

**GENDER EQUALITY  
SITUATION ANALYSIS FOR  
IDPS, RETURNEES AND  
HOST COMMUNITIES IN  
SOUTH SUDAN**



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## About this Report

This report presents the findings and recommendations from the gender analysis of Internally Displaced Persons, Returnees and Host communities in seven locations in South Sudan for the consideration of decision-makers and practitioners in national and international humanitarian and gender sensitive programming.

It aims to bring together learning on the differential gendered impacts of the displacement due to insecurity and floods and to feed into the South Sudan Durable Solutions Strategy and Plan of Action for Returnees, Internally Displaced Persons, Returnees and Host Communities. Further, this gender analysis will also inform UN Women's Humanitarian Needs Overview (HNO) and Humanitarian Response Plan (HRP). After the executive summary and introduction, a context section introduces the background of the research, including demographics and crisis impact, trends, and main characteristics of the vulnerable groups in South Sudan, and then the methodology.

The key findings and analysis of the report are presented under four gender-specific domains, as follows:

- ⇒ Demographic Characteristics of Respondents
- ⇒ Access To Shelter
- ⇒ Access To Water, Sanitation and Hygiene (Wash)
- ⇒ Agriculture, Household Nutrition and Food Security.
- ⇒ Health, Including Sexual and Reproductive Health
- ⇒ Access To Education
- ⇒ Care Work at Home
- ⇒ Benefits And Control Over Incomes and Resources
- ⇒ Gender And Decision Making
- ⇒ Sexual Gender Based Violence and Equality
- ⇒ Threats And Risks Faced by The Community Members

Each section explores the impact of the displacement at community and household levels. The report concludes with recommendations and an action plan on how to implement a gender sensitive humanitarian response in a way that better supports the needs and aspirations of males and females of different ages, strengthens gender equity and equality, and contributes to the long-term transformation of power imbalances between women and men. These findings offer an entry point to enhance a gender-responsive approach to humanitarian action and programming.

The methodology and survey tools are annexed to the report.

# EXECUTIVE SUMMARY

The conflict, natural disasters, episodes of sub-national and inter-communal violence have left more than 1.60 million South Sudanese nationals displaced across all 78 counties<sup>1</sup>. Estimated 58 per cent of IDPs are residing in Upper Nile (233,814), Warrap (246,697), Unity (225,963) and Central Equatoria (220,847). Three-quarters of IDPs are residing with host communities, while the remaining (+407,000) stay in camps or camp-like settings. As of early September 2020, some 167,856 IDPs were hosted within the UNMISS-protected Protection of Civilians (PoC) sites in Bentiu, Juba, Wau, Malakal and Bor.<sup>2</sup> By mid-September 2020, some 32,000 IDPs were residing in 5 collective centres across Juba, as well as 59,400 in Bor South; 42,886 in Twic East; 56,354 in Duk; 57,000 in Ayod; 95,838 in Greater Pibor and 6,000 in Pochalla mainly women and children in need of immediate humanitarian assistance<sup>3</sup>. And the situation for the displaced, irrespective of gender, is worse than that for the general population and especially much worse for displaced women and girls.

The analysis sought to provide a further understanding of the gender differences, inequalities, and capacities as well as inform the work of humanitarian and development actors on how they can further respond to the different needs of the displaced population. It thus contributes to improving the effectiveness of humanitarian actions and increasing accountability to affected populations. The overall objective of the study was to undertake Gender Equality Situation Analysis for South Sudan through the analysis of the different needs, vulnerabilities, and opportunities of returnees and IDPs in selected IDP camps/former POCs, Internally Displaced Peoples' camps (IDPs), and host communities in seven locations (after consultations with the Ministry of Humanitarian Affairs and Disaster Management and other key stakeholders). The study used both qualitative and quantitative techniques with primary data collected from a quantitative survey and qualitative information was enlisted from key informant interviews and Focus Group Discussions. The study had a total of 513 respondents, including 457 individuals (71 per cent females, of whom 59 per cent were aged below 35 years) and (29 per cent males, of whom 50 per cent were aged below 35 years), 21 FDGs and 7 Key Informant Interviews reached across 7 locations in Bentiu (Unity State), Wau (Western Bahr El Ghazal State), Mingkaman (Lakes State), Malakal (Upper Nile State), Bor (Jonglei State), and two locations in Juba (Central Equatoria).

The study design and data analysis utilized a combination of Gender Analysis Frameworks to capture all the aspects of the unique conditions faced by the displaced returnees and host population and how to plan effective interventions in their situation, namely the Capacities and Vulnerabilities Analysis Framework (CVA), the People-Oriented Planning Framework (POP), the Women's Empowerment (Longwe) Framework and the Soner gender analysis tool<sup>4</sup>. Recommendations and an action plan with gender sensitive indicators was suggested to support gender programming.

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<sup>1</sup> UNOCHA, South Sudan 2021 Humanitarian Needs Overview

<sup>2</sup> IOM DTM Biometric Registration, September 2020<sup>2</sup>

<sup>3</sup> UNOCHA, South Sudan 2021 Humanitarian Needs Overview

<sup>4</sup> Candida March, Ines Smyth, and Maitrayee Mukhopadhyaya, 2010. A Guide to Gender Analysis Frameworks, Oxfam Digital Book

## Summary of thematic findings

### Access to shelter

The housing situation for the IDPs, returnees and host communities is bad across the country and for all sections of the population, including IDPs, POCs, returnees and even host communities, with only 2 per cent of shelter walls made of burnt bricks with cement; only 5 per cent of roofs made of iron sheets. The shelters are also too small, denying privacy to couples, which causes a lot of friction in the home and may lead to GBV.

### Access to Water, Sanitation and Hygiene (WASH)

Across all locations, access to WASH is poor, with only 52 per cent of the sampled households having a latrine and 37 per cent having a kitchen; 6 per cent of households getting their drinking water from either a pond/river stream or lake, and 70 per cent of household reported to be routinely drinking un-boiled/treated water. And since in most households, it is women that fetch water, the lack of near water sources and latrines has implications for the security of women as they move long distances to look for them.

### Agriculture, household nutrition and food security

Findings showed a high level of food insecurity among the sampled households, with 16 per cent of the households severely food insecure, and 44 per cent experiencing moderate food insecurity and resorting to bad coping options like selling long-term assets. Whereas about 45 per cent of all respondents were involved in agriculture with 24 per cent of the females involved, results showed that only 29 per cent have three meals and 38 per cent eat two meals. Food insecurity also has gender implications because with women as the providers at home, any severe lack of food for the household will add to their burden to fulfill their obligations.

### Health, including sexual and reproductive health

Health facilities' quality and adequacy are still a problem across the board, affecting women more since they are caregivers. Women, as in most of Africa, care for the sick and children, which puts a huge burden on them.

The situation is further complicated by few health centers, inadequate medicine and fewer number of health workers in most of the surveyed locations. In such a situation, the women's burden of care will become bigger as they cope with how to care for the sick in addition to taking care of their own health needs.

### Access to education

The quality of education accessed around the displaced camps is bad, with only 33 per cent of parents saying their children access schools and even those available are not supplied well with personnel and equipment. This has negative implications, especially for women and girls who are the most affected because when uneducated, they cannot make good choices in most aspects of their lives, are not empowered to advocate for themselves, and are often at the mercy of men and an unfortunately patriarchal community.

### Care work at home

Care work at home is not gender neutral, with women and girls shouldering the bulk of it in the communities surveyed. Due to this gender divide, women already burdened by the displacement still bear the duty of caring for their homes amid the lack and stressful environment.

## Benefits and control over incomes and resources

FDGs and KIs discussions across all locations showed that women and men share in the income, but the latter generally dictates what the former will own, whether land, crops, credit, jobs, or business. Therefore, women are still seriously disadvantaged and face barriers that good thought loosening as communities get more awareness of gender equality.

## Gender and decision making

Across all locations, it was revealed that decisions in the household are mainly taken by men and rarely by women, although there is some reasonable level of joint decision-making. For example, within the surveyed areas, more than 52 per cent of decision-makers on land are men, while it is 28 per cent on spending cash in households.

## Gender aspects of benefits from income and resources

Decision-making in households has serious implications for gender equality and women empowerment. Households with more women involved in decision-making use all the human resources capacity available to the household rather than depending just on that of men only. Therefore, the increased involvement of women in decision-making on selling crops and livestock and spending cash after the sale is a progressive practice worth emulating and a move in the right direction for the country.

## Sexual, gender-based violence, threats and risks faced by the community members

Of all the sampled respondents, 71 per cent indicated that they are aware of Gender-Based Violence happening within their communities, with more females at 72 per cent than males at 68 per cent. The commonest GBV types they were aware of were sexual violence reported by 25 per cent followed by early or forced marriages (21 per cent) and verbal abuses (17 per cent). Of the entire sample, 62 per cent of the respondents who are aware of GBV experienced it in the last year. Whereas both women and men were aware of GBV, women were shouldering the bigger burden of the vice. Yet there is a culture of silence, especially among older males, which is disempowering for women because they fear reporting cases of GBV, whether they are the victims or not. In addition to GBV, there are many other threats and risks, especially to women and girls, including fear of abduction, rape, early marriages and unwanted pregnancies. For the boys, the only threat is facing violence and being forced into army/rebel recruitment as child soldiers.

Threats and risks faced by the displaced in the surveyed areas have a gender dimension. Even as all the displaced and their host communities indicated that they face threats and risks leading to trauma, post-traumatic disorders, and mental health issues, women and girls face additional unique ones. The fear of abduction, rape, early marriages and unwanted pregnancies are only specific to females and aggravate the already grave general ones. Another gender dimension is that females and rarely the perpetrators of violence, yet they face even a bigger burden of threats and risks in conditions of war and displacement. The patriarchal culture within the communities also aggravates the threats and risks against women as violence towards them is rarely punished if the perpetrator is a man and if it is done in the name of culture. For example, forced marriage is still generally accepted in some communities and this increases threats to young girls who constantly face this threat as men do it under the shield of some cultures.

As the main home caregivers, women not only face their own threats as they go out to fend for their families but also have to protect their children, who are often faced with the threat of abduction. This adds to the already heavy burden of home care that the women carry. And yet

women have few options for coping with these threats and risks because of the power relations in the home and communities that afford them small wriggle room. Whereas women have coped with the displacement by running a small, petty business, operating small food joints, serve as workers on construction sites, these increases their threats and risks even more as they leave the protection of home and come to face with hostile communities that still frown on a female working outside the hom.

## Recommendations

### Increase access to shelter

- ⇒ Support communities, especially returnees and repatriating households, with safe and appropriate shelters (that are adequate for the number of family members and ensure privacy and human dignity) or building materials for sustainability
- ⇒ For camps in which the IDPs are likely to stay longer, government and DPs should increase the distribution of additional plastic sheets, bedding and mosquito nets to existing and deteriorating shelters (and especially to female-headed households, unaccompanied and orphan children, boys and girls, elderly people and people with disabilities).
- ⇒ Settle the issue of land ownership and tenure where the displaced people are living and if possible, allocate more land to them to enable them to build better and bigger shelters and possibly separate shelters for older children or teenagers to ensure privacy

### Increase Access to Water, Sanitation and Hygiene (WASH)

- ⇒ Community awareness campaigns should be supported to ensure that households, especially in communities where land tenure is more secure, construct pit latrines, water sources and dumping sites and can maintain them to reduce the burden of the disease but also to reduce the burden on women and girls who are most affected by poor access to WASH
- ⇒ The government, UN Women and other DPs should support the setting up of more springs, boreholes and water taps and establish community-led maintenance mechanisms and can maintain them to reduce the burden of the disease but also reduce the burden on women and girls who are most affected by poor access to WASH
- ⇒ Incorporate gender aspects in WASH provision by ensuring that gender is mainstreamed in the planning and execution of WASH projects and that women's safety is considered a priority

### Enhance agriculture productivity, household nutrition and food security

- ⇒ Government and development partners should consider the long-term livelihood needs of the communities who subsisted on certain agriculture-related occupations such as pastoralism and crop farming and have now become redundant. Introduce agriculture projects that can support these households to undertake intensive farming that is possible in the circumstances of displacement and in which women are already heavily involved.
- ⇒ Ensure that households with infants under the age of five and boys and girls aged 13–18 as priority vulnerable groups such as breastfeeding mothers have enough or adequate food, especially which is nutritious and quality such as milk, liquid food, and healthy and nutritious food to help them grow and develop
- ⇒ Prioritize equity and affirmative action when providing food aid or planting materials for future re-integration ensuring the use of sex- and age-disaggregated data to target the specific needs of women and girls, especially pregnant/breastfeeding and widowed/separated/divorced women and teenage girls, the elderly and the disabled people.

- ⇒ Undertake legal land access, ownership and control review to ensure men and women have access to adequate productive land for women and men and sufficient inputs such as farm inputs (tractors, ploughs, other machinery, fertilizers, improved seeds, irrigation etc.).
- ⇒ In a situation of acute lack of access to land, women who can access some small land should be supported with tools, materials and know-how to undertake small-scale backyard gardens or community farming to ensure food production for their families and possibly sell the surplus.

### Improve access to quality health care, including sexual and reproductive health

- ⇒ Support public health promotion sensitization activities with the help of community leaders, VHTs, and DPs, including hand washing, water treatment and cleaning of jerrycans.
- ⇒ Scale up the setting up of specialized and referral health facilities, especially for the benefit of women, girls and boys and ensure that they are supplied with enough medicines to meet the health needs of the community, including guaranteeing free maternal and pediatric services for women and children
- ⇒ Prioritize the fight against the most common diseases such as malaria, typhoid and STIs by addressing the prevention and treatment needs of the communities, especially women that are often more vulnerable because of socio-cultural issues and GBV
- ⇒ Raise awareness about the danger posed by HIV/AIDs and STIs, addressing the gender aspects of the disease that make women and girls most vulnerable, including GBV and lack of female-friendly treatment and management options such as testing and counselling
- ⇒ Support sexual and reproductive health of girls and women by ensuring adequate access to contraceptives, gynecological services, dignity kits for girls and women (containing sanitary towels, clothes, underwear and soap) and access to clean water.
- ⇒ Streamline the work of the Primary Health Providers that are currently serving the communities around camps by putting operation procedures that ensure staff timeliness, the safety of medicine and other equipment, and increase in length of time of operation in the week to enable especially women who have a disproportionate health care burden have adequate access
- ⇒ Relatedly motivate health staff and offer training, raised remuneration and incentives to increase the efficiency of health services, especially those dealing with women's sexual problems
- ⇒ Increase access to and quality of education
- ⇒ Support the construction of more schools to all levels (primary, secondary, tertiary) around displaced communities and especially for girls to ensure more girls who are often most disadvantaged are accessing education for, especially girls with unique challenges such as those concerned with menstrual hygiene.
- ⇒ Institute affirmative action to enhance girls' school enrolment rates by providing cash for education and other targeted measures such as dignity kits.
- ⇒ Increase funding opportunities that target the disadvantaged, such as unaccompanied, poor and marginalized boys and girls) and teenage mothers by providing scholarships, other sponsorships, and NFIs such as school bags, food distributions,
- ⇒ Offer GBV training to men and women to stem any violence that discourages especially girls from going to school and ensure the training covers both male and female teachers
- ⇒ Support adult education for women who were victims of sexual violence or for any other reason, failed to go to school, enabling them to acquire skills they need to integrate into the curricula.

## Increase women's benefits & control over incomes & resources, and reduce their burden of care work at home

- ⇒ Increase women's economic opportunities, improve their livelihoods and reduce their dependency on men. Support vocational/entrepreneurial income-generating opportunities such as tailoring and petty trade in quick consumables and vegetables.
- ⇒ Support the emerging positive changes in gender roles and relations at household and community levels by identifying and spreading information about community best practices to reduce the home care work for women.
- ⇒ Supplement women's incomes by distributing their most pressing Non-Food Items (NFI) needs such as clothing (for women and men), soap and detergent shoes (different sizes), jerry cans, water storage, cooking utensils (including frying pans), fuel-efficient stoves and blankets.
- ⇒ Initiate cash transfer schemes to put some cash in the pockets of vulnerable populations such as women and increase their purchasing power, creating a favorable market in the local economy.
- ⇒ Support the review of retrogressive laws, especially community laws that give women a subordinate role in property rights.
- ⇒ Sensitize communities and especially men on women's overburden of work and inculcate in them the culture of helping out at home with care work leading to a progressive shift in the gendered division of labour.
- ⇒ Support women to undertake income-generating activities that improve their earning potential and help diversify their income sources and livelihoods with both on-farm and off-farm productive activities and services.
- ⇒ Expand women's access to financial support services by supporting them to access help from savings, loan and grant schemes to strengthen and diversify their livelihood base and income potential.

## Enhance women capacities and decision making

- ⇒ With data showing that men control income generated by women, requiring that it is handed to them, training and awareness building, including by men change makers, should be done to enable shared decision-making on spending income.
- ⇒ Support the development and capacity development for family-based income-generation projects, preferably run by local community organizations, to emphasize the role of equity in household income generation.
- ⇒ Undertake inclusive and participatory local gender and power analysis to understand the drivers of unequal decision-making and increase women's participation in community decision-making.
- ⇒ Support capacity-building efforts that increase women's and girls' confidence and organization by, for example, providing leadership training and advocating modalities for them to negotiate their space in the community, which will increase their influence in decision-making in their households and advance their participation in decisions at the community level that affects them and their families.



## Reduce Sexual Gender Based Violence and threats and risks

- ⇒ Increase the capacity of community leaders to monitor and prevent SGBV through training and resources support and enacting of by laws that prohibit and punish the culprits
- ⇒ Undertake detailed studies on the causes and extent of SGBV in communities and raise awareness among the community and religious leaders on combating violence against women and girls while strengthening collaborative community coping mechanisms (such as going to water points in mixed-gender groups).
- ⇒ Train and sensitize men about negative masculinity that makes them the main perpetrators of GBV, explore concepts of harmful masculinity and promote a better understanding of changing gender roles that may be driving GBV.
- ⇒ Support training that would help stem destructive cultural practices such as forced marriages and child abduction through raising awareness among families and communities about the intrinsic value of girls and changing stereotypes and attitudes that consider girls to be family property.
- ⇒ Design training programmes that empower young girls and increase their self-confidence and self-efficacy by informing them about their basic human rights and triggers of GBV and their legal right to refuse destructive cultural practices such as forced marriage, FGM, etc.

## Introduction

### 1.1 South Sudan: Background and Context

The population of South Sudan is estimated at 12.1 million<sup>5</sup> people that continue to reel from the cumulative effects of years of conflict, violence, destroyed livelihoods and infrastructure, and inadequate basic services. South Sudan is one of the least developed nations in the world, ranked 185 out of 188 countries on the Human Development Index,<sup>6</sup> and 86.5 per cent of the people lived under the international poverty line in 2017.<sup>7</sup> The country has one of the youngest populations in the world, with an estimated 57 per cent of South Sudanese in-country under 18 years old.<sup>8</sup> Health outcomes are also one of the worst, with the country having one of the worst under-five mortality rates (90.7 deaths per 1,000 live births) in the world,<sup>9</sup> leading to the country's life expectancy being at the bottom ten countries in the world (57 years).<sup>10</sup>

The country's economy has been in distress due partly to the persistent conflict situation, now worsened by the COVID-19 pandemic. The country's GDP per capita dropped from \$1,111 in 2014 to less than \$200 in 2017.<sup>11</sup> Inflation has also been increasing, with the year-on-year inflation rate at 20 per cent in July 2021.<sup>12</sup> Access to basic services is also one of the worst in the world, with only one physician for every 65,574 persons in the country<sup>13</sup> and only 35 per cent of the people having access to safe water.<sup>14</sup> Similarly, access to education is grossly inadequate, with an estimated 2.4 million children out of school in 2020.<sup>15</sup>

Infrastructure access and quality are also one of the worst in the world, with only 28 per cent of people in South Sudan having access to electricity.<sup>16</sup> Only 34 per cent of females own a phone, compared to 56 per cent of males.<sup>17</sup> The quality of roads' is one of the worst in the world, with more than 60 per cent of roads becoming impassable during the rainy season.<sup>18</sup>

Added to these dire statistics is the insecurity that has bedevilled the country for decades, leading to deep violence, especially against women and children. For example, there was a 300 per cent increase in subnational violence incidents from January to June 2020 compared to 2019,<sup>19</sup> and 1,080 human rights incidents were documented from January to October 2020.<sup>20</sup> Consequently, at least 2,100 civilians were killed in South Sudan between January to October 2020.<sup>21</sup>

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<sup>5</sup> UNOCHA, South Sudan 2021 Humanitarian Needs Overview

<sup>6</sup> Human Development Report 2020, UNDP

<sup>7</sup> Informing Durable Solutions for Internal Displacement in Nigeria, Somalia, South Sudan, and Sudan, World Bank

<sup>8</sup> World Bank. 2020. South Sudan Economic Update, February 2020: Poverty and Vulnerability in a Fragile Environment

<sup>9</sup> United Nations Inter-agency Group for Child Mortality Estimation, 2019

<sup>10</sup> World Bank. 2020. South Sudan Economic Update, February 2020: Poverty and Vulnerability in a Fragile Environment

<sup>11</sup> GDP per capita, South Sudan Overview, World Bank, October 2020

<sup>12</sup> World Bank Economic update, 2022

<sup>13</sup> Access to health service, WHO

<sup>14</sup> Access to safe water, WASH Briefing Note, UNICEF, July-September 2020

<sup>15</sup> Access to education, UNESCO Institute for Statistics, 2019

<sup>16</sup> Access to electricity, World Bank, Sustainable Energy for All (SE4ALL) database

<sup>17</sup> Phone ownership, Mobile Money Research in South Sudan, World Bank, June 2019

<sup>18</sup> Road access, South Sudan: Logistics Cluster - Concept of Operations, August 2020

<sup>19</sup> Sub-national violence, UNMISS, Quarterly brief on violence affecting civilians, April-June 2020

<sup>20</sup> Human rights incidents UNMISS, Quarterly brief on violence affecting civilians, April-June 2020

<sup>21</sup> UNMISS Human Rights Division, contribution to 2021 HNO in November 2020, unpublished, quoted in UNOCHA, South Sudan 2021 Humanitarian Needs Overview

These statistics are even worse for women because of the existing gender inequalities and the humanitarian impact on displaced women and girls.<sup>22</sup> For instance, 24,500 South Sudanese women and girls were reportedly at risk of sexual violence.<sup>23,24</sup> These contribute to an increased burden of reproductive and unpaid care activities; greater food insecurity as women tend to hold the burden of managing water, food, and energy at the household level. This is compounded by cultural norms and practices such as feeding the family, especially the male members, before themselves. Subtle social practices mean women and girls receive less of any available resources, including humanitarian assistance in the form of food security. In addition, coping strategies such as early or forced marriage to increase personal security and livelihoods for young women and girls within a crisis setting is common, and vulnerability to sexual exploitation and GBV, which is already prevalent, increases significantly as much-needed essential resources become scarce; sex work is increasingly used as coping strategies despite the increase in risk to health and personal safety.

The health sector in South Sudan is equally at risk, unable to deliver adequate health services to millions of citizens. For example, in 2019, only 19 per cent of births were attended to by a skilled health worker.<sup>25</sup> Only 25 per cent of girls in South Sudan receive a secondary-level education.<sup>26</sup> Worse still, only 6 out of every ten school-aged children attend school, with less than 45 per cent of those attending being girls.<sup>27</sup> That is partly because an estimated half of South Sudanese girls get married before the age of 18.<sup>28</sup> Consequently, for example, the literacy rate for females (age 15+) is 19 per cent compared to 35 per cent for male (age 15+).<sup>29</sup> Mainly due to the protracted conflict, in 2020, 2.2 million South Sudan Returnees were hosted in neighbouring countries and in addition, the conflict, natural disasters, episodes of sub-national and inter-communal violence have left more than 1.60 million South Sudanese nationals displaced across all 78 counties.<sup>30</sup>

Again, the situation for the displaced irrespective of gender, is worse than that for the general population and especially much worse for displaced women and girls. For example, an estimated 1.23 million displaced people continue to face threats to their safety and security, especially women, girls and people with disabilities who are the most vulnerable groups.<sup>31</sup> An estimated 28 per cent of IDPs and 36 per cent of returnees live in Internally Displaced Peoples' camp (IDP)s without access to a local food market when assessed in early 2020<sup>32</sup> and more than half of IDPs and a third of returnees lived in Internally Displaced Peoples' camp (IDP)s relying on food assistance, cash assistance or host community donations as their main source of food.

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<sup>22</sup> Refugee International (2019). <https://www.refugeesinternational.org/reports/2019/10/15/still-danger-women-girls-face-sexual-violence-south-sudan-peace-deal>

<sup>23</sup> Global Protection Cluster . (n.d.). Prevention and response to gender-based violence South Sudan urgently required: Guidance for donors at the Oslo Pledging Conference. Retrieved from <http://gbvaor.net/wpcontent/uploads/sites/3/2015/02/Prevention-and-Response-to-Gender-Based-Violence-in-South-Sudan.pdf>

<sup>24</sup> Hove, M., & Ndawana, E. (2017). Women's rights in Jeopardy: The case of war-torn South Sudan. Sage open, 7(4), 2158244017737355.

<sup>25</sup> UNFPA, 2019, FSNMS+

<sup>26</sup> FSNMS+

<sup>27</sup> Schools Attendance Monitoring System database, 2019 quoted in UNOCHA, South Sudan 2021 Humanitarian Needs Overview

<sup>28</sup> UNICEF press release <https://uni.cf/3sldk4q>

<sup>29</sup> UNFPA, 2019

<sup>30</sup> UNOCHA, South Sudan 2021 Humanitarian Needs Overview

<sup>31</sup> UNOCHA, South Sudan 2021 Humanitarian Needs Overview

<sup>32</sup> IOM-DTM, DTM Mobility Tracking Round 8 Site and Village/Neighbourhood Assessments Report: Food Security, February – March 2020, available at <https://bit.ly/3bA78zH>

The assignment will lead to further understanding of the gender differences, inequalities, capacities as well as responding to different needs of the displaced population, thereby contributing to improving the effectiveness of humanitarian actions and increase the level of accountability to affected populations. Provision of humanitarian support requires it to be gender inclusive and specific and therefore the needs of women and girls should be pronounced and articulated better for responses from both a policy and a lifesaving approach. The assignment will therefore help focus on the humanitarian / development nexus in these very vulnerable sections of society.

## **1.2 Gender Analysis Objectives**

The overall objective of the study was to undertake gender equality situation analysis for South Sudan through the analysis of the different needs, vulnerabilities, and opportunities of returnees and IDP's in selected IDP camps/former POCs, Internally Displaced Peoples' camp (IDP)s, and host communities in seven locations (after consultations with the Ministry of Humanitarian Affairs and Disaster Management and other key stakeholders).

Specifically, the assignment sought to:

1. Undertake a gender analysis that will assess the gender dimensions of returnees' and IDP's experiences in South Sudan
2. Develop a gender action plan, budget, and gender-sensitive indicators that will outline project interventions specifically on returnees and IDP's that are gender responsive and improves the gender equality and women's empowerment.

## **1.3 Study Approach and Methodology**

This section outlines the approach that was adopted achieve the study objectives and deliverables of the assignment.

### **1.3.1 The Approach, sample size determination and location selection**

The study used mixed methods, a combination of methods and approaches comprising of both qualitative and quantitative techniques were used to address the study objectives. The study used primary data from a quantitative survey in addition to qualitative key informant interviews and Focus Group Discussions to do the triangulation and data gap filling and verification. Secondary data from a desk review and literature review was also used be captured comprising of the socio-economic status of the South Sudan society in general, women and IDPs, returnees and host communities in seven locations. The consultant used a simple random sampling of returnees and IDP respondents for the survey.

The questionnaires were filled in manually, coded and entered into a matrix. The study sample was from at Internally Displaced Peoples' camp (IDP)s, in Rupkona (Unity State), Wau (Western Bahr El Ghazal), Mingkaman (Lakes State), Bor (Jonglei State), and two locations in Juba, Central Equatoria State. Data was also collected from Malakal (Upper Nile), the only Protection of Civilians (PoC) site at the time of the study. Seven Key informant interviews were conducted (one per location); 21 Focus Group Discussions (three per location) and 457 Individual interviews (54 per location).

The study design and data analysis utilized a combination of Gender Analysis Frameworks to capture all the aspects of the unique conditions faced by the displaced returnees and host population and how to plan effective interventions in their situation, namely the Capacities and Vulnerabilities Analysis Framework (CVA), the People-Oriented Planning Framework (POP), the Women's

Empowerment (Longwe) Framework and the Soner gender analysis tool.<sup>33</sup> After the quantitative and qualitative data analysis, a report and a gender action plan with gender-sensitive indicators were produced, outlining project interventions specifically on returnees and IDP's that are gender responsive and improves the gender equality and women's empowerment in South Sudan.

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<sup>33</sup> Candida March, Ines Smyth, and Maitrayee Mukhopadhyaya, 2010. A Guide to Gender Analysis Frameworks, Oxfam Digital Book

## Study Findings

### 1.4 Demographic characteristics of respondents

#### 1.4.1 Sex and age

Of the respondents, 71 per cent were females although host communities had 66 per cent as female respondents. About 56 per cent of the respondents were aged 15-35 years while 17 per cent indicated that they had some form of disability, with Protection of civilian sites (POCs) leading with 26 per cent (Table 1). About 59 per cent of the female respondents were youth compared to 50 per cent youth males with more youth in POCs and IDPs.

#### 1.4.2 Income sources

About 30 per cent of the respondents were unemployed. Casual farm labour employed 16 per cent of the respondents, 62 per cent of whom come from Protection of Civilians (PoC) sites and 16 per cent are returnees. Farming, salaried work and non-agricultural small retail businesses are the other three top income sources for the sampled households and respondents (Table 1). Gender disaggregation of data indicated that 22 per cent of the females were engaged in farming compared to 19 per cent of males while 19 per cent of females were engaged in casual work and 3 per cent were in small agricultural businesses compared to 26 per cent and 0 per cent of males respectively.

#### 1.4.3 Economic activities

About 60 per cent of females work for between 5 and 7 hours a week at their primary jobs regardless of location, compared to 49 per cent of males, although a higher percentage of females in IDPs and Protection of Civilians (PoC) sites work for more days per week (5-7 days/week). About 71 per cent and 44 per cent of males in returnee areas and IDPs respectively work for 5-7 days a week compared to 79 per cent of males in Protection of Civilians (PoC) sites. More females in permanent paid jobs (67 per cent) than males (62 per cent) work for more than 4 days a week (Table 1) for working time disaggregated by location, sex and nature of the job. Only 19 per cent of females are in permanent paid jobs while 36 per cent are in paid casual work compared to 25 per cent in permanent unpaid work much of which is home care work yet only 27 per cent of males are in unpaid (permanent or casual) work (See Table 34 and Table 35 in Annex 3).

Undertaking of unpaid work especially for women, is very common for Internally Displaced Peoples' and returnees.

**TABLE 1****Socio-economic and demographic characteristics of the sampled households**

	Protection of Civilians (PoC) site (n=57)	Host Community (n=136)	Internally Displaced Peoples' camp (IDP) (n=196)	Returnee (n=69)	Total (n=457)
Variable					
Sex of respondent (per cent)					
Female	64.52	65.54	74.77	73.33	70.54
Male	35.48	34.46	25.23	26.67	29.46
Age grouping of respondents (per cent)					
15-35 years	53.23	58.78	56.07	54.67	56.31
36-60 years	38.71	37.16	37.85	38.67	37.88
61+ years	8.06	4.05	6.07	6.67	5.81
Respondent has a form of disability (yes)	25.93	10.71	18.37	16.18	16.59
Main sources of income (primary job per cent)					
Casual farm labourer	62.90	12.16	4.67	16.00	15.83
Salaried worker	12.90	16.22	5.14	8.00	9.82
Unemployed	9.68	23.65	42.99	24.00	30.26
Farmer	8.06	16.89	14.02	8.00	13.23
Civil servant	6.45	4.05	0.93	5.33	3.21
Casual non-farm labor	0.00	7.43	6.07	16.00	7.21
Non-agricultural small	0.00	9.46	9.81	14.67	9.22
Agricultural small business	0.00	4.73	5.61	2.67	4.21
Casual off farm work	0.00	0.00	0.93	0.00	0.40
Artisanal work	0.00	0.68	1.87	2.67	1.40
Employed in a factory	0.00	2.70	0.93	1.33	1.40
Others	0.00	2.03	7.01	1.33	3.81
Working time at the job (per cent)					
Five days a week	38.89	37.96	28.26	46.00	35.43
Five days a week	38.89	37.96	28.26	46.00	35.43
It depends	22.22	21.30	36.96	22.00	27.71
Three-four days a week	11.11	17.59	6.52	12.00	11.43
Six days a week	18.52	10.19	13.04	10.00	12.57
Seven days a week	9.26	11.11	13.04	10.00	11.43
One-two days a week	0.00	1.85	2.17	0.00	1.43
Land accessed by household (acres) (mean)	1.46	2.28	4.27	6.59	3.00
Respondent's household accesses humanitarian aid per cent	14.29	18.46	33.71	40.68	27.42
How the humanitarian aid is used					
Buy food	100.00	61.90	61.82	56.25	64.36
Invest in business	0.00	4.76	9.09	6.25	6.93
Pay fees	0.00	9.52	1.82	12.50	4.95
Build a house	0.00	0.00	0.00	6.25	0.99
Seek medical care	0.00	0.00	7.27	0.00	3.96

## 1.5 Access to Shelter

### 1.5.1 Shelter Condition

The housing situation in the IDPs, returnees and host communities is poor almost across the country. A whole 44 per cent of all the walls of the shelters across all locations are made up of wood or grass or plastic sheets, while only seven per cent are made of burnt bricks with cement. The situation is worst for POCs where close to 100 per cent of the houses have walls made of wood/grass or plastic sheets and only two per cent are made of burnt bricks with cement (Table 2).

The roofs of these shelters are not any better, with more than 37 per cent of them made of grass thatch or straw or plastic sheets and only 23 per cent made of iron sheets. The shelters for those living in the IDPs are the most affected, with more than 50 per cent made of grass thatch or straw or plastic sheets and only five per cent made of iron sheets.

Shelter conditions are even worse, with the floors with materials used very poor across all locations and for all classes of people. More than 91 per cent of all shelters have earth/soil floors and only 6 per cent are made of cement.

### 1.5.2 Severity of Lack of Shelter

Lack of shelter is very severe for all sections of the population, including IDPs, POCs, returnees and even host communities. In most of the IDPs and POCs, most shelters are made of plastic sheets, and most FGDs reported that they are too hot and not strong enough to keep away thieves. The communities report that on arrival at a displacement centre, they are given a plastic sheet that is never replaced when it gets old. They said this has forced them to improvise with grass thatch to make new shelters that are too small, congested and not enough for all members of the households. "The population has increased and there are many cases where families living in the same shelter are hot with little space of about 3\*5 meters and some families have more than ten children inside them."<sup>34</sup>

During FGDs and KIIs, discussions advanced the following reasons for the lack of proper shelters: Lack of funds to purchase building materials; insecurity and floods that stop people from looking for building materials in the bush; inadequate plastic sheets provided by NGOs addition to their fragility; insecurity of land tenure and small land allocation which does not encourage them to construct good shelters; sharing of shelter by many households which makes decisions on improvements difficult.

### 1.5.3 Gender aspects of lack/poor shelter

FGDs in all locations, especially in IDPs and POCs reported that the lack of proper shelter increases conflicts in married families, especially women at the receiving end of the violence. All genders reported that because of the small space and lack of privacy, there is always friction between husbands and wives, especially if one party demands conjugal rights (which, in most cases, men) and the other one declines, it often ends in fights. Friction also emanates from the blame women/wives place on men/husbands for the lack of or poor shelter. Lack of privacy was raised several times in all FGDs as a significant issue that has even forced women to resort to 'forced' barrenness because of the fear of intimacy when children are within hearing distance. Views from parents

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<sup>34</sup> Women FGD, Bor, Jonglei



and some youths were also to the effect that the crowding of small shelters where children of both sexes sleep together has brought out some hitherto unheard traits like incest which is destroying the moral fabric of the homes and communities. Mixed and single-sex FGDs noted that another behaviour resulting from lack of proper shelter is that youth after learning sex from their parents, go and rape others. “The kids are seeing what they are not supposed to see, and this affects the moral value of the kids.”<sup>35</sup>

Women during their FGDs also noted that stress from the poor shelter is driving, especially men, to drunkenness which in turn is blinding them to the lack of shelter and demanding intimacy even in the presence of children, thus further contributing to gender-based violence. Women FGDs noted that lack of shelter is combined with the culturally widespread practice of polygamy to cause further conflict in the home where men sometimes bring their many wives to live with them in a tiny space resulting in many conflicts in the households.

For PWDs, all FGDs indicated that because of their limited movement within a crowded shelter, going to the toilet is problematic, and they can’t wake other children to get them a container. Another issue raised was that whereas culture dictates that elders and people living with disability should have their hut, because of the situation, this is a challenge, and most of them have been sent to churches. Culturally, the elders are not supposed to sleep with the young in the same hut, but because of the complex conditions they live in, they distort the culture.

The negative impact on the elders mentioned in all the FGDs was that because of the fragile shelters, the weather conditions are not suitable for the elderly-very hot, even at night which makes it harder for them to have enough and comfortable rest. The elderly, especially men, noted that it is culturally inappropriate for the elderly to sleep in the same shelter with the children. However, they are forced to accept something that diminishes their (elderly) esteem and brings them disrespect from the young people.

For children, views from women FGDs were that the limited space in the shelter is a cause of several diseases, especially those related to breathing difficulties due to lack of enough oxygen, allergies from heat and rainy conditions, and skin diseases from constant contact. Children also are said not to grow well physically due to a shortage of space for playing. Parents also complained that some children are exposed to their parent’s nakedness and sometimes intimacy because of poor shelter and living conditions with inadequate spaces, leading to high moral degeneration in children.

For the youth, privacy and space to explore are very important, so they reported during their FGDs that they are sometimes forced to live outside the shelter to create space for their parents. This, they said, creates insecurity for them, especially for teenage girls. During their FGDs, the youth also complained that they lack privacy to change their clothes and undertake courtship because they lack space to meet their potential partners yet visits outside the home are frowned upon by the community.

## **1.6 Access to Water, Sanitation and Hygiene (WASH)**

### **1.6.1 WASH indicators**

Access to water, sanitation and hygiene is essential for the livelihood of households and communities and when it is poor, it can cause diseases. Across all locations, access to WASH is poor, with

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<sup>35</sup> Mixed FGD -Wau.

only 52 per cent of households having a latrine and 37 per cent having a kitchen (Table 2). Internally Displaced Peoples' camps and returnee communities are doing poorly, with less than 50 per cent having a latrine. Only 10 per cent feel they have enough privacy or space in their houses.

**TABLE 2**  
**WASH indicators among sampled households by location**

Central Equatoria	Percentage of respondents				
	Protection of Civilians (PoC) sites	Host community	Internally Displaced Peoples' camp	Returnee	Total
<i>Household use a Bath shelter</i>	22	60	41	38	53
<i>Household uses a Latrine now</i>	85	55	43	41	52
<i>Household have a Kitchen</i>	63	51	21	30	37
<i>Household use a Drying rack</i>	43	41	19	23	29
<i>Household have a hand washing facility</i>	37	28	13	20	21
Do you feel girls in your house have enough privacy?	7	15	10	11	11
Do you feel you have enough space in house?	5	17	10	5	10
Do you feel you have enough privacy in house?	3	22	7	9	11

The situation is terrible across the country, but worst for the people living in Jonglei where only 34 per cent have access to a latrine and 11 per cent have access to a handwashing facility (Table 3). Females interviewed performed dismally compared to males regarding WASH indicators, with 46 per cent having a bath shelter, only 7 per cent saying they have privacy and space within their houses, and only 8 per cent feeling that girls have the privacy they deserve (Table 3).

**TABLE 3**  
**WASH indicators among sampled households by sex**

	Female (per cent)	Male (per cent)
Household uses a Latrine now	51	54
Household uses a Bath shelter	46	56
Household has a Kitchen	33	36
Household uses a Drying rack	28	24
Household have a hand washing facility	20	18
Do you feel you have enough privacy in house	7	14
Do you feel girls in your house have enough privacy?	8	11
Do you feel you have enough space in house	7	14

Safe drinking water seems to be the only WASH area where there is some reasonable access. More than 43 per cent of all households have access to water from a public tap, with those in POC with the highest access at 70 per cent (Table 4). However, it is very concerning that more than 6 per cent of households indicated that they get their drinking water from either a pond/river stream or lake, increasing the danger of waterborne disease transmission (Table 5). Indeed, more than 41 per cent of households reported that one of their members suffered from a water-related illness such as Diarrhoea, Dysentery, Typhoid, Cholera, Intestinal Worms/Bilharzia in the last 12 months. This is aggravated by the fact more than 70 percent of households reportedly routinely drink un-boiled/treated water.

**TABLE 4****Drinking water sources by sampled households by location**

Drinking water sources	Percentage of respondents by location				
	Protection of Civilians (PoC)	Host community	Internally Displaced Peoples' camp	Returnee	Total
Public tap	80.6	35.8	36.5	48.0	43.5
Tube well/borehole	0.0	35.81	26.17	8.00	23.05
None	8.0	13.5	14.5	21.3	14.4
Unprotected well	3.2	1.4	7.0	6.7	4.8
Pond/River stream	0.0	4.1	5.6	2.7	4.0
Protected well	1.6	4.73	2.80	4.00	3.41
Other	6.5	0.0	2.8	8.0	3.2
Lake	0.0	1.4	4.2	1.3	2.4
Protected spring	0.0	3.4	0.5	0.0	1.2

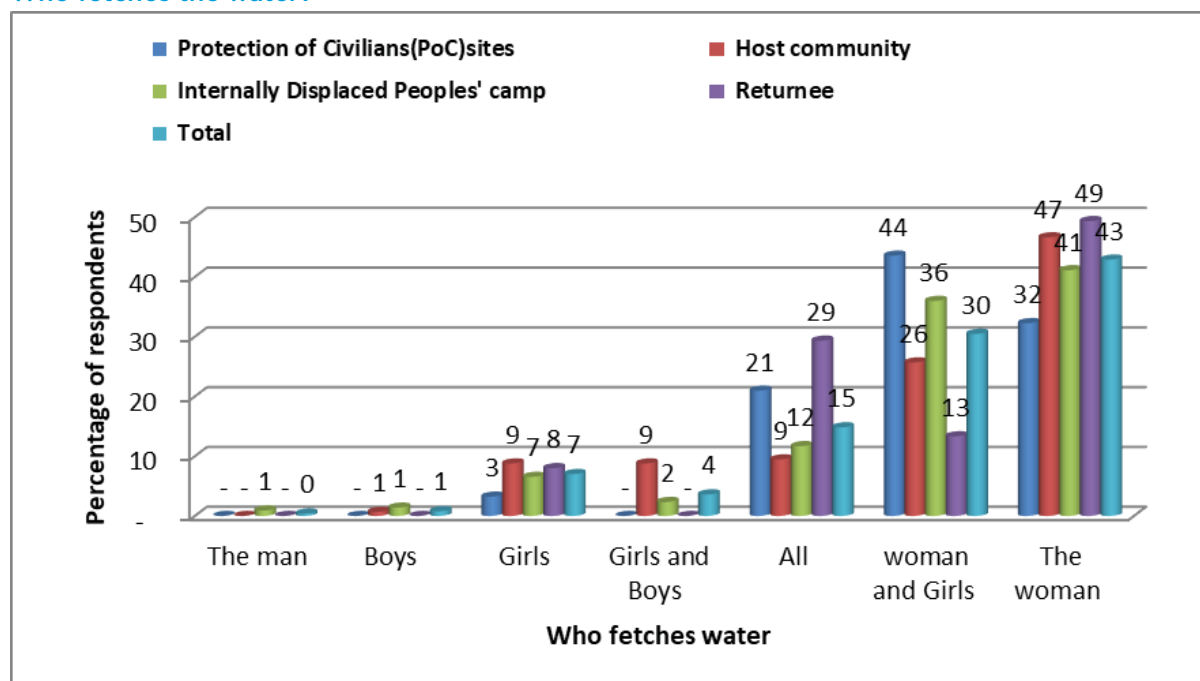
However, the significant percentage of households that get water for other uses rather than drinking from a borehole (43 per cent) is a good sign. If increased for areas where the coverage is still meagre such as in POCs (0 per cent) and returnees (39 per cent), this can improve access to water (Table 5).

**TABLE 5****Water sources for other uses by sampled households by location**

Water sources for other uses	Percentage of respondents by location				
	Protection of Civilians (PoC) sites	Host community	Internally Displaced Peoples' camp	Returnee	Total
Borehole	0.00	58.11	46.26	38.67	42.89
None	12.90	16.89	22.43	24.00	19.84
Others	70.97	2.03	8.88	17.33	15.83
Protected stream/spring	0.00	12.16	9.35	10.67	9.22
Shallow well	12.90	6.08	7.94	4.00	7.41

Poor access to water also has implications for gender equality and the security of women and young girls due to the culture in the country, where they are the ones that mainly do the fetching of water. Whereas more than 43 per cent and 30 per cent of households reported that women and girls respectively fetch water, no household reported that it is a man that fetches water (Figure 1). Given the lack of access to close, safe water sources, women and girls are often forced to move long distances in search of water, which compromises their security.

**FIGURE 1**  
Who fetches the water?



Even where water sources are available, they are not being managed well. For example, only 30 per cent of households reported having participated in any water maintenance activities or paid any maintenance fee (only 35 per cent) in the last 12 months (Table 6). Water sources also lack water management committees, with only 52 per cent of households reporting that their water sources have a management committee. All these point to poorly managed water sources and a lack of involvement of the communities in taking care of these sources, with negative implications for ownership and sustainability.

Indeed, except for the POC in Malakal and the former POC in Wau, discussions in the FGDs in other locations revealed that access to water is inadequate, and most are forced to get it from the river and a few boreholes, mostly far away from their camps. The floods have aggravated the shortages, which damaged most of the sources and contaminated others.

This situation was the worst in Bentiu, especially around the IDP camps at Rubkona where water sources are being contaminated by sewerage and other solid waste because of the rising water levels. FGDs and KIIs reported that the few standpipes producing water have high chlorine levels. In Bentiu especially, the community complained of water contamination by oil spillages.

In some locations, such as Wau IDP, there is good coverage of water taps provided by NGOs. Still, sometimes personnel charged with managing the taps go unpaid, forcing them to abandon them and rendering them dysfunctional. *“They used to provide water through taps from the world vision, the only challenge is that payments for staff is a challenge and the two taps that are functional are not enough.”*<sup>36</sup>

<sup>36</sup> Wau FGD Women.

**TABLE 6****Aspects of water resource management by location**

Water resource management aspect	Percentage of respondents by location				
	Protection of Civilians (PoC) sites	Host community	Internally Displaced Peoples' camp	Returnee	Total
Household participate in any water maintenance activities in the last 12 months	19	42	27	24	30
Household pays a fee for maintaining water source	0	49	41	21	35
Is there a water management committee in the community?	48	55	51	49	52
Any member of your household suffered from a water-related illness such as Diarrhoea, Dysentery, Typhoid, Cholera, Intestinal Worms/Bilharzia in the last 12 months	3	53	46	35	41
Does your Household usually boil/treat water for drinking?for drinking?	45	45	21	19	31

**1.6.2 Access to Facilities for Solid Waste Disposal**

Access to latrines is very poor across all households, especially for the IDPs, with 49 percent indicating that they either have no latrines or use the bush (Table 7). Across all types of households, only 45 per cent of households have a covered latrine, and only nine per cent, have a private one. This has implications for the health of the communities with an increased likelihood of disease transmission. *“There are only 80 latrines in IDP serving a population of about 8000 people, and these are not enough”*<sup>37</sup> Consequently, a significant proportion of the population does open defecation in the bushes and sometimes at the river bank, which seriously impacts the spread of waterborne diseases.

**TABLE 7****Type of toilet/latrine used by sampled households by location**

Type of toilet/latrine used by HH?	Percentage of respondents by state				
	POC	Host community member	Settlement member	Refugee	Total
Covered pit-latrine-shared	69.23	36.49	42.14	34.67	45.69
None	14.53	27.03	40.88	32.00	29.26
Bush	10.26	11.49	8.18	12.00	10.22
Covered pit-latrine-private	2.56	17.57	6.92	8.00	9.22
Uncovered pit latrine	0.00	6.08	1.89	8.00	3.61
VIP-latrine shared	1.71	0.00	0.00	2.67	0.80
Flash toilet-private	0.00	1.35	0.00	2.67	0.80
Other	1.71	0.00	0.00	0.00	0.40

<sup>37</sup> Malakal Mixed Group FGD

Discussions within FGDs and with KIIs showed a universal lack of a national or local sewage system and limited disposal facilities except in a few places where UNMISS provides dumpsites. Some households reported having private septic tanks, but most are NGOs provided, public and shared. The problem with NGOs providing waste disposal systems is that when the projects end, the service ends, and communities have no sustainability mechanisms to keep them running. *“Oxfam used to provide waste disposal including soap, but when the project ended, the latrines started getting filled up and polluting the air.”*-Wau Mixed Group FGD.

### 1.6.3 Gender aspects of poor access to water, sanitation and hygiene

FGD discussions across all locations except perhaps Wau, indicated that households need to travel long distances to water sources. In contrast, communities complained of the danger of drownings and being bitten by snakes in search of clean water sources; this is most problematic for girls and women. Given the lack of access to close, safe water sources, women and girls are often forced to move long distances in search of water, compromising their security, including the danger of being raped and other sexual assaults. It might also be a source of gender-based violence, with husbands suspecting their spouses of infidelity when they delay at the water sources.

This disproportionate negative impact on women also extends to the poor coverage of waste disposal facilities, including latrines and waste dumpsites. Apart from the general negative impacts, including diseases (such as cholera, dysentery, and STDS), air pollution, and flies due to the filthy environment, women face unique problems. As they travel, especially at night, to ease themselves or dispose of waste, they face the dangers of insecurity, including sexual assault. Women also reported that they often get STIs and other urinary infections when they use communal bathrooms and toilets (BOX 5).

## 1.7 Agriculture, Household Nutrition and Food Security

### 1.7.1 Participation in agriculture

Findings indicated that overall, 45 per cent of the respondents were involved in agriculture, with 52 per cent in Internally Displaced Peoples' camps (IDPs), 47 per cent in POCs, and 48 per cent in host communities. In comparison, returnees have the least at 27 per cent. A higher percentage of males (48 per cent) than females (44 per cent) are involved in agricultural activities. About 64 per cent of females in host communities, 46 per cent in IDPs, and 39 per cent in POCs are in agriculture, compared to 24 per cent, 68 per cent, and 67 per cent for males, respectively (Table 8).

**TABLE 8**  
Percentage of households involved in agriculture by location

Respondent category	Percentage of respondents by location					
	Overall sample (n=457)		Female (n=322)		Male (n=135)	
	Yes	No	Yes	No	Yes	No
Protection of Civilians (PoC) sites	47.17	52.83	39.47	60.53	66.67	33.33
Host community	47.54	52.46	63.89	36.11	24.00	76.00
Internally Displaced Peoples' camp	52.05	47.95	46.30	53.70	68.42	31.58
Returnee	26.67	73.33	22.86	77.14	40.00	60.00
Total	44.83	55.17	43.56	56.44	47.83	52.17

## 1.7.2 Crops grown

The main crops grown are maize, beans, okra, sorghum/ Dura and, cassava, sweet potato. Maize is mainly grown in the states of Lakes, Western Bahr El Ghazel, and Unity by 18 per cent of the females and 15 per cent of the males, while sorghum is grown by more households in Lakes, Jonglei, Upper Nile, and Unity by 14 per cent of females and 10 per cent of the males (Table 9). Groundnuts are critical crops in Lakes and Western Bahr El Ghazel, yet beans are in Unity and CES (Table 10). Host communities mainly grow maize (19 per cent), Sorghum/Dura (11 per cent), and groundnuts (11 per cent), while returnees grow maize (20 per cent), sorghum (8 per cent), and beans (7 per cent). IDPs and POCs residents mainly grow maize, sorghum, and okra (Figure 2). There was no clear gender orientation toward growing certain crops (Table 10).

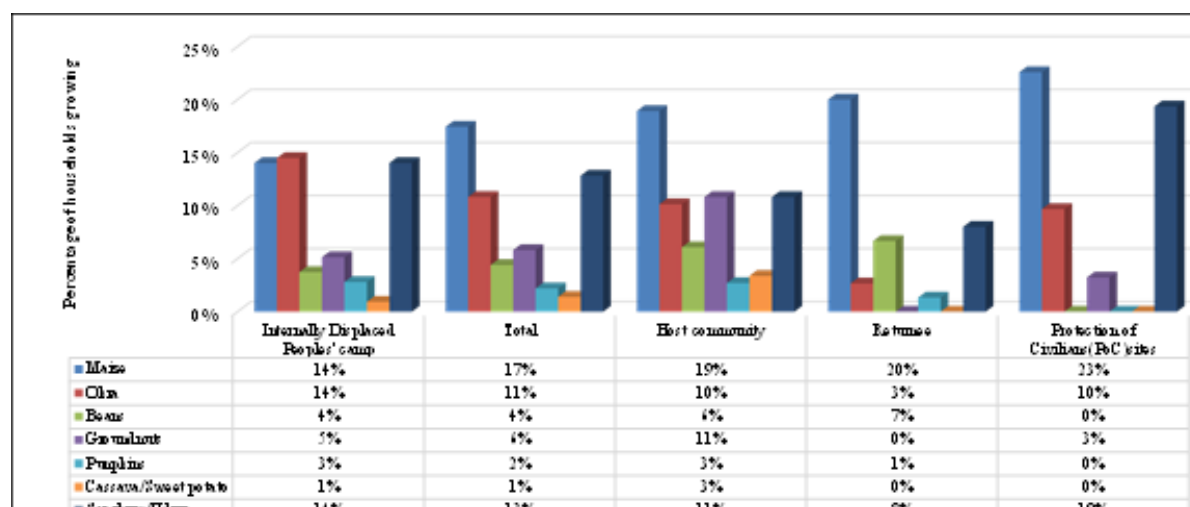
**TABLE 9**  
Percentage of households by crops grown by sex

Crop grown	Percentage of respondents by sex		
	Female	Male	Total
Maize	18	15	17
Okra	9	15	11
Beans	5	3	4
Groundnuts	6	5	6
Pumpkins	3	1	2
Cassava	1	3	1
Sorghum	14	10	13

**TABLE 10**  
Percentage of households by crops grown by state

	Percentage of respondents by state						
	Maize	Okra	Beans	Groundnuts	Pumpkins	Cassava/Sweet potato	Sorghum/Udara
Lakes	24	24	0	24	2	0	32
Western Bahr El Ghazel	24	7	1	14	0	0	7
Unity	23	2	10	0	2	2	16
Upper Nile	18	10	0	2	0	1	16
Jonglei	15	30	3	6	9	0	22
CES	4	7	8	2	2	4	1
Total	17	11	4	6	2	1	14

**FIGURE 2**  
Percentage of households growing the crops by location



### 1.7.3 Livestock and poultry reared

Generally, the level of livestock and poultry farming are low in all locations. For instance, only 6 per cent of the whole sample keep cattle, 10 per cent keep goats or sheep, and 8 per cent rear poultry. Cattle are mainly reared by respondents from Lakes (12 per cent) and Unity state at 16 per cent, while respondents mainly rear goats/sheep from Lakes (24 per cent) and Unity state at 19 per cent. Chicken/ducks are reared in Lakes (29 per cent) and Jonglei state at 13 per cent. By sex, a higher percentage of females than males reared goats/sheep, cows, and chickens across all categories (POCs, settlements, refugee camps, or host communities but more so for small animals like chicken and goats, and less for cattle (Table 11).

**TABLE 11**  
Percentage of households by livestock and poultry reared by sex and location

Category	Females			Males			Overall sample			
	Goats & sheep	Chicken/ducks	Cattle	Goats & sheep	Chicken/ducks	Cattle	Goats & sheep	Chicken/ducks	Cattle	
Host community member	18	15	8	12	6	2	16	12	6	
Settlement member	12	10	8	11	14	9	12	11	8	
Refugee	9	0	9	0	0	0	7	0	7	
POC	2	1	1	0	0	0	2	1	1	
Total	11	8	7	7	6	3	10	7	6	

### 1.7.4 Incomes from crops and livestock

Overall, households engaged in farming earn an average seasonal income of 38,785 South Sudanese pounds from crops and 41,500 South Sudanese pounds from livestock and poultry. Households in POCs, host communities, and returnees earn more income from crops. Host community members and Internally Displaced Peoples' (IDPs) camps mainly earn from rearing livestock (Table 12).



**TABLE 12****Average seasonal incomes from crops and livestock by location**

Category of respondent	Crop Income (South Sudanese pound)		Livestock income (South Sudanese pound)	
	Mean	SD	Mean	SD
Protection of Civilians(PoC) sites	↑ 88,333.33	↑ 76,064.88		
Host community	↓ 35,287.50	↓ 38,710.07	↗ 56,722.22	↗ 51,934.52
Internally Displaced Peoples' camp	↓ 9,308.33	↓ 11,891.67	↓ 14,100.00	↓ 10,922.45
Returnee	↗ 54,842.86	↗ 60,993.21		
Total	↓ 38,785.37	↗ 50,606.41	↓ 41,500.00	↓ 46,321.62

**1.7.5 Household dietary diversity and food consumption**

Excellent and healthy nutrition is essential for the well-being of individuals, households, and communities. Individuals with poor nutrition are prone to diseases and are not likely to be productive, leading to poverty and poor livelihoods. This is even more so for infants since they are still growing and are more prone to diseases due to their undeveloped immunity. South Sudan is a young country, and close to 19 per cent of households in the survey reported having an infant of 6 months-5 years (Table 13).

**TABLE 13****Percentage of households with an infant aged six months to five years**

Category of respondent	Household has an infant 6 months-5 years (per cent)	
	Yes	No
Host community	20.95	79.05
Internally Displaced Peoples' camp	19.16	80.84
Returnee	17.33	82.67
Protection of Civilians (PoC) sites	12.90	87.10
Total	18.64	81.36

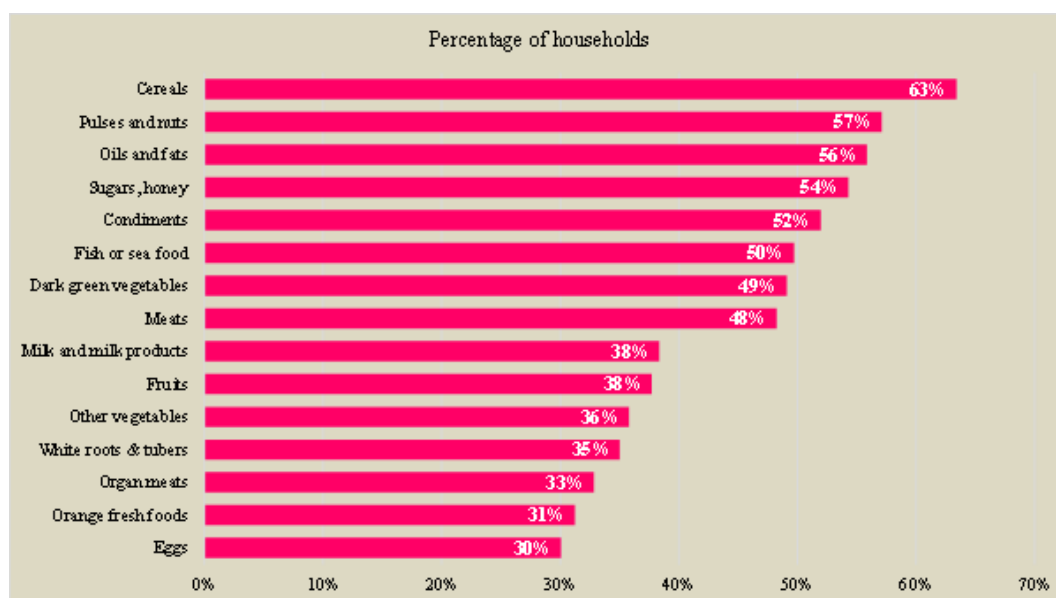
Findings showed that 33 per cent of all households with an infant eat only one meal per day and only 29 per cent have three meals, and 38 per cent eat two meals, yet 55 per cent and 35 per cent are in returnee and IDP camps (Table 14). This has a significant implication for the health of these infants and might lead to poor and delayed attainment of growth milestones.

**TABLE 14****Percentage of households with an infant aged six months to five years by the number of meals**

Category of respondent	HH Has an infant child (per cent)			HH Has No infant child (per cent)		
	One meal	Two meals	Three meals	One meal	Two meals	Three meals
Protection of Civilians (PoC) sites	0.0	75.0	25.0	2.0	64.0	34.0
Internally Displaced Peoples' camp	35.1	40.5	24.3	23.1	54.6	22.3
Host community	32.1	28.6	39.3	23.0	52.9	24.1
Returnee	54.6	27.3	18.2	38.1	38.1	23.8
Total	33.3	38.1	28.6	21.7	53.4	24.9

Access to food is not necessarily the only important aspect of nutrition. The nutritious nature of the food consumed also has implications for livelihoods, especially for infants. Poor nutritious food is nearly as bad as lack of it. Yet few households eat food that is considered nutritious, especially for infants. For example, only 38 percent of households reported having consumed milk or its products in the last 24 hours, while only 30 percent for eggs (Figure 3).

**FIGURE 3**  
Percentage of households by food groups consumed in 24 hours recall



The situation was direst in POCs where only 22 per cent and 24 per cent and returnees with only 27 per cent and 37 per cent had consumed milk and milk products and eggs, respectively (Table 16). However, the good news on nutritious food consumption is that, possibly due to the abundance of lakes and rivers in the country, more than 50 per cent of households reported having consumed fish or seafood in the last 24 hours (Table 15).

**TABLE 15**  
Percentage of households by food groups consumed in 24 hours recall

Food group	Respondents' category			
	Protection of Civilians (PoC) sites	Host community	Internally Displaced Peoples' camp	Returnee
Cereals	0	57	75	37
Orange fresh foods	18	41	28	35
White roots & tubers	36	39	32	35
Pulses and nuts	57	61	58	45
Dark green vegetables	74	61	34	38
Other vegetables	35	38	33	41
Fruits	20	42	40	39
Meats	80	35	44	58
Organ meats	26	30	32	55
Fish or sea food	83	39	45	56
Eggs	35	21	32	37
Milk and milk products	24	43	42	27
Oils and fats	96	48	52	43
Sugars, honey	66	55	49	58
Condiments	83	59	41	38

It was found surprising, however, that households living in the POCs and returnees have the highest mean dietary diversity of all the locations, meaning they have more food types per day than other locations (Table 16). Whereas WFP is still supplying POCs food, they still lack the capacity to produce their own and broaden their food choices. In any case, across all Internally Displaced Peoples' (IDP) camps, the mean Household Dietary Diversity Score (HDDS) is near average because of the complexities in the households producing or procuring various foods, with negative implications for food security and wellbeing.

**TABLE 16**  
Mean households' dietary diversity

Category of respondent	Mean HDDS	State	Mean HDDS
Protection of Civilians (PoC)sites	7.00	Unity	8.11
Host community	6.97	Western Bahr El Ghazel	4.62
Internally Displaced Peoples' camp	6.11	Lakes	6.03
Returnee	7.16	Upper Nile	7.33
		CES	6.11
Total	6.61	Jonglei	6.85
		Total	6.58

### 1.7.6 Number of daily meals

The number of daily meals is a simple measure of food security among households, an ideal number being three meals. Results indicated that in good seasons, especially at harvest times, households in the sampled areas have an average of two meals a day which they reduce to one meal in the bad seasons (Off season). The less food secure households are those of returnees, POCs, and Internally Displaced Peoples' camps. Only 26 per cent of households can afford three meals a day, while 50 per cent have two meals and 24 per cent have one meal a day. In Returnees, 42 per cent of households have one meal a day, 26 per cent in Internally Displaced Peoples' (IDP) camps have a single meal, and 25 per cent in host communities have one meal a day. Hence Returnees and Internally Displaced Peoples' (IDP) camps are less food secure among the sampled communities (Figure 4).

### 1.7.7 Household food insecurity experience

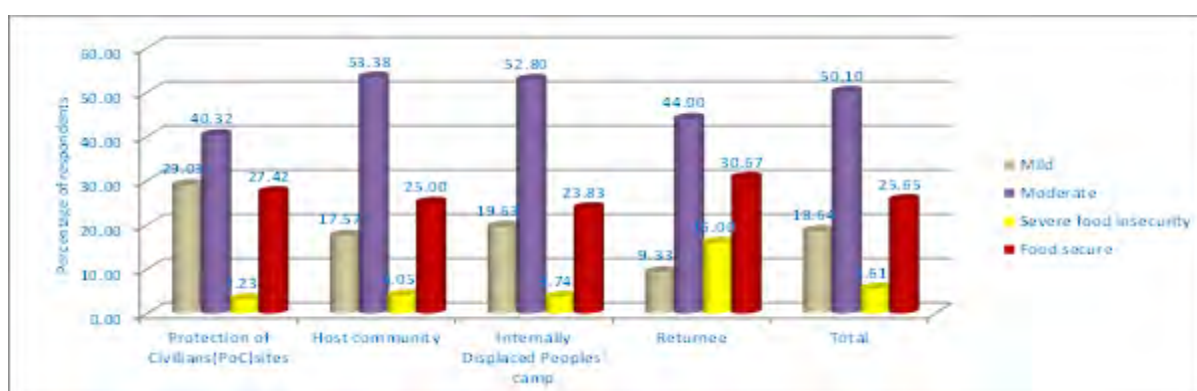
**FIGURE 4**  
Percentage of households by location and number of meals per day



The Household Food Insecurity Experience Scale is another metric FAO, WFP, and UNICEF use to measure the extreme experience of hunger and food insecurity. The scale is an experience-based measure of household or individual food security. The FIES Survey Module (FIES-SM) consists of eight questions regarding people's access to adequate food.<sup>38</sup>

Results indicated that food insecurity experience is highest among returnee communities, where 16 per cent of households are severely food insecure, and 44 per cent experience moderate food insecurity. Host communities and Internally Displaced Peoples' (IDP) camps, with 4 per cent of households in severe food insecurity and 53 per cent in moderate food insecurity categories, are also food insecure communities second only to Returnee communities (Figure 5). The most food insecure states are Bahr El Ghazal, Unity and Lakes, where about 10 per cent of households face severe food insecurity.

**FIGURE 5**  
Percentage of households by HFIES and location



### 1.7.8 Household hunger coping strategies

The most common coping strategies in the face of hunger for households in the sampled area are selling off assets (24 per cent) and livestock (20 per cent). Others sell off food reserves, farm tools, or transport means such as bicycles and motorcycles (Table 17).

**TABLE 17**  
Percentage of households by hunger coping strategy used and location

Location	Percentage of households					
	Sold livestock	Sold land	Sold motorcycle/bicycle	Sold food reserves	Sold farm tools/equipment	Sold other assets
Host community	24	3	9	17	17	25
Returnee	23	4	12	11	11	28
Internally Displaced Peoples' camp	20	3	8	12	12	15
Protection of Civilians (PoC) sites	10	3	5	29	29	45
Total	20	3	9	15	15	24

<sup>38</sup> FAO. <https://www.fao.org/policy-support/tools-and-publications/resources-details/en/c/1236494/>

### 1.7.9 Gender aspects of household poor nutrition and food insecurity

Excellent and healthy nutrition is essential for the well-being of individuals but especially so for women, the youth, and infants because of the need for nutrients for children's growth (especially during breastfeeding) and teens. The reported acute lack of food also disproportionately affects women since they usually are the breadwinners and food providers, especially in times of displacement. As mentioned earlier, the substantial negative impact of poor nutrition on infants in terms of stuntedness and disease further burdens women who are the primary health caregivers in the home. Breastmilk is supposed to be the most nutritious food for infants, but the lack of nutritious food for breastfeeding mothers negates that fact denying the children essential nutrients at their time of most need.

Food insecurity also has gender implications because, as the providers at home, any severe lack of food for the household will add to the burden of the women to fulfill their obligation. Therefore, the severe food insecurity, especially the IDPs, has serious implications for the women's livelihoods. Women already burdened with looking after the home will now have to work even extra hard to look for household food. Besides, because they lack the assets to sell to cope with situations of hunger, they may be forced to resort to unhealthy coping measures. Indeed, discussions in women-only FGDs revealed some had resorted to practices previously unheard of in their communities, such as sex for food with its negative implication for their dignity and health. In one of the women-only FGD in Wau, a woman said: "it has never been heard of for a woman to sell her body in South Sudan as we currently see around town and in the IDPs, and this shames families and degrades our cultural values".

## 1.8 Health, including sexual and reproductive health

### 1.8.1 Most Prevalent Health Problems/Needs

Results from the FGDs show that across all locations, the most prevalent health problem or need is the few health centres, followed by inadequate medicine (worsened by medicine diversion or theft) and health workers in the few available. There is an acute lack of health areas, including maternity, pediatric, youth and sexual health facilities. For most communities, the only health facilities available are the Primary Health Centres run mainly by NGOs, with very few specialized services and referrals. The main health problems for women were maternity challenges, sexually transmitted diseases (HIV and other STIs which equally affect men), and blood pressure and malaria, significant challenges, especially for pregnant mothers. For young girls, menstrual challenges (worsened by limited means to buy the pads and hygiene kits) and hysteria (a sign perhaps of the stress caused by violence and displacement) were noted as the most significant challenges. The most prevalent diseases in the community mentioned by the FGDs were malaria and STIs.

### 1.8.2 Youth and Women Sexuality

Sexuality for the youth is almost a taboo subject in South Sudan. FGD and KIIs discussions showed that the level of awareness regarding youth sexuality is low. For example, there is some awareness about underage pregnancy, but young girls do not know how to prevent it. Views, especially among men, are extreme against the use of contraceptives by young people. There is a ban on contraceptives that scares young people from even thinking about them. This has negative implications for the sexual lives of young girls. The bright side of this is that across all locations, FGDs and KIIs discussions, especially with women, showed that in most communities, there is enough awareness and use of contraceptives for especially the married. The main problem, however, was that women often were forced to use these measures clandestinely because of the low acceptance of these measures by men and the community. This impacts the efficiency and effectiveness of

these measures. For example, across all locations, there is a high rejection of male condoms by men and an almost universal absence of women condoms, which makes this type of contraception almost impossible to use.

The most culturally acceptable and used contraception/family planning method is the natural method of menstrual cycle timing, with its many limitations. This is the most acceptable family planning method by men because they claim it fits in well with their culture, such as polygamy. After all, during the unsafe menstrual days, the man leaves the house and goes to live with another wife until it is safe for the woman to conceive another child. In one of the FGDs in Jonglei, one woman describing gender sexuality challenges said that the most significant health problem facing women is the men's expectations of the woman's body that do not consider the woman's views. "As a woman, I am expected to know when I am most likely to get pregnant and inform my husband to keep away. Otherwise, I am responsible if I get a pregnancy too quickly."<sup>39</sup> This is a patriarchal attitude and flourishes in the power structure in the home that gives a man more authority even over the woman's sexuality. Women indicated that they would prefer the other non-natural contraceptive means.

### 1.8.3 Gender aspects of poor health, including sexual and reproductive health

Women are the caregivers, including caring for the sick. Therefore, this is complicated by a situation of few health centres, inadequate medicine and health workers in most of the surveyed locations. In such a situation, the women's burden of care will become more prominent as they cope with how to care for the sick in addition to taking care of their own health needs. Women (and girls) also have unique reproductive, maternity, paediatric, youth and sexual health needs, yet these are the most lacking in the surveyed locations. Indeed, FGDs showed that inadequacy of health facilities affects the women most, with most pointing out that lack of referrals puts their lives in danger, especially in emergencies like childbirth due to lack of maternity services such as midwives, nurses and equipment. Most noted that this forces them to resort to traditional birth attendants, which puts their lives in danger. Women also pointed out that long distance to health centers compromises their security as they travel to seek services.

The patriarchal attitude that only expects women to mind the issues of contraception and family planning and dictates the type that can be used is damaging to women's rights. Patriarchal cultural reasons for the low awareness and use of contraceptives are well entrenched across all the locations. FGDs and KIIs discussions showed that the gender power dynamics in the home are at the heart of the women's lack of awareness and use of contraceptives, while stigma and misinformation are the main problems for the men. Women are forced to conform to community or men's dictates on their sexuality, even against their beliefs. Men, on the other hand, fear using condoms, for example, because they believe that they won't be able to enjoy sex and find it hard to buy condoms due to the fear of the stigma of being labeled an unfaithful man.

## 1.9 Access To Education

### 1.9.1 Access to education facilities

Most FGD participants (50 per cent) indicated that the children, especially the returnees and Internally Displaced Peoples' (IDP) camps, do not access schools. Only 33 per cent said their children access schools. The main reason was that most primary and secondary schools were outside the

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<sup>39</sup> FGD with Jonglei women.

IDP camps, yet there were no tertiary schools either. In addition, there are no nursery schools and only one vocational school outside the camp, yet parents fear taking their children to far schools outside the camp because they may be taken hostage/kidnapped. Men from IDPs who participated in the FGDs said, *“The schools within the camps are all closed because some development partners ran projects that supported them closed. A few of the people who have some money send their children to school in Wau Town”*.

In areas where the schools are available, natural disasters such as floods make the schools inaccessible, exacerbating the already fragile education situation. Other parents indicated that inadequate resources for school fees make it difficult to send children to school since few parents can afford to pay school fees.

### 1.9.2 Drivers of low or no access to education by the girl and boy child

For the girl child, failure to attend school is mainly due to the death of parents/guardians in war and lack of fees, early marriage, and pregnancies (since some parents still value boys more than girls saying “the boy will remain while the girl will go to another home after getting married”) (Table 19). The boy child is constrained by the death of parents/guardians, especially in war, drug abuse and juvenile delinquency, domestic work, cattle keeping, and polygamy. This leads some fathers to favor some wives and their children while neglecting others.

### 1.9.3 Gender Aspects of Access to education

The few children that have access to education have a gender lens. The cultural aspect raised by FDGs, such as the preference for boys in case resources are limited, forced and early marriages, early pregnancies and the burden of domestic care home conspire to hold women down. They are denied the education they need, yet lack of education disproportionately affects women regarding gender equality and economic empowerment. Uneducated women cannot make good choices in most aspects of their lives and are not empowered to advocate for themselves, and are often at the mercy of men and the community that is unfortunately patriarchal.

## 1.10 Care Work At Home

### 1.10.1 Care Work at Home

As in most of South Sudan and Sub-Saharan Africa, FDGs discussions showed that women and girls shoulder the bulk of care work in the communities surveyed. Women, in most cases supported by girls, are responsible for cooking, collecting firewood, managing the house, washing utensils and clothing, taking care of the sick, fetching water, taking care of the kids, and training them in culture and manners. Women, especially IDPs and POCs, even play a prominent role in building shelters by digging holes and thatching them. Men only do some minor work regarding the collection of poles and erecting the shelters, providing security to the home. However, during men-only FDGs, some claimed that they do some cooking and fetching of water. This was nevertheless disputed by women in women-only FDGs and sometimes during mixed FDGs. Most women assert that since the displacement, men are doing almost nothing at home and spend most of their time lounging around and drinking alcohol. Elders are said to mainly advise the youth on cultural norms while cooking and taking care of kids and the sick.

There appear to have been some changes in gender roles since the displacement. The most noticeable one advanced during the FDGs and KIIs discussions is that in the days since the displacement, men are doing more of what they never used to do. “Previously, there was no gender equality but now they have been exposed to gender training”. For example, some men are now

said to be involved in fuel collection, fetching of water and even preparing food. Conversely, some women report that their husbands who used to help them at home are now shunning it because of peer pressure. A woman's role is also said to have changed for the worse because in addition to the already heavy home care burden, under displacement, they are also now adding shelter construction which used to be one by men.

Due to enlightenment due to training and living in cosmopolitan environments, in a departure from the old that have stuck to their culturally fixed positions, the youth are beginning to abandon certain cultural biases and perform roles across gender. For example, boys are now said to be doing more cooking and washing, which previously was the preserve of girls.

### **1.10.2 Gender Aspects of Care Work at Home**

As noted earlier, care work at home is not gender neutral. Women and girls shoulder the bulk of care work in the communities surveyed, even those that generally preserve men, such as building shelters. Due to this gender divide, women already burdened by the displacement have added the duty of caring for their homes in a situation of lack and stressful environment. The patriarchal nature of home care has become even more burdensome to women as the men leave them to cater for almost all the home needs. The only bright angle of the gender dynamics of displacement concerns the few men that are become progressive by helping out their wives in areas that previously were the preserve of women, such as fuel collection, fetching of water and even cooking. However, these cases seem to be still few and there is a need for more training and sensitization of men to break the culturally vital patriarchal and gender regressive aspects of domestic care work.

## **1.11 Benefits And Control Over Incomes And Resources**

### **1.11.1 Benefits from Income and Resources**

FGDs and KIIs discussions across all locations showed that women and men share in the income and resources of the households but some distinct ways. Men generally own and benefit from income from livestock, while women do the same for crops. Men own and sell all livestock, especially cattle, except for their products like milk and eggs, which are usually left to women. For especially crop farming, in most cases, even when women do the production, the decision to sell and spend the proceeds is done by men. There is an exception to this rule, however, in some locations. For example, one of the most progressive locations in this area is Bor, Jonglei, where women have almost complete control of all the crop farming value chain. They do the farming (sometimes helped by men) and make decisions on the sale and use of the proceeds. All they need to do is to inform their husbands about these decisions. This is much more progressive than in other locations where men have to decide on marketing and use of proceeds of the sale of crops, except if the product is deficient, which is left to women to cater for household needs.

FGDs and KIIs discussions in Bor revealed that this progressive gender sharing of benefits in the area is due to culture and mainly to advocacy programs by NGOs. Discussions in the women-only FGDs showed that women would like a Bor-like situation of gender sharing of benefits since they feel not respected when men unilaterally make decisions because they think it amounts to being deprived of their rights. However, there is a steep barrier to climb to improve gender equality in these decisions because these biases are deeply rooted in culture. In some of the FGDs' discussions, it was revealed that there is some feeling within the communities, especially men, that since the man bought the woman (read paid bride price), the man has to be the sole beneficiary of what she produces. This is more so for crops with high economic value grown by a woman, where the man is often responsible for selling and spending the proceeds. It was also revealed in some discussions, especially in single-gender FGDs, that it is culturally appealing when the man has the final say on



all home financial matters and that men who consult women in decisions are looked down upon.

### 1.11.2 Access, Ownership and Control of Assets

Access to assets in South Sudan, as in most of Sub-Saharan Africa, is not a gender-neutral issue. Even where there is reasonable access, ownership and especially ownership, is always a problem for women. Discussions with women across all locations indicate that within the limitations of being displaced, they can access land to do small-scale farming, such as for vegetables. However, there are severe cultural impediments to women owning or controlling land. Women averred that in most cultures in the areas from where they were displaced, women are seen as property and are not allowed to own land and can only access it for crop production. Displacement has aggravated this situation because of the land tenure at displacement sites.

There was an indication that due to training from NGOs, women, especially those in urban areas among the host community, are beginning to own and control their land. However, this is still a tiny fraction of women, and it is almost non-existent for those in IDPs or POCs. This is partly because of the land holding/tenure issues in the places where women are displaced, even for men. It was indicated that they only own land in their places of origin, with almost non-existent prospects to do the same in the areas where they are displaced.

### 1.11.3 Likelihood of accessing credit

About 26 per cent of the respondents indicated they are likely to get credit (with chances of 75-100 per cent). In comparison, 61 per cent of them indicated they were unlikely to access credit if they wanted it (See Annex 1). Table 18 shows that while 27 per cent of females said they are likely to access credit, 23 per cent of males are likely to get it. A higher percentage of females in POCs (29 per cent) and Returnees (28 per cent) are likely to get credit than in other locations. For males, 43 per cent in POCs are likely to get credit compared to 0 per cent of male returnees and 29 per cent of female returnees.

### 1.11.4 Credit seeking behaviour

Overall, only 31 per cent of the respondents indicated that a member within their households sought credit in the last year. Unity state and Lake's state had the highest proportion of credit seekers at 51 per cent and 53 per cent, respectively. Findings showed that of the 31 per cent who sought credit, 51 per cent received it, and of the recipients, 68 per cent got the amount requested. Western Bahr El Ghazel state has the lowest level of credit-seeking at 4 per cent, yet none got the applied credit (Figure 6).

By gender, only 36 per cent of the females indicated they or their household members sought credit compared to 20 per cent of males. Of the female households that sought credit, only 47 per cent received it, and 69 per cent got the amount they requested, compared to 56 per cent of male households who got the credit of whom 56 per cent got the desired amount (Table 18). Credit seeking is higher among host communities (39 per cent), returnees (34 per cent), and POCs (31 per cent). These findings show that credit access for returnees and Internally Displaced Persons (IDP) is a big constraint since, for instance, 22 per cent of Internally Displaced Persons (IDP)s who sought credit, only 17 per cent got it. Yet, only 55 per cent received the desired amount.

### 1.11.5 Credit Access by State

**TABLE 18**  
Percentage of respondents by sex by how likely it is to get credit if they needed it

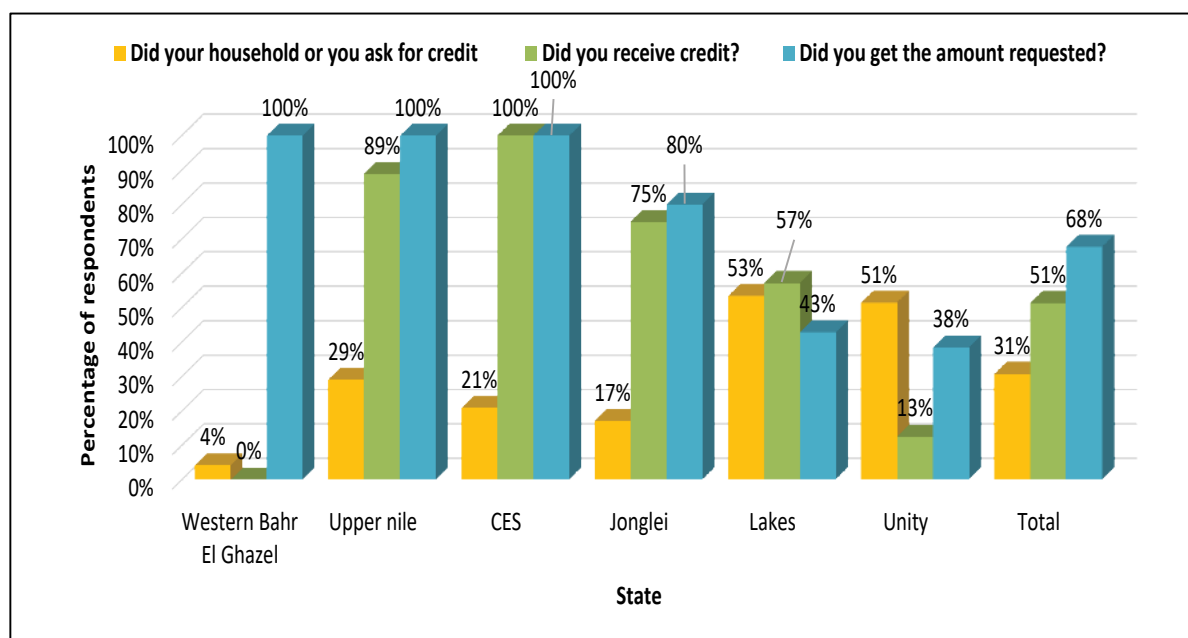
Likelihood of getting credit	Females (per cent)					Males (per cent)				
	POC	Host community	Internally Displaced Persons (IDP)	Returnee	Total	POC	Host community	Internally Displaced Persons (IDP)	Returnee	Total
Highly most likely (100 per cent)	8.57	10.77	17.11	27.59	14.17	8.70	11.43	11.54	0.00	9.89
Most likely (75 per cent)	20.00	13.85	9.21	0.00	12.50	34.78	2.86	11.54	0.00	13.19
Not sure (50 per cent)	8.57	9.23	17.11	17.24	12.50	17.39	11.43	26.92	0.00	16.48
Unlikely (25 per cent)	2.86	16.92	11.84	17.24	11.25	0.00	25.71	3.85	42.86	14.29
Highly unlikely (0 per cent)	60.00	49.23	44.74	37.93	49.58	39.13	48.57	46.15	57.14	46.15

**TABLE 19**  
Percentage of respondents by credit-seeking and access

Location of respondent	Female %			Male %		
	Did your household or you ask for credit?	Did you receive credit?	Did you get the amount requested?	Did your household or you ask for credit?	Did you receive credit?	Did you get the amount requested?
POC	36%	82%	93%	20%	75%	100%
Host community	44%	50%	71%	31%	55%	36%
Settlement	30%	9%	50%	4%	100%	100%
Refugee	36%	20%	43%	29%	0%	50%
Total	36%	47%	69%	20%	56%	56%

### 1.11.6 Access to Employment

**FIGURE 6**  
Percentage of households by credit-seeking and access in states



Employment options in South Sudan have always been minimal, but this has become even more acute in the wake of displacement. The most mentioned reasons for lack of employment across all locations were lack of employable skills and productive assets like agricultural land. However, these impediments are not gender-neutral. For women, for example, the most prevalent reason for lack of employment was sexual harassment or the perception of its prevalence. Women fear

to go working outside the home because of fear of being sexually harassed at the workplace. This is also deeply rooted in the patriarchal culture where men look down on women who work in culturally diverse environments outside the home. This is also aggravated by jealousy by men who think that if their wives or female relatives go outside to work, they will attract the attention of other men. This limits the employment options for women. Apart from the already mentioned low education and skills, other impediments that cut across genders and age groups are corruption and nepotism in offering employment.

### **1.11.7 Entrepreneurship**

Almost all the IDPs and POCs are situated in an urban setting where entrepreneurship makes more sense than in the rural sources of the displaced. Indeed, looking at the camps for the displaced, there is brisk business taking place mainly around the aid industry in the form of small shops and hawking. In some cases, there is some feeling that there is a more flourishing business in the IDPs/POCs than in the surrounding host communities' trading centres. This might not be surprising since business usually flourishes with a large concentration of people. The good news is in, as far as women's economic empowerment is concerned it is that most of the businesses in the IDPs/POCs are owned by women, with most also dominating the hawking business. This could be a coping mechanism for cultural women who shoulder the most significant burden of looking after the home, trying to look for means of doing it without the opportunity of tilling the land in the situation of displacement.

Across all genders and age groups, there are challenges cited as impediments to entrepreneurship, including lack of capital/credit and poor business environment (poor roads, insecurity, and myriad roadblocks). Still, women also have to contend with resistance from their husbands and male relatives who frown on their wives or female relatives working from outside homes.

### **1.11.8 Gender aspects of benefits from income and resources**

As noted earlier, even when FGDs and KIIs discussions showed that women and men share in the income and resources of the households, there are substantial differences that are gender relevant. It was noted that men usually control and benefit from those economic sectors considered more commercial or lucrative. For example, in the livestock sector, men leave women to make products like milk and eggs, usually subsistence but never really allow them to control the animals or decide on selling them in some distinct ways. Men generally own and benefit from income from livestock, while women do the same for crops. Also, with the scarcity of large livestock occasioned by the displacement, women reported that men were beginning to encroach on the few products they used to leave for their wives. Again, small livestock like chicken and crops such as vegetables used to be left to women. This is also beginning to change as men squeezed by the economics of displacement are beginning to demand the proceeds of these previously ignored sources of income. As noted earlier, the case of Bor, Jonglei where women have almost total control of all the crop farming value chain, is a very progressive gender empowerment case worth emulating by other communities.

As noted earlier, access, ownership and control of assets in the surveyed areas are not gender neutral. Women are seriously disadvantaged when it comes to ownership and especially control of assets. A woman might access assets like land, but there are still steep barriers to overcome to ensure equal rights of ownership and control of assets between women and men. These barriers have become vital in an environment of scarcity occasioned by displacement. However, one bright aspect of this is that the cosmopolitan nature of displacement aided by NGO training exposes communities, especially men, to progressive aspects of access, ownership and control of assets.

This allows some women to imagine they can also own and control assets as they see in their new environment or get empowerment from gender training. These issues apply to other aspects of economic empowerment, including access to creation, employment and entrepreneurship, with women still facing barriers which good enough are loosening as communities get more awareness of gender equality. This was, for example, highlighted in FGDs by women mainly in Bor and Wau. They said that after moving to more urban and cosmopolitan locations after displacement, they learned from more exposed women in these areas that they can own and control their assets. They said this had been reinforced by the many women empowerment training they have received from NGOs. One woman in Bor said “I am now saving to buy a plot of land like other women I have seen in Bor town, yet before I moved here, I used to think only men can own a plot of land.”

## 1.12 Gender and Decision Making

### 1.12.1 Views on Decision Making in Households and communities

Decision-making is essential in households and whoever makes these decisions has implications for the community’s well-being. Joint decision-making is necessary for gender equality and improved household well-being. And families, where decisions are done by only one gender are not likely to engender empowerment. South Sudan is a patriarchal society, reflected in decision-making data obtained from the surveyed households. For example, more than 22 per cent of households strongly disagree with women controlling resources in the households, with these perceptions not different across genders and locations (Table 20). Decisions in the household are mainly taken by men and rarely by women, although there is a reasonable amount of joint decision-making. For example, within the surveyed areas, more than 52 per cent of decision-makers on land are men, while the corresponding number for women is only 5 per cent. Joint decision-making is done by about 33 per cent of the households. In a show of some gender progressiveness, decisions on selling crops and livestock are done by men in 29 per cent of the households, by women in only 15 per cent, and jointly by women and men in 47 per cent (Table 21).

Similarly, decisions on spending cash after the sale are made by men in 28 per cent of households, by women in 15 per cent, and jointly in 47 per cent. More than 35 per cent of respondents also felt that women’s involvement in decision-making is increasing significantly in the host community (Table 21). For example, in a men-only FGD in Bentiu, a man indicated thus: “ in our culture, there are issues you cannot involve women in such as deciding bride price determination or when to sell animals”.

### 1.12.2 How women’s decision-making participation has changed

**TABLE 20**  
Percentage of respondents by views on women controlling resources

Do you think women should control their resources?	Overall sample (per cent)						Female (per cent)					Male				
	POC	Host community	Internally Displaced Persons (IDP)	Returnee	Total		POC	Host community	Internally Displaced Persons (IDP)	Returnee	Total	POC	Host community	Internally Displaced Persons (IDP)	Returnee	Total
Strongly disagree	6.60	11.45	8.84	11.43	9.47		6.25	12.20	6.73	7.69	8.18	7.69	10.20	13.95	22.22	12.50
Disagree	14.15	8.40	10.88	20.00	12.33		18.75	7.32	11.54	17.31	13.21	0.00	10.20	9.30	27.78	10.29
Uncertain	15.09	13.74	12.93	21.43	14.98		17.50	10.98	11.54	23.08	14.78	7.69	18.37	16.28	16.67	15.44
Agree	49.06	39.69	38.10	31.43	40.09		41.25	41.46	39.42	34.62	39.62	73.08	36.73	34.88	22.22	41.18
Strongly agree	15.09	26.72	29.25	15.71	23.13		16.25	28.05	30.77	17.31	24.21	11.54	24.49	25.58	11.11	20.59

Of all the sampled respondents, 71 per cent indicated that they are aware of Gender-based violence

**TABLE 21**

**Percentage of respondents by the perception of women’s participation in household decision making**

How women participation in decision making has changed	Female (per cent)						Male (per cent)					
	POC	Host community	Internally Displaced Persons (IDP)	Returnee (IDP)	Total		POC	Host community	Internally Displaced Persons (IDP)	Returnee (IDP)	Total	
Highly increased	26.92	51.16	27.45	37.78	35.37		16.00	45.45	44.74	21.05	35.71	
Fairly increased	30.77	27.91	32.35	37.78	31.51		32.00	34.09	34.21	52.63	36.51	
There has been no change	38.46	16.28	20.59	15.56	23.15		52.00	6.82	15.79	26.32	21.43	
Decreased	3.85	4.65	19.61	8.89	9.97		0.00	13.64	5.26	0.00	6.35	

within their communities, with more females at 72 per cent than males at 68 per cent. Although over 65 per cent of respondents in all locations were aware of GBV, a higher percentage in host communities (80 per cent) and POCs (70 per cent) were aware. What was noticeable, a higher percentage of male returnees (78 per cent) than females (58 per cent) were aware of GBV. By state, less than 70 per cent of respondents in Unity and CES states were aware of GBV, making them the less aware states in the sampled locations (Table 23).

**1.13.2 Types of GBV the respondents are aware of**

The commonest GBV type that the sampled respondents were aware of was sexual violence, reported by 25 per cent followed by early or forced marriages (21 per cent) and verbal abuses (17 per cent). More respondents said these top three GBVs in returnees, Internally Displaced Persons (IDP)s, and host communities than POCs (Figure 7). However, 24 per cent of females reported sexual violence, and 24 per cent of males said being aware of it. Financial-related GBV was reported by 13 per cent of females, more so in host communities and Internally Displaced Persons (IDP)s, and 10 per cent of male respondents (Table 23). Other GBV types were physical, verbal, and emotional GBV.

In the sampled states, sexual violence was more reported in Western Bahr El Ghazal and Jonglei states by 44 per cent and 40 per cent of respondents there while early or forced marriages were reported more in Jonglei (39 per cent), Lakes (37 per cent) and Western Bahr El Ghazal (31 per cent). Verbal and physical were commonly reported by respondents from Western Bahr El Ghazal state (Table 24).

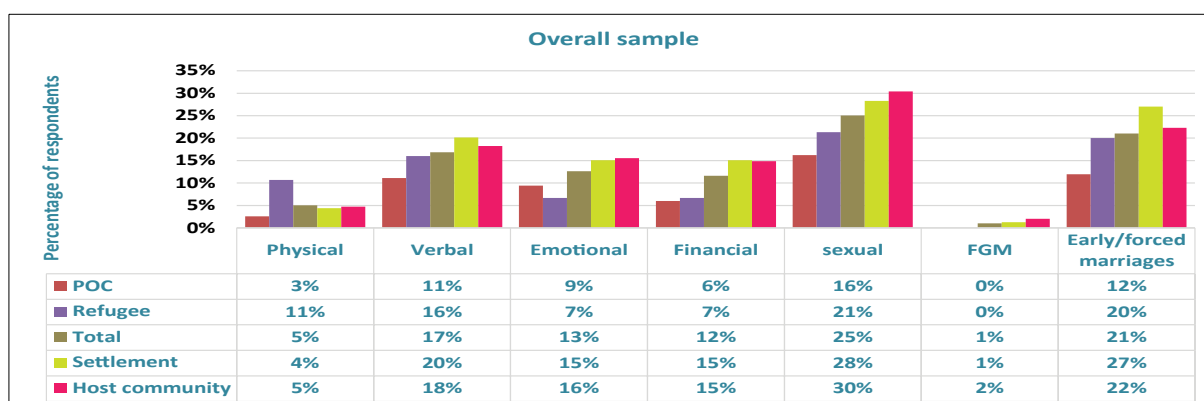
**TABLE 22**

**Percentage of female and male respondents by GBV types awareness**

Did you experience GBV in the past one year?	Female (per cent)					Male (per cent)				
	POC	Host community	Settlement	Refugee	Total	POC	Host community	Settlement	Refugee	Total
Yes	56.63	49.45	39.45	50.91	48.22	60.71	36.73	45.45	50.00	46.10
No	28.92	29.67	44.04	43.64	36.39	25.00	36.73	52.27	45.00	40.43
Not sure	9.64	14.29	6.42	1.82	8.58	7.14	10.20	0.00	0.00	4.96
Can't answer	4.82	6.59	10.09	3.64	6.80	7.14	16.33	2.27	5.00	8.51
<b>Do you know any of your friends/neighbors who experienced GBV in the past one year?</b>										
Yes	48.24	46.39	32.17	34.55	40.34	37.50	35.29	34.09	30.00	34.69
No	16.47	30.93	47.83	38.18	34.09	28.13	31.37	31.82	45.00	32.65
Not sure	35.29	22.68	20.00	27.27	25.57	34.38	33.33	34.09	25.00	32.65

**FIGURE 7**

**Percentage of ALL respondents by GBV types awareness**



**TABLE 23**

**Percentage of respondents by type of GBV they are aware of by the state**

	Physical	Verbal	Emotional	Financial	sexual	FGM	Early/forced marriages
Western	31%	32%	8%	11%	44%	1%	31%
Jonglei	0%	36%	24%	22%	40%	0%	39%
CES	1%	9%	11%	18%	33%	3%	21%
Lakes	5%	10%	5%	15%	22%	0%	37%
Unity	0%	7%	13%	7%	15%	1%	12%
Upper Nile	0%	11%	6%	1%	5%	0%	3%
Total	5%	16%	13%	12%	25%	1%	21%

**1.13.3 Level of community GBV occurrence**

Of the sampled respondents, 32 per cent reported observing a change in GBV cases in their communities, of whom 33 per cent were females, and 30 per cent were male. A higher proportion of those experiencing GBV case changes was from host communities (37 per cent) and Returnees (37 per cent), followed by 32 per cent from Internally Displaced Persons (IDPs) (Table 24). About 62 per cent of respondents from Western Bahr El Ghazal state observed GBV changes, followed by 40 per cent in Lake's state and 33 per cent from Unity state (Table 25).

**TABLE 24**

**Percentage of respondents by occurrence and extent of GBV cases by respondent sex and location category**

	Overall sample (per cent)					Female (per cent)					Male (per cent)				
	POC	Host community	Internally Displaced Persons (IDP)	Returnee	Total	POC	Host community	Internally Displaced Persons (IDP)	Returnee	Total	POC	Host community	Internally Displaced Persons (IDP)	Returnee	Total
<i>Are you aware of gender-based violence in your community?</i>															
<b>Yes</b>	69.72	80.28	67.55	63.01	71.16	73.17	84.04	69.16	58.18	72.49	59.26	72.92	63.64	77.78	67.88
<b>No</b>	30.28	19.72	32.45	36.99	28.84	26.83	15.96	30.84	41.82	27.51	40.74	27.08	36.36	22.22	32.12
<i>In the last six months, did occurrences of GBV cases change in your community?</i>															
<b>Yes</b>	23.36	36.55	32.69	36.76	32.35	24.69	40.63	34.82	28.57	33.14	19.23	28.57	27.27	57.89	30.43
<b>No</b>	41.12	31.72	33.97	35.29	35.08	38.27	33.33	32.14	40.82	35.21	50.00	28.57	38.64	21.05	34.78
Not sure	35.51	31.72	33.33	27.94	32.56	37.04	26.04	33.04	30.61	31.66	30.77	42.86	34.09	21.05	34.78
<i>How the cases of GBV are changing in your community?</i>															
Decreased	23.64	48.94	40.26	50.67	40.63	25.61	41.3	41.44	41.82	37.65	17.86	63.27	37.21	75	47.86
Increasing	25.45	21.99	24.03	16	22.5	20.73	30.43	24.32	21.82	24.71	39.29	6.12	23.26	0	17.14
Remained the same	7.27	4.96	11.04	5.33	7.5	8.54	6.52	11.71	7.27	8.82	3.57	2.04	9.3	0	4.29
Not sure	43.64	24.11	24.68	28	29.38	45.12	21.74	22.52	29.09	28.82	39.29	28.57	30.23	25	30.71

**1.13.4 Change in community GBV occurrence**

Although 41 per cent of all the sampled respondents reported observing decreases in GBV cases in their communities in the last one year, another 23 per cent reported increased cases, with more from POCs (25 per cent) and Internally Displaced Persons (IDP)s (24 per cent). GBV increments were reported by a high percentage of respondents from Jonglei state (43 per cent), and Western Bahr El Ghazal state (30 per cent) and the lowest percentage of reports of increased GBVs were from Upper Nile and CES states both tied at 14 per cent (Table 25).

**TABLE 25**

**Percentage of respondents by occurrence and extent of GBV cases by state**

GBV aspects	Percentage of respondents by state						
	Unity	Lakes	Upper Nile	CES	Jonglei	Total	
<i>Are you aware of gender-based violence in your community?</i>							
Yes	60.00	77.50	76.47	66.67	76.12	71.05	
No	40.00	22.50	23.53	33.33	23.88	28.95	
<i>occurrences of GBV cases change in your community?</i>							
Yes	32.67	40.00	16.87	30.93	25.37	33.11	
No	25.74	30.00	39.76	37.11	41.79	34.00	
Not sure	41.58	30.00	43.37	31.96	32.84	32.89	
<i>How the cases of GBV are changing in your community?</i>							
Decreased	50.00	42.50	27.71	47.31	20.90	40.27	
Increasing	19.00	17.50	14.46	13.98	43.28	22.35	
Remained the same	11.00	7.50	2.41	6.45	14.93	7.96	
Not sure	20.00	32.50	55.42	32.26	20.90	29.42	

### 1.13.5 Level of GBV experience in sampled communities

Of the entire sample, 62 per cent of the respondents who are aware of GBV, had experienced it in the last one year. This mainly included returnees (72 per cent) and POCs (74 per cent), although host communities and Internally Displaced Persons (IDPs) had about 55 per cent of the respondents who experienced GBV, an indication that GBV occurrence is high (Table 27). Those aware of GBV also had known of a friend, relative, or peer who had experienced GBV. For instance, 52 per cent of the sampled respondents who are aware of GBV knew a peer who had experienced GBV, 59 per cent from POCs, 54 per cent from host communities, 48 per cent were returnees, and 45 per cent from Internally Displaced Persons (IDPs) (Table 26). In one of the men's FGDs in Wau, one man said, "what is going on now around the IDPs was unheard of before displacement to hear those women, especially young girls, are being raped sometimes by relatives.

By sex, 48 per cent reported being victims of GBV, and 40 per cent knew a peer victim in the last one year, more so from POCs (57 per cent and 48 per cent for self and peer) and Returnees (51 per cent and 35 per cent for self and peer). Among male respondents, 46 per cent reported being victims of GBV, and 35 per cent knew a peer victim in the last one year more from POCs (61 per cent and 38 per cent for self and peer) and Returnees (50 per cent and 30 per cent for self and peer) (Table 28).

By state, Western Bahr El Ghazal state at 81 per cent and 77 per cent for self and peer as victim of GBV had the highest percentage of victims. Unity (64 per cent and 53 per cent for self and peer) and Lakes states (62 per cent and 48 per cent for self and peer) came second and third as states with a higher proportion of GBV victims (See Annex 3). In one of the women-only FGDs, one woman said, "we are losing our girls to GBV because of the influence of drugs which is driving young men to assault women and girls at random".

### 1.13.6 Types of GBV experienced in sampled communities

Among female respondents and/or their peers, sexual violence in the form of rape and defilement was the leading GBV experienced by 40 per cent followed by 30 per cent for financial neglect and deprivation and 29 for early and/or forced marriages. A similar trend was observed for male respondents, with 44 per cent reporting sexual violence, 39 per cent for early and/or forced marriages, 31 per cent for emotional, and 31 per cent suffering emotional GBV (Table 26). Results show POCs and Returnees to be hot spots for several GBVs, including sexual, financial, physical and verbal

**TABLE 26**  
Percentage of respondents by experience of GBV by sex and among peers

Did you experience GBV in the past one year?	Female (per cent)					Male(per cent)				
	POC	Host community	Internally Displaced Persons (IDPs)	Returnee	Total	POC	Host community	Internally Displaced Persons (IDP)	Returnee	Total
Yes	56.63	49.45	39.45	50.91	48.22	60.71	36.73	45.45	50.00	46.10
No	28.92	29.67	44.04	43.64	36.39	25.00	36.73	52.27	45.00	40.43
Not sure	9.64	14.29	6.42	1.82	8.58	7.14	10.20	0.00	0.00	4.96
Can't answer	4.82	6.59	10.09	3.64	6.80	7.14	16.33	2.27	5.00	8.51
<i>Do you know any of your friends/ neighbours</i>										
Yes	48.24	46.39	32.17	34.55	40.34	37.50	35.29	34.09	30.00	34.69
No	16.47	30.93	47.83	38.18	34.09	28.13	31.37	31.82	45.00	32.65
Not sure	35.29	22.68	20.00	27.27	25.57	34.38	33.33	34.09	25.00	32.65



**TABLE 27**

**Percentage of respondents by type of GBV experienced by themselves and peers**

	Females%						Males%				
	POC	Host community	Settlement	Refugee	Total		POC	Host community	Settlement	Refugee	Total
Early/forced marriages	26%	22%	23%	59%	29%	Sexual	18%	58%	29%	90%	44%
sexual	43%	38%	38%	45%	40%	Physical	12%	21%	4%	50%	17%
Verbal	19%	26%	29%	24%	24%	Verbal	12%	29%	25%	50%	27%
Physical	13%	7%	12%	21%	12%	marriages	18%	50%	38%	50%	39%
Financial	37%	34%	23%	21%	30%	Emotional	29%	25%	33%	40%	31%
Emotional	11%	28%	27%	14%	21%	FGM	0%	4%	8%	30%	8%
FGM	6%	0%	0%	0%	2%	Financial	24%	38%	33%	20%	31%

**1.13.7 Action against GBV**

Generally, a higher percentage of males (53 per cent) than females (50 per cent) reported supporting GBV survivors in their communities. The top three kinds of support were referring survivors to health centres (14 per cent), referral to clan leaders or courts of law, and reporting to police or calling a hotline (Table 28).

**TABLE 28**

**Percentage of respondents who supported GBV victims and type of support**

	Percentage of respondents by sex of respondent		
	Female	Male	Total
In the last 3 months, have you supported, reached out and/or sensitized someone affected by gender-based violence in the community? Yes(per cent)	49.74	53.33	50.75
<b>Type of support given</b>			
Reported to police	4	13	6
Referred to the health Centre	11	21	14
Referred to the Local/village council	2	5	3
Referred to clan leaders/court	8	7	7
Referred to a faith-based/religious organization e.g., church	4	4	4
Called the GBV hotline	3	13	6

**1.13.8 Rights and GBV service satisfaction**

Only 21 per cent of respondents believed it is appropriate to beat/batter your children and 60 per cent of respondents knew of any person, or agency in community that GBV survivors could go to seek support, while 65 per cent of them were satisfied with the GBV services offered in the community (Table 29) ?72 per cent of those who accessed the services were satisfied with the services, 71 per cent of whom were females and 73 per cent males (Table 30). Of all respondents, 62 per cent agreed that GBV cases would reduce if women and men within the homes would share incomes.

**TABLE 29**

**Percentage of respondents and views on GBV and services**

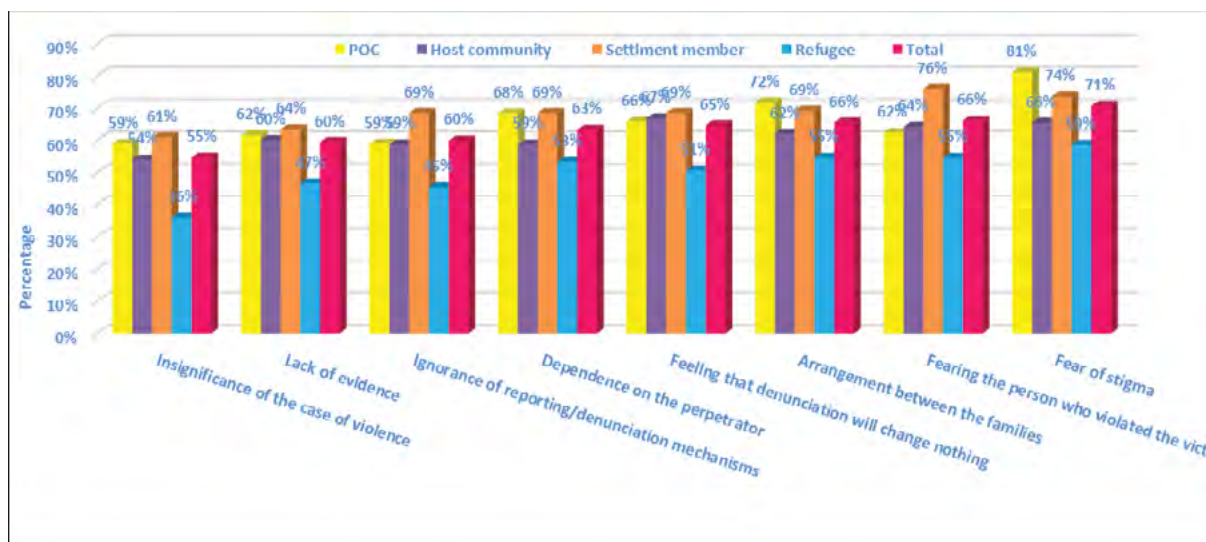
Do you think violence in a home would reduce if women and men shared household incomes and other resources equitably?	Percentage of respondents		
	Female	Male	Total
Strongly disagree	13.76	9.86	12.58
Disagree	16.51	16.9	16.63
Uncertain	7.95	9.86	8.53
Agree	34.25	40.14	36.03
Strongly agree	27.52	23.24	26.23
what is your level of satisfaction with the GBV services accessed?	Female	Male	Total
Highly satisfied	26.25	29.17	27.08
satisfied	45.42	43.75	44.94
neutral	11.67	11.46	11.61
dissatisfied	7.92	7.29	7.74
very dissatisfied	8.75	8.33	8.63

**1.13.9 Stigma around GBV**

Several reasons were given across locations why GBV victims fail to seek redress. Over 65 per cent of all respondents reported fear of stigma (72 per cent females and 68 per cent males) and fearing the person who violated the victim due to his influence in society (66 per cent females, 67 per cent males). Similarly, arrangement between the families, feeling that denunciation will change nothing and about 60 per cent reported dependence on the perpetrator, ignorance of reporting/denunciation mechanisms and lack of evidence (Figure 8 and Table 30).

**FIGURE 8**

**Percentage of respondents by reasons why GBV victims fail to report or seek help**



**TABLE 30**

**Percentage of respondents and views on GBV and services**

Views on GBV	Percentage of respondents		
	Female	Male	Total
Feeling that denunciation will change nothing	66	63	65
Fear of stigma	72	68	71
Dependence on the perpetrator	63	63	63
Arrangement between the families	66	63	66
Fearing the person who violated the victim due to his influence in society	66	67	66
Insignificance of the case of violence	53	58	55
Ignorance of reporting/denunciation mechanisms	60	61	60
Lack of evidence	59	61	60

**1.13.10 Attitudes, beliefs and tolerance about gender-based violence**

Findings showed that beating and battering women by men are not generally acceptable for whatever reasons since over 50 per cent felt it was unacceptable (Table 31). Surprisingly, slightly more females than males felt men beating women was acceptable (Table 32).

**TABLE 31**

**Percentage of respondents and views on GBV and services**

Is it acceptable for a man (husband, father, brother or uncle) to beat a woman for these reasons?	Perception on Attitudes, beliefs and tolerance about GBV		
	Acceptable	Unacceptable	Can't comment
If she disobeyed her husband/uncle/father/brother	27.66	58.52	13.83
If she failed to fetch water/firewood for her husband/uncle/father/brother	24.45	57.31	18.24
If she spent money without asking	23.25	51.7	25.05
If she did not prepare her husband/uncle/father/brother's bath	21.84	51.1	27.05
If she failed to care well for the children	36.87	48.1	15.03
If she left the house without asking	38.08	44.89	17.03

**TABLE 32**

**Percentage of respondents by perceptions on attitudes and beliefs around GBV by sex of respondent**

Reasons	Sex	Acceptable	Unacceptable	Can't comment
If she disobeyed her husband/uncle/father/brother	Female	28.98	58.52	12.50
	Male	24.49	58.50	17.01
If she failed to fetch water/firewood for her husband/uncle/father/brother	Female	22.73	52.27	25.00
	Male	24.49	50.34	25.17
If she spent money without asking	Female	39.49	47.16	13.35
	Male	30.61	50.34	19.05
If she did not prepare her husband/uncle/father/brother's bath	Female	22.73	50.57	26.70
	Male	19.73	52.38	27.89
If she failed to care well for the children	Female	26.14	58.24	15.63
	Male	20.41	55.10	24.49
If she left the house without asking	Female	38.35	46.59	15.06
	Male	37.41	40.82	21.77

### 1.13.11 Gender Aspects of Gender Based Violence

As noted earlier, GBV is pervasive in all locations surveyed but scarcely affects or is perceived equally across genders. Whereas both women and men were aware of GBV, it was clear that women shouldered the more considerable burden of the vice. Yet, women's reluctance to discuss GBV in the presence of men (mixed GBV enlisted no answers on this aspect, yet women would be very outspoken within their FGD) clearly shows this issue is not gender neutral. Men feigned ignorance of the many cases that women complained about, such as rape (in and out of the home), forced marriage and others that affect the latter seriously. For example, whereas women and teenage girls reported that sexual gender-based violence is a big problem, most men claimed they have never heard of or taken part in such, yet they are the main perpetrators.

There is a culture of silence, especially among older males, which is disempowering for women because they fear reporting cases of GBV, whether they are the victims or not. Another gender aspect of GBV in the communities is that in a situation and penury prevalent during the displacement, women are often forced to leave the perpetrators alone, especially if there is an economic power dynamic involved when the victim or her family depends on the generosity of the perpetrator. This creates impunity where women are commoditized and abused at will by more economically powerful perpetrators. There is also a gender issue of health, including sexual and reproductive health, with GBV. This is because discussions with women and girls revealed that they often endure health complications after GBV attacks, with the perpetrators leaving them to their fate.

Also, the fact that survey results show a higher percentage of males than females reported supporting GBV victims in their communities has gender ramifications. When the majority of GBV victims are female (with the majority of male perpetrators), and yet those who are meant to provide support to the victims are male, there is a gender power relation that disadvantages the mainly female victims. This is also why there is a high reluctance to report GBV incidents in the communities arising from the stigma female victims face saying to males, some of whom are perpetrators. GBV is culturally embedded in patriarchy, partly because, against their own interests, many females consider the battering of women as an acceptable practice (BOX 6).

## 2.11 Threats And Risks Faced By The Community Members

### 2.11.1 Psychological effects of conflict and displacement and its impacts

Participants in the Focus Group Discussions indicated that conflict and displacement's main effects are trauma, post-traumatic disorders, and mental health issues such as madness and depression. These were said to lead to fear, madness, and uncertainty of livelihood preservation.

### 2.11.2 Threats and protection risks in the communities-in relation to accessing services

#### ⇒ Women and girls' threats

The main threats to women and girls are fear of abduction, rape, early marriages, and unwanted pregnancies. These are likely to come from men and boys or invaders outside the camp. This also comes with contracting diseases like STIs and stealing food from unknown shooters.

#### ⇒ Men and boys' threats

For the boys, the only threat is facing violence and being forced into army/rebel recruitments as child soldiers. For men, suicide is expected because of the complex situations to contend with, including failure to fend for their family's needs, gender-based violence in the families attributed to stress and drug abuse, and contracting diseases like STIs/STDs.

### 2.11.3 Coping strategies adopted by women, girls, boys, and men to overcome life challenges

#### ⇒ Women and girls coping strategies

The women have mainly learned and adopted diversification of the economic activities to earn incomes and support their families. The new activities they are engaged in today are running small petty business, operating small food joints, and serving as workers on construction sites, such as making holes for the poles. Other not so pleasant activity is for women to get involved in commercial sex to help cope with the challenging economic situation in the camps. For the girls, many are involved in fetching water and learning cultural concepts from their mothers.

#### ⇒ Men and boys' coping mechanisms

The men and boys cope with life by moving to urban places for simple business (men). This helps them to sustain the family. They also look for building materials and buildings to provide better shelter and fetch food aid from the World Food Programme (WFP).

### 2.11.4 Gender Aspects of the Threats and Risks Faced by the Community Members

Threats and risks faced by the displaced in the surveyed areas have a gender dimension. Even as all the displaced and their host communities indicated that they face dangers and risks leading to trauma, post-traumatic disorders, and mental health issues, women and girls face additional unique ones. The fear of abduction, rape, early marriages and unwanted pregnancies are only specific to females and aggravate the already grave general ones. Another gender dimension is that females and rarely the perpetrators of violence, yet they face even a more significant burden of threats and risks in conditions of war and displacement.

The patriarchal culture in the communities aggravates the threats and risks against women as violence towards them is rarely punished if the perpetrator is a man and if it is done in the name of culture. For example, forced marriage is still generally accepted in some communities, and this increases threats to young girls who constantly face this threat as men do it under the shield of some cultures.

As primary home caregivers, women face threats as they go out to fend for their families and have to protect their children, who are often faced with the threat of abduction. This adds to the already heavy burden of home care that the women carry. And yet women have few options for coping with these threats and risks because of the power relations in the home and communities that afford them small wriggle room. Women have coped with the displacement by running small, petty businesses, operating small food joints, serve as workers on construction sites. These increase their threats and risks even more as they leave the protection of home and face hostile communities that still frown on a female working outside the home (BOX 6).

## Recommendations

### 3.1 Recommendations to increase access to shelter

- ⇒ Support communities, especially returnees, and repatriate households with safe and appropriate shelter or building materials for sustainability and to ensure adequate space for families, especially women and girls.
- ⇒ For camps where the IDPs are likely to stay longer, government and DPs should increase the distribution of additional plastic sheets, bedding, and mosquito nets to existing and deteriorating shelters. These should mainly target female-headed households, unaccompanied and orphan children, boys and girls, elderly people and people with disabilities).
- ⇒ Settle the issue of land ownership and tenure where the displaced people are living and, if possible, allocate more land to them to enable them to build better and bigger shelters and possibly separate shelters for older children or teenagers to ensure privacy

### 3.2 Recommendations to Increase Access to Water, Sanitation and Hygiene (WASH)

- ⇒ Community awareness campaigns should be supported to ensure that households, especially in communities where land tenure is more secure, construct pit latrines, water sources, and dumping sites and can maintain them to reduce the burden of the disease but also reduce the burden on women and girls who are most affected by poor access to WASH
- ⇒ The government, UN Women and other DPS should support the setting up of more springs, boreholes, and water taps and establish community-led maintenance mechanisms to ensure vulnerable groups and women have adequate access to WASH services
- ⇒ Incorporate gender aspects in WASH provision by ensuring that gender is mainstreamed in the planning and execution of WASH projects and that women's safety is considered a priority

### 3.3 Recommendations for Agriculture, Household Nutrition and Food Security

- ⇒ Government and DPs should consider the long-term livelihood needs of the communities that existed in certain agriculture-related occupations such as pastoralism and crop farming and have now become redundant. Introduce agriculture projects that can support these households to undertake intensive farming that is possible in the circumstances of displacement and in which women are already heavily involved
- ⇒ Ensure that households with infants under the age of five and boys and girls aged 13–18 as priority vulnerable groups such as breastfeeding mothers have adequate food, especially which is nutritious and quality, such as milk, liquid food, and healthy and nutritious food to help them grow and develop
- ⇒ Prioritize equity and affirmative action when providing food aid or planting materials for future re-integration ensuring the use of sex- and age-disaggregated data to target the specific needs of women and girls, especially pregnant/breastfeeding and widowed/separated/divorced women and teenage girls, the elderly and the disabled people
- ⇒ Undertake legal land assessment, ownership and control review to ensure men and women have access to adequate productive land. This should also include equal access to sufficient inputs such as farm implements and materials for farming (tractors, ploughs, other machinery, fertilizers, improved seeds, irrigation, etc.). This will enable them to produce some food for their households to reduce reliance on and wean themselves from food aid and sell some to improve their economic power and livelihoods.
- ⇒ In a situation of acute lack of access to land, women should be supported with tools, materials, and know-how to undertake small-scale backyard gardens or community farming to

ensure food production for their families and possibly sell the surplus. Encourage women to organize in groups to access land from local authorities nearest to the displacement camps and to engage in communal farming.

### **3.4 Recommendations for improved access to quality health, including sexual and reproductive health**

- ⇒ Support public health promotion sensitization activities with the help of community leaders, VHTs, and DPs, including hand washing, water treatment and cleaning of jerry cans. Ensure women are well represented in the trainers to identify and address their unique health needs, especially sexual and reproductive challenges.
- ⇒ Scale up the setting up of specialized and referral health facilities, especially for the benefit of women, girls and boys, and ensure that they are supplied with enough medicines to meet the health needs of the community, including guaranteeing free maternal and pediatric services for women and children
- ⇒ Prioritize the fight against the most common diseases such as malaria, typhoid, and STIs by addressing the prevention and treatment needs of the communities, especially women that are often more vulnerable because of socio-cultural issues and GBV
- ⇒ Raise awareness about the danger posed by HIV/AIDs and STIs, addressing the gender aspects of the disease that make women and girls most vulnerable, including GBV and lack of female-friendly treatment and management options such as testing and counselling
- ⇒ Support sexual and reproductive health of girls and women by ensuring adequate access to contraceptives, gynecological treatment, the provision of dignity kits for girls and women (containing sanitary towels, clothes, underwear, and soap) and access to clean water.
- ⇒ Streamline the work of the Primary Health Providers that are currently serving the communities around camps to ensure staff timeliness, the safety of medicine and other equipment, and increase in length of time of operation in the week to enable especially women who have a disproportionate health care burden to have adequate access
- ⇒ Relatedly motivate health staff and offer training, raised remuneration and incentives to increase the efficiency of health services, especially those dealing with women's sexuality problems

### **3.5 Recommendations access to increase access to education**

- ⇒ Support the construction of more schools to all levels (primary, secondary, tertiary) around displaced communities and especially for girls to ensure more girls who are often most disadvantaged are accessing education. Even for the present institutions, improve infrastructure and ensure the provision of nutritious food, school materials, libraries and leisure equipment to ease the learning process for girls with unique challenges, such as those concerned with menstrual hygiene.
- ⇒ Institute affirmative action to enhance girls' school enrolment rates by providing cash for education and other targeted measures such as dignity kits.
- ⇒ Increase funding opportunities that target the disadvantaged, such as unaccompanied, poor and marginalized boys and girls) and teenage mothers by providing scholarships, other sponsorships and NFIs such as school bags and food distributions and a conducive environment for playing at school.
- ⇒ Offer GBV training to stem any violence that discourages especially girls from going to school and ensure the training covers both male and female teachers

- ⇒ Support adult education for women who were victims of sexual violence or, for any other reason, failed to go to school, enabling them to acquire skills they need to integrate into the community.

### 3.6 Recommendations to increase women's benefits & control over incomes & resources and reduce their burden of care work at home

- ⇒ Build women's economic empowerment by increasing women's economic opportunities that improve their livelihoods and reduce their dependency on men. Support vocational/entrepreneurial income-generating opportunities such as tailoring and petty trade in quick consumables and vegetables.
- ⇒ Support for the emerging positive changes in gender roles and relations at household and community levels should reduce the home care work for the women
- ⇒ Supplement women's incomes by distributing their most pressing Non-Food Items (NFI) needs such as clothing (for women and men), soap and detergent (bars tend to require less water than powder), shoes (different sizes), jerry cans, water storage, cooking utensils (including frying pans), fuel-efficient stoves and blankets. Female dignity kits include shoes, clothes (scarf, dress and underwear), and dark cloth for women to make reusable sanitary pads and flashlights (wind-up or with batteries).
- ⇒ Initiate cash transfer schemes to put some cash in women's pockets and increase their purchasing power, which would create a market in the local economy. Options that could be considered are food vouchers and schemes involving cash-for-learning and cash-for-work.
- ⇒ Support the review of retrogressive laws, especially community laws that give women a subordinate role in property rights. Laws to target for enactment are those that facilitate the registration of assets in the names of women
- ⇒ Sensitize communities, especially men, on women's overburden of work, and teach them the culture of helping out at home with care work, leading to a progressive shift in the gendered division of labour.
- ⇒ Support women to undertake income-generating activities that improve their earning potential and help diversify their income sources and livelihoods with both on-farm and off-farm productive activities and services. This reduces the impact of adverse shocks on the households by diversifying the risk exposure and mitigating the negative coping strategies employed by less resilient households.
- ⇒ Expand women's access to financial support services by supporting them to access help from savings, loan, and grant schemes to strengthen and diversify their livelihood base and income potential. This could also entail extending grants to women and youth saving schemes such as Sanduku Sandunku, the type of VSLAs common in South Sudan.

### 3.7 Recommendations for women's capacities and decision making

- ⇒ With data showing that men even control income generated by women, requiring that it is handed to them, training and awareness building should be done to enable shared decision-making on spending income. Cash transfer schemes such as cash-for-work 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.
- ⇒ Advocate for gender-responsive strategies that increase the proportion of men in community mobilization efforts to supplement the work done by women-led local NGOs in recognition of their significant control over household resources and practices.



- ⇒ Advocate for gender parity in any community committee, especially at the leadership level, for equitable decision-making.
- ⇒ Support the development and capacity development for family-based income-generation projects, preferably run by local community organizations to emphasize the role of equity in household income generation
- ⇒ Undertake inclusive and participatory local gender and power analysis to understand the drivers of unequal decision-making and increase women's participation in community decision-making. Every community has different power dynamics; for example, local councils have high acceptance and play an active role in some communities. In others, the tribal leaders have more say, etc.
- ⇒ Support capacity-building efforts that increase women's and girls' confidence and organization by, for example, providing leadership training and advocating modalities for them to negotiate their space in the community. This will increase their influence in decision-making in their households and advance their participation in decisions at the community level that affects them and their families.

### 3.8 Recommendations for reducing sexual gender-based violence and threats and risks

- ⇒ Increase the capacity of community leaders to monitor and prevent SGBV through training and resources support and enacting of by laws that prohibit and punish the culprits.
- ⇒ Undertake detailed studies on the causes and extent of SGBV in communities and raise awareness among the community and religious leaders on combating violence against women and girls while strengthening collaborative community coping mechanisms (such as going to water points in mixed-gender groups).
- ⇒ Strengthen community, state and national referral systems, ensuring that there are institutional mechanisms for reporting and handling the cases across all the three levels.
- ⇒ Integrate psychosocial support activities into government and DPs projects to ensure long-term psychosocial support. This will need to provide enough safeguards for guarantees of safety, survivors' consent, access to a system of safe shelter or women and girl-friendly centres, and adequate and immediate health support.
- ⇒ Support the improved advocacy capacity of men to ensure they can speak out against GBV in their communities, given their power and control over resources and decision-making at household, community, and national levels. It is essential that all organizations advocating for women's rights through awareness-raising work with male beneficiaries and other male stakeholders. This should include influential figures such as traditional chiefs and religious leaders, building a body of male 'champions' in their respective areas of influence.
- ⇒ Train and sensitize men about negative masculinity that makes them the main perpetrators of GBV, explore concepts of harmful masculinity and promote a better understanding of changing gender roles that may be driving GBV.
- ⇒ Support community-based security arrangements for especially young women as they move long distances (to access water and firewood points), such as using community-based watch groups and training men and boys to be their 'protectors' and promoting movement in bigger groups.
- ⇒ Support training that would help stem destructive cultural practices such as forced marriages and child abduction through raising awareness among families and communities about the intrinsic value of girls and changing stereotypes and attitudes that consider girls to be family property.
- ⇒ Design training programmes that empower young girls and increase their self-confidence and self-efficacy by informing them about their fundamental human rights and triggers of

GBV and their legal right to refuse destructive cultural practices such as forced marriage, FGM, etc.

- ⇒ Armed elements, both organized and militias, the primary perpetrators of GBV and the other rule of law actors, need to be trained to handle GBV cases. Their codes of conduct should forbid domestic violence, discrimination, sexual harassment, and sexual exploitation and abuse (definitions, prohibitions, complaint procedures, and disciplinary procedures).

## ANNEXES

### Annex 1: Action Plan-with Gender Responsive Indicators

<p><b>Impact: The Gender Equality and Women Economic Empowerment of IDPs, Returnees and Host communities is Enhanced</b></p>	<ul style="list-style-type: none"> <li>· At least 2 million IDPs, Returnees and Host communities have their quality and quantity of shelter improved</li> <li>· At least 100000 IDPs, Returnees and Host communities' households have access to improved quantity and quality of Water, Sanitation and Hygiene (WASH) services</li> <li>· At least 100, 000 IDPS, returnees and host community households have access to improved inclusive agriculture, household nutrition and food security</li> <li>· At least 100, 000 IDPS, returnees and host community households have access to improved access to Quality Health, including Sexual and Reproductive Health</li> <li>· At least 500, 000 IDPS, returnees and host community children have access to improved Access to quality Education</li> <li>· At least 200, 000 IDPS, returnees and host community women and men have access to improved Benefits &amp; Control Over Incomes &amp; Resources</li> <li>· At least 100, 000 IDPS, returnees and host community households have access to improved women have their capacities and Decision-Making Power Enhanced</li> <li>· There is a 50 per cent reduction in Sexual Gender Based Violence and Threats and Risks for IDPS, returnees and host community members</li> </ul>
<p><b>Outcome:</b> Gender equality, economic empowerment, livelihoods, and capacities of women and men in IDPs, Returnees and Host Communities are improved over 8 years (2022-2030).</p>	

**Output 1: Increase Access to Shelter for IDPs, Returnees and Host communities: The quality and quantity of the shelters in which the IDPs, returnees and host communities are living are increased to provide privacy for especially women and girls**

- By the end of 2030, more than 2 million IDPs, returnees, and host community members live in shelters that are resilient to the vagaries of nature such as heat and rain and provide adequate privacy for women and girls
- More than 500,000 households have been provided with construction materials that will improve the shelter condition of the host communities and the re-integration of IDPs and returnees. hectares of degraded landscapes and ecosystems within the Project area under restoration by the end of the project

Activity 1	Actions	Indicators	Responsible Institutions
1.1 Support communities, especially with safe and appropriate shelters or building materials for sustainability and adequate privacy for women	<ul style="list-style-type: none"> <li>• Distribute building materials like iron sheets and other building materials to especially re-integrating households</li> <li>• Support training on local based sourcing of appropriate building materials and building of safe shelters, with emphasis on women and the youth</li> <li>• Train reintegrating household members on maintenance, cleaning and equipping of shelters with emphasis on women and the youth</li> <li>• Undertake a baseline study that establishes the conditions of the shelters for IDPs, returnees and host communities and sets the targets and requirements for improvement of their numbers and quality</li> </ul>	<ul style="list-style-type: none"> <li>• Number of building materials units distributed to households, especially women-headed and other vulnerable groups</li> <li>• Number of capacity-building training undertaken on the building of safe shelters, with disaggregated by sex and age</li> <li>• Number of people trained in maintenance, cleaning and equipping of shelters disaggregated by sex and age</li> <li>• Baseline study on conditions of IDPs, Returnees and host community shelter situation carried out</li> </ul>	<ul style="list-style-type: none"> <li>• IOM, Ministry of Housing, Ministry of Humanitarian Affairs and Disaster Management, Ministry of Gender, Child and Social Welfare, Local Governments, UN Women, UNHCR, Women groups, youth groups/CBOs,</li> </ul>
1.2 For camps in which the IDPs are likely to stay longer, government and DPs should increase the distribution of additional plastic sheets, bedding and mosquito nets to existing and deteriorating shelters	<ul style="list-style-type: none"> <li>• Distribute more durable plastic sheets or change to better materials</li> <li>• Distribute non-building materials such as bedding and mosquito nets</li> <li>• Periodize the needs of women and the vulnerable like women-headed households, PWDS and elderly in shelter construction</li> </ul>	<ul style="list-style-type: none"> <li>• Number of building materials distributed</li> <li>• Number of non-building materials supplied</li> <li>• Number of additional elderly</li> </ul>	
1.3 Settle the issue of land ownership and tenure where the displaced people are living and, if possible, allocate more land to them to enable them to build better and bigger shelters	<ul style="list-style-type: none"> <li>• Undertake a study on land tenure issues in and around displacement camps and recommend actions that can solve land issues and support improvements in the shelter for IDPs, returnees and host communities</li> <li>• Initiate negotiations at the community and state level on how especially IDPs can be helped to acquire land either temporarily or permanently to construct good shelters</li> </ul>	<ul style="list-style-type: none"> <li>• Study Report</li> <li>• Negotiation guidelines and report</li> </ul>	

**Output 2: Increase Access to Water, Sanitation and Hygiene (WASH): Quantity and quality of WASH services are increased through construction of new and maintenance of existing ones**

By the end of 2030, there is a 20 per cent increase in the number of clean water points in and around displacement camps within IDPs, Returnees and host communities.

- There is a 15 per cent increase in the number of latrines/toilets and solid disposal places points in and around displacement camps within IDPs, Returnees and host communities.
- 100,000 more people have access to clean water sources, emphasizing women and youth in and around displacement camps within IDPs, Returnees and host communities.
- 50,000 more people are using some form of latrines as places of convenience and have abandoned open defecation in and around displacement camps within IDPs, Returnees and host communities.
- 10,000 people have been trained in the maintenance of water sources in and around displacement camps within IDPs, Returnees and host communities.

<p>2.1 Community awareness campaigns should be supported to ensure that households, especially in communities where land tenure is more secure, construct pit latrines, water sources and dumping sites including on how to set up and maintain latrines;</p>	<ul style="list-style-type: none"> <li>• Train members of the communities on how to construct pit latrines, water sources and dumping sites</li> <li>• Avail latrine slabs to communities that construct latrines and those with none on already existing ones</li> <li>• Support communities with tools and equipment to construct pit latrines, water sources and dumping sites</li> </ul>	<ul style="list-style-type: none"> <li>• Number of people trained on how to construct pit latrines, water sources and dumping sites disaggregated by sex and age</li> <li>• Number of latrine slabs distributed in the communities</li> <li>• Number of additional pit latrines, water sources and dumping sites constructed</li> </ul>	<ul style="list-style-type: none"> <li>• IOM, Ministry of Water, Ministry of Humanitarian Affairs and Disaster Management, Ministry of Gender, Child and Social Welfare, Local Governments, UN Women, UNHCR, Women groups, youth groups/CBOs</li> </ul>
<p>2.2 Support to training on sanitation and hygiene including on how to set up and maintain latrines, water sources and dumping sites</p>	<ul style="list-style-type: none"> <li>• Train especially women and youth on hygiene around water and sanitation, including washing hands and cleaning latrines after use</li> <li>• Raise awareness on waterborne diseases arising from poor hygiene and how to prevent them</li> </ul>	<ul style="list-style-type: none"> <li>• Number of women and youth training on hygiene around water and sanitation</li> <li>• Number of sensitization and awareness training taken on hygiene and health</li> </ul>	
<p>2.3 Government, UN Women and other DPS should support the setting up of more springs, boreholes and water taps and establish community-led maintenance mechanisms</p>	<ul style="list-style-type: none"> <li>• DPs design and implement projects and programs that increase coverage of springs, boreholes and water taps in the communities</li> <li>• Support women's interests in setting up and maintenance of WASH facilities</li> </ul>	<ul style="list-style-type: none"> <li>• Number of women and youth involved in landscape restoration activities</li> </ul>	
<p>2.4 Incorporate gender aspects in WASH provision by ensuring that gender is mainstreamed in the planning and execution of WASH projects and that women's safety is considered as a priority</p>	<ul style="list-style-type: none"> <li>• Support setup of community-based organizations to champion WASH issues in the community with an emphasis on women and youth</li> </ul>	<ul style="list-style-type: none"> <li>• Number of women and youth elected on water management committees for the strategic water sources</li> <li>• Number of community-based organizations set up to champion WASH issues</li> </ul>	

**Output 3: Inclusive agriculture, household nutrition and food security for IDPs, returnees and host community promoted**

- By 2030, state-level climate resilient agriculture value chains/enterprises are developed across South Sudan with a focus on IDPs, Returnees and host communities
- More than 100000 formerly IDPs, returnees and host communities are engaged in climate resilient agricultural value chains/enterprises
- More than 10000 women, formerly IDPs, returnees and in host communities are involved in a new money-generating activities such as tailoring, petty trade etc
- More than 10000 women, formerly IDPs, returnees and in host communities, of which 50 per cent are youth, have enhanced skills and knowledge in setting up enterprises and running them
- State level cash transfer schemes are set up to target formerly IDPs, returnees and in host communities, especially women

<p>3.1 Government and DPs should introduce agriculture projects that can support these households to undertake intensive farming that is possible in the circumstances of displacement and which will ease them better into gainful livelihoods after re-integration</p>	<ul style="list-style-type: none"> <li>• Design and implement agriculture projects that can support intensive farming for IDPs, returnees and host communities with emphasis on women and youth</li> </ul>	<p>IOM, Ministry of Agriculture, Ministry of Humanitarian Affairs and Disaster Management, Ministry of Gender, Child and Social Welfare, Local Governments, UN Women, UNHCR, FAO, Women groups/youth groups/CBOs</p>
<p>3.2 Ensure that households with infants under the age of five and boys and girls aged 13–18 as vulnerable priority groups have enough food, especially which is nutritious and quality</p>	<ul style="list-style-type: none"> <li>• Design cash transfer schemes or food distribution schemes or projects that target households with infants under the age of five and boys and girls aged 13–18</li> <li>• Train women on nutrition for infants as vulnerable groups such as breastfeeding mothers and the elderly</li> </ul>	<ul style="list-style-type: none"> <li>• Number of women and youth that benefited from cash transfer schemes or food distribution schemes</li> <li>• Number of women trained on nutrition for infants as vulnerable groups</li> </ul>
<p>3.3 Prioritize equity and affirmative action when providing food aid or planting materials for future re-integration ensuring the use of sex- and age-disaggregated data to target the specific needs of women and girls, especially pregnant/breastfeeding and widowed/separated/divorced women and teenage girls, the elderly and the disabled people</p>	<ul style="list-style-type: none"> <li>• Undertake gender-sensitive surveys that identify food aid or planting materials needs of households, especially those that benefit women and youth</li> <li>• Design and implement projects that support vulnerable groups with food aid and planting materials</li> </ul>	<ul style="list-style-type: none"> <li>• Gender-sensitive survey report on food aid or planting materials needs of households</li> <li>• Number of women and men that benefited from food aid and planting materials</li> </ul>
<p>3.4 Undertake legal land access, ownership and control review to ensure men and women have access to adequate productive land for women and men and sufficient inputs such as farm implements and materials for farming (tractors, ploughs, other machinery, fertilizers, improved seeds, irrigation etc.).</p>	<ul style="list-style-type: none"> <li>• Review and amend land laws that are inimical to women's economic empowerment</li> <li>• Sensitize communities on their land rights</li> </ul>	<ul style="list-style-type: none"> <li>• Number of land laws or policies reviewed and amended</li> <li>• Number of people trained on land rights disaggregated by sex and age</li> </ul>
<p>3.5 In a situation of acute lack of access to land, women should be supported with tools, materials and know-how to undertake small-scale backyard garden or community farming to ensure food production for their families and possibly sell the surplus.</p>	<ul style="list-style-type: none"> <li>• Provide tools, materials and know-how to women to engage in backyard farming</li> <li>• Connect women to markets for their agricultural produce</li> <li>• Support the formation of women and youth cooperatives to strengthen collective production and bargaining</li> </ul>	<ul style="list-style-type: none"> <li>• Number of women and youth who accessed tools, materials and training on backyard farming.</li> <li>• Number of producers connected to a market and amount sold</li> <li>• Number of women and youth cooperatives set-up</li> </ul>

**Output 4: Improved Access to Quality Health, Including Sexual and Reproductive Health, for the benefit of especially women**

- By the end of 2030, more than 100000 formerly IDPs, Returnees and host community members have been reached by public health promotion sensitization messages, especially on women-related issues such as women's sexuality
- One specialized and one referral health facility have been set up and equipped in each of the IDPs and returnees hosting states for the benefit of women, girls and boys
- Malaria, typhoid and STIs treatment has increased by 30 per cent in the IDPs and returnees hosting states
- Awareness about the danger posed by HIV/AIDS and STIs has reached more than 100000 formerly IDPs, Returnees and host community members
- Access to contraceptives, gynecological treatment, and provision of dignity kits for girls and women has reached about 80 per cent of women and girls formerly IDPs, Returnees and host community members
- Operations of the PHPs currently serving the communities around camps have been streamlined
- Training, remuneration and incentives for health workers within IDPs, Returnees and host communities has increased by 50 per cent.

4.0 Support public health promotion sensitization activities with the help of community leaders, VHTs, and DPs	<ul style="list-style-type: none"> <li>• Hire VHTs to support public health promotion sensitization activities</li> <li>• Carry out public health promotion sensitization</li> </ul>	<ul style="list-style-type: none"> <li>• Number of VHTs hired and deployed</li> <li>• Number of people reached by public health sensitization message disaggregated by gender and age</li> </ul>	<ul style="list-style-type: none"> <li>• IOM, Ministry of Health, Ministry of Humanitarian Affairs and Disaster Management, Ministry of Gender, Child and Social Welfare, Local Governments, UN Women, UNHCR, FAO, Women groups, youth groups/CBOs</li> </ul>
4.1 Scale up the setting up of specialized and referral health facilities especially for the benefit of women, girls and boys and supply them with medicine and personnel	<ul style="list-style-type: none"> <li>• Set up specialized and referral health facilities</li> <li>• Supply constructed specialized and referral health facilities</li> </ul>	<ul style="list-style-type: none"> <li>• Number of specialized and referral health facilities set up</li> <li>• Number of specialized and referral health facilities equipped and supplied</li> </ul>	
4.2 Prioritize the fight against the most common diseases such as malaria, typhoid and STIs by addressing the prevention and treatment needs of the communities	<ul style="list-style-type: none"> <li>• Design and implement a common diseases prevention strategy</li> <li>• Supply health centres with supplies, including medicines for the most common diseases in the communities</li> </ul>	<ul style="list-style-type: none"> <li>• Common diseases prevention strategy designed and implemented</li> <li>• Health centres are equipped and supplied to handle the most common diseases</li> </ul>	
4.3 Raise awareness about the danger posed by HIV/AIDS and STIs and by addressing the gender aspects of the disease	<ul style="list-style-type: none"> <li>• Design and implement an HIV/AIDS and STIs sensitization strategy with a gender focus</li> </ul>	<ul style="list-style-type: none"> <li>• HIV/AIDS and STIs sensitization strategy designed and implemented</li> </ul>	
4.1 Support sexual and reproductive health of girls and women by ensuring adequate access to contraceptives, gynecological treatment, the provision of dignity kits for girls and women	<ul style="list-style-type: none"> <li>• Sensitize communities, especially women and girls, on sexual and reproductive health issues</li> <li>• Increase the supply of contraceptives and dignity kits</li> </ul>	<ul style="list-style-type: none"> <li>• Number of women and girls sensitized to sexual and reproductive health issues</li> <li>• Contraceptives and dignity kits supplied</li> </ul>	
4.2 Streamline the work of the PHPs that are currently serving the communities around camps to ensure staff timeliness, the safety of medicine and other equipment, and increase in length of time of operation in the week	<ul style="list-style-type: none"> <li>• Design and implement operational procedures for PHPs to improve efficiency and effectiveness</li> </ul>	<ul style="list-style-type: none"> <li>• Operation procedures for PHPs designed and implemented</li> </ul>	
4.3 Motivate health staff and offer training, raised remuneration and incentives to increase the efficiency of health services	<ul style="list-style-type: none"> <li>• Offer training opportunities for health staff</li> <li>• Improve the remunerations and incentives for health staff</li> </ul>	<ul style="list-style-type: none"> <li>• Number of health staff offered training</li> <li>• Per cent increase in the remuneration and incentives for health staff</li> </ul>	

**Output 5: Access to quality Education for IDPs, Returnees and Host Communities, especially for girls, is Increased**

- By the end of 2030, 20 schools, each at primary, secondary and vocational levels, will have been constructed around displaced communities, especially for girls, to ensure that more children are accessing education.
- The old schools will have improved infrastructure and provision of nutritious food, school materials, libraries and leisure equipment to ease the learning process.
- There would be a 50 per cent increase in girls' school enrolment rates due to the provision of cash for education and other targeted measures such as dignity kits.
- There will be a 50 per cent increase in enrolment of disadvantaged children such as unaccompanied, poor and marginalized boys through scholarships, other sponsorships and NFIs such as school bags and food distributions and a conducive environment for playing at school.
- There is a 50 per cent decline in violence that discourages especially girls from going to school and a more than 50 per cent increase in girls' enrolment in schools
- There is a 50 per cent increase in women's enrolment in adult education classes

<p>5.1 Support the construction of more schools to all levels (primary, secondary, tertiary) and rehabilitate and supply old ones around displaced communities, especially for girls, to ensure more children access education.</p>	<ul style="list-style-type: none"> <li>• Construct schools (primary, secondary, tertiary) around displaced communities, especially for girls</li> <li>• Rehabilitate old schools and supply all with nutritious food, school materials, libraries and leisure equipment to ease the learning process</li> </ul>	<ul style="list-style-type: none"> <li>• Number of schools (primary, secondary, tertiary) constructed around displaced communities, especially for girls</li> <li>• Number of old schools rehabilitated and supplied with nutritious food, school materials, libraries and leisure equipment to ease the learning process</li> </ul>	<p>IOM, Ministry of Humanitarian Affairs and Disaster Management, Ministry of Gender, Child and Social Welfare, Ministry of Education, Local Governments, UN Women, UNHCR, Women groups, youth groups/CBOs</p>
<p>5.2 Institute affirmative action to enhance girls' school enrolment rates by providing cash for education and other targeted measures such as giving dignity kits.</p>	<ul style="list-style-type: none"> <li>• Provide cash for education to increase girls' enrolment</li> <li>• Provide dignity kits for girls</li> </ul>	<ul style="list-style-type: none"> <li>• Number of girls who accessed cash for education</li> <li>• Number of girls who accessed dignity kits</li> </ul>	
<p>5.3 Increase funding opportunities that target the disadvantaged, such as unaccompanied, poor and marginalized boys) by providing scholarships, other sponsorships and NFIs</p>	<ul style="list-style-type: none"> <li>• Target funding for the disadvantaged such as unaccompanied, poor and marginalized boys</li> <li>• Provide NFIs to increase girls in education</li> </ul>	<ul style="list-style-type: none"> <li>• Number of disadvantaged such as unaccompanied, poor and marginalized boys funded to enroll in school</li> <li>• Number of girls provided with NFIs to increase girls in education</li> </ul>	
<p>5.1 Offer GBV training to stem any violence that discourages especially girls from going to school and ensure the training covers both male and female teachers</p>	<ul style="list-style-type: none"> <li>• Train female and male teachers to stem the violence that affects girls' enrolment</li> </ul>	<ul style="list-style-type: none"> <li>• Number of female and male teachers to stem the violence that affects girls' enrolment</li> </ul>	
<p>5.2 Support adult education, especially for women who were victims of sexual violence or, for any other reason, failed to go to school</p>	<ul style="list-style-type: none"> <li>• Design an adult education program and implement it</li> <li>• Train adult education teachers and roll out the program</li> </ul>	<ul style="list-style-type: none"> <li>• Design an adult education program and implement it</li> <li>• Train adult education teachers and roll out the program</li> </ul>	



### Output 6: Women's Benefits & Control Over Incomes & Resources Increased, and their Burden of Care work at Home Reduced

- By 2030, more than 100,000 women will be economically empowered by providing them economic opportunities and supporting them with vocational/entrepreneurial income-generating opportunities
- There is a 50 per cent increase in men supporting women to reduce their home care work
- At least 50,000 women and girls are supplied with Non-Food Items (NFI) needs
- More than 100,000 are supplied with some cash through a cash transfer
- All the retrogressive laws, especially community ones that give women a subordinate role in property rights, will have been amended.
- More than 50,000 men will be sensitized to women's overburden of work, and taught a culture of helping out at home with care work
- 100,000 women will have been supported to undertake income-generating activities that improve their earning potential and help in the diversification of their income sources and livelihoods
- 100,000 women and youth will have been supported to access help from savings, loan and grant schemes to strengthen and diversify their livelihood base and income potential.

<p>6.1 Build women's economic empowerment by increasing women's economic opportunities and supporting vocational/entrepreneurial income-generating opportunities</p>	<ul style="list-style-type: none"> <li>• Design and implement a Women's economic empowerment strategy for IDPs, Returnees and host communities</li> <li>• Train women and youth in vocational/entrepreneurial skills</li> <li>• Sensitize women and men in gender roles and the importance of progressive changes to them</li> </ul>	<ul style="list-style-type: none"> <li>• Women's economic empowerment strategy designed and implemented</li> <li>• Number of women and youth trained in vocational/entrepreneurial skills</li> <li>• Number of women and men in gender roles and the importance of progressive changes to them</li> </ul>	<ul style="list-style-type: none"> <li>• IOM, Ministry of Finance, Ministry of Humanitarian Affairs and Disaster Management, Ministry of Gender, Child and Social Welfare, Local Governments, UN Women, UNHCR, WB, AfDB, FAO, Women groups, youth groups/CBOs</li> </ul>
<p>6.2 Support the emerging positive changes in gender roles and relations at household and community levels to reduce the home care work for the women</p>	<ul style="list-style-type: none"> <li>• Undertake a needs assessment for NFIs in IDPs, Returnees and host communities</li> <li>• Distribute NFIs to IDPs, Returnees and host communities</li> </ul>	<ul style="list-style-type: none"> <li>• A needs assessment for NFIs in IDPs, Returnees and host communities undertaken</li> <li>• Number of NFIs distributed to IDPs, Returnees and host communities</li> </ul>	
<p>6.3 Supplement women's incomes by distributing their most pressing Non-Food Items (NFI) needs</p>	<ul style="list-style-type: none"> <li>• Undertake a cash transfer assessment for IDPs, Returnees and host communities that focuses on women's home care support and economic empowerment</li> </ul>	<ul style="list-style-type: none"> <li>• Cash transfer assessment undertaken</li> <li>• Number of cash transfer schemes designed and rolled out</li> <li>• Number of beneficiaries reached by cash transfer is disaggregated by sex and age</li> </ul>	
<p>6.4 Initiate cash transfer schemes to put some cash in the pockets of vulnerable populations, especially women who carry the burden of home care</p>	<ul style="list-style-type: none"> <li>• Undertake a cash transfer assessment for IDPs, Returnees and host communities that focuses on women's home care support and economic empowerment</li> </ul>	<ul style="list-style-type: none"> <li>• Cash transfer assessment undertaken</li> <li>• Number of cash transfer schemes designed and rolled out</li> <li>• Number of beneficiaries reached by cash transfer is disaggregated by sex and age</li> </ul>	
<p>6.5 Initiate cash transfer schemes to put some cash in the pockets of vulnerable populations, especially women who carry the burden of home care</p>	<ul style="list-style-type: none"> <li>• Design and implement cash transfer schemes for IDPs, Returnees and host communities that focus on</li> </ul>	<ul style="list-style-type: none"> <li>• Cash transfer assessment undertaken</li> <li>• Number of cash transfer schemes designed and rolled out</li> <li>• Number of beneficiaries reached by cash transfer is disaggregated by sex and age</li> </ul>	

	women's home care support and economic empowerment	
6.6	Support the review of retrogressive laws, especially community laws that give women a subordinate role in property rights such as land laws, inheritance laws, etc.	<ul style="list-style-type: none"> <li>Review all laws that relate to women's access, ownership and control of productive assets</li> <li>Amend the retrogressive laws</li> <li>Number of laws reviewed</li> <li>Number of laws amended</li> </ul>
6.7	Sensitize communities and especially men on women's overburden of work, and teach the culture of helping out at home with care work	<ul style="list-style-type: none"> <li>Design and implement a sensitization strategy on women's home care burden</li> <li>Sensitize men on the advantages of helping their women with care work</li> <li>A sensitization strategy designed and implemented</li> <li>Number of men sensitized</li> </ul>
6.8	Support women to undertake income-generating activities that improve their earning potential and help diversify their income sources and livelihoods with both on-farm and off-farm productive activities and services.	<ul style="list-style-type: none"> <li>Design and implement community-level commercial/income-generating projects</li> <li>Support the women and youth with revolving grants to inject into their enterprises</li> <li>Number of community-level commercial/income generating projects implemented</li> <li>Number of women and youth-owned enterprises given grants</li> <li>Amount of grants extended</li> </ul>
6.9	Expand women's access to financial support services by supporting them to access help from savings, loan and grant schemes to strengthen and diversify their livelihood base and income potential.	<ul style="list-style-type: none"> <li>Train women in financial services groups formation and management</li> <li>Connect women-led organizations to financial services providers</li> <li>Number of women trained in financial services groups formation and management</li> <li>Number of women-led organizations connected to financial services providers</li> </ul>

## Output 7: Women's Capacities and Decision-Making Power Enhanced

1. By 2015, 50,000 women and men had been trained in shared decision-making on spending income
2. There has been a 50 per cent increase in households where there is joint decision making
3. There is a 50 per cent increase in the proportion of men in community mobilization efforts
4. There is a 50 per cent increase in gender parity in community-level committees.
5. 100,000 family-based income-generation projects will have been set up
6. Drivers of unequal decision-making power will have been understood, and there will be a 50 per cent increase in women's participation in community decision-making.
7. There is a 50 per cent increase in women and girls that are confident and taking independent decisions

<p>7.1 Train and build awareness of women and men to enable shared decision-making on spending income.</p>	<ul style="list-style-type: none"> <li>• Design and implement an awareness strategy on shared decision-making on spending income.</li> <li>• Train men and women on shared decision making</li> </ul>	<ul style="list-style-type: none"> <li>• An awareness strategy on shared decision-making on spending income designed and implemented</li> <li>• Number of men and women trained in shared decision making</li> </ul>	<ul style="list-style-type: none"> <li>• IOM, Ministry of Humanitarian Affairs and Disaster Management, Ministry of Gender, Child and Social Welfare, Local Governments, UN Women, UNHCR, Women groups, youth groups/CBOs</li> </ul>
<p>7.2 Advocate for gender-responsive strategies that increase the proportion of men in community mobilization efforts</p>	<ul style="list-style-type: none"> <li>• Mobilize and sensitize men to take part in community mobilization efforts</li> </ul>	<ul style="list-style-type: none"> <li>• Number of men reached by sanitization message of community mobilization</li> <li>• Number of men that took up community mobilization efforts</li> </ul>	
<p>7.3 Advocate for gender parity in any community level committee.</p>	<ul style="list-style-type: none"> <li>• Undertake mobilization to ensure men and women are appointed to community-level committees.</li> <li>• Provide incentives for gender parity</li> </ul>	<ul style="list-style-type: none"> <li>• Number of men and women appointed on community-level committees.</li> <li>• Number of organizations that received incentives for gender parity</li> </ul>	
<p>7.4 Support the development and capacity development for family-based income-generation projects</p>	<ul style="list-style-type: none"> <li>• Support setting up of women-owned family-based income-generation projects</li> <li>• Undertake capacity building for family-based income-generation projects</li> </ul>	<ul style="list-style-type: none"> <li>• Number of women-owned family-based income-generation projects set up</li> <li>• Number of family-based income-generation projects</li> </ul>	
<p>7.5 Undertake inclusive and participatory local gender and power analysis to understand the drivers of unequal decision-making power and to increase women's participation in community decision-making.</p>	<ul style="list-style-type: none"> <li>• Undertake inclusive and participatory local gender and power analysis</li> <li>• Implement the recommendations of the analysis</li> </ul>	<ul style="list-style-type: none"> <li>• Local gender and power analysis done</li> <li>• Recommendations for the local gender and power analysis implemented</li> </ul>	
<p>7.6 Support capacity-building efforts that increase women's and girls' confidence and decision making</p>	<ul style="list-style-type: none"> <li>• Design and implement a leadership training and capacity-building program for women and girls to empower them</li> </ul>	<ul style="list-style-type: none"> <li>• Leadership training and capacity-building program for women and girls designed and implemented</li> </ul>	

## Output 8: Sexual Gender Based Violence and Threats and Risks Reduced

- By the end of 2030, 1000 community leaders will have been sensitized and empowered to monitor and prevent SGBV and speak against it in the communities
- The causes and extent of SGBV in communities will have been assessed and community and religious leaders will be sensitized to combating violence against women and girls
- More than 10000 men will have been trained on the dangers of negative masculinity that make them the main perpetrators of GBV and they will have changed into advocates for stopping it
- There will have been a 50 per cent increase in community-based security arrangements for especially young women as they move long distances (to access water and firewood points)
- 100000 women and men will have been trained on stemming destructive cultural practices such as forced marriages and child abduction
- 50,000 girls will have been empowered to increase their self-confidence and self-efficacy
- 5000 armed elements, both organized and militias, will have been trained how on how to handle GBV cases

8.1 Increase the capacity of community leaders to monitor and prevent SGBV through training and resources support and enacting of by laws that prohibit and punish the culprits

- Train community leaders on how to monitor and prevent SGBV
- Support communities to enact by laws that prohibit and punish the culprits
- Number of community leaders trained on how to monitor and prevent SGBV
- Number of by laws that prohibit and punish the culprits enacted
- IOM, Ministry of Humanitarian Affairs and Disaster Management, Ministry of Gender, Child and Social Welfare, Ministry of Defence, Local Governments, UN Women, UNHCR, Women groups, youth groups/CBO

8.2 Undertake detailed studies on the causes and extent of SGBV in communities and raise awareness among the community and religious leaders on combating violence against women and girls

- Undertake detailed studies on the causes and extent of SGBV in communities
- Sensitize community and religious leaders on combating violence against women and girls
- Number of detailed studies on the causes and extent of SGBV in communities undertaken
- Number of community and religious leaders sensitized to tackling violence against women and girls

8.3 Strengthen community, states and national referral systems

- Institute GBV referrals where they are lacking
- Strengthen referrals wherever they are
- Number of GBV referrals instituted
- Number of GBV referrals strengthened

8.4 Integrate psychosocial support activities into government and DPs projects to ensure long-term psychosocial support.

- Design psychosocial support systems and integrate them into DPs projects
- Number of psychosocial support systems designed and integrated into DPs projects

<p>8.5 Support the improved advocacy capacity of men to ensure that they can speak out against GBV in their communities, given the power and control they have over resources and decision-making at household, community and national levels.</p>	<ul style="list-style-type: none"> <li>• Empower women to speak up against GBV</li> <li>• Support men to sensitize others on the dangers of GBV</li> <li>• Number of women empowered and can speak up against GBV</li> <li>• Number of men trained and empowered to educate others on the dangers of GBV</li> </ul>
<p>8.6 Train and sensitize men about negative masculinity that makes them the main perpetrators of GBV, exploring concepts of harmful masculinity and promoting a better understanding of changing gender roles that may be driving GBV.</p>	<ul style="list-style-type: none"> <li>• Design and implement a program for men on negative masculinity</li> <li>• Train men on how they can accelerate progressive changing roles in their homes and communities</li> <li>• Program for men on negative masculinity designed and implemented</li> <li>• Number of men trained on how they can accelerate progressive changing roles in their homes and communities</li> </ul>
<p>8.7 Support community-based security arrangements for especially young women as they move long distances (to access water and firewood points)</p>	<ul style="list-style-type: none"> <li>• Design and implement community-level security arrangements for especially young women</li> <li>• Number of community-level security arrangements for especially young women designed and implemented</li> </ul>
<p>8.8 Support training that would help stem destructive cultural practices such as force marriages and child abduction through raising awareness among families and communities about the intrinsic value of girls and changing stereotypes and attitudes that consider girls to be family property.</p>	<ul style="list-style-type: none"> <li>• Train communities, especially men, on the dangers of destructive cultural practices such as forced marriages and child abduction</li> <li>• Train Number of communities members trained on the dangers of destructive cultural practices such as forced marriages and child abduction</li> <li>• Sensitize families and communities about the stereotypes and attitudes that consider girls to be family property.</li> <li>• Number of women and men sensitized about the intrinsic value of girls, changing stereotypes and attitudes that consider girls family property.</li> </ul>
<p>8.9 Design training programmes that empower young girls and increase their self-confidence and self-efficacy</p>	<ul style="list-style-type: none"> <li>• Equip young girls with leadership skills to increase their self-confidence and self-efficacy</li> <li>• Number of young girls trained in leadership skills to increase their self-confidence and self-efficacy</li> </ul>
<p>8.10 Train armed elements, both organized and militias, on how to handle GBV cases on their code of conduct that forbids domestic violence, discrimination, sexual harassment, and sexual exploitation and abuse</p>	<ul style="list-style-type: none"> <li>• Design SOPs for law enforcement agencies on how to handle GBV</li> <li>• Train armed forces on GBV and their code of conduct to handle the culprits and victims</li> <li>• SOPs for law enforcement agencies on how to handle GBV designed and implemented</li> <li>• Number of the members of armed forces trained on GBV and their code of conduct to handle the culprits and victims</li> </ul>

**Output 9: Transboundary/Transnational gender programming for IDPs, Returnees, Refugees, and Host Communities is undertaken**

- By the end of 2022, a transboundary/transnational gender programme to support at least 2 million IDPs, Returnees, Refugees, and Host Communities in East and Central Africa will have been designed
- By the end of 2023, a multi-sectoral, multi-agency and multi-country resource mobilization strategy and operation framework to support gender programme for IDPs, Returnees, Refugees and Host Communities in East and Central Africa will have been designed and implemented
- By the end of 2030, a transboundary/transnational gender programme to support at least 2 million IDPs, Returnees, Refugees and Host Communities in East and Central Africa will have been implemented in the Eastern and Central African countries that host IDPs, Refugees and Returnees

<p>9.1 Design a transboundary/transnational gender programme for IDPs, Returnees, Refugees and Host Communities in East and Central Africa</p>	<ul style="list-style-type: none"> <li>• Institute a multi-sectoral, multi-agency and multi-country team to design a gender programme</li> <li>• Undertake a transboundary/transnational gender analysis to inform the programme</li> <li>• Design the transboundary/transnational gender programme</li> <li>• Initiate consultations within ministries of humanitarian affairs and those of gender and UN WOMEN country offices</li> <li>• Design a resource mobilization strategy for the programme</li> <li>• Formulate an operation and implementation strategy for the programme</li> </ul>	<ul style="list-style-type: none"> <li>• A multi-sectoral, multi-agency and multi-country team to design a gender programme instituted</li> <li>• A transboundary/transnational gender analysis to inform the programme undertaken</li> <li>• The transboundary/transnational gender programme designed</li> <li>• Number of consultative meetings within ministries of humanitarian affairs and those of gender and UN WOMEN country offices done</li> <li>• A resource mobilization strategy for the programme designed</li> <li>• An operation and implementation strategy for the programme designed</li> </ul>	<ul style="list-style-type: none"> <li>• IOM, Ministries of Humanitarian Affairs in Eastern and Central African countries, Ministries of Gender in Eastern and Central African countries, Local Governments, UN Women, UNHCR, Women groups, youth groups/CBO in Eastern and Central African countries,</li> </ul>
<p>9.2 Formulate a multi-sectoral, multi-agency and multi-country resource mobilization strategy and operational framework to support the gender programme</p>	<ul style="list-style-type: none"> <li>• Recruit a transnational/transboundary team to undertake the programme</li> <li>• Roll out the implementation program</li> <li>• Monitor implementation of the program and take action</li> </ul>	<ul style="list-style-type: none"> <li>• Number of transnational/transboundary experts recruited to undertake the programme</li> <li>• Program rolled out</li> <li>• Number of monitoring and evaluation reports produced about the program</li> </ul>	
<p>9.3 Implement a transboundary/transnational gender programme to support at least 2 million IDPs, Returnees, Refugees, and Host Communities in East and Central Africa</p>			

## ANNEX 2: Views and Recommendations from Focus Group Discussions

### BOX 1

FGD and KIIs suggestions on how to improve access to clean Water and Solid waste Disposal by community type

#### Community and Community Leaders

- ⇒ Awareness on construction of pit latrines and water bodies
- ⇒ Establish waste dumping sites
- ⇒ Mobilizing incentives for maintenance and cleaning the latrines
- ⇒ Hygiene and sanitation
- ⇒ Construction of more latrines by the community
- ⇒ Separation of pit latrines especially for women and men

#### Government, UN women and other DPS

- ⇒ More boreholes to improve on water availability and access in terms of reduced distances to water points.
- ⇒ Training especially in water management
- ⇒ Water treatment is needed especially adding chlorine
- ⇒ Put water points such as water tanks and taps
- ⇒ Cover the water points to avoid water contamination
- ⇒ Constructing community pit latrines
- ⇒ Providing materials for the pit latrines for example providing slabs
- ⇒ Awareness on hygiene and sanitation
- ⇒ Establish mobile water tanks
- ⇒ Construct solid waste management like latrines and sewage
- ⇒ Provision of slabs
- ⇒ Awareness of the use of latrines
- ⇒ Regular draining of the toilets
- ⇒ Provide movable toilets

**BOX 2****FGDs and KIIs suggestions on how to improve health for IDPs, Returnees and Host Communities****Community and Community Leaders**

- ⇒ Lobby for more health centers with medicine and personnel near communities
- ⇒ Mobilize and construct community health centers
- ⇒ Mobilize communities to undertake cleaning for hygiene and diseases prevention

**Government, UN women and other DPS**

- ⇒ Build ore health centers around IDPs, POCs and host communities and equip them with health personnel and medicine
- ⇒ Provide certified health services for specialized health problems including maternity
- ⇒ The time for operation of PHCs should be increased from the current three days to more
- ⇒ The government should fight drug diversion in order to have enough drugs to serve the entire population
- ⇒ Improve doctors and nurses' salaries
- ⇒ Open up training institutions for health workers
- ⇒ Provide support to health personnel in form of incentives
- ⇒ Equip health centers with reproductive and youth sexuality services
- ⇒ Construct solid waste management like latrines and sewage
- ⇒ Provision of slabs
- ⇒ Awareness of the use of latrines
- ⇒ Regular draining of the toilets
- ⇒ Provide movable toilets



### **BOX 3**

#### **FGDs and KIIs suggestions on how to improve access to education for IDPs, Returnees and Host communities**

##### **By Community and Community Leaders**

- ⇒ The communities need to start creating awareness about the importance of girl education and awareness about dangers of underage pregnancy and its consequences. This can be done by organizing regular community dialogues for elders and chiefs to meet the youth and their parents to discuss the importance of education.
- ⇒ Families need to reduce the burden of casual and domestic work for girls
- ⇒ The schools and communities need to reduce the stigma surrounding girl child pregnancy and start allowing pregnant girls or young mothers back into school.
- ⇒ The communities should be sensitized to see education as an asset, investment and alternative nature of livelihood for their children in the future.

##### **Government, UN Women and other DPs**

- ⇒ Government and donor agencies such as UN WOMEN should provide dignity kits for girls since lack of these compels girls out of schools.
- ⇒ The Government needs to start being pro-active by first building schools for especially girls, more so boarding and or community schools that a safer space for girls, enforcing of girls friendly education laws and policies, free education or lower school fees, improve on the teachers' pay, fight and stop early and forced marriages while supporting victims of early marriages and providing/ creating employment for girls after graduation.
- ⇒ UN WOMEN should strive to see advocacy for education funding increase and procurement of more learning materials. For instance, the grants provided by GEES are not enough and need to be increased.
- ⇒ Development Partners should provide temporary schools especially at nursery level in the camps and then permanent primary and secondary schools around the camps in host communities within walkable distances for the IDP children.

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**BOX 4****FGDs and KIIs suggestions on how to improve women benefits from Income and Resources for IDPs, Returnees and Host communities****By Community and Community Leaders**

- ⇒ Review retrogressive community laws on women property rights
- ⇒ Advocate for women to be given assets in their names
- ⇒ Raise Awareness on women rights over assets and mindset change
- ⇒ Provide opportunity for women to work in the community

**Government, UN Women and other DPs**

- ⇒ Building more vocational schools to equip women for work
- ⇒ Provide women and girls jobs that are well paying
- ⇒ Modernize Agriculture and provide market
- ⇒ Implement Article 16 of the constitution that stipulated women rights
- ⇒ Support awareness campaigns that cause mindset change
- ⇒ Provide progressive laws on women property rights.
- ⇒ Mandate that women be given assets in their names

**BOX 5****FGDs Suggestions on What Can Be Done to Reduce Gender-Based Violence by community type****By Community and Community Leaders**

- ⇒ Awareness raising on reporting mechanism to break the GBV culture such as forced marriages
- ⇒ Enact by laws to stop GBV and impunity of the perpetrators
- ⇒ Sensitization of the communities on the dangers of GBV
- ⇒ Provide community GBV victims support systems
- ⇒ Establish traditional systems of GBV cases resolutions mechanism

**Government, UN Women and other DPs**

- ⇒ Arrest GBV perpetrators and stop impunity
- ⇒ Assist victims of sexual abuse with referrals for recovery
- ⇒ Deployment of enough security to stem GBV
- ⇒ Resettle people to a better place with better protection
- ⇒ Support Awareness raising campaigns with resources
- ⇒ Support legal aid for victims
- ⇒ Support counselling services and psychosocial support for victims

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**BOX 6****FGDs suggestions on how to reduce threats and risks faced by Community type****Individual and community level**

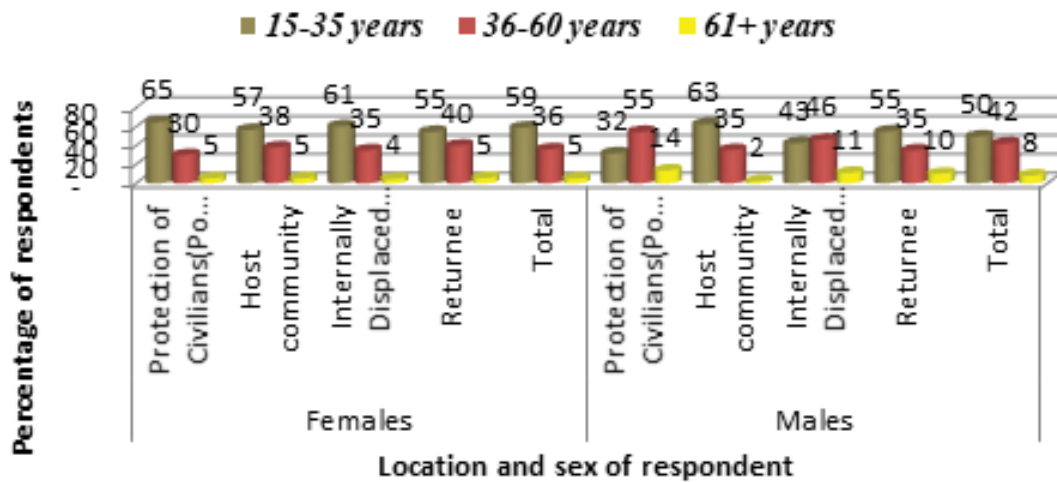
- ⇒ At individual and community level, FGD participants indicated that provision and access to psych social support services, training in entrepreneur skills and agriculture and Community support and care.

**Government level**

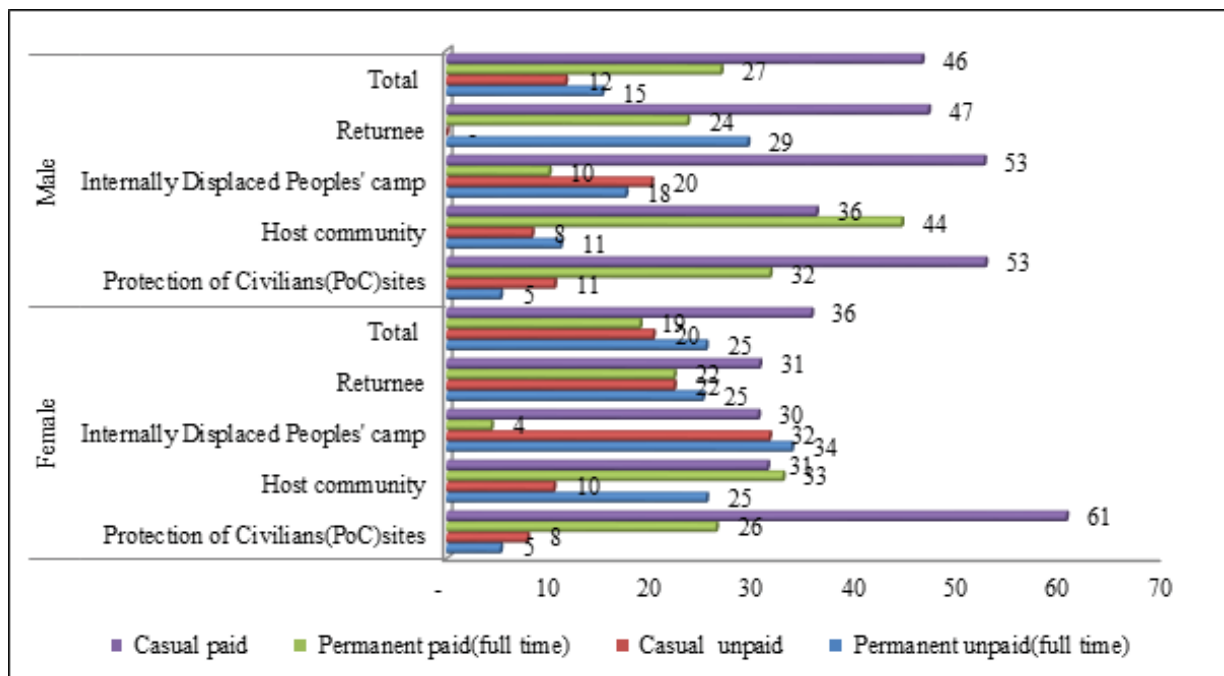
- ⇒ At Government level, FGD participants indicated training in entrepreneur skills and agriculture, facilitation to start VSLAs and financial support to the vulnerable.

### ANNEX 3: ADDITIONAL TABLES AND FIGURES

**FIGURE 8**  
Sex and age disaggregation of respondents by location



**FIGURE 9**  
Nature of primary jobs by sex and location



**TABLE 33****Economic activity by sex**

Economic activity	Percentage		
	Female	Male	Total
Crop farmer	22.01	19.33	21.16
Casual labourer	18.53	26.05	20.9
Salaried worker	14.67	21.01	16.67
Casual Non -farm labour	13.13	9.24	11.9
None agricultural	13.13	6.72	11.11
Others	7.34	5.88	6.88
Civil servant	2.7	8.4	4.5
Agricultural small business	3.09	0	2.12
Artisanal work	2.32	0.84	1.85
Employed in a factory	1.54	2.52	1.85
Casual off farm work	1.54	0	1.06

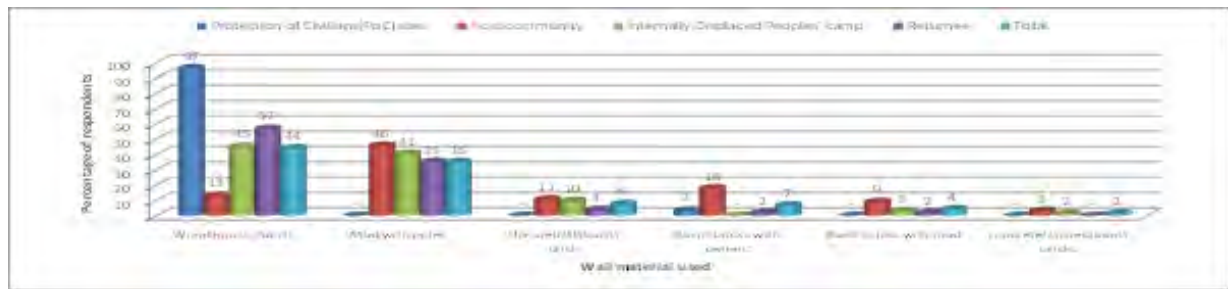
**TABLE 34****Working time at the primary job by sex and location**

	Females(per cent)					Males(per cent)				
	Protection of Civilians (PoC)sites	Host community	Internally Displaced Peoples' camp	Returnee	Total	Protection of Civilians (PoC)sites	Host community	Internally Displaced Peoples' camp	Returnee	Total
Five days a week	34.29	36.23	33.33	45.45	36.02	47.37	41.03	15.38	47.06	34.21
Three-four days a wee	17.14	11.59	5.05	6.06	8.90	0.00	28.21	10.26	23.53	16.67
Six days a week	17.14	8.70	11.11	9.09	11.02	21.05	12.82	17.95	11.76	15.79
Seven days a week	8.57	14.49	14.14	9.09	12.71	10.53	5.13	10.26	11.76	8.77
It depends	22.86	26.09	33.33	30.30	29.24	21.05	12.82	46.15	5.88	24.56
One-two days a week	0.00	2.90	3.03	0.00	2.12	0.00	0.00	0.00	0.00	0.00

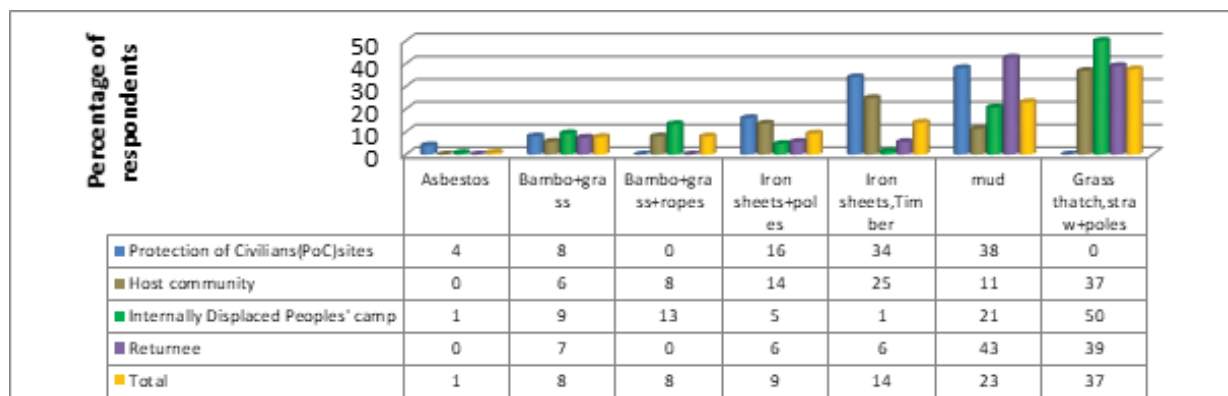
**TABLE 35****Working time at the primary job by sex and nature of job**

Days per week	Females(per cent)					Males(per cent)				
	Permanent paid (Full time)	Casual paid	Permanent unpaid (Full time)	Casual unpaid	Total	Permanent paid (Full time)	Casual paid	Permanent unpaid (Full time)	Casual unpaid	Total
Five days a week	59.52	32.05	26.32	36.84	36.74	62.07	22.00	26.67	30.00	34.62
It depends	19.05	20.51	33.33	44.74	27.91	13.79	26.00	26.67	50.00	25.00
Three -four days a week	14.29	10.26	8.77	5.26	9.77	24.14	16.00	6.67	0.00	15.38
Seven days a week	7.14	16.67	19.30	2.63	13.02	0.00	8.00	33.33	10.00	9.62
One -two days a week	0.00	0.00	7.02	0.00	1.86	0.00	0.00	0.00	0.00	0.00
Six days a week	0.00	20.51	5.26	10.53	10.70	0.00	28.00	6.67	10.00	15.38

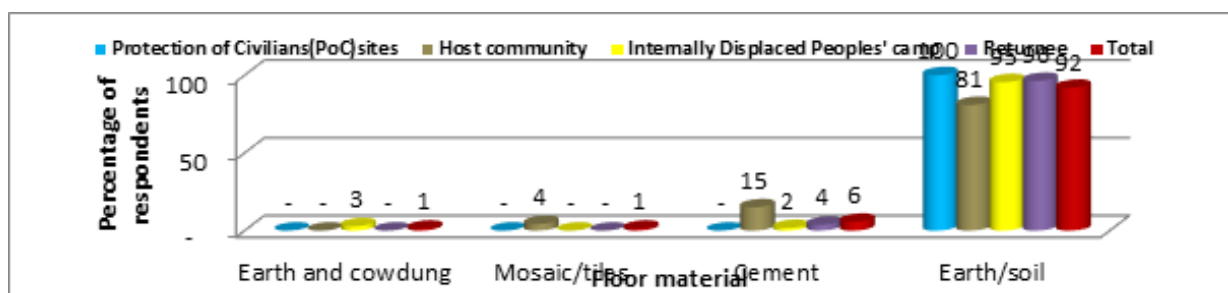
**FIGURE 10**  
Nature of main house walls by location



**FIGURE 11**  
Nature of main house roofs by location



**FIGURE 12**  
Nature of main house floor by location



**TABLE 36****Percentage of households with an infant aged 6 months-5 years**

Category of respondent	Household has an infant 6 months-5 years (per cent)	
	Yes	No
Host community	20.95	79.05
Internally Displaced Peoples' camp	19.16	80.84
Returnee	17.33	82.67
Protection of Civilians (PoC) sites	12.90	87.10
Total	18.64	81.36

**TABLE 37****Percentage of households with an infant aged six months to five years by the number of meals**

Category of respondent	HH Has an infant child (per cent)			HH Has No infant child (per cent)		
	One meal	Two meals	Three meals	One meal	Two meals	Three meals
Protection of Civilians (PoC)sites	0.0	75.0	25.0	2.0	64.0	34.0
Internally Displaced Peoples' camp	35.1	40.5	24.3	23.1	54.6	22.3
Host community	32.1	28.6	39.3	23.0	52.9	24.1
Returnee	54.6	27.3	18.2	38.1	38.1	23.8
Total	33.3	38.1	28.6	21.7	53.4	24.9

**TABLE 38****Drinking water sources by sampled households by state**

Drinking water sources	Percentage of respondents by location						
	Unity	Western Bahr El Ghazel	Lakes	Upper Nile	CES	Jonglei	Total
Public tap	62.14	59.72	29.27	79.31	4.08	19.40	43.80
None	10.68	6.94	0.00	10.34	35.71	4.48	13.46
Other	7.77	0.00	0.00	6.90	0.00	0.00	2.99
Unprotected well	3.88	6.94	2.44	2.30	10.20	1.49	4.91
Tube well/borehole wi	11.65	18.06	60.98	1.15	31.63	46.27	24.15
Protected well	0.00	6.94	0.00	0.00	6.12	2.99	2.78
Protected spring	0.00	0.00	0.00	0.00	6.12	0.00	1.28
Pond/River stream	0.00	1.39	7.32	0.00	5.10	14.93	4.06
Lake	3.88	0.00	0.00	0.00	1.02	10.45	2.56



**TABLE 39****Water resource management and participation by households by state**

Water management aspect	Percentage of respondents by location						Total
	Unity	Western Bahr El Ghazel	Lakes	Upper Nile	CES	Jonglei	
Household participate in any water maintenance activities in the last 12 months	32	21	59	14	30	42	30
Household pays a fee for maintaining water source	42	32	78	2	35	58	37
Is there a water management committee in the community?	55	53	68	45	41	61	52
Any member of your household suffered from a water-related illness such as Diarrhoea, Dysentery, Typhoid, Cholera, Intestinal Worms/Bilharzia in the last 12 months	49	26	56	10	58	51	41
Does your Household usually boil/treat water for drinking?	31	7	34	38	42	37	32

**TABLE 40****Percentage of households with an infant aged six months to five years by the number of meals**

State	Meals in good season	Meals in bad season
Unity	1.91	1.20
Western Bahr El Ghaze I	1.99	1.10
Lakes	3.80	1.47
Upper Nile	2.31	1.22
CES	2.18	1.19
Jonglei	2.25	1.16
Total	2.30	1.21

**TABLE 41****DPercentage of households by state and number of meals per day per household**

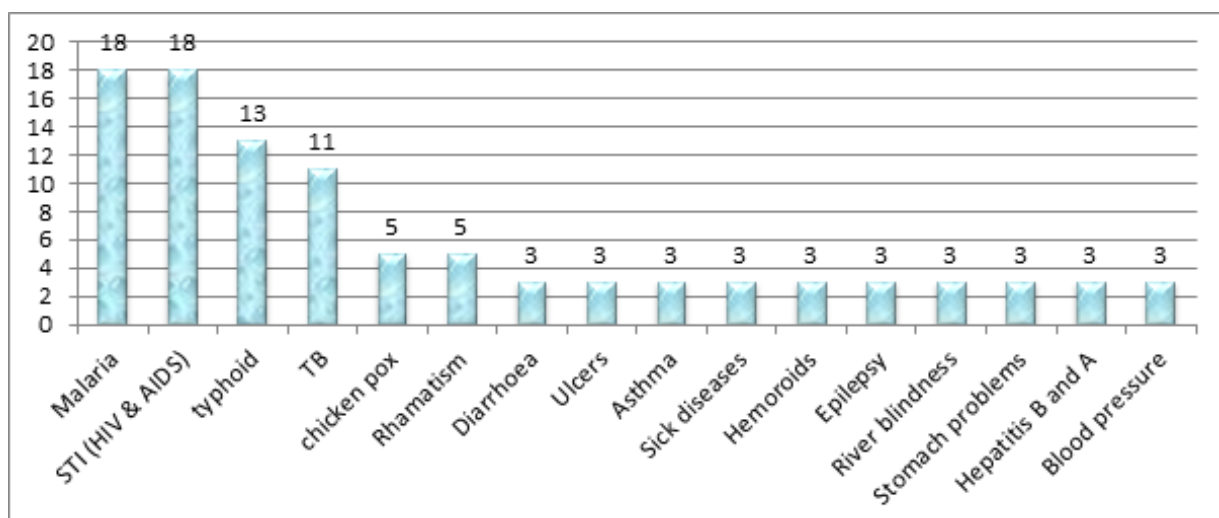
State	Percentage of households by the number of meals		
	One meal	Two meals	Three meals
Upper Nile	0.00	69.57	30.43
Jonglei	16.13	64.52	19.35
Unity	28.57	48.57	22.86
Western Bahr El Ghaza	27.14	47.14	25.71
CES	27.87	36.07	36.07
Lakes	40.00	30.00	30.00
Total	22.04	50.81	27.15

**TABLE 42****Average number of meals per day by location**

Average		
Location	Meals in good season	Meals in bad season
Protection of Civilians (PoC) sites	2.35	1.13
Host community	2.44	1.21
Internally Displaced Peoples' camp	2.27	1.24
Returnee	1.82	1.12
Total	2.28	1.20

**TABLE 43****Percentage of households with an infant aged six months to five years by the number of meals**

Percentage of respondents by state				
State	Mild	Moderate	Severe food insecurity	Food secure
Jonglei	5.97	82.09	4.48	7.46
Lakes	12.20	78.05	7.32	2.44
CES	5.10	47.96	1.02	45.92
Upper Nile	20.69	42.53	2.30	34.48
Bahr El Ghazal	43.06	37.50	9.72	9.72
Unity	25.24	36.89	9.71	28.16
Total	19.02	50.43	5.56	25.00

**FIGURE 13****Percentage of households with an infant aged six months to five years by the number of meals**

**TABLE 44****Level of school access by children**

The Level of access to schools by children	(per cent)	Ranking
No Access	50	1
Access schools	33	2
Low access	17	3
Total	100	

Source: FGDs

**TABLE 45****Why the boy and girl children fail to attend school**

Main reasons for girls not attending	Main reasons for boys not attending
Death of parents during the war	Drugs and delinquency, especially those who
The majority of the girls are mature and that discourages them from going to school	The economic situation with the parents whereby they can't afford school fees and there is no free education.
Preference is given to boys in a case where resources are limited. <i>"They are sure the boy will complete, but a girl may get pregnant and waste their time and money". This is a strong reason explaining these trends. "They are sure that the boy will remain while the girl will go to another home after getting married"</i>	Polygamy is where the men prefer to send children of some wives not others resulting in child neglect.
Early pregnancy	Some boys are sent to cattle camps to look after cows
No school fees	Death of parents during the war
Early marriages are associated with a cultural connotation where girls are seen as a resource.	
Domestic work at home	

Source: FGDs

**TABLE 46**

**Percentage of respondents by decision makers on land and produce marketing by category**

Percentage of respondents					
Decider to allocate land	POC	Host community	Internally		Total
			Displaced Persons (IDP)	Returnee	
Husband	44.86	56.49	54.79	51.43	52.42
Wife	8.41	5.34	4.79	2.86	5.51
Both husband & wife	42.06	32.06	28.77	35.71	33.92
All household members	3.74	2.29	8.9	5.71	5.29
Myself without consul	0.93	3.82	2.74	4.29	2.86

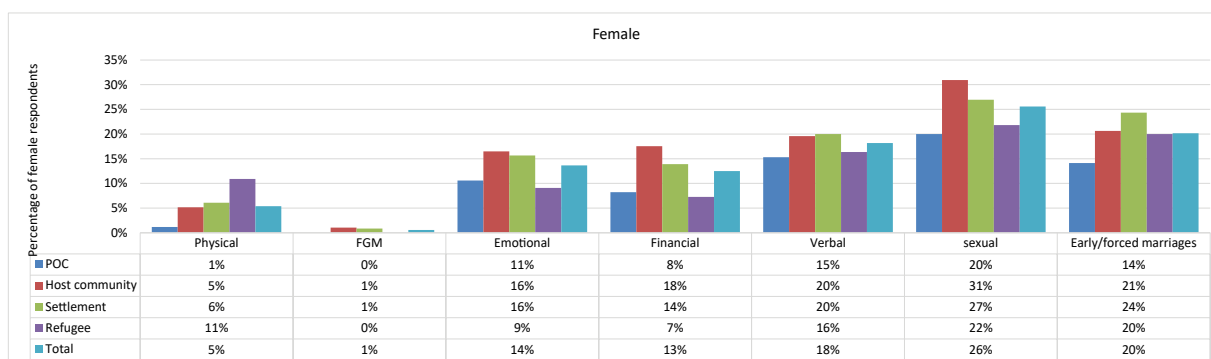
Decider to sell produce	POC	Host community	Internally		Total
			Displaced Persons (IDP)	Returnee	
Husband	35.24	29.17	20.15	40.68	29.43
Wife	15.24	15	21.64	5.08	15.79
Both husband & wife	40.95	50	51.49	47.46	47.85
All household members	7.62	3.33	4.48	6.78	5.26
Myself without consul	0.95	2.5	2.24	0	1.67

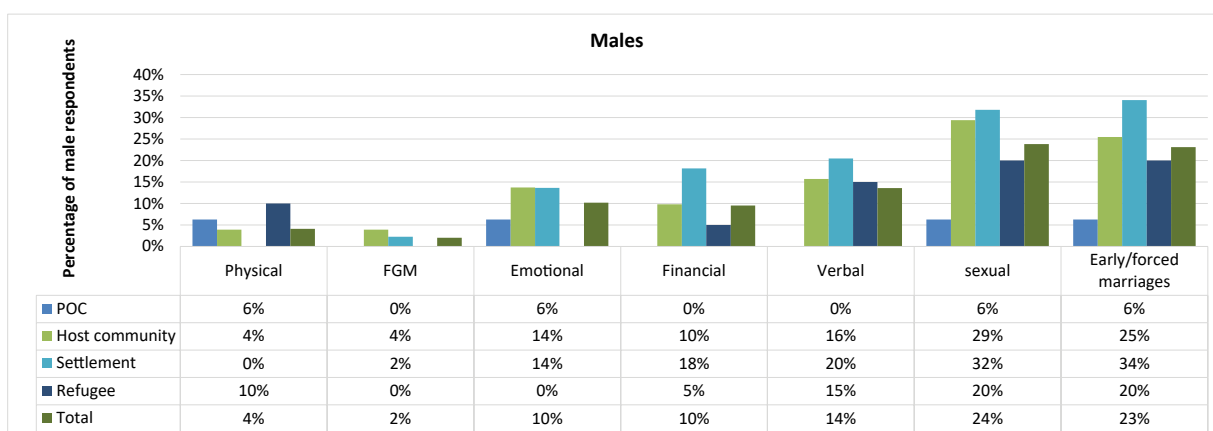
Decider on cash from Sale of agricultural produce	POC	Host community	Internally		Total
			Displaced Persons (IDP)	Returnee	
Husband	35.58	37.01	18.18	24.62	28.7
Wife	17.31	11.02	20.28	7.69	15.03
Both husband & wife	43.27	46.46	48.25	56.92	47.84
All household members	1.92	3.15	11.89	7.69	6.38
Myself without consul	1.92	2.36	1.4	3.08	2.05

**FIGURE 14**

**Percentage of female respondents by GBV types awareness**



**FIGURE 15**  
Percentage of male respondents by GBV types awareness



**TABLE 47**  
Percentage of respondents and views on rights and services

Sex of respondent	Respondent thinks it is appropriate to beat/batter your children?	Respondent knows of any person, agency in community that GBV survivors could go to seek support?	Respondent or friend/neighbor satisfied with the GBV services offered in your community?
Female	20	60	61
Male	26	60	75
Total	21	60	65

**TABLE 48**  
Psychological effects and impact of conflict and displacement

Psychological effects of conflict and displacement	Impacts of psychological changes
Trauma and post-traumatic disorders	Fear
Madness	Uncertainty of livelihood preservation
Depression	Madness

**TABLE 49**
**Percentage of respondents by the support given to GBV victims**

	Percentage of respondents				
	POC	Host community	Settlement	Refugee	Total
Respondent supported a GBV victim in last 3 months	56	57	46	36	51
Referred to the health centre	21	11	12	13	14
Called the GBV hotline	1	9	4	13	6
Reported to police	6	9	3	10	6
Referred to clan leaders/court	11	4	8	8	7
Referred to the Local/village	4	2	4	0	3
Referred to a faith-based/religious organization e.g. church	1	5		0	4

**TABLE 50**
**Percentage of respondents by the support given to GBV victims**

	Percentage of respondents				
	POC	Host community	Settlement	Refugee	Total
Do you think violence in a home would reduce if women and men shared household incomes and other resources equitably					
Strongly disagree	12.73	16.31	11.26	7.46	12.58
Disagree	15.45	15.60	17.22	19.40	16.63
Uncertain	8.18	6.38	9.27	11.94	8.53
Agree	52.73	34.75	28.48	28.36	36.03
Strongly agree	10.91	26.95	33.77	32.84	26.23
what is your level of satisfaction with the GBV services accessed?					
Highly satisfied	22.22	33.93	24.73	24.39	27.08
satisfied	60.00	38.39	39.78	41.46	44.94
neutral	10.00	10.71	17.20	4.88	11.61
dissatisfied	0.00	5.36	13.98	17.07	7.74
very dissatisfied	7.78	11.61	4.30	12.20	8.63
Total	100	100	100	100	100

**TABLE 51**
**Percentage of respondents by the support given to GBV victims**

Females by location category	Female respondents (per cent)							
	Feeling that denunciation will change nothing	Fear of stigma	Dependence on the perpetrator	Arrangement between the families	Fearing the person who violated the victim due to his influence in society	Insignificance of the case of violence	Ignorance of reporting/denunciation mechanisms	Lack of evidence
POC	69	85	72	75	64	61	61	61
Host community	69	70	62	65	66	55	63	62
Internally Displaced Persons (IDP) member	63	69	63	65	70	55	62	58
Returnee	58	62	55	58	60	36	47	51
Total	66	72	63	66	66	53	60	59
Male respondents (per cent)								
Males								
POC	56	72	59	63	59	53	53	63
Host community	63	57	53	57	61	53	51	57
Internally Displaced Persons (IDP) member	82	86	84	80	91	77	86	77
Returnee	30	50	50	45	40	35	40	35
Total	63	68	63	63	67	58	61	61

**TABLE 52**

**List of key documents reviewed**

Document type	Comment/titles & dates of documents received	Link to source
<b>Project-related documents</b>		
Project reports	To be provided by UN Women or downloaded from their Website	<a href="https://www.unwomen.org/en">https://www.unwomen.org/en</a> and <a href="https://africa.unwomen.org/en/where-we-are/eastern-and-southern-africa/south-sudan">https://africa.unwomen.org/en/where-we-are/eastern-and-southern-africa/south-sudan</a>
UN Women study reports related to women, girls and vulnerability in several countries with more emphasis on South Sudan	To be provided by UN Women or downloaded from their Website	<a href="https://www.unwomen.org/en">https://www.unwomen.org/en</a> and <a href="https://africa.unwomen.org/en/where-we-are/eastern-and-southern-africa/south-sudan">https://africa.unwomen.org/en/where-we-are/eastern-and-southern-africa/south-sudan</a>
Other available humanitarian and fragility assessment report(s) for South Sudan	To be provided by UN Women or downloaded from their Website	<a href="https://www.unwomen.org/en/digital-library/publications/2014/5/humanitarian-crisis-in-south-sudan">https://www.unwomen.org/en/digital-library/publications/2014/5/humanitarian-crisis-in-south-sudan</a>
Demographic and Health Surveys for South Sudan		
Policy & strategic documents	South Sudan Development Plan South Sudan Development Initiative South Sudan Gender Policy Gender Training Manuals for South Sudan South Sudan: Gender Equality and Women's Empowerment Strategy 2016 – 2017	<a href="file:///C:/Users/user/AppData/Local/Temp/GEW-ES-1.pdf">file:///C:/Users/user/AppData/Local/Temp/GEW-ES-1.pdf</a>

Gender analysis reports for UNW and other agencies		
South Sudan gender country profiles by agencies including UNW, Oxfam, FAO, CARE and many more		
WHO (2017). South Sudan: Neonatal and Child Health Profile.		<a href="http://www.who.int/maternal_child_adolescent/epidemiology/profiles/neonatal_child/ssd.pdf">http://www.who.int/maternal_child_adolescent/epidemiology/profiles/neonatal_child/ssd.pdf</a>
UNOCHA South Sudan Humanitarian Needs Overview reports		
United Nations Development Programme (2015). Human Development Reports:		Index. <a href="http://hdr.undp.org/en/composite/GII">http://hdr.undp.org/en/composite/GII</a>
UNICEF South Sudan Humanitarian Situation Reports		
UNMISS reports		
Humanitarian operations documents	OCHA South Sudan 2021 Humanitarian Needs Overview	
	Humanitarian Response Plan South Sudan, Humanitarian Programme Cycle 2021	
	OCHA, South Sudan Humanitarian Access Severity Overview 2020, January 2021	<a href="https://bit.ly/35yfwM">https://bit.ly/35yfwM</a>
	SOUTH SUDAN Situation Report Last updated: 27 Mar 2020	
Protection and GBV sector reports		
Annual reports from key humanitarian agencies	M DTM, Multi-sectoral Location Needs Assessment - Protection, March 2020,	<a href="https://displacement.iom.int/reports/south-sudan---protections-summary-site-and-village-neighborhood-assessment---mobility-tracking?close=true">https://displacement.iom.int/reports/south-sudan---protections-summary-site-and-village-neighborhood-assessment---mobility-tracking?close=true</a>
	UNICEF, Education Briefing Note, December 201	<a href="https://uni.cf/3n1LpYs13">https://uni.cf/3n1LpYs13</a>
	UNICEF, Water, Sanitation and Hygiene (WASH) in South Sudan Briefing note (July to September 2020), December 2020	<a href="https://uni.cf/3bE7zJ214">https://uni.cf/3bE7zJ214</a>



	UNICEF, Water, Sanitation and Hygiene (WASH) in South Sudan Briefing note (July to September 2020), December 2020,	<a href="https://uni.cf/3bE7zJ2">https://uni.cf/3bE7zJ2</a>
Partnership assessment/study / review reports		
Other partnership-related documents (if any)		



**Gender Equality Situation Analysis in South Sudan SURVEY  
FGD GUIDE FOR WOMEN, MEN & YOUTHS**

**Introduction**

My name is ----- and I am here on behalf of UN WOMEN, SOUTH SUDAN. We are conducting an assessment of women, men and youths to understand issues of gender equality and economic empowerment in this community. The findings of this assessment will be used to improve UN WOMEN work with partner organizations and the communities in this POC, IDP, settlement/ host community.

Your participation in this interview is voluntary. All answers you give will be kept completely confidential and will not be reported individually. We are interested in your ideas and experiences, and we want your frank and honest opinions on these issues. Do you agree?

**SECTION A- FGD GROUP SOCIAL AND DEMOGRAPHIC CHARACTERISTICS**

Researcher Name:

Date:

Location: Bor IDP

State: Jonglei

County: Bor

Payam: Bor

Type of FGD group: 1=Women, 2=Men, 3=Female Youth/Girls, 3=Male Youth/boys

Community type where FGD is held: 1=IDP, 2. POC 3=Host community

FGD Participants

	Name	Sex	Age	CODE
1	Okot James	M	40	IDPM1
2	Akelo Mary	F	60	IDPF1
3	Peter Kuor	M	70	IDPM2
4				
5				
6				
7				
8				
9				
10				

**A. Access to shelter, including in IDP camps**

- What is the Severity of lack of provision of shelters for all segments of the population in this community?

Men:

Women:

Youth:

Children:

Elderly:

PWDs

- Kindly Describe the Effects of lack of shelter on the Men, women, youth, and children

Men:

Women:

Youth:

Children:

Elderly:

PWDs

- Give Reasons for poor shelter in the host community and for IDPs
- What is your comment on the Communities in IDP sites that raised concerns that shelter materials were inappropriate
- What is the Impact of lack of shelter on GBV
- What do you think can be done to improve the shelter situation in your community?  
By the community  
By community leaders:  
  
By government:  
  
By UN Women and other DPs:

**B. Access to education**

- Do the school going children in this community access schools, what school levels, if not why?
- What are the Main reason for girls not attending school?
- What are the Main reasons for boys not attending school?

- What do you think needs to be done to increase access to education for all children?  
By community leaders:

By government:

By UN Women and other DPs:

- What needs to be done to increase access to education for especially girls?  
By the community:

By Community leaders:

By government:

By UN Women and other DPs:

### C. Care work at home

- Who is responsible for care work in this community?

- What type of unpaid care at home by sex?

Men:

Women:

Children:

Elderly:

PWDs

- How have these gender roles changed for the displaced since being displaced?  
Men:

Women:

Children:

Elderly:

PWDs

**D. BENEFITS & CONTROL OVER INCOMES & RESOURCES**

1. In your view, do men and women benefit equally for the effort/labour they put into agricultural value chains (including grains, pulses, animals and honey/bee keeping)?(Take stock of women and men)
  
2. What are the reasons for your views?
  
3. Generally, who (man/woman/both) makes the decisions on farm crop & livestock production/marketing/spending of resources in the households in a male headed household?
  
4. How does this affect the women, girls, boys, and men among returnees and IDP's?
  
5. Who is responsible for selling the produce from the farm?(take stock of Woman and Man Responses)

Women response:

Men Response:

6. How many use the money for buying more land, hiring workers and other activities which make your farm bigger and better? (Take stock of yes, no and reasons)

If Yes:

Reason:

If No:

Reason:

7. What constraints and challenges (RELATED TO Cultural beliefs, social norms, and perceptions within the community) do you face regarding access to resources such as land, inputs (seed, fertiliser, water, technology, labor)?

8. What constraints and challenges are faced by women, men and youth in accessing credit?

Men:

Women:

Children:

Elderly:

PWDs

9. What are the barriers to employment for women, girls, boys, and men among returnees and IDP's and youth in this community?

Men:

Women:

Children:

Elderly:

PWDs

10. What are the barriers to business ownership, entrepreneurship and start-up for women and men in this community?

Men-Ownership

Men-Entrepreneurship

Men-Start-up

Men-Ownership

Men-Entrepreneurship

Men-Start-up

11. Have you observed at changes in gendered role, access to and control over assets and resources, capacities and constraints in accessing services in general in this area in the last 2-5 years? If yes, mention these and explain-By gender category- women, girls, boys, and men

Women

Girls

Boys

Men

12. What do you think can be done to increase the decision power of women in terms of access, ownership and control of assets?  
By the community

By community leaders:

By government:

By UN Women and other DPs:

**E. Access to water, sanitation and hygiene (WASH)**

- Do you have easy Access to safe water?, What are the Primary sources of water
- What are the Problems in accessing water
- Do you access facilities for solid waste disposal and what are they?
- What are the Effects of lack of facilities for solid waste disposal
- What do you think can be done to increase access to water especially for women?
- What do you think can be done to increase access to sold water disposal especially for women?  
By the community

By community leaders:

By government:

By UN Women and other DPs:

**F. SEXUAL AND GENDER BASED VIOLENCE AND EQUALITY**

1. Are you aware of any sexual and gender based violence acts in this community? (yes/no, take stock of women, youth & men)  
Responses by women

Responses by the youth

Responses by men

2. If Yes, what are they?( take stock of women & men responses)

Responses by women

Responses by the youth

Responses by men

3. Do you think that SGBV (sexual and gender based violence) is a major problem in your community? (yes/no), if yes, What are the main causes of GBV in your community?

4. How does SGBV affect the following groups

a. Women

b. girls,

c. Boys

d. Children

e. Men

f. The wider community

5. Where do victims/survivors of SGBV go for redress/Care/reporting? (List all)

6. What services are available for SGBV victims/survivors in the community? (List all)

7. Are you satisfied with the services accessed from those sources?(Yes/no-take stock of women & men, GIRLS, BOYS)

Responses by women

Responses by girls

Responses by boys

Responses by men

8. What are the reasons according to you that prevent victims/survivors of gender based violence from reporting cases or seeking support? (**CATEGORISE THESE BY: Cultural beliefs, social norms, economic, and perceptions**)

9. What are the major institutions/players in the efforts to end SGBV in your communities? (List all)



10. What do you think can be done to reduce gender based violence in your community?

By the community:

By community leaders:

By government:

By UN Women and other DPs:

**G. Health, including sexual and reproductive health**

- What do you think are the most prevalent health needs of the community? List all
  
- What are the biggest health problem for men, women, boys and girls in this community?

Women

Girls

Boys

Men

- What are the most prevalent diseases in this community? List all
- What type of health facilities are in this community? List all
- What problems does this community have in accessing health services?  
For women:

For Men:

Youth:

Children:

- How do you rate the level of awareness on measures to prevent under age pregnancy?
- How do you rate the availability of contraceptives for women in this community?
- If low, what are the reasons?

- What do you think can be done to improve access to health services in your community?

By the community:

By community leaders:

By government:

By UN Women and other DPs:

#### H. THREATS AND RISKS FACED BY THE COMMUNITY MEMBERS

1. What are the Psychological effects of conflict and displacement
2. What has been the Impact of the psychological changes
3. What do you think are the threats and protection risks for women, girls, boys, and men this community-in relation to accessing services in general;
4. What are the coping strategies adopted by women, girls, boys, and men in meeting their basic needs?)
  - a. Women
  - b. girls,
  - c. boys,
  - d. Men
5. What are the constraints faced by women/child headed households in trying to make livelihoods work?
6. What are the opportunities in place for the women/child headed households to improve access to services, resources, protection of rights, increase food security etc.?
7. What do you think can be done to reduce the psychological impact of violence against women?

By the community

By community leaders:

By government:

By UN Women and other DPs:

8. What do you think can be done to support those affected by psychological effects of violence?

By the community

By community leaders:

By government:

By UN Women and other DPs:

**THANK YOU SO MUCH**



## Gender Equality Situation Analysis in South Sudan SURVEY Key Informant Interview Guide

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### Introduction & Respondent's Consent

Good morning/Good afternoon, my name is \_\_\_\_\_.  
I am here on behalf of UN WOMEN, SOUTH SUDAN. We are conducting a n assessment of women, men and youths to understand issues of gender equality and economic empowerment in this community. The findings of this assessment will be used to improve UN WOMEN work with partner organizations and the communities in this POC, IDP, settlement/ host community.

Your participation in this interview is voluntary. All answers you give will be kept completely confidential and will not be reported individually. We are interested in your ideas and experiences, and we want your frank and honest opinions on these issues. Do you agree?

**Date and time Interview Commenced:**

Date of Interview:

Location:

State:

County:

Payam:

**Name & title of key informant:.....Title:.....**

#### A. KEY ECONOMIC ACTIVITIES & INCOME LEVELS (DPO, DAO, DFO,DCO, SC CHIEF, AO)

1. What are the key economic activities for the women, girls, boys, youth and men in this community? (segregate by gender)
2. What is the role of women, girls, boys, youth and men in different enterprises that the women/youth are engaged in this community and their contribution in agriculture?
3. Describe the land ownership, access, control and usage for different farm enterprises by the women & youth in this community.

## **B. Market and credit Access, savings & Constraints**

4. What are the major constraints faced by women, girls, boys, youth and men in this community? Probe for markets, farm implements, climate, services and labor and possible solutions/ideas for change. The levels of: Production, harvests, processing, marketing, BUSINESS, entrepreneurship etc.
5. What % of poor women, men and youth are involved in any kind of saving (E.G. VSLAs, Merry go round, livestock safety nets etc.?)

## **C. Access to shelter, including in IDP camps**

- What is the Severity of lack of provision of shelters for all segments of the population in this community?
- Kindly Describe the Effects of lack of shelter on the Men, women, youth, and children
- Can you Segment the level of lack of shelter according to segment of the population- men, women, boys, girls
- Give Reasons for poor shelter in the host community and for IDPs
- What is your comment on the Communities in PoC sites that raised concerns that shelter materials were inappropriate
- What is the Impact of lack of shelter on GBV

## **D. Access to education**

- Is there sufficient availability of schools-primary, secondary, tertiary in this community?
- What is the Quality of education
- What are the Main reason for girls not attending school
- What are the Main reasons for boys not attending school
- What is the level of Availability of teachers in schools
- What is the level of Access to schools by children with disabilities
- What is the Population level of demand for education

## **E. Health, including sexual and reproductive health**

- What are Most prevalent health needs of the population
- What is the Biggest health problem for boys and girls
- What are Most prevalent diseases- HIV and AIDS, Malaria etc
- What is the level of Availability of health facilities, By type (maternity, pediatrics facilities etc
- Do the women and girls of reproductive age access Pregnancy prevention awareness and
- Is there Availability of contraceptives.
- Access to menstrual hygiene products for women and girls

## **F. Care work at home**

- Who is responsible for care work?
- What type of unpaid care at home by sex?
- What is the Trend for each care roles due to the displacement?

**G. GENDER BASED VIOLENCE AND EQUALITY (LOCAL LEADERSHIP) – LOCAL DUTY BEARERS**

6. How many COUNCIL representatives at various levels does your community/local administration have?
7. How many are women, men , youth (F/M)?
8. What are their positions?
9. How many women/youth are heads of committees?
10. How has the number of women representatives been changing over the last two terms?
11. Do you have a vibrant women caucus at the community/sub county level?
12. What factors inhibit women from taking on leadership roles in this community? (probe for cultural factors, burden of care on women or Domestic violence)
  
13. How are women leaders supported in your community? (Probe for capacity building initiatives for women leaders, mentorship etc.),
  
14. Are there institutions/players supporting women leaders?
  
15. What are the most common SGBV acts in this area/community?
  
16. What are the main causes of SGBV acts prevalence in this area?
  
17. Are you aware of any GBV related policies, laws, ordinances and economic empowerment policies for women and youth? Yes or no, Which are those that you are aware of?
  
18. What factors sustain/maintain SGBV in your community/sub county?
19. Which major institutions/players that are involved in addressing SGBV in your community?
  
20. Do you think women have rights For land ownership? 1=Strongly agree, 2=Agree, 3=Neutral, 4= Disagree, 5=Strongly disagree
  
21. Do you think women have rights for equal Property inheritance as men? 1=Strongly agree, 2=Agree, 3=Neutral, 4= Disagree, 5=Strongly disagree
  
22. Do you think women have the same rights for leadership at community level as men? 1=Strongly agree, 2=Agree, 3=Neutral, 4= Disagree, 5=Strongly disagree

23. Do you think women have the same rights for choice of marriage partner as men? 1=Strongly agree, 2=Agree, 3=Neutral, 4= Disagree, 5=Strongly disagree

24. What has hindered women in this area/community from attaining the same economic empowerment as men?

25. To be administered to local duty bearers- How can you rank the position of women and youth on livelihoods opportunities in your community (tick where appropriate?)

	Very Good	Good	Average	Weak	Poor
1. Household Food Security					
2. Land Ownership by Women					
3. Land Ownership by Youth					
4. Access to agricultural Markets					
5. Access to agricultural implements					
6. Access to agricultural technologies e.g improved varieties/breeds, irrigation					
7. Income Ownership by Women					
8. Income Ownership by Youth					
9. Participation of Women in Decision-Making at HH level					
10. Participation of Women in Decision-Making at community level					
11. Ownership of animals by women					
12. Agricultural employment by women					
13. Agricultural employment by youth					

26. How can government & development partners achieve women economic empowerment?

27. Have you had any interactions with partners of Oxfam working on Women and Youth Economic Empowerment and Gender Equality in the last one year? State the number of interactions you have had and the main issues discussed.

#### TO BE ADDRESSED TO FIELD PARTNERS/NGOs

1. What support structures and services exist for SGBV survivors , PWDs, PLHIV/AIDS
2. How effective are the referral pathways in your community/sub county?
3. How many GBV survivors have you reached in the last one year (2020/2021)?
4. What are some of the interventions you carry out to address SGBV and support GBV survivors in this community?
5. What are the most common SGBV acts in this area/community/Sub county?
6. What are the main causes of GBV acts prevalence in this area?
7. How many women do you have in key decision making positions (management & supervisory)?
8. Have you had any interactions with local duty bearers in the last 12 months (elaborate the kind of interactions you have had)?
9. Have produced any media materials on women and youth economic empowerment and gender equality on the last 12 months? Describe the type and number of media pieces produced for public consumption.



**UN WOMEN IS THE UN ORGANIZATION  
DEDICATED TO GENDER EQUALITY  
AND THE EMPOWERMENT OF WOMEN. A  
GLOBAL CHAMPION FOR WOMEN AND  
GIRLS, UN WOMEN WAS ESTABLISHED  
TO ACCELERATE PROGRESS ON  
MEETING THEIR NEEDS WORLDWIDE.**

UN Women supports UN Member States as they set global standards for achieving gender equality, and works with governments and civil society to design laws, policies, programmes and services needed to ensure that the standards are effectively implemented and truly benefit women and girls worldwide. It works globally to make the vision of the Sustainable Development Goals a reality for women and girls and stands behind women's equal participation in all aspects of life, focusing on four strategic priorities: Women lead, participate in and benefit equally from governance systems; Women have income security, decent work and economic autonomy; All women and girls live a life free from all forms of violence; Women and girls contribute to and have greater influence in building sustainable peace and resilience, and benefit equally from the prevention of natural disasters and conflicts and humanitarian action. UN Women also coordinates and promotes the UN system's work in advancing gender equality.

