

TURNING PROMISES INTO ACTION?

ADDRESSING GENDER-BASED VIOLENCE IN SOUTH SUDAN

IRC POLICY BRIEF, SEPTEMBER 2014



The International Rescue Committee (IRC) is recognised globally as a leader in preventing and responding to violence against women and girls (VAWG) in conflict and other emergencies. The IRC's work with adolescent girls envisions a world where girls can build healthy and productive lives, emerge as leaders and participants within their communities, and be protected from violence, sexual abuse and exploitation.

Global efforts to prevent and respond to gender-based violence (GBV) in emergencies are stronger today than they have ever been. Pledges made at the 2013 'Call to Action to Protect Women and Girls in Emergencies' and the 2014 'Global Summit to End Sexual Violence in Conflict' are testimonies to donors', UN agencies' and humanitarian organizations' commitment on this issue. However, these and other commitments, such as the ones made at the May 2014 High-Level Conference on South Sudan in Oslo, are yet to translate into real change on the ground for women and girls in the world's newest country.

The International Rescue Committee (IRC) has spoken to women and girls in Unity, Lakes, Jonglei, Northern Bahr el Ghazal, and Central Equatoria states since the beginning of this conflict. They have told us about the risks they are exposed to and the violence they face: rape, sexual exploitation, abduction and intimate partner violence. The same risks and violence women and girls in emergencies have been exposed to for decades. They are still waiting for global commitments to manifest in their lives and allow them to live in safety and dignity.

SOUTH SUDAN'S CURRENT CRISIS: VIOLENCE, DISPLACEMENT AND POTENTIAL FAMINE

On 15 December 2013, violence erupted in Juba, the capital of South Sudan, and quickly spread to other parts of the country. The conflict has continued into 2014, resulting in thousands of civilian casualties and about 1.8 million people being uprooted from their homes, nearly 450,000 of them becoming refugees in neighbouring countries (1). Those that have stayed face ethnic violence and thousands have been killed or attacked. Over 100,000 people are sheltering in United Nations Mission in South Sudan (UNMISS) peacekeeping bases around the country that have become "Protection of Civilian Sites" (PoCs).

The parties to the conflict signed an agreement for a ceasefire on 9 May 2014. Violence, however, has continued and the security situation remains precarious. Despite less fighting since the agreement, all parties to the conflict and self-defence forces have continued to attack civilians. There is concern that fighting may increase as the rainy season ends in November; and peace talks have yielded no tangible results. The conflict has disrupted agriculture and access to markets, leaving nearly 4 million people facing severe food shortages, with famine a very real possibility. While the needs are massive, humanitarian assistance continues to be severely constrained by lack of funding, access problems and insecurity.

One of the challenges facing the humanitarian response in South Sudan is the failure to put women's protection and gender equality front and centre in the overall response. To date UN agencies and NGOs on the ground have failed to undertake comprehensive analysis of the particular vulnerabilities of women and girls in this context, which is essential to designing an effective response. The situation is exacerbated by the fluid and ongoing conflict, lack of access to affected populations, overcrowding in PoC sites, inadequate resources for service delivery, and ongoing floods.

WOMEN AND GIRLS FACE INCREASED VIOLENCE, ABUSE AND EXPLOITATION

Sexual violence and other forms of GBV predate this conflict. Women and girls in South Sudan faced multiple forms of violence before this conflict, including sexual violence, harmful traditional practices, and intimate partner violence (IPV). A 2009 UN study found that 70% of participants reported knowing someone who experienced VAWG, 49% experiencing violence themselves within the previous year (2).

In 2012 women and girls told the IRC that they faced rape, other forms of sexual assault, harassment, IPV and forced marriages. Refugee women and girls who fled the Nuba Mountains to the Yida refugee camp (Unity State) told us that that rape was not only a common cause for them to flee, but remained a concern within the camp. Adult women in the camp identified IPV as the most common form of violence experienced by married women; while girls under the age of 15 reported forced marriages due to limited access to secondary education, dire economic circumstances and cultural perceptions of marriage as a means of "protecting" girls (3).

Women and girls have seen the risk of violence heightened by the ongoing conflict and increased presence of military actors, massive displacement and a limited humanitarian response. Amnesty International highlighted in a May 2014 report that rape, sexual abuse and exploitation, including sexual slavery, were amongst other types of violence women and girls in South Sudan were reporting (4).

During February 2014 assessments in Mingkaman IDP camp and in Bentiu's PoC, women and girls told the IRC about one of the greatest risks they face: they are being attacked, raped and abducted while collecting firewood, water and food. Women are exposed when walking long distances to collect what they need to survive, often having to leave the PoC sites. Furthermore, many women who receive unprocessed sorghum face increased risks of exploitation due to their inability to pay for the milling process, a process required for the raw grains to become food for them and their children.

In displacement sites and PoCs, women and girls report feeling unsafe and exposed due to limited or no lighting throughout the settlements; overcrowding in their tents and the PoCs in general; lack of public spaces for women and girls to gather; and concerns that toilets, tents and showers have no privacy or locks. Women and girls say there are scarce spaces where they feel safe or protected.



With the humanitarian operation still focusing disproportionately on the 10% of internally displaced persons (IDP) living in PoC sites, 90% of IDP women and girls living outside of those sites are being left at even greater risk. Humanitarian agencies have struggled to access many of the displaced communities in remote areas due to a lack of logistical support and the fluctuating security situation, which further limits access. The IRC recently launched mobile teams for GBV prevention and response to access populations in need in remote areas. The mobile teams will conduct rapid GBV assessments to identify the concerns and needs of women and girls and assess GBV patterns and risk factors to inform rapid response interventions, such as counselling, clinical care for sexual assault survivors training and case management within health facilities.

As fighting continues, the situation for women and girls is deteriorating still further. In Bentiu, the IRC has seen an increase in direct GBV reporting in the last few months. An IRC June GBV assessment highlighted growing threats of sexual violence, IPV, sexual exploitation and abductions. Absolutely all women and girls that took part in focus group discussions for this assessment consistently reported that rape was a common feature of the conflict, being used by both parties and remaining an ongoing threat inside the PoC and when they leave the PoC.

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- (1) UNOCHA: South Sudan Crisis, Situation Report No.50, as of 21 August 2014
 - (2) Gender-based violence and Violence Against Women: Report on Incidence and Prevalence in South Sudan, UNIFEM, 2009
 - (3) IRC, GBV assessments conducted in the Yida refugee camp, February 2012
 - (4) Nowhere Safe: Civilians Under Attack in South Sudan, Amnesty International, 8 May 2014

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As the food security situation worsens, dangers of GBV will increase. Women and girls are already taking serious risks to feed their families, walking long distances foraging for wild foods or forced into exploitative situations to survive. In Koch County traders hire women to travel on foot to the villages of neighbouring Mayom to buy commodities and smuggle them in, as men cannot travel due to fear of attacks and possible killing. This journey takes nearly three days and women have reported being harassed, raped and robbed along the way.

IRC'S RESPONSE TO WOMEN AND GIRL'S NEEDS IN SOUTH SUDAN

The lack of specific programmes to address women and girls' needs that can adequately meet the rapidly growing numbers and needs of displaced women and girls remains a significant challenge. The IRC has been responding to the needs of women and girls through its GBV emergency programmes by:

- Providing individual case management and referrals to health and other services for GBV survivors;
- Establishing three 'safe spaces' or women's

centres in Bentiu PoC; two in Juba PoC; and two in Mingkaman IDP camp. In the centres, women and girls can access individual case management, psychosocial support services, skills building activities, and information;

- Conducting community outreach and information, communication, and education campaigns on GBV and its consequences, and the availability of support services;
- Distributing more than 20,000 dignity kits to women and girls of reproductive age to increase their dignity and reduce the risk of sexual exploitation and abuse;
- Strengthening health responses by training providers on clinical management of rape and improving GBV referral pathways and coordination;
- Working with women's groups on social behavioural change around GBV, by strengthening their local capacity to address GBV and to economically empower women.

(5) IRC dignity kits contain basic female hygiene items, clothing and flashlights.



CURRENT GAPS IN GBV PREVENTION AND RESPONSE IN SOUTH SUDAN

The IRC is among the few organizations seeking to prevent and respond to GBV, but current efforts are simply not enough. GBV prevention and response efforts in South Sudan have been under-resourced, both by the Government of South Sudan and by the international community. As in other emergencies, humanitarian activities in South Sudan are organised and coordinated by

'clusters' according to the relevant sector of work. The Protection Cluster has a GBV sub-cluster, which leads on and coordinates activities to prevent and respond to GBV. Five out of the seven areas less affected by the conflict have GBV working groups, but the other two do not have one due to a lack of GBV actors.

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Even in areas where GBV response services are in place, there are gaps in GBV coordination and a lack of dedicated technical specialists both at the field and central level. So far, only seven out of the 18 locations identified as being

of concern by the GBV sub-cluster have a GBV lead agency to coordinate GBV efforts and to ensure minimum standards are in place. Across all locations women have limited representation within existing community structures such as camp committees and leaders' groups. Without their participation community groups are not aware of and do not prioritise women's and girls' needs, causing GBV risks to remain unidentified and unaddressed. Due to the increased attention to the current emergency, ongoing GBV programming in less conflict-affected states is dwindling. Most support is short-term and small-scale. Reducing support to other programmes leaves existing structures and women's groups empty handed and unprepared for the future –the lack of investment in GBV services prior to December 2013 has impaired the local capacity to deal with abuses perpetrated against women and girls during the current crisis.

RECOMMENDATIONS

1. Donors should ensure all agencies they support in South Sudan integrate GBV prevention and response in accordance with the Inter-Agency Standing Committee Guidelines on GBV Interventions in Humanitarian Settings, including the Protection, Shelter, Food Security, Water and Sanitation, Camp Coordination and Camp Management, Nutrition, Health and Education sectors.

2. Donors should fulfil their commitments to fund specialized GBV programmes across all states, including those less affected by the conflict. Agencies implementing these programmes should address the health, psychosocial, and economic needs of women, girls and GBV survivors by: **a)** Ensuring safe and timely access to quality reproductive health care including clinical management of rape, trained female clinicians and confidentiality rooms. Accordingly, the Health Cluster should prioritize the Minimum Initial Service Package of reproductive health in emergency situations (MISP); **b)** Establish and support safe spaces where women and girls can safely access accurate information about

services and seek, receive or be referred to adequate services; **c)** Develop mobile response teams to reach women and girls with life-saving health and other services in areas that are difficult to reach and insecure; **d)** Support standardised mechanisms for data collection and analysis such as the GBV Information Management System (GBV IMS) and ensure agencies responding to GBV and protection issues use these mechanisms.

3. UNICEF and UNFPA, through the global GBV AoR, should prioritise effective coordination of GBV prevention and response efforts, which is essential to address women and girls' needs in emergencies. Particularly, they should allocate increased resources to the GBV sub-cluster in South Sudan; put dedicated and qualified GBV sub-cluster leads in place at state level; develop and resource preparedness training and planning in consultation with partner NGOs; better map GBV responders; and support local and national NGOs to provide quality services.

4. The Camp Coordination Camp Management cluster and humanitarian agencies should take steps to facilitate women and girls' participation,

by establishing formal women's committees that should be consulted in all processes affecting PoCs representing their population (tribe, ethnicity, counties in consideration). 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.

5. Humanitarian agencies, UNMISS, with the support of donors and the UN Department for Peacekeeping, should ensure that all humanitarian personnel receive training on preventing sexual exploitation and abuse, on GBV, and on upholding law and order in a way that promotes GBV survivors' safety and enables the advancement of women and girls' protection.

6. The international community should press the parties to the conflict for an immediate cessation of violence against civilians, including GBV, in compliance with international humanitarian law. Women and girls face unacceptable, targeted attacks from armed groups and any path toward peace must address their protection needs, as well as their right to have a voice in bringing their country out of war.



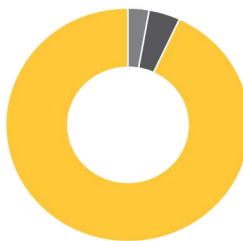
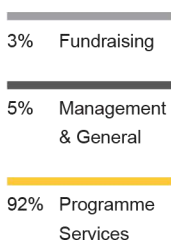
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Where we work

The IRC works in more than 40 countries across four continents. With programmes in Africa, Asia, the Middle East and the Caribbean, we work in refugee camps, disaster areas and countries that host refugees. We also work with communities recovering from war or experiencing prolonged crisis or conflict.

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