by UNW; IRC assessment of safety and security on dirt roads in UN House; CCCM assessment of gender gaps in UN House;

of standardization of dignity and hygiene kits, technical disposal issues for WASH facilities, general insecurity, has hampered the delivery of the most basic of women and girls' human needs.

It is acknowledged that there are competing demands, especially for WASH actors, who are charged with the responsibility to distribute hygiene kits. However, regard for the dignity of women and girls must be stressed. On 6th May, the Deputy Humanitarian Coordinator has agreed to take up these issues with UNICEF and UNFPA, a structural review needs to take place to gather lessons learned in order to streamline resources, responsibility and actions to ensure such delays are avoided for this emergency, and also for future emergencies.

Urgent action is needed by WASH and relevant clusters to ensure immediate distribution of sanitary materials to all women and girls of reproductive age in all PoCs as well as arrangements made for distribution to areas outside PoCs.

Urgent action is needed by the WASH Cluster and GBV sub-cluster to ensure planned procurement and distribution on regular basis.

Advocacy needed at global level with UNFPA and UNICEF for clarity and uniform agreement pertaining to the responsibility for, and procurement, content, and distribution of dignity/hygiene kits/sanitary materials in emergencies.⁷

Advocacy for funding for sanitary materials as a human right, as basic services for the dignity of women and girls.

WASH RESPONSE LACKING GENDER CONSIDERATION

From the lack of distribution of sanitary materials to the poor planning and construction of latrines and washing facilities that are not sex separated, poorly lit, and lacking privacy and safety, WASH activities have exacerbated protection risks for all community members, in particular for women and girls exposed to GBV.

As a result of the influx of IDP into such limited space on the UN base, causing overcrowding and reducing space for the construction of these basic facilities, WASH actors have faced enormous challenges and pressures to provide quality services. To that end, WASH standards have had to be compromised.

Competing WASH priorities in this emergency has resulted in the lack of physical separation of men's facilities from women's facilities, a lack of clear signage and lack of community sensitization, and a lack of locking system for privacy. This has in turn led to women and men using common facilities, with women and girls exposed to harassment and violence, and the fear of such violence. Such fears prevent the proper use of latrines, causing a health risk for the individuals and the wider community. While WASH facilities cannot be blamed for the prevalence of GBV, their substandard design and construction does expose women, girls, boys and men to unnecessary risks. Good, safe design of WASH facilities foster safe and healthy environment for all, as well as help to mitigate GBV by deterrence as well as to reduce the fear of insecurity.

⁷ As per the needs and preferences of women and girls through community consultations.

Safety and security issues around latrines and wash facilities have been identified and documented since January. In some instances, attempts have been made by different actors to assess and improve existing facilities as well as to ensure that new facilities in new sites are better designed with the above mentioned standards in mind. For example, in Malakal, Solidarites and CARE have engaged with GenCap and the GBV working group for support, while in Tong Ping PoC Acted has made efforts to address these gaps. However, there is inconsistency in quality and standards, with response slow which has not fully addressed the persistent inadequate standard, insecurity and inappropriateness of these facilities.

Advocacy to relevant decision making fora to:

- 1. Put in place accountability structures at the highest level, to ensure that gender considerations inform the planning and design of all humanitarian interventions.**
- 2. Adhere minimum requirements as per GenCap and Protection and GBV actors' technical guidance, and/or other minimum standards.**
- 3. Take immediate action (by WASH in collaboration with all actors including protection, and camp management), to physically assess all latrines and wash facilities in PoCs to make practical improvements to existing structures to enhance standards and improve safety and security for all community members, especially for women and girls.**
- 4. Request for additional funding for WASH services to ensure better quality and consideration of gender; and that there is funding for protection in WASH programs.**

EXPOSURE TO GENDER BASED VIOLENCE

Gender based violence including sexual violence during the conflict, as well as subsequent to the conflict – in the forms of domestic violence, rape and sexual assault, sexual harassment, survival sex, prostitution, and sexual exploitation and abuse, have been identified as issues of concern by both the humanitarian community, and IDP communities themselves. Women and girls have complained of sexual harassment and assault in and around latrine and wash facilities, as well as poor lit areas in the camps, facing such assaults when they venture outside of PoCs for livelihood and firewood collection. Limited patrolling in some locations, lack of lighting, limited number of grinding machines to grind food, and lack of access to charcoal or firewood, has put women and girls safety at risk. Enhanced gender considerations in food interventions may mitigate protection risks that women and girls are exposed to. Reports of GBV while women are walking to get sorghum grounded, or to collect firewood, have continued.

In some locations, attempts have been made to provide grinding mills to address the need for women to leave the PoC to grind food. In other locations, charcoal has also been distributed as part of the NFI distribution to alleviate women and girls from having to leave the PoCs to collect firewood where it has been identified as a protection risk. Similarly, in Bentiu PoC, solar street lighting has been provided (assembly pending) to be prioritized for WASH areas and in Minkamon/Awerial, Lakes States, some 3000 handheld solar lights have been provided.

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However, inadequate provision of patrolling in some locations and inadequate security measures remain of concern. In particular, focus groups conducted in UN House by NRC⁸ indicated high levels of harassment and reported sexual harassment and violence by women using particular roads and exits.

While PoCs have more service providers than displacement sites outside of the PoCs, there is not enough medical, counselling and psychosocial support services for victims and survivors. Access to referral pathways is also a huge challenge given the ongoing conflict which prevents access to already limited services, particularly for women of particular ethnic origin, to medical services such as such as the Juba Teaching Hospital.

There is not adequate safe shelter options. Options should ensure victims/survivors are safe. In domestic violence scenarios, options need explore the feasibility to remove the perpetrator, even as a respite option, from the home where this is safe and appropriate, and not to automatically remove the women and children. As women are more likely than not, to return to the situation, effort should be made to ensure little disruption, while maintaining safety and security for her and her children.

There is need to further articulate the strategy on prevention and response to GBV to ensure more clarity on gaps and needs when it comes to GBV interventions. GenCap is supporting GBV sub cluster and protection cluster to strengthen capacity and response to GBV. Mapping of services is underway.

Some actors have voiced concern at the emphasis on ‘getting the numbers’ and the persistent call for ‘evidence’ of GBV, which has undermined the GBV response. While there is a need for data collection including use of GBVIMS, it should be in combination with other elements of a GBV prevention and response. There are many barriers to reporting and data collection. It should be noted that security is not guaranteed for victims/survivors in PoCs where victims/survivors are living in close proximity to the perpetrator/s. There is no one or system to keep the victim/survivor safe if it is discovered that she has reported the violence, and the perpetrator finds out. The emphasis should not only be on documenting cases, but rather on recognition that GBV will occur in conflict and emergency, and that it is an underreported crime⁹. This message has not been successfully communicated to humanitarian actors at any levels – clusters and HCT. Protection and GBV partners should be supported, resourced and funded to strengthen the response. Pep kits must also be made available.

Advocacy for urgent funding of GBV services, including for counselling, medical, and psychosocial support, as well as awareness raising campaigns. Additional funding to GBV and protection actors to scale up their current operation and service provision, in particular outside of PoCs.

Advocacy to promote gender and protection events and discussions at high level events pertaining to South Sudan.

⁸ Note on the Urgent Need to Effectively Protect IDPs Using the Dirt Road Near to the PoC2 South East Gate at UN House, NRC, April 2014.

⁹ As per ICRC recent report.

At such events on South Sudan, South Sudan should have the opportunity to showcase how it intends to prioritise and address the gender and protection issues highlighted.

On issues of PSEA, there is urgent need for pre deployment education and training of mission personnel in particular UNPOL on gender, GBV and SEA, to ensure all staff are equipped to engage with these issues upon deployment in country. Upon arrival, more training on the job is needed to ensure quality of staff to respond to victims and survivors in an appropriate manner, but also to engage communities on awareness and sensitization strategies.

Confidentiality and a victim/survivor centred approach must be further promoted; as well as more emphasis on prevention and mitigation.

DISAFFECTED YOUNG MEN

Male adolescents and young men have been identified as the most marginalized and neglected group of the affected population requiring urgent interventions. Since the beginning of the crisis, such concerns have arisen pertaining to the risk of recruitment including forced recruitment and criminal activity for young men who for security reasons, often remain encamped in the PoCs. As the crisis has evolved, different patterns and trends of population movements have seen an increase in the numbers of women and children exiting the PoCs and displacement sites, seeking refuge in neighboring countries including Ethiopia, Kenya and Uganda. This exodus of women and children has meant that the PoC populations in some locations, including in Juba, are becoming more youth and male orientated. The leadership structures are also rapidly changing with traditional male leaders also exiting, leaving a vacuum of leadership and guidance for disaffected youth.

Young people, as evidenced for example in the Malakal PoC (see *Gender Gaps in Malakal PoC* document), are disenfranchised, idle, without educational and vocational/livelihood programs, without family supervision, and without a justice system in place to assert authority. Young people are already engaged in criminal activities, including violence and sexual violence and are at risk of recruitment and forced recruitment, and alcohol and drug abuse. While empowerment and livelihood programs are needed for both male and female youth, especially outside of PoCs, there is urgent need for the engagement and empowerment of male youth to foster a greater sense of responsibility

There is urgent need to engage young people in not only education, but meaningful livelihood activities as a protection intervention.

Advocacy for livelihood interventions specifically targeting adolescent and young men. Prioritising them for cash for work, and other incentive driven programs that will keep them busy, engaged, and with a sense of purpose.

There should be increased emphasis on emergency educational and vocational opportunities, especially given the increasingly protracted nature of the conflict, for children and young people (e.g. study groups).

WOMEN AND GIRLS LACK OF PARTICIPATION AND LEADERSHIP

Despite the majority of displaced populations being women and children, and in some sites, female headed households far outnumber male headed households, women and girls continue to be marginalized and silenced through limited consultation and consideration. While ad hoc interviews and consultations have taken place with women and girls in some locations, there are no formal women's leadership structure allowing for women to actively and meaningfully engage in decision making about their experiences, and assistance. Leadership structures are male dominated. Consultations with community leaders usually mean consultations with men. Issues, concerns and ideas of women and girls are rarely represented, or invited.

In some locations individual agencies have conducted focus groups with women and girls, however the findings from those focus groups are rarely shared, and the issues and trends arising are not presented for action to other stakeholders. Some actors have expressed concern that it is not clear if the results from focus groups inform programming, or whether the community receives any feedback regarding any actions taken.

There is urgent need for camp management to facilitate the establishment of formal women's committees and leadership structures in all PoCs which need to be programmed and supported to ensure women are supported to engage in decision making, to represent the issues and concerns for women and girls. Support to women to participate may include training and sensitization to enhance skills and confidence, as well as to ensure childcare and other systemic issues related to women's gender roles that hinder their participation (such as the need for child care) are identified and addressed.

Advocacy in particular to CCCM, IOM and UNHCR on the need to ensure more participation and engagement with women and girls in planning and decision making.

GBV Sub Cluster could strengthen direct communication with GBV actors on the ground to ensure more systematic information sharing from focus group discussions, assessments and other relevant information.

INSUFFICIENT ACCOUNTABILITY TO AFFECTED POPULATIONS

There is little evidence of accountability to affected populations. While male leadership is consulted on various aspects of camp management, there is lack of communication, consistent messaging and feedback to the community about security and humanitarian situations. This has led to tensions, anxiety and rumours, and has not helped to ease the suspicion and fear of insecurity. Limited communication to the affected communities in PoCs is a protection risk not only to particular and broader affected populations, but to humanitarian actors, who are already being attacked by IDPs.

Urgent need for strengthening communication channels with IDP community. Community radio services such as InterNews should be utilized more to communicate key messages and information to affected populations as well as provide a mechanism to receive feedback about desires and wishes of affected communities.

Advocacy for funding to Internews and community radio services and culturally appropriate communications mechanisms to work in all PoCs and also external to PoCs.

STRENGTHENED GENDER ADVISORY AND TECHNICAL SUPPORT

Additional gender capacity is needed, in particular gender and protection capacity, to service the range of PoC sites as well as the numerous displacement sites outside of PoCs. The gender team could be a team of gender technical advisors working at both strategic level and in the field, providing support and guidance to clusters and partners with identify and responding to gender gaps. The gender team could be based in OCHA to provide linkages to clusters, interagency and ad hoc assessments, as well as monitoring.

Advocacy need for:

- 1. Permanent/longer term Gender and Humanitarian Advisor position as part of coordination system, and key to gender and humanitarian architecture.*
- 2. Funding for gender and GBV teams to respond in L3.*
- 3. MOU/agreement with GRG membership for joint deployment of gender team where additional funding is not available, for example, the deployment of GenCap together with other agency gender advisors/specialists (eg CARE).*
- 4. Mandatory gender and humanitarian training for all humanitarians prior to deployment to emergencies.*

Note: This document is a working draft, and may also be read together with “Gender gaps in Malakal PoC” and other relevant documents.