



Women collecting firewood, Bor, South Sudan. Kieran Doherty/Oxfam, 2014

SOUTH SUDAN GENDER ANALYSIS

A snapshot situation analysis of the differential impact of the humanitarian crisis on women, girls, men and boys in South Sudan

March–July 2016



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ACRONYMS AND ABBREVIATIONS

CCCM	Camp coordination and camp management
CEDAW	Convention on the Elimination of All forms of Discrimination against Women
CGFPWG	Cluster Gender Focal Point Working Group
CSO	Civil society organization
ECHO	European Civil Protection and Humanitarian Aid Operations
ERC	Enhanced Response Capacity
FAO	Food and Agriculture Organization of the United Nations
FGD	Focus group discussion
GBV	Gender-based violence
GDP	Gross domestic product
GER	Gross enrolment ratio
HTP	Harmful traditional practice
IDP	Internally displaced person
KII	Key informant interview
M&E	Monitoring and evaluation
NER	Net enrolment ratio
NFI	Non-food item
NGO	Non-government organization
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
PEP	Post-exposure prophylaxis
PoC	Protection of Civilians site
PSEA	Prevention of sexual exploitation and abuse
SEA	Sexual exploitation and abuse
SOP	Standard operating procedure
SPLM	Sudan People's Liberation Movement
SPLM-iO	Sudan People's Liberation Movement – in Opposition
STI	Sexually transmitted infection

SSRRC	South Sudan Relief and Rehabilitation Commission
SSUDA	South Sudan Development Agency
UDHR	Universal Declaration of Human Rights
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNMISS	United Nations Mission in South Sudan
WASH	Water, sanitation and hygiene
WFP	World Food Programme
WRO	Women's rights organization

DEFINITION OF CONCEPTS

EMPOWERMENT means achieving control over one's life through expanded choices. Empowerment encompasses self-sufficiency and self-confidence and is inherently linked to knowledge, skills and voice.

GENDER refers to the socially and culturally constructed differences between men and women. The social constructs vary across cultures and time, and influence the economic, social, political and cultural attributes and opportunities associated with being male or female.

GENDER ANALYSIS is the systematic assessment of the impact of policy, programmes and practices on women and men respectively and on the social and economic relationships between them.

GENDER-BASED VIOLENCE (GBV) Gender-based violence (GBV) is an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e. gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. These acts can occur in public or in private.

GENDER EQUALITY refers to the equitable enjoyment by women and men of socially valued goods, opportunities, resources and benefits. Achieving gender equality requires changes in the institutional practices and social relations through which disparities are reinforced and sustained.

GENDER EQUITY is a situation where distribution of resources, benefits and rewards between women and men has taken into account their differences and the different forms of social discrimination they may face.

GENDER MAINSTREAMING is a process of identifying and taking into account the needs and interests of women and men in policies, programmes, strategies and administrative and financial activities.

GENDER NEEDS are particular needs arising out of the relative positioning of women and men. These can be *practical* – particular requirements for needs such as food, shelter or income – or *strategic* – long-term needs which challenge the gender division of labour and the lack of gender equality, such as legal rights, skills and leadership training.

GENDER PERSPECTIVE refers to one's view of needs, interests and challenges and their relative significance from the standpoint of either women or men.

GENDER ROLES are duties and responsibilities that have been classified and allotted to women and men by society. These roles vary across cultures, context and time.

PRODUCTIVE WORK is carried out for the production of goods and services and/or is intended for consumption and trade.

REPRODUCTIVE WORK is done for the maintenance of the home, e.g. collecting wood, assuring water supply, food preparation, taking care of children.

SEX describes the biological make-up of a person rather than their socially ascribed characteristics.

SEX-DISAGGREGATED DATA results from the collection of information and the analysis of its results on the basis of sex.

SEXUAL AND GENDER-BASED VIOLENCE (SGBV) includes any form of action or gesture directed against a person based on their sexual and gender roles. For example, a man may divorce his wife claiming that she is barren (the sex role is to conceive), while a woman may desert her husband because he is not able to provide for the family (a gender role).

VIOLENCE AGAINST WOMEN AND GIRLS (VAWG) is a sub-category of GBV that results in physical, sexual or psychological harm or suffering to women and girls, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or private life.

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EXECUTIVE SUMMARY

BACKGROUND

The continuing conflict which began in December 2013 is having a devastating impact on the lives and livelihoods of millions of South Sudanese women, men, boys and girls. Conflict has displaced populations, reduced food production and disrupted livelihoods and markets, making South Sudan one of the most food-insecure countries in the world. Women and men of all ages are suffering from the effects of conflict, including abuses and loss of control over, and access to, vital resources.

In recognition that conflict can further aggravate existing vulnerabilities, exacerbate poverty and reinforce gender gaps, Oxfam conducted a gender analysis field study in May–June 2016 as part of the ECHO-ERC project ‘Institutionalizing Gender in Emergencies: Bridging Policy and Practice’.

This study was conceptualized on the basis of a gap analysis of previous work done on gender in South Sudan. Whereas other studies explored specific issues pertaining to gender in the country context, this study aims to audit and understand the overall perceptions of communities and aid workers on the performance of the humanitarian aid effort in gender mainstreaming in five different locations across the country. It highlights differential gender needs that are, or are not, being addressed, and the reasons for the perceptions that communities and aid workers have, as well as differential coping strategies and changing gender dynamics. It suggests, where possible, opportunities for improved and engendered programming by humanitarian donors, UN agencies, Cluster organizations, INGOs and NNGOs, as well as national and local authorities. It also aims to inform long-term modes of engendering programming needs in the protracted conflict.

The study was carried out in Wau State, Jonglei State and Juba State and attempted to cover a broad range of situations that people are living in across the country. The assessment targeted 490 internally displaced persons (IDPs) in these areas. In each location, the study team also conducted key informant interviews (KIIs) and focus group discussions (FGDs) among women, men, boys and girls and in some cases reached out to host community members. The selection criteria aimed to reach vulnerable communities and to achieve a gender and age balance among respondents.

The document is structured into four sections. Section 1 focuses on the overall severity of the crisis, and Section 2 explores vulnerable populations and gender-related impacts of the ongoing emergency. Section 3 identifies the change in gender dynamics and coping strategies, while Section 4 highlights the priorities and opportunities for gender-based programming.

SUMMARY FINDINGS

1. Overall

- Affected communities and relief agencies describe the humanitarian crisis and suffering experienced in South Sudan during the period 2013–16 as the most devastating ever. Humanitarian aid is insufficient to cover basic needs for women, men, boys and girls in all the study sites.
- Across the five study locations more than 60 percent of respondents reported that ongoing civil war is the main reason for their displacement and this rose to 85 percent across Protection of Civilians (PoC) sites, signifying the overall severity of the current conflict. However, responses varied widely by study site and included 'ethnic clashes' and 'communal violence' (rather than national conflict), as well as economic decline and diseases as reasons for flight.
- Climate shock as a reason for flight was also prevalent, revealing the complex nature of the protracted conflict in different locations.
- There were no significant differences between male and female responses.

2. Gender-related impacts of disaster

Access to food and nutrition

- All sections of the population described food insufficiency in terms of both quantity and lack of variety of food, while reduced food intake was a feature of all study sites. This is mostly due to dependence on, and lack of frequency of, humanitarian distributions, especially where conflict is affecting access to the population.
- Infants and children under the age of five were felt to be especially vulnerable, due to the overall scarcity of food but also the lack of variety of food to meet children's nutritional needs, such as milk and liquid food.
- Adolescent boys and girls who are displaced and living among host communities may in some cases be de-prioritized by host families and not receive food assistance.
- There is evidence that women may be suffering greater food insecurity, due to their cultural and social roles as care givers of children and older people, meaning that they may refuse or pass on food within families, especially in female-headed households where there may be a concentration of needs.

Access to shelter, including in IDP camps

- The study found an overall severe lack of provision of shelters for all segments of the population, with shelter needs identified as second only to food needs in all study sites. Shelter needs were highest for IDPs living within host communities in Wau State and Twic East County. Communities connected lack of shelter to a higher incidence of malaria.
- More respondents identified shelter to be poor or very poor for boys (54 percent) and for women and girls (49 percent) than for men (41 percent). While the conditions were considered equal in the PoC sites, women, girls and boys were all seen as particularly suffering from lack of shelter in Wau State and Twic East County.
- Reasons for poor shelter in the host community related to returning families wanting their houses back, while overcrowding in the PoC sites related to large numbers of unregistered people crowding into shelters designed for 3–4 people.

- Communities in PoC sites raised concerns that shelter materials were inappropriate and were not renewed within their lifespan, and did not know or understand whose mandate it was to provide shelter (e.g. people blamed UNMISS for the inappropriate shelter even though there were specific agencies tasked with providing this).
- Unmet gender needs include the perception by men and boys in PoC sites that they are deprioritized for shelter needs.
- There is strong evidence that poor shelter is increasing people's risk of gender-based violence (GBV). More than half (51 percent) of respondents said that they knew of cases of GBV happening due to poor shelter. Boys and girls under 13 were also alarmingly at risk due to poor shelter. Women spoke of lack of privacy for bathing and washing private items, especially during menstruation.

Access to education

- The findings of the study confirm national-level statistics of wide gender disparities in and low levels of education: of 490 people surveyed, 64 percent of females and 38 percent of males had never been to school. There were wide differences across the study sites in terms both of the gender gap in and of access to education.
- While 85 percent of communities said that there was a primary school available, the lack of secondary school institutions in both PoC and host communities has prevented the transition of boys and girls to secondary education. There was also concern about the quality of education offered in existing institutions, which was felt by respondents to be a barrier to education.
- Eighty-two percent of respondents said that early marriage was the main reason for girls not attending school, and increased care work was the second most common reason. This is an indication of the potential rise of child marriages for girls as a negative coping strategy in the communities surveyed, and this trend was supported by qualitative data.
- Forty-nine percent of respondents said that the main reason for boys not attending school was 'lack of ability to pay school fees' (as opposed to 13 percent who cited this as the main reason for girls). Boys in focus groups confirmed the finding, citing lack of resources for books, fees, and uniforms.
- Fear of GBV on the way to school was a factor preventing access to school (sexual harassment and rape for girls and forced recruitment into armed conflict for boys).
- The lack of menstrual hygiene products was given in focus groups as a reason why girls could not attend school (see WASH section for quantitative data).
- The study showed a lack of availability of female teachers in nearly 40 percent of schools, which reflects national-level statistics (fewer than 10 percent of South Sudan's teachers are women). This is a significant likely barrier to girls' education, as female teachers increase perceptions of safety, raise expectations and provide role models for girls.
- In PoC sites schools were available for all, but respondents said that children with disabilities were not able to access school.
- Overall the focus groups expressed a high demand for education from all boys and girls, with some women members of focus group saying that men's absence due to conflict meant that they could prioritize girls' education.

Health, including sexual and reproductive health

- Quantitative and qualitative data indicated that war injuries and animal attacks (mostly snakes and scorpions) were the most prevalent health needs across all sections of the population.
- Boys were the only section of the population for whom animal attacks were an even more likely risk than war injury – 45 percent of respondents said that animal attacks were the biggest health problem for boys.

- Malaria was perceived to be the biggest health problem for women, girls and young children by a larger number of respondents than for men and boys.
- The widespread incidence of HIV and AIDS as well as other sexually transmitted infections (STIs) arose as a concern in focus groups and respondents cited lack of health structures, as well as poor awareness of how to prevent and protect against the spread of the virus.
- Although health facilities in the survey sites existed in accordance with international standards, medicines were reported often not to be available, or were said to be costly, thereby preventing access to healthcare.
- There is a lack of maternity and paediatric facilities in the surveyed sites and the majority of women and girls give birth at home without any medical support.
- Concerns expressed by girls in focus groups included lack of pregnancy prevention awareness and contraceptives.

Livelihoods and access to productive land

- More than three quarters (75.5 percent) of 490 respondents said that cultivation remains the main source of livelihoods across all surveyed segments of the population, even though the populations studied had been displaced from their land (see Section 3 on coping strategies for other livelihood opportunities).

Access to water, sanitation and hygiene (WASH)

- Data gathered showed that, in line with national statistics, safe water is scarce. According to 65 percent of respondents, the primary source of water in the camps or communities is rainwater. This finding was confirmed by key informants and by qualitative discussions; respondents also stated that where water from wells is insufficient it can cause community conflict and it is time-consuming for women to stand in a queue.
- From the quantitative data gathered, only 51 percent of respondents said that facilities for solid waste disposal were available in their camps/communities; a situation which increased the risk of preventable water-borne diseases. There have been cases of cholera outbreaks in the PoC sites and host communities surveyed.
- On average, 51 percent of women, girls, boys and men interviewed said that they had access to latrines and bathing facilities. The conclusion is that a large percentage of the population in both PoC sites and communities are practising open defecation; this was confirmed by key informants.
- There is a lack of separate and well-lit latrines that are lockable from the inside for women and girls: 38 percent of women and girls said that they did not have access to safe latrines, exposing them to the risk of sexual harassment and sexual violence.
- Ninety percent of respondents claimed that ensuring availability of clean water for household consumption was the role of women, meaning that the lack of WASH facilities falls most heavily on women.
- Access to menstrual hygiene products for women and girls is only partially being met. Among women and girl respondents, 41 percent did not have access to sanitary towels and indicated that these were not always included in non-food item (NFI) packages.

Access to information

- Radio is the most used and preferred source of information for the majority of respondents, followed by public meetings. Men in particular gave priority to radio (73 percent), while women, girls and boys preferred either to be informed through involvement in public meetings or by radio, in similar measures.

Protection issues

- There is a very high level of gender-based violence for all population groups; 41 percent of the 490 respondents said that they had experienced GBV within the last year.
- The study revealed testimony of sexual violence, rape, murder and torture committed against men and women, boys and girls as an act of war. Risk of GBV is restricting movement outside of camps, particularly for men and boys.
- Respondents shared accounts of purported war crimes perpetrated against children. An example was abduction by armed groups, which was cited in all surveyed sites. Another example shared was rape and torture being used as weapons of war against boys and girls during the ongoing conflict.
- There was felt to be an increase of domestic violence in communities. The respondents in various FGDs indicated that domestic violence was largely socially accepted by men and women and increased during times of crisis.
- Respondents reported that early marriage for girls, where men pay cows or money as a dowry, was becoming common as a negative coping strategy.
- Respondents reported accounts of sexual violence against women and girls in communities, including rape, sexual exploitation and abuse. Among IDPs, about one-fifth (20.8 percent) of respondents reported experiencing rape or sexual assault since the outbreak of the conflict in 2013. On the question of the perpetrator, 51.3 percent of those reporting having experienced rape or sexual assault identified police or soldiers, followed by strangers (35.9 percent).
- Responses varied by settlement, with respondents from the Juba PoC site recording the highest incidence of rape or sexual assault (71.8 percent).
- Both primary data (from respondents in FGDs) and secondary data (various publications and reports) revealed uniformed persons to be the main perpetrators of sexual violence against women and girls. At the same time, the police remain the most common institution for referral of GBV cases.
- Both men and women are suffering from severe and often gendered psychosocial distress due to the conflict, and this is revealed throughout the report. This research predominantly identified significant negative psychological effects on men, who feel that they are no longer able to perform their societal role as providers for their families.
- Out of boredom and frustration, many men and boys are resorting to alcohol and/or substance abuse, which leads to antisocial behaviour, often creating additional protection risks for women and girls.

Decision-making and leadership

- The findings from the quantitative data show the lack of decision-making power among women and girls at household and community levels. Within the household, the research shows that most women have little or no involvement in decision-making. In contrast, most male respondents considered themselves 'decision makers'; this was corroborated by boys and girls, who identified men as the principal decision makers in their households.
- Women tend to make certain decisions in the absence of their husbands, such as the decision to send their female children to school (see section on education above).

3. Changing gender dynamics and coping strategies

Productive work

- For women and men, the opportunities for productive income-generating activities, such as agriculture and the sale of livestock, have been significantly reduced.
- There is a noticeable shift evident in the gendered division of labour, with more women taking the opportunity out of necessity to actively engage in petty trade and construction.

- Regarding participation in paid labour and petty trade/businesses, the most significant increase in participation was observed among boys and girls.

Care work at home

- The burden of reproductive and unpaid care activities has increased for females, both in terms of tasks and time taken, due to the need to cater for more people.
- A significant number of boys have started to engage in unpaid reproductive activities outside the home (fetching water, etc.), indicating a change in the gendered division of labour.

Coping strategies

- From the quantitative and qualitative data gathered, poverty is cited by girls and family members as driving factors in decisions to marry young. For poor families with little money even for food and basic necessities, marrying off their daughter early is an economic coping strategy.
- In Bor, Twic East County and Wau State, FGDs provided evidence that collecting and selling firewood has become one of the most commonly used coping strategies to escape poverty. This is the most readily available natural resource that can be exploited, as displacement will have meant abandonment and/or loss of livestock and crops.
- In Wau State protected area, the community in Akobo Counties and the Bor PoC site, women engage in petty trade as a key coping mechanism.
- In Bor, women engage in small-scale/petty businesses such as selling vegetables and milk brought to them inside the PoC site by other traders, while men engage in casual paid work such as garbage collection and digging trenches to allow dirty water from the bathing facilities and rainwater to flow away easily.
- In Akobo Counties, women reported that, aside from farming, they carry out petty trade, buy and rear goats/cows and grow vegetables in gardens.
- Concerns about widespread prostitution among girls and women were raised in the PoC sites in Juba. Testimonies offer evidence of an alarming increase in the use of this means by women and girls as a coping mechanism to alleviate the effects of poverty.

KEY RECOMMENDATIONS

Overall

- Institutionalize gender considerations by supporting implementation of the National Gender Policy and other key national policies. Opportunity already exists through engagement with the National Gender Coordination Forum.
- Focus on longer-term strategic gender needs as well as on immediate needs, and in particular consider education.
- Focus on long-term livelihoods needs and accountable governance to improve resilience and reduce dependence on aid.
- Mainstream effective GBV referral systems in all programming, provide psychosocial support and implement prevention of sexual exploitation and abuse (PSEA) policies.
- Include strategies for targeting men and boys for GBV and women's rights initiatives.
- Implement initiatives that increase women's voice and participation in humanitarian programming.
- Use gender-appropriate public information and awareness-raising channels.

Food and Livelihood Cluster

- Extend the categorization of vulnerable populations to include female-headed households and apply differentiated targeting practices focusing on inclusive information provision and registration.
- Urgently target infants under the age of five, and boys and girls between the ages of 10 and 19, as a priority vulnerable group, ensuring that the food they need is sufficient in quantity and that quality and safe and clean water is available.
- Expand humanitarian assistance to female-headed households with the inclusion of a food package that includes easy-to-process grain and fortified blended food.
- Widen assistance to elderly and disabled people, enhancing the delivery of food at household level or providing special assistance.
- Prioritize support for capacity building on women's economic empowerment.
- Create income-generating opportunities for men to overcome the loss of their traditional livelihoods.
- Provide access to productive land for women and men.
- Seize the opportunity to increase men's awareness of women's overburden of work. If access to land is restricted, provide women and men with the equipment, materials and knowledge to establish kitchen, urban and community gardens.
- Where markets are closed or roads are blocked by armed groups, restore or create specific markets for food provision in the PoC sites and host communities in order for displaced populations to have access to fresh food.
- Mitigate risks of violence while collecting firewood by providing locally manufactured clay fuel-efficient stoves.

Shelter and provision of NFIs

- Provide additional safe and appropriate shelters to displaced populations.
- Guarantee proper registration of newly displaced populations for shelter allocation.
- Ensure shelters for unaccompanied children under the age of 18, with special regard to unaccompanied females
- Expand distribution of NFIs, including clothing, shoes, soap and detergent, jerry cans, water storage vessels, cooking utensils, fuel-efficient stoves, blankets and barrels to build latrines, as well as school materials and menstrual hygiene products for women and girls.

Education

- Guarantee the creation and construction of new schools at primary and secondary levels and improve existing schools.
- Enhance girls' school enrolment rates through the provision of 'cash for education' to them or their families in order to pay school fees and cover meal costs and accompaniment in their movement to safeguard against GBV.
- Extend to boys 'cash for education' opportunities to ensure their access to school. Meet the needs of boys to access other recreational activities and library resources to reduce alcohol and drug use.
- Provide training to male teachers in order to support girls' school enrolment rates, and to prevent and reduce violence against girls and boys in schools.
- Increase the number of trained female teachers and volunteers in schools.
- Support the provision of literacy courses to women.

- Raise awareness of special educational needs, including mobility needs, to increase access in camps and other settings.

Health, including sexual and reproductive health

- Ensure the provision of free medical care for IDP women, girls and boys in hospitals/clinics, and an adequate quantity and quality of medicines.
- Address widespread common diseases and health concerns.
- Target actions to prevent and respond to HIV/AIDS and STIs. Ensure access to free screening to detect HIV/AIDS and STIs.
- Raise awareness through training and reflections on HIV/AIDS and STI prevention and response.
- Guarantee free maternal and paediatric care for women, girls and their children. Provide free healthcare for mothers giving birth at home, with the necessary medical assistance and facilities.
- Ensure that healthcare providers are proficient in the clinical management of rape, and are trained in handling survivors of sexual and gender-based violence (SGBV).
- Improve the sexual and reproductive health of girls and women. Provide training and access for girls to pregnancy prevention and culturally accepted contraceptive methods. Include men and boys in this awareness-raising activity.

Access to water, sanitation and hygiene (WASH)

- Install gender-specific water, sanitation and hygiene hardware. In emergencies, ensure separate locations for latrines for females and males, with locks, lighting and water availability. In host communities, consider cultural barriers to the use of latrines in the design and placement of toilet facilities.
- Step up public health promotion activities and training on disease prevention for internally displaced populations, to include STIs, HIV/AIDS, nutrition for pregnant and lactating mothers and children and treatment for survivors of SGBV and animal attacks.
- Increase the number of both male and female community health volunteers.

Protection

- Protection actors and UNMISS should increase protection for women, girls and boys during their movements outside the camps to collect water and firewood, training men and boys to be the 'protectors' of women, girls and children and promoting establishment of mixed sex and age watch groups, as well as movement in bigger groups.
- Protection actors should strengthen referral systems to support women, girls, boys and men who have been affected by GBV or who require psychosocial support due to the crisis, so that they are able to access the appropriate service providers for their different needs and within the appropriate period of time (within 72 hours for survivors of sexual violence). Service provision should likewise be strengthened and training on the clinical management of rape should be provided, as well as post-exposure prophylaxis (PEP) kits and Mama Kits (for safe delivery).
- Civil society organizations (CSOs) should raise awareness among families of the value of the girl child, changing stereotypes and attitudes from considering girls as family property – which results in early arranged marriage as a means to escape poverty. Awareness raising on the rights of the child may be encouraged to include protection of the boy child.

- CSOs should engage religious elders and community leaders – who are nearly always men – since they are the decision makers in communities where early or child marriage is prevalent.
- CSOs should raise awareness among women and girls on the effects of child marriage, on preventing unwanted pregnancies and on the effects of prostitution, and increase their self-esteem and willingness to access education and schooling.
- Rule of law actors working with authorities and UNMISS should provide immediate training to police forces to support reduction of SGBV.
- Child protection actors should support young girls who have already married, providing the chance to complete or continue their education, information on their human rights and GBV, and access to sexual and reproductive health, including contraception.
- Camp coordination and camp management (CCCM), protection, livelihoods and other civil society actors should raise awareness amongst police and camp managers to prevent the spread of sex for food.

1. INTRODUCTION

1.1 SOUTH SUDAN: COUNTRY PROFILE AND GENDER INEQUALITY

South Sudan has an estimated population of 12.34 million, as of 2015,¹ and is one of the most diverse countries in Africa, with over 60 different major ethnic groups. The majority of its people are Christians, with a Muslim minority, though many actively practise elements of traditional religions at the same time. South Sudan is the world's youngest country, and seceded from Sudan on 9 July 2011. However, independence did not bring it the stability so many had hoped for, and conflict has worsened since December 2013. The country has vast and largely untapped natural resources, but remains undeveloped, characterized by a subsistence economy.²

South Sudan ranked 169th out of 188 countries on the UN Human Development Index in 2015 and held the same rank on the UN Gender Development Index (GDI), which compares disparities between women and men in three basic dimensions of human development – health, knowledge and living standards.³ The extreme poverty rate has increased to 65.9 percent.⁴ As of 2013, the country's maternal mortality rate of 2,054 deaths per 100,000 births was one of the highest in the world.⁵

1.2 HUMANITARIAN OVERVIEW

There are urgent humanitarian needs across South Sudan as a result of multiple and interlocking threats, including armed conflict and inter-communal violence, economic decline, disease and climatic shocks. Across the country, 1.69 million people have been internally displaced since 15 December 2013, including more than 900,000 children under 18 years of age, according to UNICEF in July 2016.⁶ As of November 2016, the UN Mission in South Sudan (UNMISS) estimated that the six Protection of Civilians (PoC) sites are currently sheltering more than 200,000 internally displaced persons (IDPs), and the impact of the ongoing refugee crisis is being felt across the region.⁷

As of July 2016, South Sudan was facing unprecedented levels of food insecurity as nearly 4.8⁸ million people – about 40 percent of the country's population – remained in urgent need of food assistance.⁸ Despite the concerted aid efforts by some organizations, the food crisis is deepening. Livelihoods have been destroyed by the conflict and there is economic decline, with livestock looted, killed and disease-prone, and crops destroyed or planting delayed due to violence, displacement and unfavourable weather. Nearly one in every three pregnant and lactating women is malnourished.⁹

1.3 BACKGROUND TO THIS REPORT

In order to take into consideration the needs and priorities of South Sudan's most vulnerable groups, a Cluster Gender Focal Point Working Group (CGFPWG) was initiated in 2014 and has been supported and developed by the ECHO-funded project *Institutionalizing Gender in*

Emergencies – Bridging Policy and Practice between September 2016 and March 2017. It consists of a collaboration of 11 UN agencies and international and local NGOs active in South Sudan (UN-Women, Oxfam, Saferworld, Norwegian People's Aid (NPA), UN Food and Agriculture Organization (FAO), UN Population Fund (UNFPA), UN High Commissioner for Refugees (UNHCR), CARE, Nonviolent Peaceforce (NP), South Sudan Development Agency (SSUDA) and Nile Hope Development Forum (NHDF)).

The scope of the working group is to build a learning platform to share evidence and best practices and to enhance organizational learning and capacity to mainstream gender in emergencies. The CGFPWG is active at country level, advocating for gender mainstreaming in all activities undertaken to address the current humanitarian crisis in South Sudan, with specific actions addressed to national clusters (WASH, NFI, Protection, Health, Food and Education). As well as the field study, Oxfam conducted a self-assessment exercise to determine the adequacy of humanitarian aid organizations working in South Sudan with regard to institutionalizing gender mainstreaming in their humanitarian programme activities. The assessment targeted organizations already working in various ways with gender issues, who were already members of the CGFPWG or willing to become members of the group (see Annex 1).

1.4 SAMPLING AND METHODOLOGY

The gender analysis was undertaken during the period May–June 2016 using a combined methodology, including a secondary data review (SDR), a survey, focus group discussions (FGDs) and key informant interviews (KIIs), at household and community levels. The methodology triangulates these qualitative and quantitative datasets.

Data is disaggregated where appropriate by study site area: **Bor PoC** in Bor town, located in Bor South County; **Twic East County** in Panyagor Payam (Ariel and Pamot Bomas); **Akobo Counties**, including Walgak Payam in Akobo West County and Padoi Payam in Akobo Central County; **Wau State** in Wau County, Bazia Payam (Hai Bafra and Tabaala Bomas); and finally **Juba PoC** in Jubek State. The study targeted IDPs living in the Juba and Bor PoC sites as well as host communities and IDPs hosted therein in the rest of the areas covered.

The selection of the five study sites was an attempt to reach a broad and representative range of women, men, boys and girls in different contexts across the country – both in camps and in settlements, as hosts and as IDPs, and to capture a range of experiences. The range of different situations accounts for the differences in reasons for displacement.

Quantitative interviews were conducted with 490 IDPs and individuals from PoC sites and host communities, comprising 50.72 percent female and 49.28 percent male respondents. The selection criteria for respondents were based on purposeful and targeted sampling to reach the most vulnerable households and to achieve a gender and age balance among male and female respondents.

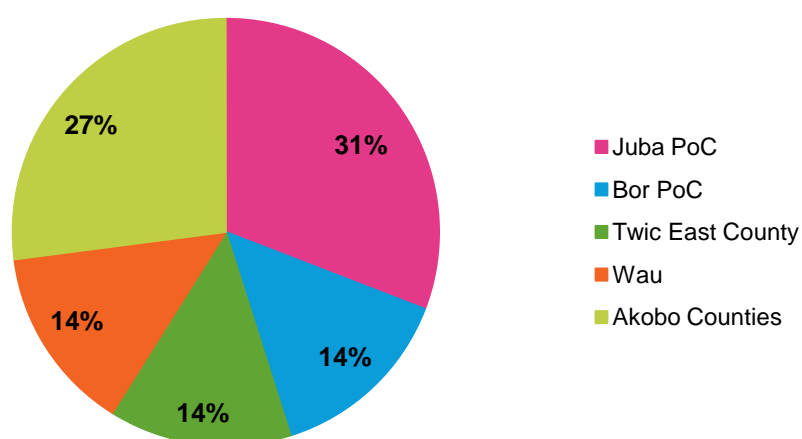
Throughout this report, reference to children denotes adolescent girls and boys aged between 13 and 18 years, unless otherwise stated. Where it is about infants and children under the age of 13, the age range is stated.

Figure 1: Sex-disaggregated data by age (overall survey respondents)

	Below 18	18–24	25–34	35–44	45–64	65 and above	Don't know
Female: no. of respondents	2	36	95	80	31	4	0
Female: % of sample	0.4	7.3	19.4	16.3	6.3	0.8	0
Male: no. of respondents	0	14	60	100	48	17	1
Male: % of sample	0	2.9	12.2	20.4	9.8	3.5	0.2

For the assessed areas, the research team was composed of 25 enumerators who randomly selected and interviewed a predetermined number of households. The analysis comprised over 78 questions. The survey questionnaire was implemented across the five selected sites, which accounted for the following percentages of respondents: Bor (14 percent), Twic East County (14 percent), Juba (31 percent), Akobo Counties (27 percent) and Wau (14 percent).

Figure 2: Location of interviews by percentage of total (overall survey respondents)



Secondly, 40 FGDs were conducted with separate groups of women, men, girls and boys, separately and in mixed groups. Thirdly, 21 KIIs with government representatives, national and international humanitarian agencies and local leaders were conducted in each of the selected sites, ensuring a gender balance. Finally, enumerators shared their direct observations during the fieldwork, and feedback was collected from participants and civil society to ensure endorsement and validation of the findings.

1.5 OVERALL NEEDS IN THE CURRENT CRISIS

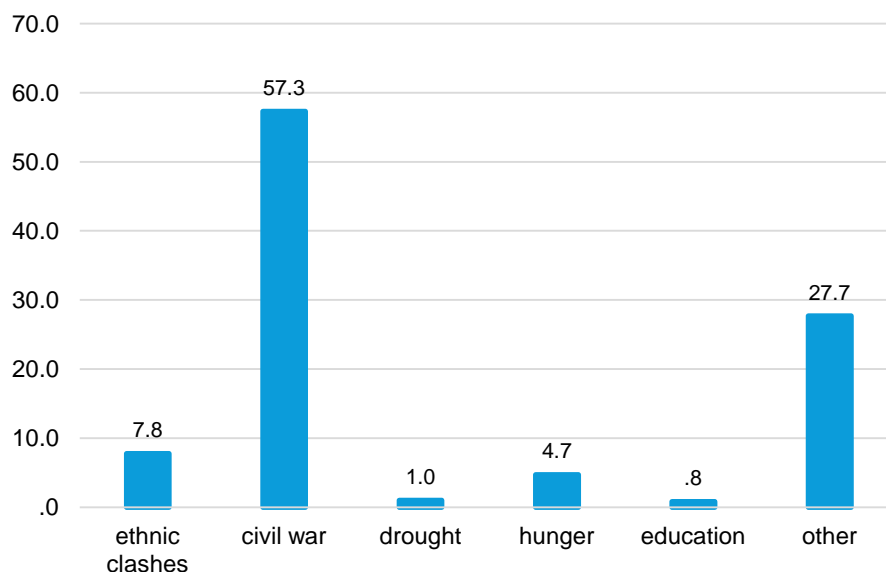
Overall, affected communities and relief agencies described the humanitarian crisis and suffering experienced in South Sudan during the period 2013–16 as the most devastating ever.

Testimonies gathered during the FGDs with IDPs indicated the impact on the local population: *'These two years are the worst compared to the 21 years of the war. The first war was better because there was no restriction on movement. We could still trade and cultivate'* (FGD, women, Wau State). Women, men, boys and girls are in desperate need of food as the aid provided by humanitarian agencies is insufficient: *'Since 2005 when peace was signed, we have never had any peace. We come here, we make our houses. We start cultivating, then the Nuer come and the Murle come. Before the war, we cultivated, harvested, stored and used our harvest to trade for other items. Our main problem is hunger. The little from the UN is not enough. We are hungry'* (FGD, men, Twic East County). IDPs living in PoC sites and host communities are in difficult psychosocial conditions, facing the trauma of loss and widespread conflict, and unable to meet their basic needs: *'We are here for three years. It's like a prison, but we are optimistic. We are civilians, we are not party to the conflict'* (Camp community chair (CCM), Bor PoC).

1.6 REASONS FOR DISPLACEMENT

Of a total of 490 respondents in the study, more than half answered that the civil war was the main reason motivating their displacement. Asked why they left their original homes to settle in the camps and among host communities, 57.3 percent of respondents identified civil war as the main reason, followed by 7.8 percent who identified ethnic clashes as the main cause for their displacement. Lower percentages were reported for hunger and educational reasons (Figure 3). There were no significant differences between male and female responses to the question.

Figure 3: Reasons given by interview respondents for joining the camp/host community (%)



However, the figures broken down by study site reveal a lot of differences between sites, and this is reflective of the wide range of circumstances that people in South Sudan find themselves in. For a summary situation analysis and reasons given for displacement in each study site, see Annex 2.

2. VULNERABLE POPULATIONS AND GENDER-RELATED IMPACTS OF DISASTER

2.1 ACCESS TO FOOD AND NUTRITION

In South Sudan millions of women, girls, men and boys are struggling to feed themselves as the crisis takes its toll on food production and on the economy. In the South Sudan 2016 Humanitarian Response Plan (January–December 2016), published in December 2015, nearly one in every three people in the country was considered to be severely food-insecure and 3.6 million were considered to be ‘stressed’. One in three pregnant and lactating mothers was considered to be malnourished. More than 686,200 children under the age of five were estimated to be acutely malnourished, including more than 231,300 who were severely malnourished.¹⁰

Overall scarcity of food

The results of this study bear out evidence of high levels of hunger in all the study locations. Humanitarian food assistance is perceived as being insufficient to overcome hunger in the camps and settlements. As an FGD respondent indicated: *‘Aid agencies are helping us, but rarely, and rations usually are too small and there is no variety’* (FGD, men, Akobo Counties). *‘Our main problem is hunger. The little from the UN is not enough. We are hungry. Food is our priority need’* (FGD, men, Twic East County). Male and female respondents in the FGDs across the five surveyed sites referred to restrictions around personal food intake, which included reducing the number of meals per day or borrowing food and limiting portion sizes at mealtimes, and reducing the variety of the daily diet. Findings from Akobo Counties, Wau State and Juba showed that both the frequency of food consumption and the amount of food intake have reduced; people within the communities were also more likely to eat a single component of a meal (for example sorghum, a cereal grain commonly cultivated in the drier regions). In areas where there were no IDP camps, the respondents interviewed expressed the opinion that they felt a burden to their host communities and were waiting for roads to open so they could return home.

The widespread lack of adequate food in Wau State was associated with a number of factors linked to the crisis, namely i) the massive displacement of farming communities in the hinterland of Wau City who subsequently were unable to cultivate; ii) the blocking of key roads which supply Wau City thus preventing free trade and movement of goods between Wau and the surrounding towns and counties; and iii) the huge numbers of IDPs living among the host community. One consequence of this has been a very sharp rise in the cost of living, in particular the cost of food in Wau City.¹¹

During the study period, systems for the distribution of food and non-food items (NFIs) have been compromised. Some respondents in the Bor PoC site reported problems with the registration of IDPs, with some cases of the extortion of fees by chiefs and their agents. As a result, a large number of IDPs are unregistered and therefore do not have the tokens enabling them to receive food assistance.

Vulnerability of young children due to overall food scarcity and particularly a lack of variety of food

From the qualitative data collected during the study, it appears that food insecurity of infants and young children relates to the overall scarcity of food and also to the poor available variety of food. Young children (under five) and infants are seen as the most vulnerable group in relation to food insecurity. As reported by an FGD participant: *'Malnutrition among children is common due to unavailability of a balanced diet. Sorghum is the main food distributed'* (FGD, women, Akobo Counties). FGD participants in Panyagor also noted the lack of variety of food that is distributed intended for young children and infants. The FGD in Akobo Counties also confirmed this: *'We are concerned about the rationing of food, because it is reducing by the day. The current ration does not take into account the need for nutritious food, thereby neglecting the need for healthy living for children, the elderly and women'* (FGD, mixed group, Akobo Counties).

Vulnerability of IDP boys and girls living in host communities

According to information obtained in various FGDs, since it is up to host families to decide who eats first in the household, children between the age of 13 and 18 in host communities (Wau State, Twic East County and Akobo Counties) are de-prioritized for the food intake distributed by humanitarian agencies: *'The host community sometimes blame the IDP children when the host children do bad things and give the food to their own children first, so sometimes there is no food left for them. They hide things like soap for their own children. Some hosts register their own children but not the IDPs, or sell the WFP food received'* (FGD, boys, Wau State).



Women carrying charcoal, South Sudan. Mackenzie Knowles Coursin, March 2014

Vulnerability of female-headed households due to high needs in the household

From the qualitative data collected by the survey, it appears that after children and infants, girls (13–18) and elderly and disabled people were considered to be the most insecure population groups by all sections of respondents. Women as a general category were also considered by

respondents to be more vulnerable than men, and particularly those in female-headed households. It was suggested that in some cases women in female-headed households may skip meals so that other household members can eat. As one key informant said: *'In Wau State there are a lot of female-headed households with malnourished children and disabled family members'* (Wau State, Key informant). The reason for this was given by focus groups as a cultural preference for women and girls to be providers of food within the family, and therefore to eat after other family members.

Lack of variety of food was also recognized by a few to not meet the special nutritional needs of pregnant women and lactating mothers. *'Most of the IDPs in Akobo Counties rely on sorghum as the main meal, which increases the chance of malnutrition, particularly among the most vulnerable people, such as children, women, pregnant women, elderly and disabled'* (FGD, mixed group, Akobo Counties).

2.2 ACCESS TO SHELTER

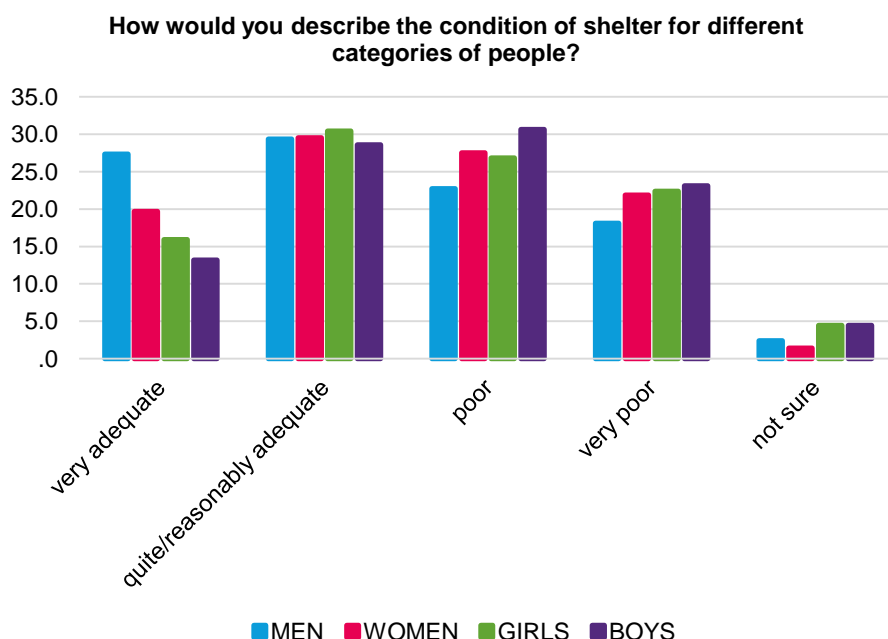
Because of the high level of displacement, shelter needs across the country are huge and are worsening.¹²

Lack of adequate shelters causing exposure to malaria

High shelter needs of IDPs were confirmed by the study. The problem of lack of shelters was second only to lack of food, and was greatest among IDPs living with host communities. Communities expressed concern that lack of shelter meant exposure to malaria. *'Many of us, including children, are sheltering in verandas and in makeshift tents and face grave dangers of contracting diseases such as malaria'* (FGD, mixed group, Juba). In Twic East County, focus group respondents reported concerns about the risk that children faced of contracting malaria as a result of families sleeping in the open during hot weather. Malaria is the number one cause of morbidity in the country, accounting for 69 percent of all morbidity.¹³

Forty-eight percent of respondents identified the condition of shelters as poor or very poor. Shelter was deemed to be especially inadequate for boys, women and girls, less so for men. Overall 54 percent, 49 percent and 41 percent of the respondents identified shelter to be poor or very poor for boys, women and girls, and men respectively.

Figure 4: Condition of shelters as perceived by respondents



Across the study sites, the perception of adequacy varied widely. In the Juba PoC site, 65 percent of respondents identified the existing shelter as either poor or very poor, and this was similar across genders and ages. The highest sense of adequacy of shelter was felt in Akobo Counties, where 87 percent of respondents considered shelter to be reasonably adequate or very adequate. Wau State and Twic East County, both IDP settlements, received the lowest rating of shelter adequacy, with 72 percent and 66 percent of respondents respectively identifying shelter to be either poor or very poor. In these sites the greatest need was identified to exist among women (77 percent and 72 percent for Wau State and Twic East County respectively), girls (75 percent and 73 percent) and boys (69 percent and 68 percent).

Reasons for poor shelter in IDP settlements and PoC sites

For the IDPs living among host communities, the main problem they identified was that the shelters that they were living in, in addition to being overcrowded, did not belong to them but rather to the host community. *'A number of hosts from these communities had fled the war but were beginning to return and would need their homes back'* (FGD, women, Twic East County). This was particularly an issue for communities where hosts were returning to their homes which were temporarily occupied by IDPs, as stated by women in the discussion: *'The homeowners are coming back, and we are now displaced again; we do not have mosquito nets. We now do not have anywhere to stay. No beds. We sleep on the floor'* (FGD, women, Twic East County).

In Wau State and Twic East County, host households said that they were accommodating as many as 10–12 IDPs, placing enormous social and economic strains on themselves. Lack of adequate shelter was often accompanied by a complete lack of a number of NFIs.

In Juba, female and male participants in the focus groups identified the main obstacle to attaining adequate shelters to be unregistered persons who entered the camp, resulting in insufficient food and shelter for registered household members. The same issue was discussed in Bor PoC: *'New families come in to camp and have to squeeze in with existing families – no additional food or shelter is given'* (FGD, men, Bor PoC). Participants reported that tents meant for 3–4 people according to international Sphere standards were often shared by more than 10 people. *'Lack of adequate shelter has seen structures meant for four people shared by as many as 10 people. The influx of new entrants into the camp has stretched the facilities. Shelters are*

not provided separately to women, children and men, mainly due to logistics and difficulty in separating families’ (FGD, mixed group, Juba).

Respondents from both PoC sites observed that while shelters were supposed to be renewed annually, they had not once been renewed since they had occupied them. They also questioned the appropriateness and quality of the bamboo being brought for construction (propping) and repair of the shelters. They indicated that the plastic tenting material wore out easily (within four months) while the bamboo was prone to attack by termites, which also ate the tents, resulting in leakages during the rains. Further, while the bamboo had been delivered to the camp some time ago, it had not yet been distributed to the community, although the rains were imminent.

Camp management and gender issues in PoC sites

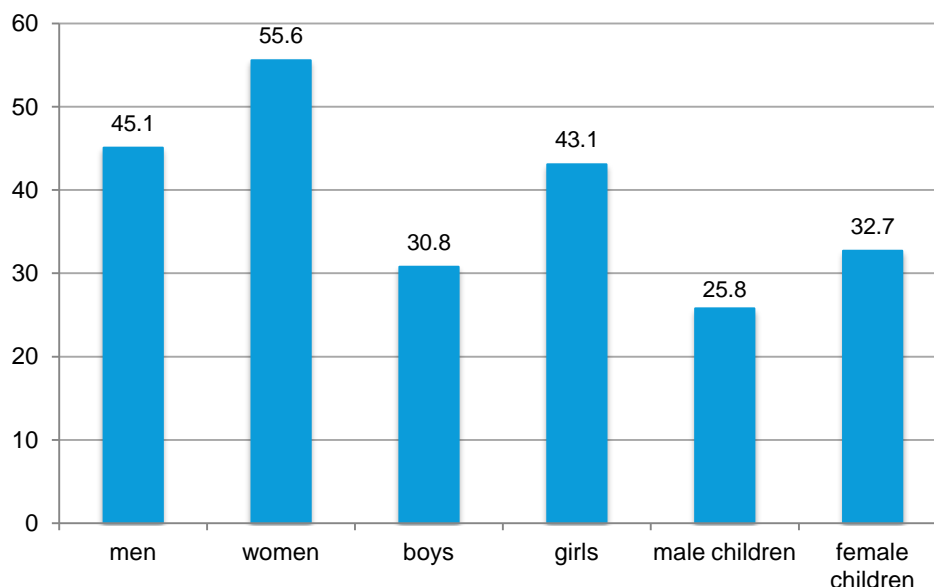
Many of the respondents in the PoC sites blamed UNMISS for the inadequacies that they faced with various shelters. There is a need for awareness raising on the distinction between the mandate of UNMISS and other varied humanitarian actors in PoC sites and camps generally, and specifically on the role of camp coordination and camp management (CCCM) teams in relation to planning and provision of shelter.

Both men and boys complained during the FGDs that there was slow and inadequate response to their shelter needs and concerns in the Juba and Bor PoC sites.

Lack and inadequacy of shelters increasing the exposure of women and girls to GBV

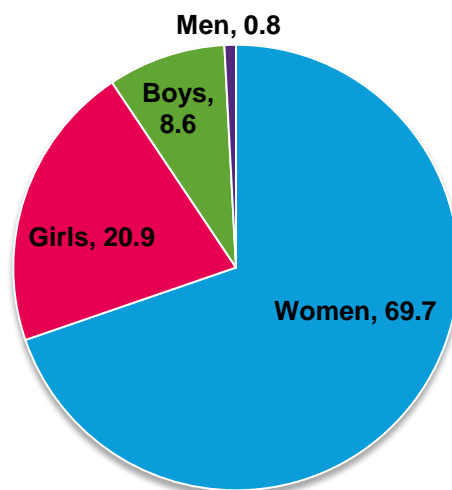
Respondents were asked if they were aware of any cases of GBV due to lack of adequate shelter within their respective settlements. Overall, 51 percent of respondents confirmed that they were aware of GBV issues due to inadequate shelter. Within the gender categories, 55.6 percent of respondents acknowledged awareness of GBV against women, and 45.1 percent acknowledging the same for men. Perception of risk of exposure to GBV due to lack of shelter was highest in the Juba PoC site, followed by Wau State and Akobo Counties. This pattern of women being the most exposed to GBV compared with men and boys applied across all the study sites. Female and male children (under 13 years of age) were also exposed to GBV, with a significant proportion of respondents confirming this alarming trend.

Figure 5: Awareness of GBV cases for different population groups



Similar responses were elicited when respondents were asked: 'Who is most at risk of GBV due to lack of adequate shelter?' A majority of the respondents identified women (69.7 percent), followed by girls (20.9 percent), a pattern that was maintained for all the study sites, as can be seen from Figure 6. It is noteworthy that the perception of the risk of GBV for women and girls was higher in the PoC sites compared with host communities, and that, for girls, it was higher within the host communities than in the PoC sites (Juba and Bor). These findings reinforce those from qualitative interviews, which revealed that girls living among host communities (Wau State, Twic East County and Akobo Counties) felt less secure and less safe and seemed to suffer more abuse compared with their counterparts in the PoC sites.

Figure 6: Most vulnerable groups at risk of GBV due to lack of adequate shelter



In both Bor and Juba PoC sites, female respondents in focus groups linked security and safety to a lack of adequate shelter, identifying overcrowded tents and inadequate bathing facilities as factors depriving them of privacy and exposing them to certain forms of GBV, such as being stared at, laughed at or made passes at by men and boys. They observed that the problem was especially acute during their menstruation, when they needed more privacy to change and to wash and dry their underwear. They also highlighted the fact that lack of adequate shelter resulted in children being exposed to sexual acts engaged in by adults, placing them at risk of being sexually abused.

2.3 ACCESS TO EDUCATION

At just 27 percent as of 2015, the adult literacy rate (above 15 years of age) in South Sudan is among the lowest in the world.¹⁴ Official statistics show that the proportion of school-aged children enrolled in school in 2015 (the net enrolment ratio, or NER) was just 43.5 percent for primary and just 2.9 percent for secondary education, with secondary education completely unavailable in large parts of the country.¹⁵ Recognizing that due to the protracted crisis many students in school are over-age, and counting all pupils enrolled as a proportion of school-aged children (gross enrolment ratio, or GER), the figures are 69.8 percent for primary and 9.3 percent for secondary.¹⁶ The large difference between NER and GER means that many South Sudanese, despite all the odds, enrol in school at an older age if they missed the chance when they were younger, indicating a high level of aspiration for education in the country and likely recent improvements in the availability of schools. However, enrolment is not a reliable indicator of attendance or attainment and completion rates, where they exist, are much lower, indicating very poor quality of schooling, schools that do not cater to the full range of grades and high levels of repetition and drop-out.

Against a backdrop of very low educational outcomes for both boys and girls, the gender disparities in education are also wide. Official statistics indicate that only 16 percent of women over the age of 15 are literate, compared with 40 percent of men.¹⁷ This disparity is being carried forward into the next generation as the female NER is 37.5 percent for primary school and just 2.5 percent for secondary, compared with 49.2 percent and 3.2 percent for boys. GERs are similarly poor, with just 57.5 percent for girls at primary level and 6.3 percent at secondary level, compared with 81.4 percent and 12 percent for boys.¹⁸ An adolescent girl is three times more likely to die in childbirth than complete primary school.¹⁹

Confirming low levels of attainment and the gender gap

Quantitative data gathered by the gender analysis, as shown in Figure 7, confirms the national statistics for education: overall, 51 percent of both male and female respondents had never attended school and 20 percent of both sexes did not complete primary school. The gender disparity is stark: 64 percent of women had never attended any sort of school, as opposed to 38 percent of men, and this divide only increases at each stage of education. A total of 24 percent of men had completed secondary school and/or gone on to tertiary education, six times the number of women.

Figure 7: Level of education, disaggregated by sex, % of 490 respondents²⁰

	Female (%)	Male (%)	Total (%)
<i>Never attended school</i>	64	38	51
<i>Only attended informal or nursery school</i>	4	7	6
<i>Enrolled in primary school but did not complete it</i>	22	18	20
<i>Completed primary school but did not complete secondary school</i>	5	12	8
<i>Completed primary and secondary school</i>	3	12	7
<i>Completed school and tertiary education</i>	1	12	6
<i>Other/no answer</i>	0	1	1

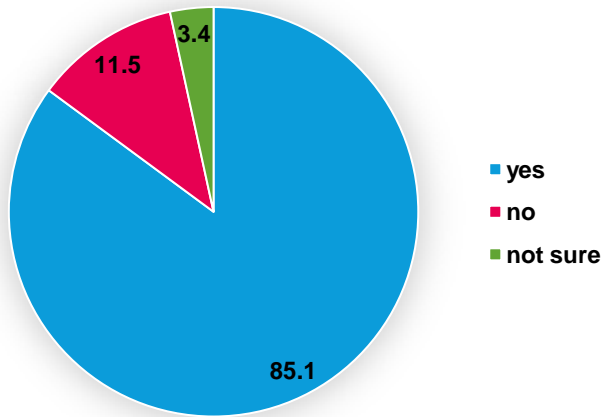
One revealing feature of the analysis was that the study sites exhibited quite different trends, both in overall access to schooling and in the gender gap. For instance, in Wau State, while a smaller number of people had never attended school than other study sites, the gender gap was higher (20 percent of women as opposed to 3 percent of men). In Akobo Counties, the level of education was comparable among female and male respondents, with illiteracy levels at 32 percent and 33 percent respectively. This indicates that there is a need to identify specific cultural, structural and other impediments in the overall lack of access, attainment and gender differences in each community.

Primary schools are often available but secondary schools are not

On the availability of school facilities within the PoC sites or host communities, 85.1 percent of respondents reported the presence of schools, while 11.5 percent indicated a lack of educational facilities and 3.4 percent were not sure if they existed or not (see figure 8). This was brought out by the survey, where 89 percent of respondents said that there was a school that was less than an hour's walk away (a distance within the one hour recommended by the Minimum Standards for Education in Emergencies).²¹

FGD respondents identified the need for additional school facilities in the locations analysed. The lack of secondary school institutions in all the areas under study has prevented the transition of boys and girls to secondary education. It is worth noting that organizations that have been providing support for schools, such as Save the Children and Nile Hope, are now withdrawing due to lack of funds.

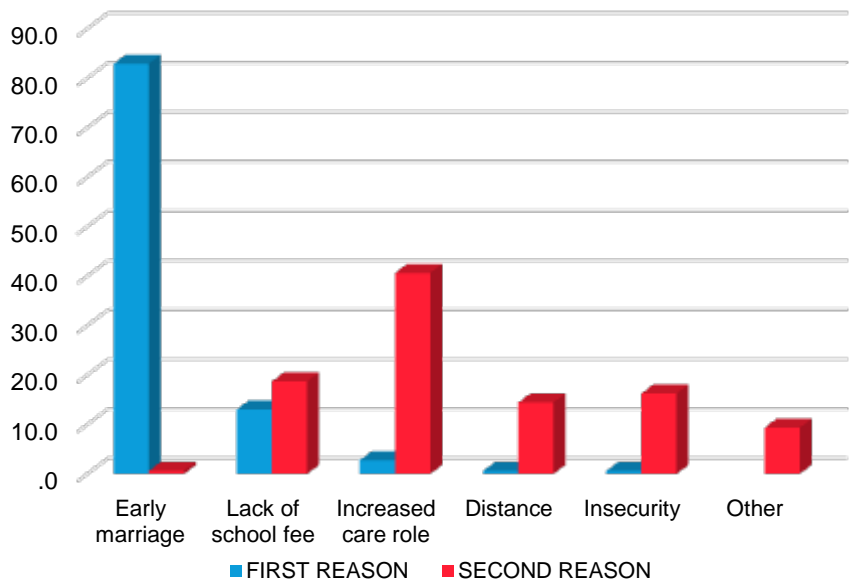
Figure 8: Presence of educational facilities in camps/host communities (%)



Early marriage as the main reason for girls not going to school

Of the 490 respondents an overwhelming majority, 82 percent, identified early marriage as the main reason for girls not attending school, followed by 13 percent who cited the lack of ability to pay school fees (Figure 9). This is a striking finding and indicates that the prevalence of early marriage may be a very high barrier to education for girls and by far the biggest single factor preventing their access to school. The highest second reason (38 percent of second reasons) was ‘increased care responsibilities’ – which could also relate to early marriage.

Figure 9: Main reasons for girls not attending school



This finding also indicates the prevalence of child marriage in South Sudan. According to UNICEF, in 2013 some 45 percent of girls were married before they were 18 years of age, and 7 percent were married when they were under 15 years of age.²² By 2016, according to UNICEF, 52 percent of girls were married before they were 18 and 9 percent before they were 15.²³

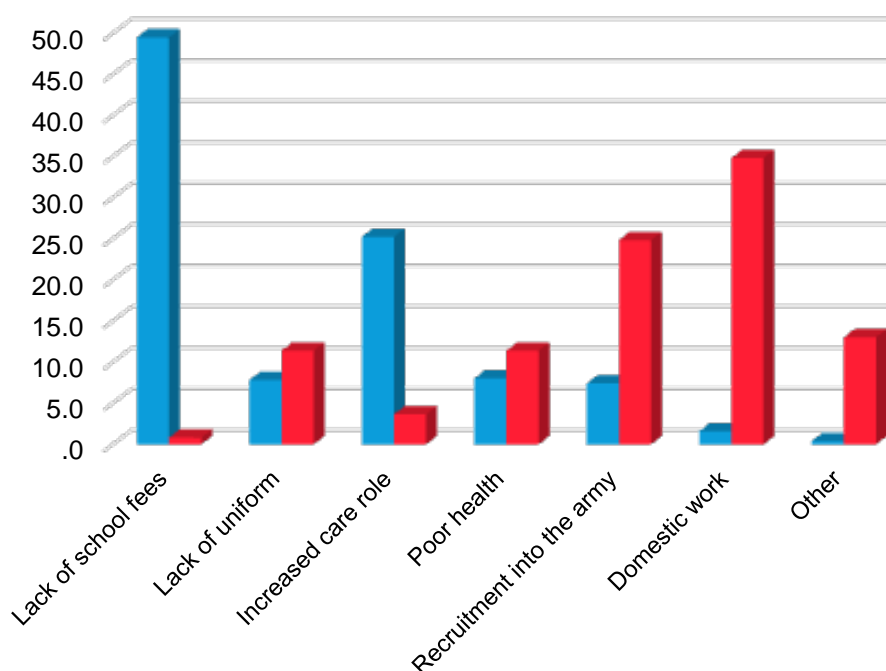
The qualitative data backs up this finding, with respondents indicating that marrying off under-age girls was becoming more common as a coping mechanism in the current crisis. One FGD respondent said: *'Fathers mostly oppose education of girls since marriage is an avenue for wealth and honour for the family'* (FGD, mixed group, Akobo Counties). Another FGD participant in Akobo Counties suggested that girls were seen more as property to help their families overcome hunger and poverty: *'Illiteracy is soaring, especially among women and girls. Many women and girls have never been to school due to traditions and customs that have little regard for education. For girls, marriage comes before school, so many drop out for marriage as early as 12 or 13'* (FGD, men, Akobo Counties).

Some parents feel that girls will be spoilt if they go to school, with many showing concern about the standards of education available. One parent said: *'They are not getting good education – they will get pregnant or disappointed by someone who will not give anything to the family'* (FGD, men, Akobo Counties). Girls themselves, in contrast, emphasized their concerns about exclusion from educational programmes: *'We are worried that lack of good education means a bad future for us'* (FGD, girls, Bor PoC).

Lack of resources as the main reason for boys (and girls) not attending school

Quantitative data confirms a lack of ability to pay school fees as the main reason for boys not attending school. Forty-nine percent of boys considered their families' inability to pay fees the main reason for not attending school, while 29 percent reported domestic work as the secondary reason (Figure 10). FGDs conducted with boys in Bor, Twic East County and Wau State confirmed school fees as a major challenge, and they also feared being unable to proceed to secondary school due to the lack of adequate facilities both within the PoC sites and outside them. As a boy from Twic East County pointed out: *'We are worried that if we do not complete our education, we will not get a job. We need clothes, shoes and boots, education, including scholarships, sponsorship and school bags, and food distribution at school because it will help us keep in school'* (FGD, boys, Bor). Some boys identified the need for other activities, including games to improve vocabulary and a reading library, which would help to reduce temptations to engage in harmful activities such as alcohol and drug abuse (FGD, boys, Twic East County).

Figure 10: Main reasons for boys not attending school



Fear of GBV as a reason for boys and girls not going to school

Lack of fees, distance and insecurity were all other reasons why girls were prevented from going to school. GBV including rape and sexual harassment on routes to and from schools were reported by FGD participants in the Bor PoC site (see section 2.8 on protection for more details).

Fear of forced recruitment into armed conflict was given as a secondary reason by 20 percent of respondents for boys not going to school, indicating also the particular GBV concerns of boys (see section 2.8 on protection).

Lack of access to sanitary pads for girls as a reason for not going to school

For some girls, a lack of sanitary pads is precluding them from going to school, as reported by an FGD participant in Bor: *'If you are at school while menstruating, people will laugh at you so we just don't go'* (FGD, girls, Bor). The girls in Bor reported not being able to buy pads, and said that the last supply was in 2015. In Wau State, interviews with girls collected via the FGDs confirmed this trend: *'Only a few girls are able to afford to buy sanitary towels. There are no organizations supplying them. Some girls are unable to go to school because of this'* (FGD, girls, Wau State) (see section 2.6 on WASH for more details).

Disabled students in PoC sites

Difficulties in accessing schools for disabled students, mostly girls, owing to the lack of special services and care in the PoC sites and IDP settlements, was reported by one key informant: *'In PoCs all girls are in school, except disabled girls. Additionally, there are no facilities to take care of pupils with special needs in the camps'* (FGD, women, Bor).

Low quality as a barrier to education

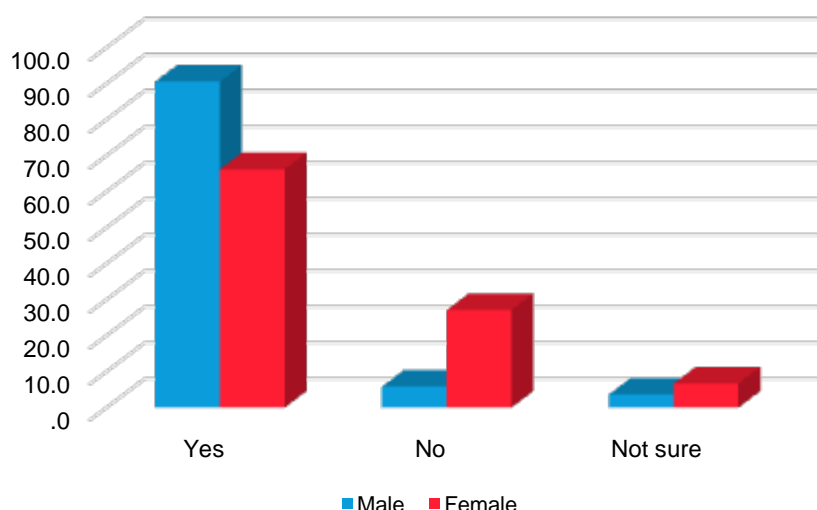
Qualitative data brought out the low quality of education available, as illustrated in the response of one FGD respondent: *‘Teachers in the PoCs are volunteers with limited capacity, without specialization and adequate teaching skills; this is compromising the quality of teaching and education standards. Further, most of the qualified teachers are taken by NGOs, who offer better salaries. On the whole, teacher salaries are very low, and as a result, youth shun going to school within the PoCs, seeing them as providing inferior education’* (FGD, men, Juba PoC). In the Bor PoC site, adult students (over 18) see schools as being of poor quality, and as a result they do not attend (FGD, girls, Bor). Again, this would seem to bear out the national picture.

Gender imbalance of teachers as a factor discouraging girls

Quantitative data from the survey shows that there is a gender imbalance between male and female teachers: 83 percent of respondents said there were male teachers as opposed to 62 percent who said there were female teachers, indicating that nearly 40 percent of schools in the study areas do not have women teachers (see Figure 11).

This is reflective of the national picture, where gender disparities for teachers exist at all levels. Typically, only 5–7.5 percent of teachers are female, particularly in rural areas where 80 percent of the population live. Moreover, the states with the lowest scores for primary school enrolment on UNESCO’s Gender Parity Index correspond with those with the lowest proportion of female teachers, adding weight to the findings of multiple international studies which show that female teachers are positive role models, promoting girl-friendly learning environments and encouraging girls to pursue their education.

Figure 11: Male and female teachers in schools (%)



Strong demand for education from boys, girls and women

All the focus group discussions brought out a strong desire and demand from boys and girls for education. It was striking that many women in the FGDs carried out in Akobo Counties indicated that they would like their daughters to go to school, since they associated schooling with gainful

employment and an escape from poverty. In defiance of a culture that discourages education for girls, some of these women have taken advantage of the absence of fathers during the civil war to send their daughters to school. However, during the crisis early and forced marriage of girls to partners with the capacity to pay a dowry was prevalent as a coping mechanism when communities had lost their livelihoods in terms of livestock, crops and sometimes the loss of the breadwinner in the family through incapacitation, death, absence or the security situation (men are likely to be killed if they venture outside the camps and far from home).

2.4 HEALTH, INCLUDING SEXUAL AND REPRODUCTIVE HEALTH

The protracted crisis in South Sudan has weakened the national health system and has left the country with some of the worst health indicators globally. As of 2013, the maternal mortality rate of 2,054 deaths per 100,000 births was one of the highest in the world.²⁴ The mortality rate for infants and children under five years stood at 75 and 104 respectively per 1,000 live births in 2012, while 28 percent of children under the age of five were moderately or severely underweight, with another 31 percent either moderately or severely stunted.²⁵

According to the national health cluster, these indicators have worsened following the crisis, with the looting and destruction of most health facilities and the displacement of populations into congested PoC sites and IDP settlements or living within host communities, imposing further strains on already limited WASH facilities and exposing the affected populations to greater health risks.

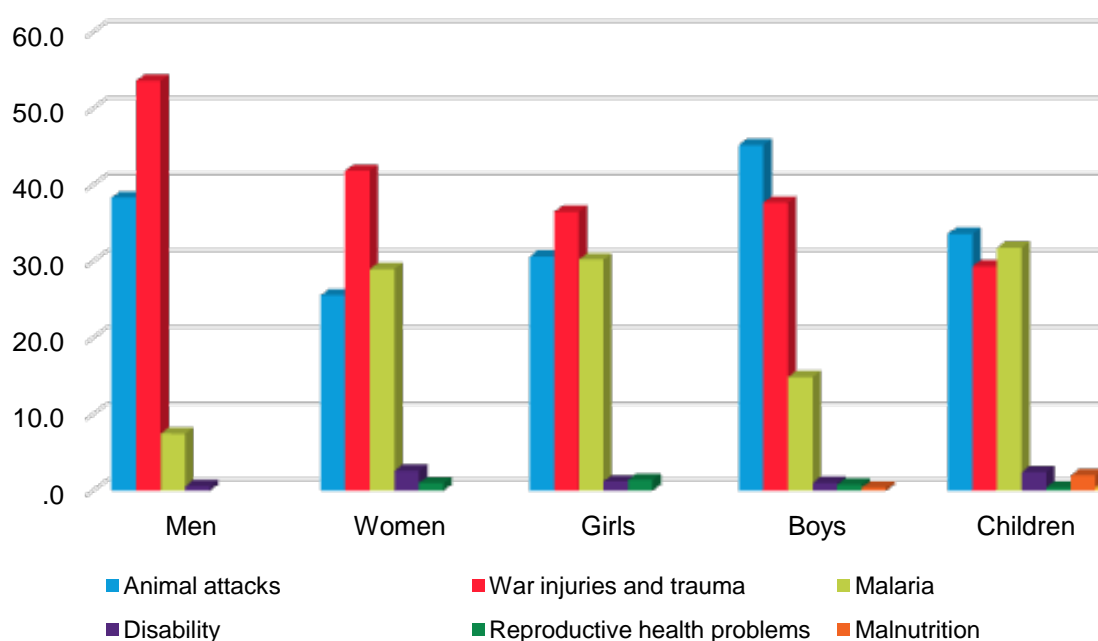
War injuries, trauma and animal attacks are the most prevalent health needs across all sections of the population

Asked about the most common health problems across the five IDP camps, the majority of respondents identified war injuries and trauma as the most prevalent, affecting 41.9 percent of women, 53.6 percent of men, 36.5 percent of girls and 37.7 percent of boys (Figure 12).

Animal attacks (including by snakes and scorpions) were also identified as a common health problem, affecting 25.5 percent of women, 38.3 percent of men, 30.6 percent of girls and 45.3 percent of boys. The fact that a higher number of respondents perceived animal attacks as being the biggest health problem for boys may be an indicator of gender-specific roles for boys that expose them to this risk. These roles include hunting, protecting the community and in some cases herding livestock out in the bush or gathering firewood for sale.

More respondents said that malaria was the biggest problem for girls, women and young children than for men and boys.

Figure 12: Primary health problems identified (%)



Increasing incidence of HIV/AIDS and other STIs

Although HIV/AIDS was not included among survey questions and no quantitative data is available, during the FGDs HIV/AIDS outbreaks were the second most predominant health-related problem reported by female and male respondents of all ages, after malaria. These findings are supported by government figures, which estimate that in 2015 2.5% of the population aged 15–49 were living with HIV and that there were approximately 12,000 new cases in 2015.²⁶

The widespread incidence of HIV and AIDS, combined with the lack of health structures and antiretroviral treatments, as well as poor awareness on how to prevent and protect against the spread of the virus and non-existent screening for HIV/AIDS, were the main concerns reported in FGDs.

Sexually transmitted infections (STIs) were also indicated as a major health problem. Child interviewees reported that boys and girls were the groups most vulnerable to contracting HIV/AIDS and STIs, and special attention to these groups is necessary. As one key informant commented: *'HIV/AIDs is a killer, but there is very low awareness of it, and painful STIs also go untreated'* (medical assistant, male, Twic East County).

In Bor, FGD respondents identified two main concerns: *'There is a lack of screening for HIV/AIDS and no awareness campaign to prevent HIV/AIDS and STIs'* (FGD, youth, Bor PoC). In Wau State, FGD respondents pointed out the link between the spread of GBV, particularly sexual violence, and the spread of HIV/AIDS among men: *'AIDS is becoming a big problem for men as a result of rapes'* (FGD, men, Wau State).

In Akobo Counties, qualitative data confirms the widespread incidence of HIV/AIDS and the need to prevent and respond to the virus infection: *'HIV/AIDS is spreading, but the magnitude is unclear since we don't have access to a test. There are organizations providing contraception/condoms to curb STIs, but due to cultural beliefs and practices the uptake remains low'* (FGD, mixed group, Akobo Counties).

In Juba, concerns around HIV and AIDS are increasing. As one FGD respondent reported: *'HIV/AIDS is a common and growing concern in our community. This has been exacerbated by the lack of protective measures, including condoms. Prostitution is increasing as women and girls engage in sex in exchange for food for their families.'*

FGD and KII respondents showed a tendency to blame the increase of HIV/AIDS among men on women and their actions. This illustrates the need for gender and human rights training for communities, including HIV/AIDS awareness.

Poor quality of health services and financial barriers to access

Health-related issues were a major concern for respondents over the five surveyed sites. Females and males interviewed during the FGDs reported the presence of a minimum of one health facility for every IDP camp (as per Sphere standards). However, as focus group participants pointed out: *'Health facilities are not sufficient, medicines are not available or are costly, and healthcare needs are very high due to the wide spread of diseases'* (FGD, women, Wau State). *'In Twic East County, although there is a public hospital for the IDPs, the lack of healthcare is a problem. If you go to hospital when you are sick and you don't have money, sometimes you can even die without seeing a doctor'* (FGD, women, Twic East County). *'The government is not supplying drugs to the county or there is a delay in delivery. Infrastructure is destroyed and looted and medical personnel have left due to non-payment of salaries'* (medical assistant, male, Twic East County). During an FGD with men in Bor, one man said: *'It is like people do not care about us. We have other problems such as eye problems and dental problems. They are not helping us with these and there is no paracetamol, and no ointment for the eyes.'*

In the Bor PoC site, just one clinic is available for IDPs, but there is perception amongst the IDPs that it has no medicines. A clinical officer in Bor stressed: *'The major problem is the lack of free healthcare and since IDPs lack resources, they cannot access health facilities outside the POCs.'* In Wau City there is only one health centre, which provides partially free healthcare to IDPs. Nevertheless, most of the treatments and medicines are expensive: *'In my village, in the health centre we got medicines for free, but now medicines need to be paid for. We cannot afford to get treatment'* (FGD, boys, Wau State). *'We have only one health centre; they may treat you without payment, if you are lucky'* (FGD, men, Wau State).

Traditional health practices may act as a barrier to proper treatment and vaccination

At the same time, in many meetings between camp leadership and humanitarian actors the need for inhabitants to stop using traditional methods of treating diseases (particularly measles) has been encouraged, and parents have been asked to bring their children to hospitals for vaccinations and treatment with modern medicines. However, key informants stated that many take their infants to hospital when it is too late. This issue was raised during various FGDs. For example, one male FGD respondent reported that almost 200 children had died from measles because they did not receive any medical treatment. There is an issue here with a lack of understanding of modern medicine.

Lack of psychosocial support for those suffering trauma

Issues for which there is no health support in IDP and other clinics in targeted areas include trauma and stress suffered because people are isolated. There is a lack of psychosocial care for traumatized populations.

Inadequate maternity and paediatric facilities

South Sudan has a fertility rate of more than four births per woman, and 90 percent of women give birth without the assistance of a skilled professional.²⁷ In 2013 the average neonatal mortality rate was 39 per 1,000 while the infant mortality rate was 64.1 per 1,000 live births.²⁸

In Akobo Counties, key informants and FGD participants reported the presence of just one health centre. A maternity facility is available but is inadequate due to a shortage of medical staff and a lack of both equipment and medication. The majority of women and girls give birth at home. Poor child spacing (a short time between successive births), coupled with poor feeding habits and lack of food, have affected the general health of the community. Children and adults suffering from serious conditions are transferred to Lankien Payam, about 30km away, where the medical facility is better equipped.

In Juba, a health centre and maternity wing have been constructed in PoC1.²⁹ The maternity ward serves expectant mothers in both PoC1 and PoC3; however, the sampled population perceived that the health facilities did not meet all the demand of IDPs. *'There is a lack of equipment and facilities which greatly contributes to loss of lives from common illnesses. There are no paediatric health services; there are also no services specific to women available, save for the ill-equipped maternity wing'* (FGD, women, Juba). Healthcare providers in these facilities are perceived as being inexperienced or simply not qualified. The IDPs said that the few healthcare providers that do exist prescribe a uniform kind of treatment for different conditions and illnesses.

2.5 LIVELIHOODS AND ACCESS TO PRODUCTIVE LAND

Prior to the conflict, most of the South Sudanese population (83 percent) lived in rural areas, with agriculture, forestry and fisheries providing the primary sources of livelihood for a majority of households in each state.³⁰ For the country as a whole, cereal consumption accounted for about 48 percent of total basic food consumption in terms of volume. Livestock accounted for approximately 30 percent, fish 4 percent, roots 2 percent, seeds about 3.8 percent and other non-cereal crops combined 12.7 percent. Sorghum was the main crop, cultivated with a wide range of local varieties.³¹ The current crisis has made markets inaccessible, with roads blocked by warring parties and the free movement of food and other essential items made impossible. All of the IDPs who were previously farmers in neighbouring counties have fled into the town, their farms and homes burnt.

Conflict and displacement leading to aid dependence

Most respondents observed that, as a result of the conflict and the resulting dislocation of families, they were not able to cultivate crops and were forced to rely on food aid for their survival. One of the challenges for those who are displaced and unable to grow crops is that

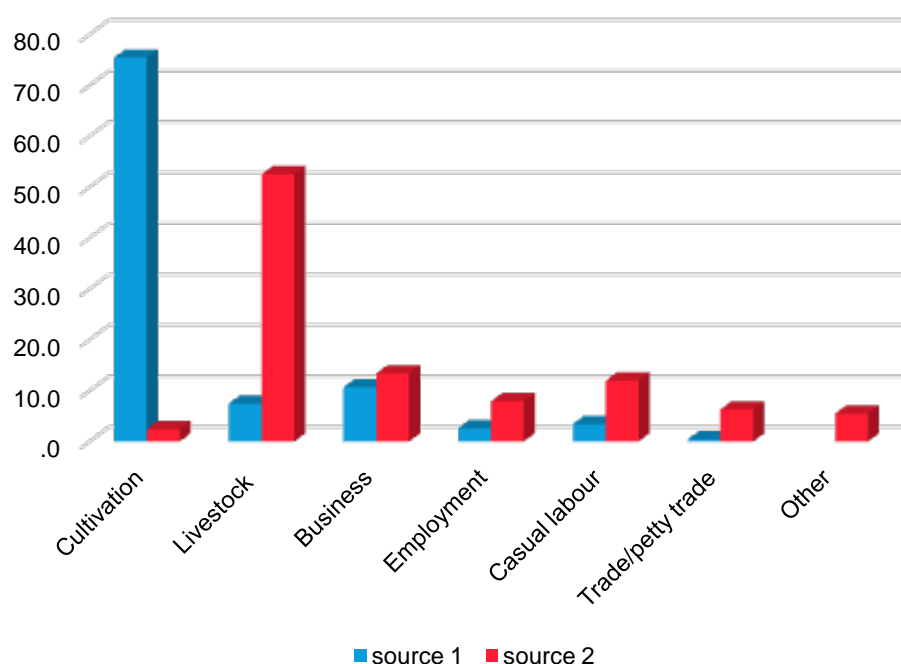
many are left with nothing, in particular no tools, and are reliant on a small number of organizations that provide seeds and tools, but which are often delivered late. They receive barely enough food aid to live on, and many households save up and sell on what they do receive in order to meet other needs such as purchasing soap, sugar and salt. Many people are forced to supplement food aid with wild meat and fruits, but this is only possible in safe regions.

Because of forced displacement, thousands of people are now at risk of severe malnutrition and hunger, with poor or no access to livelihoods. As one FGD respondent said: *'Now it is the rainy season and they are farmers who don't know what to do. They feel useless. By this time their farms would [usually] be rich with okra, beans and other vegetables. For them it is like a shame. If the army do not remove their restrictions, nobody can cultivate'* (FGD, men, Wau State).

Few alternative livelihoods exist

Of the 490 respondents to the quantitative survey, 75.5 percent declared that cultivation of crops was the main source of livelihoods in their communities even when they were displaced (e.g. not able to cultivate), while 10.7 percent indicated other business activities and 7.4 percent kept livestock (Figure 13). Respondents were asked about time periods before and during the conflict, but the dependence on cultivation remained the same. This indicates that there are few alternative livelihoods readily available for IDPs and that restarting cultivation is the only way to stop reliance on humanitarian assistance.

Figure 13: Main sources of livelihood for IDPs (%)



There is a need to restart cultivation alongside humanitarian assistance

Boys participating in FGDs underlined the necessity of farming seeds and tools and cash-for-work programmes: *'We would like to farm but we don't have the materials. We had previously got food for work but this is not happening at the moment and we are worried'* (FGD, boys, Twic East County). Women pointed out the need to restore crop cultivation and livestock husbandry: *'We used to cultivate crops and have chickens and cows. Now we don't have homes, utensils,*

cows or goats and we face a lack of food. Food is the number one need for humanitarian interventions' (FGD, women, Twic East County).

2.6 ACCESS TO WATER, SANITATION AND HYGIENE (WASH) FACILITIES

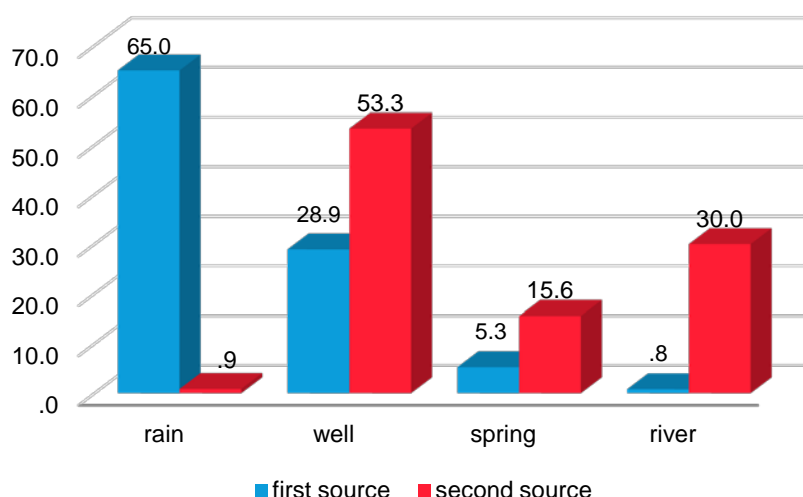
Access to safe drinking water in South Sudan is a major challenge. According to WHO/UNICEF in 2015, only 6 percent of the population had access to piped water in their homes, though 61 percent had access to other improved water sources such as boreholes and protected springs. Sixteen percent accessed water from other unimproved sources and 17 percent from surface water bodies such as rivers.³²

With regards to access to sanitary facilities, it is estimated that 74 percent of South Sudan's total population practice open defecation.³³ Limited access to water and sanitation has contributed to poor child health: a third of children under the age of five suffer from diarrhoea. In addition, because of the limited number of water points, water has been a source of much of the internal conflict between communities.³⁴

Lack of availability of safe water

Quantitative data shows that the primary source of water in the camps or communities under study is rainwater, according to 65 percent of the 490 respondents, while 28.9 percent identified wells as the main source of water (Figure 14). This demonstrates that water systems, even in camps, are not currently meeting demand.

Figure 14: Main sources of water in the camp/community (%)



The qualitative data gathered confirms the scarcity of water. Most IDPs came originally from remote rural locations where they had limited or no basic services even before the crisis began. In PoC sites and large settlements, basic services are available but they have been under additional pressure due to continued new displacements in 2015–16. In both settings, but especially in settlements, the lack of safe drinking water is evident. As a key informant in the Bor PoC site reported: *'Clean drinking water is not sufficient'* (clinical officer, male, Bor).

In Akobo Counties, respondents indicated that the main source of water was from boreholes, in contrast with findings in the other four surveyed studies. Nevertheless, water was still insufficient to satisfy the needs of the entire population, as stated by one FGD respondent: *'The main source of water is the borehole, but it is not enough since as many as 1,000 people share one borehole. This is causing conflicts in the community'* (FGD, men, Akobo Counties). As indicated by this FGD, it is women who must queue at the boreholes to collect water.

Inadequate sanitation

Inadequate waste disposal and poor hygiene practices leave a large proportion of IDP populations in camps and host communities at risk of preventable water-borne diseases. In the quantitative data gathered, only 51 percent of respondents identified facilities to dispose of solid waste in their camps/communities, while 38 percent confirmed the unavailability of solid waste facilities.



Woman collecting dirty water, Ahou village, Mingkaman country, Lakes State. Pablo Tosco/Oxfam, 2014

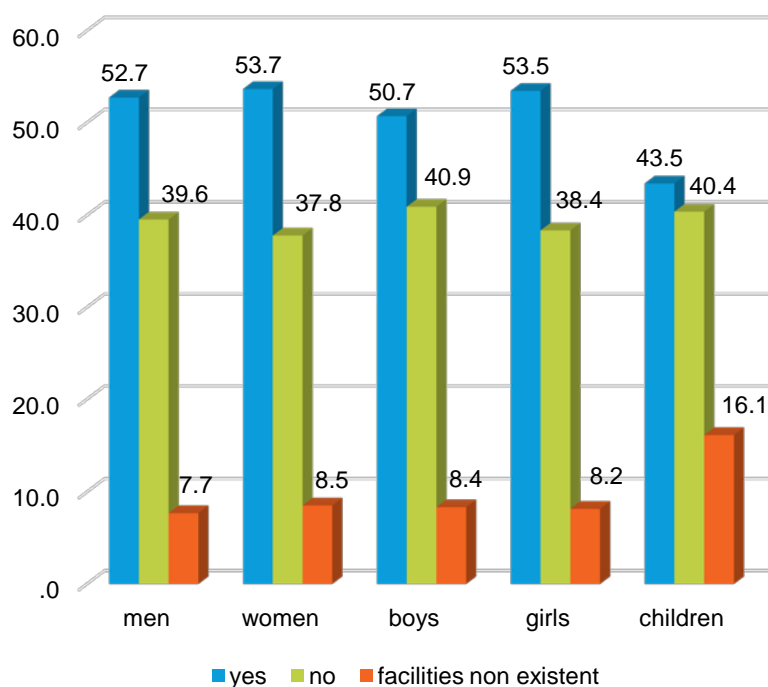
Lack of separate and safe lockable latrines, especially for children

Across the five selected IDP camps and host communities surveyed, quantitative data confirmed the scarcity of latrines and bathing facilities. Asked if toilets and bathing facilities in their camps/communities were well lit, easily reachable and secure, 51 percent of respondents overall said that they were, while 39 percent said that they were not, with minimal variation across the categories. Respondents identified, however, that toilet and bathroom facilities were not secure for children, with this category receiving the lowest score. This suggests around half of the population in PoC sites and host communities may be practicing open defecation.

Interviews with community respondents confirmed this data: *'There are no latrines in the camp'* (FGD, girls, Twic East County). Boys indicated a lack of materials that might enable them to take steps themselves to improve the situation: *'We don't have barrels for making latrines'* (FGD, boys, Twic East County). In Akobo Counties, women, men, boys and girls who were interviewed confirmed the need to have separate latrines for males and females and the need for support from Oxfam: *'Although we have latrines in a number of homes, we do not have separate latrines for women, men and children, due mainly to construction costs being too high*

for most of us. Many families have half-constructed latrines and are waiting for Oxfam to complete them' (FGD, women, Akobo Counties). Open defecation is common in Akobo Counties, as confirmed by an FGD participant: 'Especially among children, open defecation is ordinary' (FGD, men, Akobo Counties). This trend is a contributing factor to water-borne diseases. Focus groups also identified poor lighting within the blocks and inside toilets and bathing facilities further degrading their sense of security and safety.

Figure 15: Availability of easily reachable and secure toilets and bathing facilities in the camp/community



Women's role to ensure availability of clean water

It is the role of woman to ensure the availability of clean water for household consumption, as reported by 90 percent of respondents to the survey. Women also ensure the quality of water before undertaking responsibilities for cooking and washing clothes for the household. They also need to take care of the young, the elderly and the sick and fetch water for their needs. During dry seasons, they are sometimes expected to fetch drinking water for the household livestock as well. With the high levels of displacement following the 2013 crisis, women in both IDP camps and host communities are taking on their usual responsibilities for an increased number of household members. This finding indicates that women's workload has increased due to higher morbidity as well as long distances and time spent collecting water.

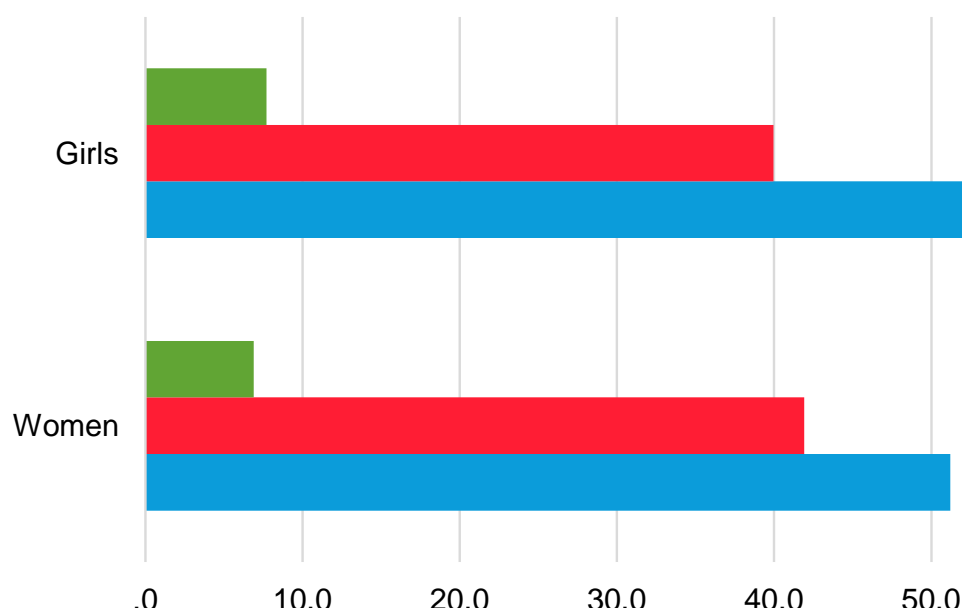
Menstrual hygiene for women and girls

Quantitative data demonstrates that the need for women and girls to have access to sanitary pads is only partially being met. Among women respondents, 41.9 percent do not have access to sanitary towels. The percentage is similar among girls (40 percent), as shown in Figure 16.

In Twic East County, girl FGD participants indicated the need for pads and underwear. Another concern identified among girls is the lack of pregnancy prevention awareness: 'We lack training

for limiting diseases and protecting ourselves from getting pregnant, and on contraception'
(FGD, girls, Bor).

Figure 16: Access for women and girls to sanitary towels and other sanitation facilities (%)



2.7 ACCESS TO INFORMATION

Radio is the most used and preferred source of information for the majority of respondents, followed by public meetings. Among men, 73 percent indicated that radio was their primary source of information, while 18 percent indicated that information was primarily gathered from public meetings. Women mostly rely on public meetings and radio to access information (39 percent and 37 percent respectively). Boys showed high levels of interest in radio (42 percent) and public meetings (37 percent), and there were similar results for girls (38 percent and 33 percent respectively). These results suggest that men prioritize radio, while women, girls and boys rely on radio and also like to be involved in public meetings to stay informed.

This shows the different spaces that are open for women, girls, men and boys in terms of access to information. Programmes that include a level of information sharing need to take care to reach all spaces and use the relevant mode of communication.

2.8 PROTECTION ISSUES

The scale of protection issues in South Sudan's conflict cannot be captured adequately in this report. However, the report seeks to highlight some trends and findings in the five study sites that may be supportive of other data.³⁵

High levels of gender-based violence

In South Sudan families have been separated, leaving elderly and other vulnerable members behind, while children, especially boys, face the risk of recruitment by armed forces. Adolescent boys and young men fear violence and death when moving outside the camps and settlements. Breakdown of the social fabric within communities reduces protection for women and engages them in multiple new roles. Levels of sexual violence are catastrophic. Men and boys may

increase their use of alcohol and/or substance abuse, and this creates additional protection risks for women and girls.³⁶

The Oxfam study confirmed that violence is inflicted on the basis of gender norms. When asked about their experiences, 41 percent of survey respondents (women and men) reported having experienced gender-based violence within the last year. Types of GBV included:

- sexual violence, rape, murder and torture of both men and women as part of armed conflict
- war crimes perpetrated against children
- increased domestic violence
- sexual violence against women and girls, including by service providers
- forced or early marriage.

Sexual violence, rape, murder and torture of both men and women

In the study, increasing insecurity was shown to be constraining women, men, girls and boys in their movements outside of the camps/communities because of their exposure to GBV, and yet severe hunger is forcing them to go outside protected areas. In all the sites studied, respondents gave horrifying accounts of violations committed against them or their relatives by armed groups and 'stranger' men. Men said that they could not go into the forests to cut poles or grass for construction or sale or to burn charcoal, for fear of being attacked and killed by armed groups. Women and girls could not go into the forests to fetch firewood for fear of being attacked and raped, abducted or killed.

'We are collecting firewood for money and this is the only way that allows us to eat. The firewood collection point is two hours away. Our parents are not here. Our neighbours tell us they cannot take care and protect us against attacks' (FGD, girls, Twic East County).

'When we go to cut firewood, they can come and take you away. They will force you to have sex or kill you. A friend of mine was raped. They approached while I was collecting firewood, but my uncle heard and came to help me, but they shot him' (FGD, girls, Twic East County).

'We now survive entirely by collecting firewood, but it is very risky. The collection point is two hours' distance. One big bundle will bring us SSP 10–15 [South Sudanese pounds]. Now we cannot cut firewood, we fear being killed' (FGD, men, Twic East County).

'Armed men dressed like soldiers came to our village, burnt our houses, raped us, even our small daughters. They killed my father by cutting him up with a panga [machete]. We cannot tell the difference between the pastoralists and the army. During the mango season, when we went to collect mangoes, my husband was slaughtered. One day I went for firewood, the pastoralists chased me. I fell, strained my legs, but survived. Some of the attackers were in uniform and were carrying guns, others were without uniform. We came first to the school, and then one of our relatives came and took me in' (FGD, women, Wau State).

Interviewees in Akobo Counties said that rape and sexual violence are perpetrated primarily during women's and girls' movements outside the host community: *'Women and girls are vulnerable to rape and other violence when they visit relatives in distant places. They travel alone as they are more likely to be killed if travelling with a man, but this then leaves them exposed to GBV'* (FGD, women, Akobo Counties).³⁷

The report of the Secretary-General to the Security Council (S/2015/203) on conflict-related sexual violence, issued on 23 March 2015, supports the likelihood of such statements, stating that: *'Unidentified uniformed men have also repeatedly harassed and raped women and girls leaving the sites to travel to markets, water points and firewood collection areas.'*³⁸



A young woman leaves camp to collect firewood, Bor, South Sudan. Kieran Doherty/Oxfam, 2014

Protection issues for children: war crimes perpetrated against children

UNICEF has estimated that 16,000 children were recruited by armed groups and armed forces between December 2013 and August 2016.³⁹ This study also found that children have been targeted. As reported by an FGD in Twic East County: *'The Murle come and take the children. Two days ago, they came and took two children. They take 3–7-year-olds. When they are 10 years or older, they kill them. They take the young children away and sell them'* (FGD, women, Twic East County).⁴⁰

In Wau State, a respondent remarked: *'When I came to Wau State, I left the children in Bagari. We would go to the village, bring stuff and feed our children. Armed people discovered our new escape route and began to slaughter us. They targeted boys, killing them, accusing them of being rebels. The little boys had their private parts cut. Girls were raped. They killed my brother in Gojar. For the little breastfeeding boys, they would take them by the legs and smash their heads against the trees'* (FGD, men, Wau State).

'Small girls were raped, they burnt the houses, and they looted utensils and bedding. Now we are nine elderly people in the household. No tea, no food, since December' (individual interview, man, Wau State).

'Children also get abducted during cattle raids from the neighbouring communities and are separated from families' (FGD, mixed group, Akobo Counties).

Increase of domestic violence in communities

Domestic violence, a category of GBV, is widely accepted by both women and men in South Sudan: in Jonglei State, 82 percent of women and 81 percent of men agreed that *'women should tolerate violence in order to keep the family together'*.⁴¹ A GBV baseline survey

conducted by CARE in October/November 2013 found that rape, beatings, psychological abuse and denial of education and economic opportunity were both commonplace and seldom reported.⁴² Although physical assault is illegal under the Penal Code, traditional practices often regard domestic violence against women as permissible as a husband has the right to 'discipline' or teach his wife a lesson.⁴³ According to a 2008 report by the UN Population Fund that examines the role of customary courts in addressing GBV: *'A priority is often placed on averting divorce and preserving the marriage even if there has been a pattern of abuse and the women will likely continue to suffer.'*⁴⁴

Respondents in various FGDs indicated that domestic violence is largely socially accepted by men and women and increases during times of crisis, due to the difficult psychosocial circumstances and lack of resources faced by men and boys, and this was borne out by study data in all five locations. A rise in alcohol consumption among both men and women was reported by a key informant in Twic East County as being one of the main causes of increasing domestic violence against women and girls. Children are also exposed to domestic violence, as reported in Wau State: *'Children are exposed to violence, particularly at home.'* (FGD, men, Wau State). During the mixed FGD in Akobo Counties, it was reported that *'wife beating is seen in the community as acceptable by both men and women'*.

Sexual violence against women and girls within communities and by service providers

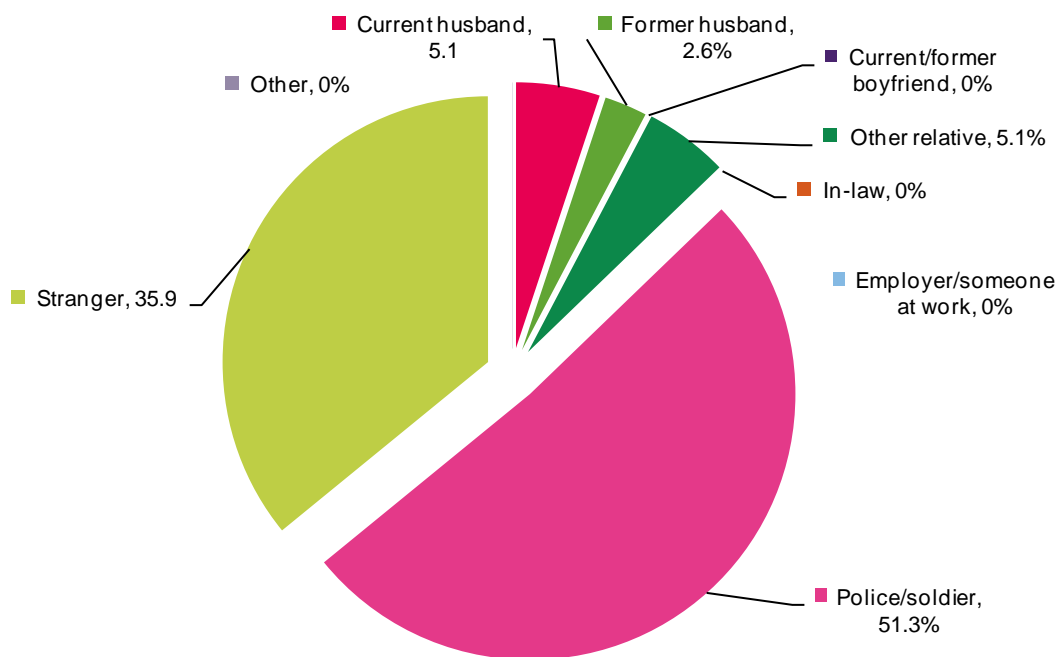
'Rape and revenge rape are prevalent. Women are the main victims and the cases are sometimes taken to the police, but the perpetrator often leaves the community to avoid arrest. The victim is left to deal with the cultural stigma of the rape' (FGD, women, Akobo Counties).

Sexual violence emerges as one of the main consequences of the current crisis. The survey asked women respondents to indicate whether they had been forced to have sexual intercourse against their will since December 2013 and, further, to state who forced them. The results revealed that, amongst IDPs, about one-fifth (20.8 percent) of respondents reported having been raped or sexually assaulted since the outbreak of the conflict. The responses varied by settlement, with respondents from Juba PoC site reporting the highest incidence of rape or sexual assault, at 71.8 percent. This data shows that sexual violence and rape are increasing as a consequence of the aggravation of the conflict, as confirmed by a key informant in Twic East County: *'There were fewer rapes in the period of less conflict'. The March 2015 Report of the Secretary-General to the Security Council on conflict-related sexual violence states that 'some survivors were impregnated, mutilated or infected with HIV and other sexually transmitted diseases. More than 200 allegations of abductions of women and girls taken as "wives" and/or for the purposes of sexual slavery by both parties to the conflict are under investigation.'*⁴⁵

On the question of who had raped or sexually assaulted them, 51.3 percent of the respondents identified persons wearing police or soldiers' uniforms, followed by civilian strangers (35.9 percent) (Figure 17). This finding is supported by the 2015 Report of the Secretary-General to the Security Council, which identifies, inter alia: *'[...] other trends, including the rape and gang rape of women in and around protection of civilians sites in Unity and Jonglei States by soldiers. Unidentified uniformed men have also repeatedly harassed and raped women and girls leaving the sites to travel to markets, water points and firewood collection areas.'*⁴⁶

Widowed women or women separated from their husbands in particular were felt to be at greater risk of GBV perpetrated by men, in the absence of protection against sexual exploitation and abuse (SEA) perpetrated by service providers.

Figure 17: Perpetrators of rape and sexual violence in PoC sites



In the Bor PoC site, FGD participants reported as being commonplace cases of GBV, abuse and sexual assault of women and girls at water points and during movements to the market, as well as sexual violence against widows and cases of physical violence. Their testimonies are numerous, for instance: *'Beating of women is a normal occurrence in camps. Rape is also common. Some women have lost husbands, so other men take advantage. If the abused women talk about it, they are assaulted; for you not to be beaten, you do anything'* (FGD, women, Bor).

Increasing incidence of early marriage among girls

In certain pastoralist cultures in South Sudan, a dowry is traditionally paid by a man's family to the family of a girl in the form of a large number of cows.⁴⁷ With the bride price for a girl set in cows, many parents see their young daughters as a source of wealth and a way out of poverty and so force them into early marriage, often as soon as they reach puberty. Early and often forced marriage remains a common, generally accepted traditional practice and is unlikely to be punished under customary law.⁴⁸

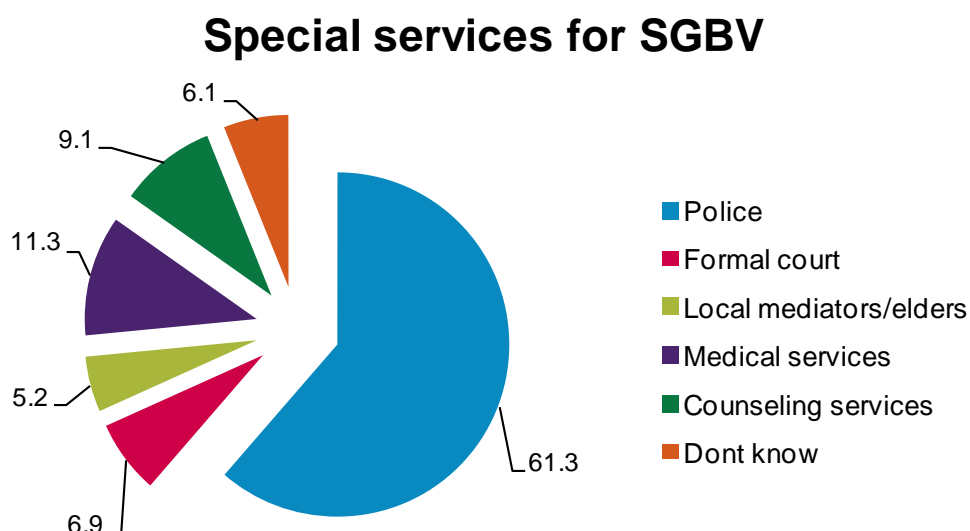
Of the 490 respondents, 82 percent identified early marriage as the main reason for girls not attending school (see Figure 9). The findings of this study suggest that the conflict has resulted in a rise in the practice of early marriage of girls. *'Girls get married from 15 years old. Three-quarters of girls are married under-age. A lack of awareness of age of consent still exists. Teenage pregnancy is also very high'* (KII, male, Bor). A very high premium is placed on the property value of the girl: *'They don't send them to school because they are perceived as investments'* (FGD, mixed group, Akobo Counties). *'Anyone can come with cows and the girl will be given away'*, remarked one girl during an FGD held in Twic East County. Such practices are exacerbated by extreme poverty within households, which has reinforced the material value of girls during the current crisis, with forced/early marriages often correlated to a family's vulnerability.

For some girls, an early marriage is a preferred route out of poverty, though girls report having no decision-making control. *'Many of us decide to get married while we are still young. In order for the family to survive, we are forced to marry. If you refuse, you are punished'* (FGD, girls, Bor PoC). This was most commonly reported in situations where girls had lost or were separated from their biological parents and were living with relatives in the host communities. The data shows that early and child marriage is practised in all the areas studied, especially in the Bor PoC site, Akobo Counties and Twic East County.

Services for GBV survivors

With reference to the specific services in place in the camps and host communities to respond to GBV, 61.3 percent of respondents identified the police as the main point of reference when sexual violence is perpetrated against women, girls and children. Despite the fact that the data shows that police are the primary perpetrators of sexual violence, they remain the most used mechanism to report a case of GBV. It is important that NGOs cooperate with police in order to raise awareness and improve accountability for GBV in order to end the vicious circle of sexual violence and impunity.

Figure 18: Special services for GBV identified, % of respondents



Under-reporting of GBV is also a common trend, with most cases of sexual violence going unreported: *'In some cases, we do report to UN, police or community elders, but nothing happens. We have many cases of domestic violence, but there is a common fear to report'* (FGD, women, Bor). *'We know about abuse at water points against girls and women. Parents want to protect the integrity of girls so will normally not report unless too severe. Procedures are not followed; [there] should be clinical care, then protection, then psychosocial and follow-up counselling'* (KII, public health worker, female, Bor). *'In PoC communities, attempted cases are not being reported. We have had many cases of rape when women travel back from the market. In addition, many women without husbands are facing rape and sexual violence'* (FGD, women, Bor). *'Girls report being raped by men outside of the camp more than from inside'* (FGD, girls, Bor).

'The kind of insecurity reported by IDPs includes the beating of women and children. GBV is only taken seriously if the violation is grave, for example in a case of a shooting or serious harm to the woman' (KII, male, Twic East County). In relation to the services provided to prevent and respond to domestic violence, this key informant went on to state: *'There is an incomplete*

referral pathway – there are neither medical tests nor counselling facilities. No active organizations working in the sector are present here. Because of the stigma associated with being raped, most rapes do not get reported’.

Psychosocial effects of the conflict on women, girls, men and boys

The psychological effects of the conflict on both women and men are severe. Men feel that they are no longer able to perform their societal role as providers for their families: *‘The rainy season is starting and we are farmers, yet we cannot farm because of our situation. We don’t know what to do. I have given up: I feel I am a useless person’* (FGD, men, Wau State). Traditionally, male roles in the communities include tending cattle, cultivating crops, making houses, keeping the family safe, cutting poles and grass for building, and fishing.⁴⁹ During the conflict, these roles have become severely curtailed: *‘We don’t go anywhere. We just stay home. We all know the situation, and women still respect us’* (FGD, men, Twic East County).

Throughout our analysis it is evident that the psychosocial impact of the crisis on women and girls is widespread across various elements of their lives. A number of protection issues mean that women and girls are afraid to leave the camps in order to collect firewood (which they need to sell in order to make an income) for fear of rape or abuse. Unidentified uniformed men have also repeatedly harassed and raped women and girls leaving the sites to travel to markets, water points and firewood collection areas.⁵⁰ There have been numerous media reports of adolescent girls being forced to marry older men or take part in prostitution in order to provide food and income for their families. Child and forced marriage is particularly widespread as a coping mechanism and nearly half of girls and women between the ages of 15 and 19 are married – some as young as 12.⁵¹

Respondents reported that there are low levels of access to menstrual hygiene products, including sanitary pads, and suitable underwear and that in the IDP camps and some settlements in host communities there is little or no privacy to change, which makes them feel uncomfortable or ashamed. Lack of menstrual hygiene products leads to reduced attendance in school. Some of the obvious consequences of sexual abuse that have been reported during this conflict include unwanted pregnancies and the risk of contracting STIs and HIV/AIDS, as well as double stigma in their communities.⁵² The workload on women both in and outside of the household has also increased due to the crisis, which adds to their productive and reproductive burdens and negatively affects girls’ access to school and women’s access to other activities (social, economic, leisure and political), thereby restricting their potential to escape from poverty.

2.9 DECISION MAKING AND LEADERSHIP

The participation of women in high-ranking government positions remains below the 25 percent threshold set by the Transitional Constitution of South Sudan.

Because of the patriarchal nature of society in South Sudan, which keeps women in a subordinate position, they exercise only limited decision-making power at household and community levels. This is further exacerbated by their limited access to education, information, training and employment opportunities. Analysis of primary data from this study confirms male-dominated decision-making patterns at household and community levels.

A first set of questions relating to decisions around access to health services at the household level revealed men to be the main decision makers. Within the household, data showed most women to have 'no involvement' in decision making; in contrast, most male respondents considered themselves to be 'decision makers', a view corroborated by boys and girls, who identified men as the principal decision makers in their households.

In response to a second set of questions about decision making concerning the design, allocation and construction of shelter in the camp/community, 47 percent of respondents recognized men as the decision makers, while 37.6 percent indicated camp managers/donors. Women and girls have no space at community level to make decisions relating to shelter allocation, as demonstrated by the data: 10.1 percent of respondents identified women as decision makers and 0.6 percent identified girls. A third set of questions showed the following findings: 82 percent reported that men are primarily responsible for the construction of houses and shelters at the household level, while women were identified by only 13 percent as decision makers in this context.

One boy taking part in an FGD in Twic East County stated: *'Men are the decision makers. Women have weak minds. They are easy to change. Girls don't have the same freedom to decide.'* Women participants in an FGD in Wau State said: *'Women are not prepared and trained. They need leadership skills. Women are culturally subordinate to men. Aside from farming, women carry out petty trade; however, they have little control over decisions, which they surrender to their spouses or other male household members'* (FGD, women, Akobo Counties).

Leadership positions are mostly occupied by men. Of the 490 respondents, 79 percent reported men as 'chief' and 11 percent as 'chairperson'. Women were identified by 43 percent and 29 percent respectively as having roles of 'deputy chairperson' and 'chairperson'. The findings from the quantitative data clearly show the lack of decision-making power among women and girls at household and community levels.

3. CHANGING GENDER DYNAMICS AND COPING STRATEGIES



A woman cutting firewood, Bor, South Sudan. Kieran Doherty/Oxfam, 2014

Traditionally, women, girls, men and boys play different roles in South Sudanese society. The main roles played by men in peacetime (in the pre-war period), as reported by respondents, include:

- cultivating crops (to earn income)
- shelter construction, building houses, cutting poles for this and for sale, cutting grass and bringing this home
- burning of charcoal and collection of firewood (for sale)
- keeping/looking after cattle
- counselling youth and disciplining them
- fishing
- addressing community problems
- supervising and ensuring compliance with societal rules and norms
- taking children to hospital
- providing protection and security to family and community
- visiting markets to meet with peers.

Boys also perform a number of these roles in a supporting capacity, in addition to going to school. For example, they cultivate sorghum, cut building poles and grass, construct homes, go fishing and look after cattle alongside their fathers. In these roles they are being prepared and are expected to carry on the legacy of their fathers.

The role of women and girls, on the other hand, include the following:

- looking after children (girls look after the younger children)
- collecting firewood
- cooking
- cultivating crops
- milking cows and sometimes taking them to graze
- fetching water
- cleaning the homestead
- ensuring discipline of girls and young boys, in consultation with the men
- grinding food
- cutting grass for roofing (men also have this role)
- making ropes for roofing
- selling sorghum/selling fish

During the current conflict, women, men, girls and boys have been affected in different ways and have used different coping strategies. The following key points describe the gender dynamics and the coping strategies used by communities to mitigate the effects of the conflict.

3.1 PRODUCTIVE WORK

Traditional gender roles have been substantially altered, reversed, shifted or accelerated during the crisis. Displaced and exiled from their original homes and villages, IDPs observed that they were no longer able to enact the roles that they took by tradition or during the pre-conflict period. Besides no longer having farms to cultivate or animals to graze, those settled among host communities could not go into the forests to cut poles or grass or to fetch firewood, for fear of being killed by armed actors. *'We used to cultivate, cut poles, fish and trade with the Nuers. These roles are no longer there. When you go to the bush, they will kill you ... we don't have anything to do'*, a male FGD respondent from Twic East County reported. *'Before we cultivated our own crops, we had our own chickens and cows. Now we have nothing'* (FGD, women, Twic East County).

In both host communities and the PoC sites, men identified confinement and idleness as major negative consequences of the crisis, noting that these conditions had substantially eroded their roles as household heads and providers for their families. Women and girls observed that the crisis had brought about new responsibilities for them related to care work, and social acceptability of their participation in new productive roles such as petty business and working as hired labour. The most significant increases in participation in paid labour and petty trade/business were observed among girls and boys: 19 percent of respondents observed that participation in paid labour for boys and girls had increased significantly, while for men and women an increase was perceived by only 8 percent and 10 percent respectively. The perception of increased participation in business/petty trade was highest for girls at 31.3 percent, followed by women at 28.6 percent and boys at 23.1 percent. It was lowest for men, at 19 percent.

These patterns confirm the common view heard across all the study sites that women, girls, boys and increasingly children under the age of 13 are engaging in petty business and hired

labour in order to earn badly needed income to sustain their households. In most sites visited for this study, and in Bor and Wau State in particular, women were seen working on construction sites, while young boys carried water on handcarts and donkeys for pay.

3.2 CARE WORK AT HOME

More than 50 percent of respondents identified that the care roles of men, women and girls had increased significantly during the crisis. Respectively, 55 percent, 54 percent and 53 percent identified that the care role had increased significantly for women, girls and men. With respect to household work, the increase was highest for women, followed by girls, and lowest for men. Fifty percent of the respondents believed that housework had increased significantly for women, with another 21 percent saying that it had increased somewhat, while for girls the figures were 19 percent and 53 percent respectively. Only 12 percent of the respondents said that housework had increased significantly for men.

With respect to food production, roles have either remained the same or diminished across both genders. The numbers of respondents who identified a significant increase in this role were below 25 percent across the board. The protection role of men was identified by 34 percent of respondents as having increased significantly following the crisis, the highest for all the gender categories, followed by women (22 percent) and boys (19 percent).

'Women and girls do most of the work in the community such as cooking, grazing, cultivating, grinding, milking, feeding children, preparing beds and fetching water and firewood. Men and boys take cattle to graze, visit the market to meet with peers, cut trees for firewood and provide security for their families and community' (FGD, mixed group, Akobo Counties).

3.3 COPING STRATEGIES

Early marriage

From the quantitative and qualitative data gathered, poverty is cited by girls and family members as driving decisions to marry young. For poor families with little money even for food and basic necessities, marrying their daughters early is an economic coping strategy. Girls themselves may see marriage as a way out of poverty. Discriminatory gender norms, including traditions that mean that girls go to live with their husbands' families while boys remain with and financially support their parents, also contribute to perceptions that girls are economic burdens. Some families believe that giving their daughter away in marriage may give her a chance for a better life. Many girls who attend school are forced to leave as a result of marriage, pregnancy or family pressure. Although school administrators and teachers should play a critical role in monitoring and encouraging married girls to remain in school, formal or informal school policies often mean that instead they stigmatize them and expel them from the education system. Others are pushed into marriage once they leave school. Poor access to quality education can also contribute to child marriage: when schools are too expensive, too far away or of poor quality, families may take their daughters out of school, increasing the chance that they will be married. Inadequate water and sanitation facilities can deter girls from attending school, especially once they begin menstruating. School fees, or even the costs of uniforms and school supplies, can put formal schooling beyond some families' reach.

Collecting firewood and changing roles

In Bor, Twic East County and Wau State, FGDs provided evidence that, since the start of the crisis in December 2013, collecting firewood has become one of the most widely used coping strategies to escape from poverty. Firewood is both consumed to cook meals and sold to generate income for households.

Respondents indicated that women, girls, men and boys all fetch firewood, but that more women are engaged in this productive coping strategy. This was said to be because of men experiencing psychosocial problems, but it also may be because of specific protection risks faced by men in leaving the camps, meaning that idleness is enforced.

In Bor a male respondent reported: *'In the Nuer community, men and women have specific roles: men do heavy manual work like hunting or cultivating to get income; they construct shelters and collect firewood. Now, men are experiencing problems and trauma from idleness and confinement. They have no jobs and make no money. Now just the women go out and collect firewood, trade and buy'* (FGD, men, Bor).

In Wau State, the study found the same concerns reported by men: *'Men were the traditional provider, but now women are the main provider. Women undertake more income-earning activities due to high levels of malnutrition. Men are at home without work, they cannot go to get firewood. The burden is on the women, who have to engage in petty trade and collect firewood'* (KII, male, Wau State).

In Twic East County, women indicated that before the crisis they did not collect firewood for sale, but now they have to in order to combat poverty by selling wood in the market. In Twic East County, women, boys and men stated that the time needed to walk to and from forests was two hours. In this same site, boys were found to undertake the task of collecting firewood for their families: *'Collecting firewood for money is our only way to eat'* (FGD, boys, Twic East County).

Across the surveyed sites, women, girls, men and boys were afraid to go to the forest and to move out of the camps/communities, given the risk of rape or murder respectively. The quantitative data shows that the coping mechanism most commonly used to overcome hunger – fetching firewood – is being resorted to because of the risks that people face of attack, rape and murder. The results showed that both firewood collection and charcoal production and selling are risky and unsustainable livelihood options in most of the IDP camps and PoC sites.

Petty trade

In Wau State, Akobo Counties and Bor PoC, women are involved in petty trade as a key coping mechanism. In Bor, women engage in small-scale/petty businesses such as selling vegetables and raw milk brought to them inside the PoC site by other traders, while men involve themselves in casual work such as clearing garbage and digging channels for rainwater and dirty water from the WASH facilities to flow easily. In Akobo Counties, women reported that apart from farming they carry out petty trade, buy and rear goats and cows and grow vegetables in gardens prepared with support from Oxfam. However, they reported having little control over the proceeds from these activities, which they surrender to their spouses or other male household members. In Wau State, as reported by a key informant, women are engaged in petty trade to generate income for their families. They are also involved in daily labour, and receive pay for activities such as washing clothes and fetching water. In Wau State, a new coping strategy identified was the involvement of women in building houses: *'Women are now engaged in construction where they weren't before, to earn money. Men traditionally provide, but now it is the women'* (KII, male, Wau State). This trend was confirmed by an FGD participant: *'Men used to build the homes but women without husbands also do this'* (FGD, women, Wau State).

Sex for food

Concerns about widespread prostitution among girls and women were raised in PoC 1–3 in Juba. Testimonies offer evidence of this increasingly alarming trend as a coping mechanism to combat poverty: *'In the camp, we face problems of GBV, a growing number of abortions and prostitution. This is what needs to be addressed to overcome the negative impact of the conflict'* (FGD, men, Juba). The difficult situation faced by women and girls is driving them to sell their bodies in exchange for money or food to any available male who is willing to provide them, as reported by FGD participants: *'The need for survival and particularly access to adequate food has seen cases of prostitution increase as women and girls engage in sex in exchange for food for their families'* (FGD, men, Juba).

4. PRIORITIES AND OPPORTUNITIES FOR GENDER-BASED PROGRAMMING

4.1 PRIORITY NEEDS

'A lot of people come and take information, but there is no feedback. We hope yours will be different. We thought we would be safe and that our needs would be addressed, but it is not so, we hope that Oxfam will help us.' (FGD, men, Bor PoC)

In terms of priority needs, there is neither a significant gendered pattern nor significant disparities across regions. The most urgent needs in all the regions analysed relate to the provision of food and water in sufficient quality and quantity at reliable times. Food is requested in sufficient quantity and ready to use (there is a lack of local milling services, and the distance of these facilities from the camps exposes women and men to the risk of GBV). Among female and male respondents, concerns around nutritious and diverse food (including complementary food for infants and children, such as milk and liquid food) are recurrent. Moreover, women stated the importance of diversifying food provision (e.g. by providing vegetables), since the diet is mostly based on sorghum. The second most urgent priority is the provision of additional shelters and the improvement of existing ones.

In addition, across the different segments of the population, the NFIs most commonly prioritized by the 490 respondents were mosquito nets and bedding, with shelter and clothing cited as the second priority. The third priority for women and girls is sanitary towels and learning materials, and for men, boys and children it is learning materials. Investigations into the specific needs of women and girls for dignity kits revealed the need for dresses, as well as items for menstrual hygiene needs (underwear or other underwear, clothes, sanitary towels, soap). Children identified the need for shoes, school equipment and leisure spaces. Other NFIs identified included plastic sheets to protect shelters, mostly requested by men.

Another key priority identified was cash distribution options, either through cash-for-work (men, women and boys) and cash-for-education (children, boys and girls) or unconditional cash transfers to enable recipients to buy their preferred food, while also strengthening the capacity of local petty traders (predominantly women). Access to productive land, seeds and materials/implements for farming was also recognized as a priority, as would be expected given that the majority of male and female respondents were farmers before they were displaced. Health concerns were very high among female and male respondents in relation to prevention of, and response to, the outbreak/transmission of diseases such as malaria, cholera and HIV/AIDS.

4.2 STRATEGIES IDENTIFIED BY AFFECTED WOMEN, GIRLS, BOYS AND MEN TO ADDRESS UNMET NEEDS

Long-term priorities

Long-term needs identified by women and men included investment in infrastructure, such as hospital and clinics, with special regard to maternity and paediatric services, and educational facilities, both primary and secondary schools, which are few in number in both IDP camps and PoC sites.

Most respondents, both male and female, cited the need for access to productive land and the need for farming and livestock distribution, as well as training and equipment. Water supply structures and segregated latrines for women, girls and children (properly lit and with lockers) were also mentioned as long-term priorities.

IDPs in host communities (in Twic East County, Wau State and Akobo Counties) reported the need for stable and secure shelter/housing, since they were afraid of other families returning to their houses and pushing them out. IDPs in PoC sites mentioned the need for appropriate shelters for their family as opposed to the overcrowded shelters that they have been forced to share with 5–10 other people. In addition, respondents cited the need to restore the viability of and accessibility to local markets to buy food, since roads are currently blocked by armed actors. Specific requests from women focused on support to women's associations, income-generating activities and employment creation, as well as grants for small businesses, especially around petty trade and farming.

Preferred cash-for-work

Generally speaking, men prefer to do physical labour on infrastructure and construction projects (latrines, houses, roads, boreholes), while women are more interested in income-generating activities, even though for some women this might be a departure from the traditional gendered division of labour. In terms of preferred cash-for-work support, women identified as first choice for income-generating opportunities the start-up of small businesses, such as tailors' shops and petty trade. Specific cases have been reported of women involved in construction in Wau State, which represents a significant change in traditional gender roles.

There is an urgent need for men to restore their productivity and income-generating power for their households. Even though displacement, the change and increase in reproductive and social roles and the increase in GBV have psychologically affected women, it is important to point out that men too appear to be psychologically affected by the lack of work and opportunities caused by the ongoing conflict and their current IDP status. This is because they have lost their traditional roles and are struggling to come to terms with their new status and roles.

Cash-for-education

Girls and boys between the ages of 13 and 18 identified the lack of ability to pay school fees as a primary barrier to accessing education. In this regard, both boys and girls reported the need to receive cash for education in order for them and their families to be able to afford fees and to buy books and other school equipment. Girls indicated that if their families had access to

resources to pay for schooling, their level of school attendance would be higher. In view of this, girls should be prioritized to receive cash for education, since this will also help to reduce the number of early marriages. Children and boys underlined the importance of access to entertainment facilities, such as football, youth-friendly spaces and libraries, but also access to basic requirements such as private latrines and clean water. Most boys and girls raised the need for secondary schools, which are currently lacking in their camps/communities.

Training and learning

Across the surveyed sites, the need for training was one of the most frequent suggestions from all IDPs. The need for training on protection and GBV was the first priority for women and girls, along with awareness-raising activities on child marriage to help families avoid the extensive incidence of early marriage of girls currently occurring in the camps and communities. Women cited the need to include men as 'protectors for women and girls' and for specific training on protection issues addressed to them. Another suggestion from respondents was to provide training for teachers on the importance of girls' education. Men raised the need for the entire community to receive training on health and hygiene promotion and the prevention of HIV/AIDS and STIs among girls and boys. In Akobo Counties, women FGD participants called for ways to support women's empowerment. Their suggestions included literacy classes to improve women's ability to read and write; training in agriculture and trade to help women to get good yields from crops and to bring them effectively to market; leadership training to increase women's influence in decision making at community level; and training on economic empowerment for the creation of small businesses to generate income.

5. RECOMMENDATIONS

5.1 GENERAL RECOMMENDATIONS FOR DONORS, CIVIL SOCIETY AND UN AGENCIES

Institutionalize gender considerations by supporting the National Gender Policy and other key national policies

The National Gender Policy is in the process of being revised by the Ministry of Gender, Child and Social Welfare. It will be important for donors, civil society and the UN Cluster system to engage with this policy and ensure that considerations of gender in humanitarian situations are embedded in public policy, particularly as South Sudan is experiencing protracted crisis. This policy can be used to influence gender mainstreaming within the activities of the Ministry of Humanitarian Affairs and Disaster Management and the South Sudan Relief and Rehabilitation Commission (SSRRC).

Programming should recognize South Sudan's existing laws and policies, which speak to gender equality and 25 percent affirmative action for women across government leadership positions. Awareness of international standards, such as the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), the Universal Declaration of Human Rights (UDHR) and the African Charter on Human and Peoples' Rights, which South Sudan has ratified is important for policy makers and leaders. South Sudan has also developed and signed off on a national action plan for the implementation of UN Security Council Resolution (UNSCR) 1325, and the focus areas mentioned in this need to be included in programming.⁵³

Focus on longer-term strategic gender needs as well as immediate needs and especially education

In a protracted crisis, it is necessary to focus on the long-term and strategic issues raised in this report alongside immediate needs. The very low levels of access and attainment in education, as well as people's aspirations to learn, mean that education, including secondary education, is a key strategic gender need for both boys and girls to be addressed in the context of humanitarian interventions. This also suggests that girls need additional targeting with education interventions for increasing enrolment to have an impact on reducing the incidence of child marriage, while recognizing that the protracted conflict has devastated education facilities. This means that longer-term programming will need to look at school construction, the provision of education facilities and recruitment of both female and male teachers. It also provides opportunities to promote skills building and the involvement of women and girls in decision making at community level, and lessens the psychosocial impact of the conflict on boys as well as girls.

Focus on long-term livelihood needs and accountable governance to improve resilience and reduce dependence on aid

All respondents talked about the need to restart cultivation to address food needs. Long-term interventions are required by all agencies working in South Sudan beyond this particular conflict response to support recovery and resilience, particularly in agricultural production, in order to mitigate the negative long-term impacts of this crisis. In the course of the study, no particular reference was made to the livelihoods of pastoralist communities. However, protection issues relating to herding and livestock farming, such as cattle raids, were identified. In addition, social and gender norms are strongly defined by the herding way of life, and in particular the dowry economy. Confinement of men in IDP camps and their inability to go out with animals, and the loss of animals, have been major contributors to their loss of self esteem and to the incidence of GBV. Communities need to be engaged and studies need to be done on how to adapt best practices and relevant programming from other post-conflict/war societies.

Mainstream GBV programming and PSEA actions

All actors should coordinate (with the support of the GBV sub-cluster) to establish and strengthen referral schemes to support women, girls, boys and men affected by GBV or requiring psychosocial support. There needs to be provision of special care when helping survivors of sexual violence, with guarantees of safety and, with survivors' consent, access to a system of safe shelter or women and girl-friendly centres, and access must be ensured to adequate and immediate health support. All humanitarian actors should coordinate with each other to identify and protect the most vulnerable women such as widows and separated women, since they are at greater risk of GBV in the absence of their husbands. Pregnant women, children, the elderly and persons with disabilities require particular attention to guard against GBV.

All partners working in humanitarian crises must adopt, be trained on and implement codes of conduct and PSEA policies and protocols in line with the principle of 'Do No Harm'. They should institutionalize and strongly implement safeguarding protocols and standard operating procedures (SOPs).

Support more women's rights organizations (WROs) and women's groups as agents of change in communities and as leaders in establishing mechanisms for women's protection, participation and leadership

Working with organized women will contribute to women having increased capacity, agency and leadership. At the height of the crisis, women have stepped up and adapted to the responsibilities of changing roles and will do anything to cope and support their families, despite their lack of skills and other preparation. They can do more if they are more organized and are supported by other women who can provide capacity building and other interventions. In cases where there are no WROs, supporting the organization of women can be supported as part of any strategy. More effort should be put into women's mobilization and different levels of organizing, such as membership of committees (e.g. CCCM, WASH committees) and forming women's groups so that they can build their own agendas, based on their identified needs.

Be more accountable on human resources management

The issue was raised that NGOs have recruited qualified teachers as staff. This is an ethical concern that should be discussed by high-level management. Knowledge and skills transfers should be done systematically, and NGOs and other humanitarian agencies should prioritize training, capacity building and skills transfer with a particular focus on female teachers and female community health and agricultural extension workers.

Adopt strategies for targeting, recruiting and organizing men and boys as champions for combating GBV and promoting women's rights

It is important that men speak out against GBV in a society where they hold most of the power and control over resources and decision-making at household, community and national levels. All actors should ensure the involvement of men and boys in women's rights through awareness raising and work with male beneficiaries and other male stakeholders, including influential figures such as traditional chiefs and religious leaders, building a body of male 'champions' in their respective areas of influence.

At the same time there must be strategies for targeting the psychological condition of men and boys as the main perpetrators of GBV, exploring concepts of harmful masculinity and promoting a better understanding of changing gender roles, which is necessary to better understand the drivers and root causes of the current GBV epidemic. This can be done by organizing psychosocial support groups where men can support each other.

Implement initiatives that increase women's voice and participation in humanitarian programming

All actors should extend efforts to increase women's and girls' confidence and organization by providing leadership training and finding modalities of negotiating their space in the community, to ensure their influence in decision making in their households and to advance their participation in decisions at community level that affect them and their families. Humanitarian organizations can use entry points in their respective spheres of influence, such as water committees and food distribution committees, to facilitate this initiative. All actors, particularly those concerned with GBV, should strengthen existing women's associations and committees, providing funds, tools and capacity building to support the empowerment of women and girls and to protect them against sexual and gender-based violence, discrimination and harmful practices.

Use gender-appropriate public information and awareness-raising channels

Given the different preferences of different sections of the population for finding out about humanitarian programmes, actors can use radio and public meetings as well as cartoons, pictures and public theatre to raise awareness on the most important issues for communities, such as public health promotion, peace building and prevention and response to GBV. Reporting and feedback mechanisms are also an important element to ensure that humanitarian actors continuously provide timely information.

5.2 RECOMMENDATIONS FOR THE FOOD SECURITY, LIVELIHOODS AND NUTRITION CLUSTER

Extend the categorization of vulnerable populations from existing gender and age considerations to include female-headed households. Differentiated targeting practices should address and reduce levels of vulnerability, and should focus on inclusive information provision and registration (for boys and girls aged between 13 and 18, widows, divorced or separated women, pregnant/breastfeeding women and girls, the disabled and the elderly).

Urgently target infants under the age of five and boys and girls aged 13–18 as priority vulnerable groups, ensuring that the food they need is sufficient in quantity and quality (milk, liquid food, and healthy and nutritious food to help them grow and develop) and safe and that clean water is available, and taking unaccompanied children, boys and girls in both IDP camps and PoC sites into special consideration.

Promote the use of sex- and age-disaggregated data, while expanding humanitarian assistance to female-headed households and ensuring that pregnant and lactating mothers are targeted, in order to provide food and water in sufficient quantity and quality, taking into consideration the specific needs of women and girls (and especially pregnant/breastfeeding and widowed/separated/divorced women and teenage girls), with the provision of a food package that includes easy-to-process grain and fortified blended food (vegetable oil, salt, wheat and maize flour) that are particularly needed for their micronutrient composition are easy to process and cook.

Widen assistance to elderly and disabled people who have restricted access to food distributions, enhancing the delivery of food at household level or providing special assistance (wheelchairs, transport and accompaniment) to ensure that they are able to reach aid distribution points, prioritizing them, along with pregnant and breastfeeding women and teenage girls, for assistance.

Prioritize support for capacity building on women's economic empowerment to increase women's economic opportunities and reduce their dependency on men. For instance, expand income-generating opportunities such as tailoring and petty trade in vegetables and milk. The findings of this research indicate that this dependence has been forcedly disrupted e.g. women are now the ones collecting and selling firewood, etc. This recommendation should be carried out in conjunction with other interventions that support men and aim to mitigate the risks of GBV.

Create income-generating opportunities for men to overcome the loss of their traditional livelihoods, which has led to depression, inability to work, alcohol abuse and violence. Disruptions in traditional livelihoods cause other changes in societal roles (e.g. long-term confinement of men leading to GBV, and women becoming breadwinners and engaging in activities outside the home). Any livelihood interventions – including promotion of men's participation within existing value chains – should include learning new skills, along with behaviour change initiatives and support systems that will help individuals, families and communities to adapt, mitigate risks and avoid further harm.

Seize the opportunity to increase men's awareness of women's overburden of work, and explore opportunities for men to engage in reproductive labour, such as fetching water, thus contributing to shifts in the gendered division of labour. There is much evidence that women are now generating income, but also that they are handing it over to men. The shift must therefore be further supported to enable women and men to share not only labour but also decision making at household and community levels. If cash transfers are possible, cash-for-work

schemes can be designed to support and maintain the shift in gender roles e.g. cash for care work by men, cash for protection work by women, etc.

Provide access to productive land for women and men in order to restore their livelihoods by providing water in sufficient quality and implements and materials for farming (tractors, ploughs, other machinery, fertilizers, improved seeds, irrigation etc.). If access to land is restricted, provide women and men with the tools, materials and know-how to create kitchen and community gardens to ensure food production for their families (prioritizing female-headed and the most vulnerable households). Encourage women to organize in groups to access land from local authorities and engage in communal farming. This may be the only way for widows and women with no families or relations to access land. Although the Land Act of 2009 gave equal opportunities for both men and women to access and control land, the reality is that most land is communally owned, while women's access to land is dependent on their relationship with the men in their families. In all circumstances, it is important to integrate protection mechanisms so that people can use land safely.

Where markets are closed or roads are blocked by armed groups, restore or create specific markets for food provision in the PoC sites and host communities so that displaced populations have access to fresh food (e.g. by creating gender-balanced food purchasing and distribution committees). This should be done while integrating protection mechanisms so that there is safe and dignified access to food.

Mitigate risks of violence by providing fuel-efficient stoves, preferably locally manufactured ones using local materials, and create alternative livelihood opportunities by educating women and vulnerable communities in building fuel-efficient cooking stoves and developing and managing wood lots.

5.3 RECOMMENDATIONS FOR THE SHELTER/NFI CLUSTER

Provide additional safe and appropriate shelters for displaced populations, taking into consideration UNHCR's minimum acceptable standards.⁵⁴ Ensure the distribution of additional plastic sheets, bedding and mosquito nets to existing and deteriorating shelters (and especially to female-headed households, to unaccompanied and orphan children, boys and girls, elderly people and people with disabilities).

Guarantee proper registration of newly displaced populations for shelter allocation, taking into consideration the most vulnerable groups (child- and female-headed households, pregnant and breastfeeding women and girls, widows, elderly people and those with disabilities) and prioritizing them for allocation, as well as providing bedding and mosquito nets and menstrual hygiene products.

Ensure the provision of shelters for unaccompanied children under the age of 18, and pay special attention to unaccompanied females, guaranteeing their safety and security. For example, identify and support adoptive families who can take care of female and male children and young adults, or build child-friendly shelters with personnel to protect and feed children, in both cases providing necessary basic NFIs.

Expand the nature and frequency of distribution of NFIs, including inner and outer clothing (for women, girls, boys and men), soap and detergent (bars tend to require less water than powder), shoes (different sizes), jerry cans, water storage vessels, cooking utensils (including frying pans), fuel-efficient stoves, blankets, barrels to build latrines (men and boys), as well as

school materials (including uniforms and school bags) for children, girls and boys and reusable menstrual hygiene products for women and girls.

5.4 RECOMMENDATIONS FOR THE EDUCATION CLUSTER

Create and construct new schools, primary and secondary schools, to improve possibilities for boys and girls (aged 13–18) to attend education programmes. Improve existing schools in terms of infrastructure and by providing nutritious food, school materials, libraries and leisure equipment within education facilities.

Enhance girls' school enrolment rates through the provision of cash for education and other targeted measures.

Extend to boys cash-for-education opportunities to ensure their access to school (targeting especially unaccompanied, poor and marginalized boys) and provide scholarships, sponsorship and NFIs such as school bags and food distributions at school. Meet the needs of boys to access other activities such as games, Games and libraries to stop them engaging in harmful activities such as alcohol and drug abuse.

Provide training for male teachers in order to support girl's enrolment rates, reducing absenteeism and increasing girls' interest in attending education programmes (in cooperation with their families). Ensure understanding and awareness among teachers to avoid any form of violence against girls and boys in schools, and put in place GBV monitoring and accountability systems for teachers.

Increase the number of trained female teachers and volunteers in schools as a mechanism to ensure that the needs of girls are heard and met in order to ensure quality education and as a specific measure to reduce the incidence of GBV perpetrated by male teachers in schools.

Support the provision of literacy courses to women to encourage them to acquire literacy skills and professional qualifications, and thus to achieve rapid social and economic integration while avoiding exclusion and discrimination based on educational levels.

Raise awareness of special education needs, including mobility needs, in camps and other settings.

5.5 RECOMMENDATIONS FOR THE HEALTH CLUSTER

Ensure the provision of free medical care for IDP women, girls and boys in hospital and clinics, and provide an adequate quantity and quality of medicines to meet the health-related needs of conflict-affected populations.

Address widespread common diseases and health concerns, such as war injuries and trauma (with special support for post-traumatic stress disorder (PTSD)), malaria, animal attacks and cholera, with adequate medical treatment.

Target actions to prevent and respond to HIV/AIDS and STIs through the provision of free antiretroviral drugs and other treatments to respond to sexually transmitted infections (with a

special focus on pregnant and breastfeeding women, children, boys and girls). Ensure access to free screening to detect HIV/AIDS and STIs.

Raise awareness through training on HIV/AIDS and STI prevention and response, particularly addressing boys and girls to avoid further spread of sexually transmitted infections.

Guarantee free maternal and paediatric care for women, girls and their children to avoid the increase of maternal and child mortality and to realize the right to health for all. Provide free healthcare for mothers giving birth at home, with the necessary medical assistance.

Improve the sexual and reproductive health of girls and women, with access to gynaecological treatment, the provision of dignity kits for girls and women (containing sanitary towels, clothes, underwear and soap) and access to clean water. Provide training and access for girls to pregnancy prevention and culturally acceptable contraceptive methods.

5.6 RECOMMENDATIONS FOR THE WASH CLUSTER

Install water, sanitation and hygiene hardware, using participatory and inclusive consultation mechanisms with women, girls, boys and men from the communities on the most appropriate design and locations for lockable latrines, safe and well-lit bathing spaces and solid waste management systems to improve the availability and usage of clean water and to reduce the prevalence of open defecation in camps.

Step up public health promotion activities and training on disease prevention for internally displaced populations, with a special emphasis on hand washing, water treatment and cleaning. Raise awareness on the prevention of cholera (hand washing, using latrines) and malaria and ensure the provision of NFIs for protection (mosquito nets, tablets etc.).

Increase the number of female community health volunteers and increase women's active participation and leadership in water user committees and in monitoring schemes on an equal basis with men, to ensure adequate water quality.

5.7 RECOMMENDATION FOR THE PROTECTION CLUSTER AND GBV SUB-CLUSTER

Protection actors and UNMISS should increase protection for women, teenage girls and boys and young children during their movements outside the camps (to access water and firewood points), training men and boys to be their 'protectors' and promoting movement in bigger groups. For community-based watch groups and similar mechanisms, consider involving both women and men.

Protection actors should strengthen referral systems to support women, girls, boys and men who have been affected by GBV or who require psychosocial support due to the crisis, so that they are able to access the appropriate service providers for their different needs. Provide special care when helping survivors of sexual violence in order to guarantee their safety and – with their consent – provide access to safe shelter, and ensure access to adequate and immediate health support.

CSOs should raise awareness among families about the intrinsic value of girls, changing stereotypes and attitudes that consider girls to family property, which result in early arranged marriages as a means of overcoming poverty, towards stressing the contribution that an educated girl can make to her family, while also emphasizing the importance of reducing the overload on girls of care and house work.

CSOs should engage with religious elders and community leaders (who are nearly always men), since they are the decision makers in communities where early or child marriage is prevalent. Engaging with these powerful men is key to changing community attitudes on child marriage.

Child protection actors should provide empowerment programmes for young girls to help prevent child or early marriage by improving both their sense of self and self-efficacy through informing girls of their basic human rights and GBV, and their legal right to refuse marriage, and through providing education programmes on health and sex education.

Rule of law actors working with authorities and UNMISS should provide immediate training to police forces to avoid the perpetuation of further sexual and gender-based violence. Institutionalize the code of conduct for the police on domestic violence, discrimination, sexual harassment and sexual exploitation and abuse (definitions, prohibitions, complaint procedures and disciplinary procedures).

Child protection actors should support young girls who have already married, providing the chance for them to complete or continue their education, information on their human rights and on GBV and access to sexual and reproductive health services, including contraception.

CCCM, protection, livelihood and civil society actors should raise awareness amongst the police and camp managers to prevent the spread of sex-for-food coping mechanisms among girls and women and on how best to provide police services to marginalized women and girls who are more at risk of resorting to this negative solution to overcome poverty. Initiatives can include advocacy for recruitment and placement of more female police officers around IDP and refugee camps and sites where displaced people are accommodated.

ANNEX 1: SELF-ASSESSMENT – CLUSTER GENDER FOCAL POINT WORKING GROUP

Oxfam carried out a rapid organizational self-assessment to determine the level at which humanitarian aid organizations working in South Sudan are institutionalizing gender mainstreaming in their humanitarian programme activities. In total, seven organizations which are members of the CGFPWG volunteered and completed the assessment, namely IBIS, CARE International, Plan International, UNFAO, UNFPA, UNHCR and World Vision (WVI). A selection of the principal results is summarized below.

Promotion of gender equality through internal practices

- Nearly all organizations (86 percent) had a gender policy, but this was not always consistently applied or well resourced, either financially or in terms of allocation of personnel.
- Most organizations (71 percent) admitted to usually having gender equality objectives and monitoring and evaluation (M&E) indicators incorporated into individual work plans, particularly at senior management level.
- 86 percent of the organizations interviewed admitted that only a small percentage (under 30 percent) of their entire humanitarian team was female. Three out of seven of the organizations had between 10 percent and 30 percent female staff on their humanitarian programmes, with another three having less than 10 percent.
- Four of the seven organizations interviewed (57 percent) did not have a gender focal point (GFP). Only one organization had a GFP in a senior management position.
- Regular induction/training on gender issues based on international humanitarian standards is either not done (2/7) or only occasionally done (2/7) for most of the organizations interviewed. Only two organizations (29 percent) said that they conducted induction/training on gender in humanitarian assistance.

Gender analysis through the project cycle

- 86 percent (6/7) of the organizations interviewed said that a consolidated country-level gender analysis was either usually or always a part of the processes of proposal and strategy development. Of those six organizations, two said usually and four said always.
- 71 percent (5/7) of the organizations said that they always used international standard gender mainstreaming tools. Two out of seven used these when creating their own proposals and strategies, and three out of seven always used these standard tools and made it a criterion for partners as well.
- Most of the organizations interviewed collect sex- and age-disaggregated data (SADD) data often (5/7) or always (2/7) in baseline, planning, implementation and M&E processes.
- 57 percent (4/7) of the organizations interviewed said that their programme proposals either always addressed the expressed needs of men, women, boys and girls, rather than just focusing exclusively on women/girls (3/7) or did this and required the same of implementing partners (1/7). The remaining three organizations identified doing this often (2/7) or only rarely (1/7).
- 71 percent (5/7) of the organizations interviewed said that their programme documents applied lessons learnt on gender in subsequent programme design. Two of these five organizations did this often, and three of the five always.

Participation, dignity and empowerment of women and girls in humanitarian programming and response

- 86 percent (6/7) of the organizations ensure equal access and participation by men, women, boys and girls in training, employment and capacity-building opportunities. In addition, four out of seven said that women's participation was monitored and was mostly, if not always, proportionate, while three out of seven said that women's participation was actively encouraged, but not proportionate.
- Regarding the distribution of NFIs and provision of and access to WASH facilities, a significant number, three out of seven, said that this was not always gender-sensitive or designed in consultation with women/girls, especially those heading households. However, on the other hand three out of seven said that distributions were always planned to be gender-sensitive and that this was a requirement for partners as well.
- On whether organizations identified and highlighted risks associated with empowerment and developed mitigation strategies, 71 percent of the organizations interviewed said that this was always the case, with one indicating that it was also a requirement for partners. The rest of the organizations indicated doing this often or only sometimes.
- Four out of seven organizations admitted to not having effective gender-friendly feedback/monitoring mechanisms to ensure safe and equal access and participation throughout the project cycle, or to enable them to identify emerging barriers, obstacles and risks and therefore to be able to develop strategies to overcome them. Another two out of seven said that they had such mechanisms and made it a requirement for their partners to have them as well.
- Three out of the seven organizations interviewed said that they always involved men and boys to ensure that they understood the justice and social benefits of gender equality approaches. Another three did not or only did so sometimes.

Addressing GBV and prevention of sexual exploitation and abuse (PSEA)

- Nearly all the organizations interviewed (6/7) said that they always consulted women, girls, boys and men, as well as specifically vulnerable groups (together and separately) on their GBV and PSEA concerns and protection risks.
- 57 percent of the organizations interviewed said that they regularly engaged all their staff in activities that aimed to develop their capacities and confidence in identifying potential GBV risks in emergency settings and that they used the IASC guidelines in doing this.
- 71 percent (5/7) of the organizations interviewed said that they either i) did not have safe and defined mechanisms that allowed people to report GBV or risky situations, or ii) had them, but did not always allocate sufficient resources to them, or consistently apply them. Only two organizations claimed to have such mechanisms that were both consistently applied (1) and effective and regularly reviewed (1).
- Most of the organizations interviewed (4/7) said that they were members of or helped to develop networks on GBV/protection with key stakeholders and either always participated in such networks or were leads in them. The other organizations were either only occasionally engaged or not at all.
- Just over 50 percent of the organizations interviewed said that they had well communicated policies and procedures in place and complaints mechanisms at work to enable staff, partners and beneficiaries to report incidents of PSEA.

ANNEX 2: STUDY SITES: REASONS FOR DISPLACEMENT: MAY/JUNE 2016

Study site	Reasons for displacement
<i>Juba PoC</i>	The majority of female and male respondents reported civil war as the main reason for seeking refuge in the UNMISS PoC site in Juba. According to OCHA, the number of IDPs in the Juba PoC site increased exponentially from 180,000 in December 2013 to 1,672,989 in July 2016. ⁵⁵ 10 percent of respondents related clashes between two main ethnic groups, the Dinka and the Nuer, as the reason for moving. Around 8 percent of women, men, boys and girls interviewed indicated that they moved because of hunger and a lack of educational structures and services.
<i>Bor PoC</i>	In the PoC site in Bor, 98.6 percent of female and male respondents identified the civil war as the main cause of their displacement. Former Jonglei is the state from which 79 percent of IDPs living in Bor PoC originate. ⁵⁶
<i>Akobo Counties</i>	69 percent of female and male interviewees indicated 'other reasons' besides the civil war as the reason for fleeing their villages and settling in Akobo Counties. These reasons included insecurity resulting from inter-communal land disputes, lack of essential services in rural villages and GBV against women and girls in the form of violent attacks, rapes, revenge killings and abduction of children. 20.5 percent of respondents to the survey stated that civil war and raids between members of the Lou Nuer and neighbouring Murle ethnic communities were the main factor for their movement in search of a safer and protected area. 7.1 percent identified hunger and food scarcity as the main motivation for their movement to the IDP camp, and the frequent droughts in the surrounding areas were seen as the underlying cause.
<i>Twic East County</i>	Displacement in Twic East County followed ethnic conflict involving the Dinka Bor, Lou Nuer and Murle ethnic groups, all in former Jonglei State. This has been taking place for several years and intensified during the period 2012–13. In total, 61.5 percent of those interviewed declared war and ethnic clashes to be the reasons for their displacement. Around 35.7 percent identified human rights violations, loss of home and livelihoods and the scarcity of public service facilities such as clinics, schools and churches as the driving forces in their decision to move into Payangor camp.
<i>Wau State</i>	Respondents identified civil war and ethnic clashes as the main push factors forcing them to flee their homes and walk miles to find shelter, food and water in various displacement sites in Wau State. Violence, restriction of movement, targeted attacks on chiefs and youth, arbitrary arrests and detentions, extra-judicial killings, rapes of women and girls, loss of income, livestock and crops and the extraction of bribes were identified by 35.7 percent of respondents among 'other issues' causing displacement. Overall, in July 2016, an estimated 83,100 people were displaced and in need of humanitarian assistance in Wau State, the majority of them women, girls, boys and elderly people, many of whom have fled into Wau City, settling in schools, churches, makeshift shelters and with relatives. ⁵⁷

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