# **CARElogo_small“*One hand cannot clap itself[[1]](#endnote-2)*”** CARE Rapid Gender Analysis: Jonglei 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 2013[[2]](#endnote-3). Women have been raped and killed where they had sought shelter, including hospitals and churches[[3]](#endnote-4)*.* The states most affected by the crisis are Unity State, Upper Nile State and Jonglei; all areas where CARE works. To date, there has been relatively little analysis about the different needs of women, men, boys and girls in Jonglei State.

Rapid Gender Analysis provides information about the different needs, capacities and coping strategies of men, women, girls and boys in a crisis. Gender analysis does this by examining the gender-relations between men, women, girls and boys. This Rapid Gender Analysis is designed to provide an overview of the gender-relations between men, women, boys and girls affected by the crisis in Twic East County in Jonglei State.

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 in Twic-East and other counties becomes available, it will be analysed and included into the Rapid Gender Analysis. For the moment, this is only an incomplete, initial analysis of gender relations in both counties. Nevertheless the initial gender analysis and recommendations for gender sensitive programming should inform gender mainstreaming and gender specific programming activities.

## Methods:

The CARE Rapid Gender Analysis in Jonglei State uses a range of methods to collect data and information. It is based on the CARE Emergency Pocketbook’s Rapid Gender Analysis tool adapted from the IASC Gender Handbook in Humanitarian Action. Different sources of information have been used in the initial rapid gender analysis. In-line with best practice, primary and secondary information from before and during the crisis have been analysed. Field work was suspended due to insecurity in the county. However, innvoative methods of remote data collection were put in place to allow the Rapid Gender Analysis to go ahead. Focus group discussions with women and men displaced in the last two months from Twic-East took place in Juba, interviews with CARE’s Panyagor-based staff also took place in Juba and by phone, partners working in Panyagor were consulted, and the opinion of local gender specialists was sought out and included. As more primary information and analysis is available, then this will be used to update and review this gender analysis.

## Gender Relations in South Sudan

South Sudan is the world’s newest country with more than 60 ethnic groups and 80 local languages. Distinctions of ethnicity, language, religion, social class and rural or urban way of life cut across the society resulting in different gender relations even within the same overall ethnic group. 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 Jonglei State

Jonglei is a state in the eastern part of South Sudan which borders Ethiopia comprising an area of 122,581 km². The state is mainly rural and it is organised into 11 counties. In 2008 the population of Jonglei State was approximately 1, 358, 602 people (54% male, 46% female)[[4]](#endnote-5).It is the most populous state in the country and one of the poorest. Like the rest of South Sudan, Jonglei is home to a range of different ethnic groups including the Dinka, Nuer, Murle, Anyuak, Jie and Ngalam[[5]](#endnote-6). The population of Jonglei is young: 15% are under five years old and 51% are under 18 years[[6]](#endnote-7). The average household size is eight people per household, higher than the national average. Illiteracy is more common in Jonglei than elsewhere in South Sudan: only 16% of women and men over 15 years are literate. Literacy is more common amongst young people with 33% of men aged 15-24 years literate and 16% of women in the same age range[[7]](#endnote-8). Since the signing of the Comprehensive Peace Agreement in 2005, Jonglei has continued to suffer from conflict and crisis, for example in 2009 there was inter-ethnic conflict between Nuer and Murle, there has been internal displacement within the state, and natural disasters like flooding in 2013 that continues to affect some areas. Jonglei has seen a large number of returnees from what was then Sudan and refugees from other countries. Today, Twic-East host approximately 58,000 internally displaced people from Duk and Bor counties[[8]](#endnote-9). Many local people have fled. Those with means have fled to other regions and even other countries. Others have stayed in the county but are hiding in the swamps.

## Gender and Food Security:

Although there is information available about food insecurity in Jonglei state and its counties much of this information is gender and age blind. This analysis draws on the limited information available about access, availability, and use of food in Jonglei State. Food insecurity and access is linked to land ownership. In South Sudan, the 2009 Land Act makes provisions for women’s ownership and inheritance of land (Section 13). However, in most Dinka communities individual women do not own land: inheritance goes through the male-line. Moreover, land is customarily held by the family not by individuals. This has provide a barrier, though not necessarily an insurmountable one, for single mothers and women returnees to access customary lands to farm[[9]](#endnote-10).

Main livelihoods in Jonglei in order of importance include: sale of natural resources, salaried work, sale of livestock, sale of crops, sale of beer, and casual labour[[10]](#endnote-11). Women tend to concentrate their labour on crop production on small hand-cultivated plots[[11]](#endnote-12). Women are also responsible for brewing and selling beer brewing. Other activities mainly done by women include milking cows, vegetable gardens, harvesting and collecting wild-foods. Men tend to and sell cattle while boys herd the cattle. Fishing is traditionally done by men although some women fish using hooks. In crop farming, men are involved in preparing the ground for sowing. Due to insecurity, farmers tend to stick to tending plots close to their homes[[12]](#endnote-13). Decision-making on how to dispose of assets is mainly the responsibility of men although in some families women are consulted.

Even before the crisis, many households in Jonglei already relied on unsustainable income sources as a major sources of cash-income despite that fact that these strategies were traditionally only used in times of economic distress[[13]](#endnote-14). For women these include: charcoal making for sale, collecting of firewood to sell in markets and for making charcoal, collecting grass for roofing to sell, and collecting wild foods[[14]](#endnote-15). In Jonglei voluntary Savings and Loans has been a successful strategy in income-generating activities for women. Since December 2013, many families have had to deal with insecurity, the arrival of displaced family members from other counties, and the enduring effects of last year’s flooding. Focus group discussions with former residents of Twic-East displaced to Juba reported that food was their first priority in terms of assistance needed. They said that food stocks are seriously depleted. They report that families have resorted to skipping meals and eating less preferred foods. Those who can have fled.

## Gender and WASH:

In 2010, most people in Jonglei had access to improved water sources: 77.8%[[15]](#endnote-16) reported using a hand-pump in the yard, a public tap, or filtered water. Women and in particular young women were responsible for collecting water and often walked long distances to reach it: 42.2%[[16]](#endnote-17) of people in Jonglei travel for more than 30 minutes (both ways) to collect water. 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 Jonglei with almost three quarters of people (70.7%) practising open defecation[[17]](#endnote-18). Improved sanitation (individual or shared) was available for 6.2% and 4.9% of the population respectively[[18]](#endnote-19). There’s little information of menstruation hygiene practices in Jonglei, however, women-only Focus Group Discussions suggested that those women with means to do so used disposable sanitary towels while most women used cloth. 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 Jonglei below the county-level. The planned local government system outlined in the Transitional Constitution is not operational. 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 members. Before the crisis, women in Twic-East did participate in WASH committees.

Since the December 2013 crisis, the WASH situation has detoriated. Women continue to be responsible for water collection in Twic-East and young women are usually the ones walking long distance to fetch water. Anecdotal reports suggest that most women close to bor-wholes continue to use them especially in Panyagor and nearby payams. There are reports from women-only Focus Group Discussions of attacks while out collecting water or firewood. There is a reported need to repair or replace jerry-cans for collecting water. Many people are using river or swamp water for drinking, cleaning and bathing. As prior to the crisis, most people continue to use the bush for open defecation. This was confirmed in both the Integrated Rapid Needs Assessments and CARE’s own Focus Group Discussions. More flooding is predicated to affect the areas with further risks on disease especially if open-defecation continues to be the norm. Menstruation practices are a sensitive subject amongst community members. The women gathered to discuss this issue in Juba highlighted that this “*women are suffering a lot with this[[19]](#endnote-20)*”. Since the crisis, women are using clothes. They are in seclusion at home during their periods, only moving to the well to wash their clothes. There is a need for soap for bathing, soap for washing, underwear and nail cutters. Few WASH committees are currently operating given the high level of population movement in the area.

## Gender and Health:

Sexual and reproductive health is a keen concern in Jonglei State. Before the crisis, there was a lack of sexual and reproductive services in the state. 14.2% of women gave birth alone without any birth attendant present[[20]](#endnote-21). Almost half of all women (43.1%) surveyed had a traditional birth attendant while 25.8% were attended by the village midwife[[21]](#endnote-22). Only, 12.6% had skilled medical professionals attending them[[22]](#endnote-23). More than three quarters of women had no access to antenatal care: 75.7%[[23]](#endnote-24). There is very little use of contraception in South Sudan. In Jonglei State only 0.3% use modern methods of contraception and 1.8% use any traditional method[[24]](#endnote-25). There is a reported unmet need for contraception amongst 28.7% of the married women aged 15-49 years surveyed[[25]](#endnote-26).

Before the crisis malnutrition was a key issue in Jonglei State. Malnutrition rates in South Sudan tend to affect boys more than girls for both wasting and stunting[[26]](#endnote-27). Rates of moderate and severe wasting were both higher than the national average: moderate wasting: 31.2%, severe wasting: 17.4%[[27]](#endnote-28). But Jonglei had lower rates of moderate stunting and average rates of severe stunting (chronic malnutrition) than the national average: moderate stunting: 27.8%, severe stunting: 17.1%[[28]](#endnote-29). Breastfeeding is commonly practiced in Jonglei State: 41.4% of infants were exclusively breastfed from 0-5 months of age[[29]](#endnote-30) but this is below the national average. There is limited comprehensive knowledge of HIV transmission with 5.1% of women surveyed in Jonglei had such knowledge, lower than the national average.

## Gender and Protection:

Gender and protection issues are closely interlinked. CARE’s GBV baseline survey in Jonglei, Unity and Upper Nile conducted in October and November 2013 found that rape, beatings, psychological abuse, denial of education and economic opportunity were both commonplace and seldom reported. Gender-based-violence is common in South Sudan with 41% of respondents in a 2009 survey reporting having experienced gender-based-violence within the last year[[30]](#endnote-31). During the 1983-2005 conflict, documented gender-based violence included sexual violence, rape of women and men, trading women for food or security, traditional practices including ‘girl compensation’, and forced prostitution/sexual slavery[[31]](#endnote-32). Country-wide domestic violence is widely accepted by both women and men: 82% of women and 81% of men agreed that “*women should tolerate violence in order to keep her family together*[[32]](#endnote-33)”. There is no specific domestic violence law in South Sudan. The South Sudan Household and Health Survey reveals that early marriage is common in Jonglei: 6.2% of girls are married before the age of 15 years and 41.1% are married before the age of 18 years, slightly below the national average. There is only limited birth registration in Jonglei, only 29% recorded having any form of birth registration. Polygamy is common with a just over a third (35.5%) of all unions having more than one wife.

Since the crisis began in December 2013, Twic-East has faced specific gender and protection issues. In the April 2014 Inter-Agency Rapid Needs Assessment, women reported protection issues at the hands of armed forces, forced displacement, rape, sexual and gender based violence, and abduction. Boys are particularly vulnerable to abduction, forced displacement, and forced recruitment as child soldiers. The schools are closed and the schools themselves are occupied by soldiers. Many children are reported to be separated from their families. Elderly men and women together with people with disabilities have been left behind in Twic-East as families fled. There are no GBV actors present in Panyagor aside from CARE’s SGBV work through the Peace Under Construction programme. There are no GBV-actors providing clinical management of rape or psycho-social support to survivors in Twic-East.

## Recommendations

**WASH programming needs to be made more gender sensitive**:

* Assessments: there is a need to ensure that beneficiary assessments/registration collects the sex and age category of both the head of household and the family members. The WASH Beneficiary Assessment should be reviewed by the gender focal point to make sure it’s gender sensitive.
* Programming: The all male WASH team have a real challenge working on menstruation issues with this community. There is an urgent need to understand women’s preferences in terms of using sanitary materials and local sanitary practices. Focus Group Discussion tools have been designed and shared on how to do this have been shared with the Jonglei team. Focus Group Discussions with women need to be facilitated by a woman to enable more discussion on menstruation issues. Given that there are no women in the Jonglei WASH team, suggest requesting support from women in the health team.
* Monitoring and Evaluation: The planned beneficiary assessment will be extremely important to get the initial sex and age disaggregated data for WASH programming. Post Distribution Monitoring by women with women on menstruation and protection issues is important. The team is planning to distribute hygiene kits comprising a small number of disposable sanitary towels ( 14 towels is insufficient for three months), cloth, cotton wool and re-usable sanitary towels. There is a need to determine the community preferences and adapt the hygiene kit before the second distribution.

**Women’s livelihoods matter:** As it stands, the planned food security and livelihoods activities is primarily targeting livelihood activities carried out by men: seeds and tools for planting, fishing, and cattle/livestock. Although these activities are interdependent with women’s food security and livelihoods, additional work needs to be done to take into account and work with women’s livelihood activities and coping strategies.To do this, suggest the use of specially designed tools to look at gender and food security which should provide a better understanding of the gendered division of labour for food security and income generating activities is needed. Beneficiary assessment data has already been revised to collect sex and age data for the whole household but this needs to be used in the monitoring and evaluation system and analysed.

**Lack of gender-balance in the field team is hindering quality programming:** there are no women in the current WASH or Food Security teams. This limits the team’s ability to conduct assessments and monitoring on sensitive issues with women. The gender advisor worked with the Jonglei team to identify strategies they think will work to increase the number of women: pro-actively identifying university-educated women from the county or from the state, mentoring of female staff, and women-only internships. Female applicants from Jonglei have been specially pulled togther and are with Human Resources. Sarah is putting together a list of educated women from Twic-East. Please refer to the Rapid Gender Audit: South Sudan for more detailed suggestions including lessons learned on internships from Somalia.

**Protection and Gender-Based Violence work should be re-started:** There are no gender-based violence partners currently operating in Panyagor. CARE urgently needs to re-start its work on gender-based violence prevention and referrals through a revised Peace Under Construction programme which will only be working in Jonglei state. Moreover, given the lack of gender-based violence medical actors, CARE should bring in trainers for the health centre staff on how to provide some medical support and establish referrals to Bor where Intersos is providing case management and medical treatment of rape.

**Further Rapid Gender Analysis for Jonglei is needed:** This is a partial and incomplete gender analysis. A second draft of this Rapid Gender Analysis for Jonglei is required using the analysis of SADD once available, results from Focus Group Discussions, and key informant interviews. This needs to include field work.

1. “*Women need men, and men need women*” explained Rebecca from Twic East County during focus group dicussion in Juba on 29 April 2014. [↑](#endnote-ref-2)
2. CARE International, “The girl has no rights: gender-based violence in South Sudan’, April 2014 [↑](#endnote-ref-3)
3. Ibid [↑](#endnote-ref-4)
4. 2008 Census [↑](#endnote-ref-5)
5. OCHA Ethnic Groups Map 2009 [↑](#endnote-ref-6)
6. South Sudan National Bureau of Statistics Key Indicators for Jonglei: http://ssnbs.org/storage/key-indicators-for-southern-sudan/Key%20Indicators\_72.pdf [↑](#endnote-ref-7)
7. Ibid [↑](#endnote-ref-8)
8. Integrated Rapid Needs Assessment Twic-East, April 2014. [↑](#endnote-ref-9)
9. Norwegian Refugee Council, Customary Law and Land Rights in South Sudan, 2012 http://www.nrc.no/arch/img.aspx?file\_id=9683694&ext=.pdf [↑](#endnote-ref-10)
10. FAO/WFP, CROP AND FOOD SECURITY ASSESSMENT MISSION TO SOUTH SUDAN, February 2014 http://documents.wfp.org/stellent/groups/public/documents/ena/wfp263188.pdf [↑](#endnote-ref-11)
11. Ibid [↑](#endnote-ref-12)
12. Ibid [↑](#endnote-ref-13)
13. Ibib [↑](#endnote-ref-14)
14. Republic of Sudan: Sudan Household Health Survey. 2010 p.68 [↑](#endnote-ref-15)
15. Republic of Sudan: Sudan Household Health Survey. 2010 p.43 [↑](#endnote-ref-16)
16. Republic of Sudan: Sudan Household Health Survey. 2010 p.45 [↑](#endnote-ref-17)
17. Republic of Sudan: Sudan Household Health Survey. 2010 p.45 [↑](#endnote-ref-18)
18. Republic of Sudan: Sudan Household Health Survey. 2010 p.45 [↑](#endnote-ref-19)
19. Arok, from Twic East County duing focus group dicussion in Juba on 29 April 2014. [↑](#endnote-ref-20)
20. Republic of Sudan: Sudan Household Health Survey. 2010 p.52 [↑](#endnote-ref-21)
21. Republic of Sudan: Sudan Household Health Survey. 2010 p.52 [↑](#endnote-ref-22)
22. Republic of Sudan: Sudan Household Health Survey. 2010 . p.52 [↑](#endnote-ref-23)
23. Republic of Sudan: Sudan Household Health Survey. 2010 p.50 [↑](#endnote-ref-24)
24. Republic of Sudan: Sudan Household Health Survey. 2010 p.47 [↑](#endnote-ref-25)
25. Republic of Sudan: Sudan Household Health Survey. 2010 p.49 [↑](#endnote-ref-26)
26. Republic of Sudan: Sudan Household Health Survey. 2010 p.20 [↑](#endnote-ref-27)
27. Republic of Sudan: Sudan Household Health Survey. 2010 p.20 [↑](#endnote-ref-28)
28. Ibid [↑](#endnote-ref-29)
29. Republic of Sudan: Sudan Household Health Survey. 2010 p.24 [↑](#endnote-ref-30)
30. UNIFEM Gender-based Violence and Violence Against Women: Report on Incidence and Prevalence in South Sudan. 2009 [↑](#endnote-ref-31)
31. Scott, Jennifer, Averbach, Sarah, Merport Modest, Anna, Hacker, Michelle R., Cornish, Sarah, Spencer, Danielle, Murphy, Maureen, and Parmar, Parveen. “An assessment of gender inequitable norms and gender-based violence in South Sudan: a community-based participatory research approach” in Conflict and Health 7:4, 2013. [↑](#endnote-ref-32)
32. Scott, Jennifer, Averbach, Sarah, Merport Modest, Anna, Hacker, Michelle R., Cornish, Sarah, Spencer, Danielle, Murphy, Maureen, and Parmar, Parveen. “An assessment of gender inequitable norms and gender-based violence in South Sudan: a community-based participatory research approach” in Conflict and Health 7:4, 2013. [↑](#endnote-ref-33)