



HUMANITARIAN CRISIS IN SOUTH SUDAN

GENDER ALERT 1:

January 2014

Taking into account the different needs of women, girls, boys and men makes humanitarian response more effective and accountable to all affected populations.

On 15 December 2013, the humanitarian situation deteriorated sharply in South Sudan when violence erupted in the capital, Juba, and quickly spread, affecting seven of the country's ten states. In only four weeks, up to 413,000 people have been forced to flee their homes, including some 66,500 seeking shelter in UN peacekeeping bases across the country. The number of casualties cannot be confirmed, though it is likely to be in the thousands.

People are cut off from access to food, have limited access to water and sanitation conditions continue to worsen. The rapid increase in people displaced over a very short period combined with the lack of clarity around a political settlement of the crisis has led humanitarian agencies to anticipate a further increase in displacement. Humanitarians are responding to the needs of thousands of civilians affected by the violence but are facing immense logistical and transport challenges in reaching affected communities, particularly those in the most remote locations.

Protection concerns are likely to increase in the locations where displaced people are seeking safety, due to the challenging conditions at UN bases and the overall tense security situation. While men appear to be the primary target of the killings, and in some areas at risk of forced recruitment, the crisis has increased girls and women's already heightened vulnerability to sexual and gender-based violence (SGBV), and enhanced protection risks for children, including of being separated from their families. Women and girls face threats when they leave UN bases for food and water or to return to their homes. Pregnant women, children, older people and persons with disabilities require particular attention. In many emergencies, families resort to negative coping strategies, including early and forced marriage which disproportionately affects adolescent girls. It is seen as a mean to either provide for their families with money or due to a belief that marriage will protect them from gender based violence. Many elderly people and other vulnerable people were left behind in their communities during the fighting.

PRIORITIES TO ENSURE A GENDER-SENSITIVE RESPONSE



HEALTH CARE – Access to all health care services was already extremely limited and has become more so. Large-scale displacement has further reduced people's access to medical facilities and health care providers. Pressure on non-governmental organizations, already providing 80% of health care services in South Sudan, to deliver priority emergency care, including reproductive health care, in crisis-affected areas is only increasing. Displaced persons are at a particularly high risk of contracting communicable diseases, with young children and pregnant women especially vulnerable. Already high levels of SGBV are likely to rise, and survivors of sexual violence require the full range of relevant health services, including psychosocial care. Improving access to emergency obstetric and newborn care and clean delivery kits, particularly outside of Juba, should be a priority. According to OCHA, among the 400,000 people to be assisted in the coming three months, approximately 100,000 will be women of reproductive age. Based on pre-crisis birthrates, there will be 4,000 births and it can be projected that around 600 of these could have life-threatening complications requiring urgent access to emergency obstetric and newborn care. HIV prevention measures should be further enforced at health facilities.



FOOD AND NON-FOOD ITEMS - Priorities for food and NFIs should be determined through consultation with women, girls, boys and men about their needs. Special measures should be taken to ensure the inclusion of those who are difficult to reach, particular older men and women, unaccompanied and separated children and adolescents and persons with injuries and disabilities. Various forms of malnutrition have been prevalent among vulnerable groups pre-conflict, including among young children and pregnant and lactating mothers. The current crisis will compound the situation, including by disrupting livelihoods and reducing access to food, especially for those who have not been able to seek shelter in UN bases. Up to 400,000 people may need emergency shelter and household items in the coming months. Increased risk of SGBV is a common result of failure to use a gender lens when providing shelter. As many families are sharing accommodations, it is crucial that protection actors take measures to

IASC REFERENCE GROUP ON GENDER AND HUMANITARIAN ACTION

ensure that these are safe for women, girls, boys and men, offering them security, privacy and dignity. Identification of, and support to, unaccompanied and separated children, older women and men without family members, or those caring for young children, should be prioritised.



WATER, SANITATION AND HYGIENE - The recent violence and large-scale displacement to areas without sufficient access to clean water and proper sanitation has greatly increased the vulnerability of displaced people, and poses public health risks. The immediate priority is to provide safe drinking water and emergency latrines, along with promotion of good hygiene. Safe sanitation and water facilities must be designed in consultation with women, girls, boys and men to ensure their specific needs are met. For example, failing to put locks on latrines or locating water collection points used by women near areas where men congregate is known to increase women and girls' risk of SGBV.



GENDER-BASED VIOLENCE - Agencies should take immediate measures to prevent SGBV. Rapid response to sexual violence is critical; provision of care within three days of an assault can prevent HIV infection and within five days can reduce the risk of pregnancy. Rates of violence against women and girls is endemic. Stigma and lack of services for survivors, including the clinical management of rape survivors, specialised mental health care and psychosocial support or access to legal remedies prevent most from reporting SGBV. While the GBV sub-cluster and its members are working to establish these services and build the capacity of local organisations to support them, services are mostly unavailable and referral pathways poor. At a minimum, psychosocial well-being should be promoted through community-based support and access to safe spaces.

ASSESSMENT AND PLANNING - Very little gender-specific data is currently available, highlighting the need for greater priority to be given to collecting of sex- and age-disaggregated data. Needs assessments and project developments must prioritise sex- and age-disaggregated data and gender-responsive consultations with women, girls, boys and men. For more details, please refer to the ADAPT an ACT-C Framework for gender programming found in the [IASC Gender Handbook for Humanitarian Action](#).

THREE IMMEDIATE ACTIONS:

A	ASSESS NEEDS. The needs of women, girls, boys and men differ during and after an emergency. Ensure quantitative AND QUALITATIVE data collected in assessments is disaggregated by sex and age. Assessment teams must at least include females, and ideally be gender-balanced. Take any necessary special measures, such as same-sex interviewers, private, segregated space, and times convenient to both women and men's workloads. Consultation with women and men of all ages is critical to determining their needs, priorities and capacities and then reflecting them in program design.
B	BE ALERT & ACT TO MITIGATE. Identify the challenges faced by single women, adolescent boys and girls, older women and men, and men excluded from work. Put in place measures to ensure their safety and security and to reduce the risk of violence. In shelters and emergency centers: ensure that women and girls without male companions are provided with safe spaces separate from unrelated men; that access to latrines is well-lit and close to the camp; that the distribution of aid is safe for all who are eligible to obtain it; and that the risk of exploitation for internally displaced persons, in particular, women and children, to have their needs met is minimized.
C	COORDINATE. Coordinate across humanitarian sectors to find meaningful ways to engage women, men, girls, and boys in the assessment of the needs and the design and management of the programmes for their benefit. Act on their advice to shape and improve response.



FOR MORE INFORMATION AND TECHNICAL SUPPORT, please contact the co-chairs of IASC Reference Group on Gender and Humanitarian Action: UNHCR, Luisa Cremonese (cremones@unhcr.org); International Federation of Red Cross and Red Crescent Societies, Siobhán Foran (siobhan.foran@ifrc.org); UN Women, Blerta Aliko (blerta.aliko@unwomen.org); Women's Refugee Commission, Elizabeth Cafferty (elizabethc@wrccommission.org).