

HUMANITARIAN CRISIS IN SOUTH SUDAN

GENDER ALERT 2:

May 2014

TAKING INTO ACCOUNT THE DIFFERENT NEEDS OF WOMEN, GIRLS, BOYS AND MEN MAKES HUMANITARIAN RESPONSE MORE EFFECTIVE AND ACCOUNTABLE TO ALL AFFECTED POPULATIONS.

Since the initial eruption of violence in December 2013, the humanitarian situation has deteriorated sharply in South Sudan. An estimated 959,000 people are internally displaced (of which 192,000 are in inaccessible areas) with an additional 293,000 refugees in neighbouring countries¹. *As of yet, there is no reliable disaggregation of these figures based on sex and age.*

The ongoing humanitarian response to the South Sudan crisis is challenged by many factors including the inadequate integration of gender equality and women's empowerment as a central tenet in the overall response. Although there is an understanding in principle of the distinct and separate needs of women, girls, boys and men of the affected population, many challenges exist with regards to undertaking specific gender and vulnerability analysis and implementing informed interventions. The situation is exacerbated by the fluid and ongoing conflict, lack of access to affected populations, high density of population in Protection of Civilian (PoCs) Sites, inadequate financial resources and human capacities for adequate service delivery, ongoing floods etc. Humanitarian action operations are mainly concentrated inside the PoCs in the UN bases where approximately 10% of the displaced people are found. Displacement sites outside of PoCs, have very few implementing partners, thus leaving significant numbers of displaced people with limited access to basic lifesaving or protection services. The crisis has further increased the exposure of girls and women to the protection and health related risks, especially those related to of sexual and gender-based violence. Women and girls face immediate risks including when collecting food, firewood, and water, using WASH facilities or in general when they leave their home. Pregnant women, children, older people and persons with disabilities require particular attention. Adolescent girls are at greater risk of being trafficked, and early, forced or child marriage to provide their families with money as a survival coping mechanism. Many families continue to be separated during displacement and the current conflict, leaving elderly and other vulnerable members behind while children, especially boys, face the risk of being recruited by armed forces. In addition adolescent boys and young men in the PoCs find their movements restricted both within and upon leaving the sites due to fear of being targeted by ethnic-based violence. Out of boredom and frustration, many are resorting to alcohol and/or substance abuse which has already led to anti-social behavior, often creating additional protection risks for women and girls.

PARTICIPATION AND LEADERSHIP OF WOMEN AND GIRLS

Addressing gender equality and women's empowerment begins with participation. Women and girls continue to struggle to make their voices heard and are increasingly marginalized by the overall humanitarian response. This is despite the fact that majority of the displaced people are women and children, and in some sites female-headed households far outnumber male-headed households. Leadership structures remain male dominated so that any of the community consultations on needs identification and programme planning that do take place therefore mostly neglect the specific concerns, priorities, and solutions for women and girls. While some focus group discussions with women and girls have taken place on an ad hoc basis, the extent to which they have informed programming

¹ OCHA South Sudan Situation Report 2 May 2014


http://reliefweb.int/sites/reliefweb.int/files/resources/South_Sudan_crisis_sitrep_34_as_of_2_May_2014.pdf

has been limited, as has the extent of feedback to the concerned communities. The result is that the vast majority of women and girls are unable to engage actively and meaningfully in the identification of needs and the provision of humanitarian services. It is essential that humanitarian action facilitates and supports the participation and inclusion of women as leaders and decision makers.

Action Points for Participation and Leadership of Women and Girls:

- All clusters and coordinating bodies should utilize sex and age disaggregated data.
- Camp management to take immediate steps to facilitate the establishment of formal women's committees to be included in all beneficiary consultation processes in all PoCs. Such women's committees must be supported to ensure that women are able to engage meaningfully in decision-making and to voice the issues and concerns of their constituencies.
- A regularly updated and comprehensive multi-agency gender analysis² over a wider catchment area to be conducted as soon as possible to provide a more accurate understanding of the evolving differing and separate needs of the women, men, boys and girls of the beneficiary population.

PROGRAMME PRIORITIES TO ENSURE A GENDER-INTEGRATED RESPONSE

 **HEALTH CARE** — Access to all health care services and facilities was already extremely limited prior to the current crisis but now, for large swathes of the population, has become practically non-existent or inaccessible due to the large-scale displacement and the safety and security risks. Pressure on non-governmental organizations, already providing 80% of health care services in South Sudan, to deliver priority emergency care, including reproductive health care, in crisis-affected areas is only increasing. Displaced persons are at a particularly high risk of contracting communicable diseases, with young children and pregnant women especially vulnerable. Already high levels of SGBV are reportedly rising, and survivors of sexual violence require the full range of relevant health services.

Action Points for Health Care:

- The Health Cluster to roll out the priority life-saving services in the Minimum Initial Service Package (MISP) for reproductive health should be prioritized.
- The Health Cluster to prioritize the distribution of Inter-Agency Reproductive Health Kits outside of Juba to service providers.
- The Health Cluster should ensure standard precautions are in place in health facilities, including protocols for blood safety and free condoms made widely available to prevent the transmission of HIV.

NFI **NON-FOOD ITEMS** - The distribution of dignity kits and sanitary materials for women and girls has been extremely limited; the first distribution of sanitary materials at UN House, in only one of the two sites (at PoC1), took place in April. Women and girls of reproductive age in PoC2 have yet to receive sanitary materials, exposing them to the risk of infection and indignity, as well as excluding them from social, economic and public activities at the time of menstruation.

To date, the procurement and distribution of dignity kits and sanitary materials have been challenged by the lack of supplies, lack of standardization of the kits and issues related to hygienic disposal including general insecurity. While acknowledging the multiple demands on humanitarian actors at this time, regard for the dignity of women and girls must be prioritized.

² In February 2014, UN Women conducted a gender analysis of the beneficiary population in two of the PoC sites in Juba (namely, UNMISS Topping and UN House). This was based on an analysis of secondary data on the humanitarian crisis and response generated by UN humanitarian actors and complimented by primary data and information gathered through focus group discussions and individual interviews with women and men, boys and girls in the two PoCs. More information from this Gender Analysis is contained in the cluster sections below.

Action Points for Non-Food Items:

- Urgent action is needed by the NFI procurement and distribution partners, WASH cluster and GBV sub-cluster to map out gaps to ensure planned procurement and distribution of women's dignity kits and sanitary materials on an immediate, adequate and, thereafter, regular basis.



SHELTER AND CAMP MANAGEMENT - Shelter has been identified as one of the most urgent needs by women in gender-analysis focus group discussions (FGD), reiterating that all other issues were dependent on this factor. For example, at UNMISS Tomping site, which is 13 times more densely populated than the minimum humanitarian standard, families and individuals find themselves housed in hastily-assembled communal structures made of plastic sheets without segregation, doors, and partition which increases security concerns, privacy issues, and theft of property.

Action Points for Shelter and Camp Management:

- Camp Management and Shelter Clusters to provide, wherever feasible, household tents in all IDP camps and settlements in order to restore some form of family cohesion, dignity and security.
- In the absence of family tents, Camp Management and Shelter Clusters to ensure that female-headed households and single women are accommodated together in communal structures that are at least adequately partitioned.
- Camp Management and Shelter Clusters to provide secure, safe spaces for women and girls and child-friendly spaces as a matter of priority.



WATER, SANITATION AND HYGIENE – With the limited space in the PoCs and the rush to install facilities as quickly as possible, WASH actors have faced enormous challenges to provide quality services and as such have had to compromise on standards, including considering the separate needs of women, girls, boys and men. With not all latrines and bathing facilities separated by sex, no clear signage, no means of locking cubicles and limited community sensitization, women and men are often using common facilities, thus exposing women and girls to a further risk of harassment and violence. The lack of adequate lighting in and around latrines and washing areas also heightens the risk of S/GBV. Women and girls have reported that fear of violence prevents them from using latrines, causing a communal and individual health risk. Consideration of separate gender needs in the design of WASH facilities fosters a safer and healthier environment for all, by helping to prevent and mitigate S/GBV (and the fear of S/GBV) by reducing the exposure to risk.

Action Points for Water, Sanitation and Hygiene:

- The WASH Cluster, in collaboration with all actors including protection, and camp management, to assess all latrines and WASH facilities in the PoCs to make practical improvements to existing structures and their surroundings in order to enhance standards and improve safety and security for all community members, especially for women and girls.
- Camp Management Cluster to establish a roster of a gender-balanced teams of community volunteers to stand guard at latrines and washing facilities.
- If and when feasible, the WASH Cluster to create a suitable waste management solution for disposing the sanitary towels.



PROTECTION - Gender based violence has been identified by women and girls, as well as the humanitarian community, as a key concern. Women and girls have reported sexual harassment and assault in and around latrines and other WASH facilities such as showers and washing areas, as well as in poorly lit areas in the camps. Women and girls also face the risk of assault when they venture outside of the PoC for firewood collection and livelihood activities. Limited patrolling in some locations, lack of lighting and limited number of machines to grind food all heighten the risk for women and girls to be attacked. In addition, lack of access to charcoal or firewood exacerbate S/GBV risks for women and girls. There are also many barriers to reporting and data collection. Survivors fear stigma and impunity. Prevention of sexual and other forms of GBV, and a survivor centered response, in line with

international standards, must be prioritized immediately by humanitarian actors at all levels – including clusters and HCT. Protection and GBV partners should be supported, resourced and funded to strengthen the response.

Prevention of Sexual Exploitation and Abuse (PSEA) - The risk of sexual abuse and exploitation by either civilian or military humanitarian personnel remains high in South Sudan. It is important that all prevention, referral and survivor support services remain in place and are functioning at this critical time. It is vital that the Chairs of the Prevention of Sexual Abuse and Exploitation Task Force to convene a meeting of the Task Force as soon as possible to maintain the SEA trainings that are provided to all UN/UNMISS personnel as a priority and to find ways to ensure that all humanitarian workers who work closely with IDPs and other members of the local population are also trained.

Action Points for Protection and Prevention of Sexual Exploitation and Abuse:

- The Humanitarian Country Team the HCT), including the Protection Cluster and GBV sub-cluster to advocate for more support, resources and funding to address the increased risks to S/GBV caused by the conflict.
- The Protection Cluster and humanitarian coordination system and partners to urgently provide constructive livelihood opportunities and activities to address the issue of disgruntled young men in order to minimize boredom and frustration which can result in exacerbated protection risks to the community, especially in relation to S/GBV..
- The Protection Cluster and the GBV sub-cluster partners to urgently establish community watch programmes that includes female and male community members and to provide training and support with regards protection, prevention of S/GBV and SEA.
- The Protection Cluster and GBV sub-cluster to work closely with Shelter and Camp Coordination and Camp Management Clusters to establish community safe spaces for adolescent girls, boys and women.
- The Protection Cluster to take measures to ensure regular presence of international protection staff, including female monitors, in affected communities in the camp and in villages affected by recent violence.
- The GBV sub-cluster to inform the community about the types and nature of GBV and HIV prevention, treatment, care and support services that are available for survivors of sexual violence and exploitation.
- The Protection Cluster should work closely with other partners especially UN Peacekeeping Mission in South Sudan to advocate and to provide security when survivors report incidents to police and/or security staff. Any process should prioritize and respect the rights, choices, dignity and confidentiality of survivors.
- The Protection Cluster and GBV sub-cluster to advocate and work with partners to ensure that survivors have a private and safe place to go for interviews or for shelter and that staff are available and trained to provide the needed support in gender sensitive way.
- The GBV sub-cluster, and relevant partners, to strengthen the established systems for compiling anonymous incident data so that any trends and protection issues can be identified and addressed by establishing a reporting and referral system.
- The GBV sub-cluster through UNFPA to continue providing post-rape kits that include post exposure prophylactic (PEP) and to ensure they are available and accessible to service providers and survivors.

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