

“Insert Quote”

GenCAP/CARE Rapid Gender Analysis: Unity State, South Sudan

Women’s lives have only gotten worse following the political and inter-communal violence that has shaken South Sudan to its core since mid-December 2013ⁱ. Women have been raped and killed where they had sought shelter, including hospitals and churchesⁱⁱ. In April 2014, fighting in Unity State caused more than 20,000 people from throughout the state to seek refuge in Protection of Civilian centres in Bentiu: the biggest movement of people since the current crisis began. There has been relatively little analysis about the different needs of women, men, boys and girls during the current crisis in Unity.

Rapid gender analysis provides information about the different needs, capacities and coping strategies of women, men, boys and girls in a crisis by examining the relationships between women, men, boys and girls. For the moment, this is only an incomplete, initial analysis of gender relations in Bentiu PoC area. Nevertheless the initial gender analysis and recommendations for more gender sensitive programming should inform programming to make sure we meet the needs and protect women, men, boys and girls.

Methods:

Given the challenges in humanitarian access in South Sudan, this Rapid Gender Analysis has been designed as an incremental process. As more information about gender relations inside and outside the PoC areas becomes available, it will be analysed and included into the Rapid Gender Analysis. A range of methods were used to collect data and information. In-line with best practice, primary and secondary quantitative and qualitative information from before and during the crisis have been analysed before starting field work.

Gender Relations in South Sudan

Gender relations in South Sudan are complex: the roles and responsibilities of women, men, boys and girls are clearly delineated but can and do alter. Women and girls have responsibilities for farming, collecting water and firewood, cooking, cleaning, childcare, and brewing beer. Men and boys have responsibilities as decision-makers for the communities and their families, cattle (boys in particular tend to be cattle-herders), hunting, fishing and charcoal making. In times of crisis, gender roles and responsibilities change to take account of the context, the needs and the different coping strategies families and individuals can put into action. Gender and protection concerns for women, men, boys and girls are a crucial issue in South Sudan. Steps need to be taken to mitigate the harm they cause. Gender relations do affect the needs, coping strategies, participation and access of women, men, boys and girls to humanitarian assistance.

Gender Relations in Unity State

Unity is a state in the northern part of South Sudan which borders Sudan comprising an area of 38,837km². The state has a mixture of urban and rural areas organised into 10 counties. Unity state comprises more people living in urban areas than most parts of South Sudan: 21% live in urban areas compared to the national average of 17%ⁱⁱⁱ. There was also a concentration of the population in counties like Mayom. In 2008 the population of Unity was approximately 585, 801 people (51% male, 49% female)^{iv}. Just over half of the state was under 18 years old (55%) and 18% of the population was under five years^v. Unity State comprises two main ethnic groups: different tribes of Nuer and Dinka. The average household size is eight people per household, higher than the national average. About a quarter of people in the state are literate: 26% of women and men over 15 years are literate^{vi}. For young people it’s higher but there is a significant gender difference: 65% of men aged 15-24 years are literate compared to 25% of women in the same age range^{vii}. Unity State’s main economic activity is agriculture and it is also a key oil region in South Sudan.

Dan, can we get the sex and age of the people in the camp from the CCM?

- What is the breakdown by sex and age of:
 - the disaster-affected population: males/females aged 0-5, 6-12, 13-17, 18-59, 60+
 - households headed by a single person or a child?
- What is the average family size and structure?
- What is the number of pregnant and breastfeeding women? **From the health team**

Commented [11]: Greg, need this to be consistent across the Toolkit but I'm not sure we've resolved what age groupings we'll recommend.

Gender and WASH:

In 2010, two thirds of people in Unity state had access to improved water sources: 62.7% reported using a hand-pump in the yard, a public tap, or filtered water, lower than the national average^{viii}. Unprotected wells were a key unimproved water source for many others. Women, and in particular young women, were responsible for collecting water and often walked long distances to reach it: 28.8% of people in Unity travel for more than 30 minutes (both ways) to collect water from an improved source^{ix}. This journey poses a well-documented protection risk. In South Sudan as a whole, only 5% of those who collected water were men aged 15 years or over. Sanitation was an issue in Unity with almost three quarters of people (71.3%) practising open defecation^x. Improved sanitation (individual or shared) was available 9.8 of the population^{xi}. There's little information of menstruation hygiene practices in Unity State. Information from South Sudan as a whole suggests a mixture of cloth, sanitary towels, and seclusion being used. The proposed WASH committees should take into account traditional local government structures operating in Unity. The planned local government system outlined in the Transitional Constitution is not operational below the county-level. Instead traditional structures of the paramount chief, chief and their councils hold power and operate the customary justice system in many rural areas. It is highly unusual for a women to be a chief or a paramount chief although councils at the payam and county level may comprise women.

WASH is both about water, sanitation and hygiene and the community-management structures (through water committees).

1. Are there functioning latrines here? How do you like using them?
2. Are they separate for men and women? Do you feel safe using them? Are there problems at the latrines at night?
3. Since the crisis started, who collects water? Have there been any problems collecting water or firewood? Do they feel safe to walk far from home collecting firewood?
4. **For women/girls only** : how are you managing periods now? What methods are you using : seclusion, kanga/cloth, pads, mixture, other? Do you have everything you need for this (underpants/soap etc)?
5. How does your community manage water, sanitation and hygiene? For example, who manages the public tap, latrines, collecting rubbish etc? Follow on question, are there women on the community WASH council?
6. Is the local customary council still working? Are the chiefs and paramount chiefs still here? Are there women advising the council of chiefs?
7. When during the day and/or during the week do you have free time?

Gender and Health:

Sexual and reproductive health is a keen concern in Unity State. Currently there are an estimated 1000 pregnant women in Bentiu PoC of whom 150 women are expected to give birth over the coming days^{xii}. Before the crisis, there was a lack of sexual and reproductive services in Unity State. A quarter of women gave birth alone without any birth attendant present. Almost half of all women surveyed had a traditional birth attendant: 47.4% while only 10.7% had skilled medical professionals attending them^{xiii}. More than two thirds of women had no access to antenatal care: 67.8%^{xiv}. There is very little use of contraception in South Sudan. In Unity State only 0.3% use modern methods of contraception and 1% use any traditional method^{xv}. There is a reported unmet need for contraception amongst 23.3% of the married women aged 15-49 years surveyed^{xvi}. Before the crisis malnutrition was a key issue in Unity State. Malnutrition rates in South Sudan tend to affect boys more than girls for both wasting and stunting^{xvii}. Unity had some of the worst malnutrition in the country. Rates of moderate and severe wasting were both higher than the national average: moderate wasting: 35.4%, severe wasting: 16.5%^{xviii}. Unity also had higher rates of moderate and severe stunting (chronic malnutrition)

than the national average: moderate stunting: 40.4%, severe stunting: 24.3%^{xix}. Breastfeeding is the norm in Unity State: 51% of infants were exclusively breastfed from 0-5 months of age^{xx}.

health I'd suggest an interview with the health workers. To find out what are the main medical issues in the camp, is malnutrition rising (rates available?), and importantly what's going on with reproductive health?

Gender and Protection:

Despite the existence of gender-based violence and protection documentation for South Sudan, little of it is specific to Unity State. The South Sudan Household and Health Survey provides some information that is useful for understanding some of the protection risks facing the population in Unity State. Early marriage is common in Unity: 7.9% of girls are married before the age of 15 years and 67.3% are married before the age of 18 years^{xxi}. This is well above the national average for girls married under 15 years and above the national average for girls married before 18 years. There is only limited birth registration, of any kind, in Unity State: 36.1% recorded having any form of birth registration. Polygamy is more common in Unity than elsewhere in South Sudan with a just under half of all unions having more than one wife^{xxii}. There is limited comprehensive knowledge of HIV transmission with 3.1% of women surveyed had such knowledge, lower than the national average^{xxiii}. There is no gender-based violence data available for Unity State before the crisis.

Recent protection monitoring in Bentiu raised important issues of concern from both gender and protection. Firstly, there are inter-ethnic tensions between the Nuer and Dinka staying within the Protection of Civilian centres. UNMISS are trying to separate the two groups. The high tensions are a likely reason why so many people are preferring to openly defecate close to their own tents risking further violence between neighbours. There are no lights at all in the Protection of Civilian centres in Bentiu. High rates of domestic violence are likely. People have to travel extremely long distances to collect firewood: traditionally this was done by women. There are also no fuel efficient stoves available meaning large quantities of firewood are required.

for protection speak with IRC who are the main protection/GBV actors. What are the main protection issues coming up for each of the two communities?

i CARE International, "The girl has no rights: gender-based violence in South Sudan", April 2014

ii Ibid

iii South Sudan National Bureau of Statistics Key Indicators for Unity State: http://ssnbs.org/storage/key-indicators-for-southern-sudan/Key%20Indicators_73.pdf

v South Sudan National Bureau of Statistics Key Indicators for Unity State: http://ssnbs.org/storage/key-indicators-for-southern-sudan/Key%20Indicators_73.pdf

vi South Sudan National Bureau of Statistics Key Indicators for Unity State: http://ssnbs.org/storage/key-indicators-for-southern-sudan/Key%20Indicators_73.pdf

vii Ibid

viii Republic of Sudan: Sudan Household Health Survey. 2010

ix Ibid

x Ibid

xi Ibid

xii Estimate based on global planning figure of 4% of a population being pregnant and 0.6% of a population due to give birth.

xiii Republic of Sudan: Sudan Household Health Survey. 2010

xiv Ibid

xv Ibid

xvi Ibid

xvii Republic of Sudan: Sudan Household Health Survey. 2010 p.20

xviii Ibid

xix Ibid
xx Ibid
xxi Ibid
xxii Ibid
xxiii Ibid