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RESEARCH STUDY

SOUTH SUDAN / GENDER BASED VIOLENCE RESEARCH ON SEXUAL ASSAULT

DORO, YUSUF BATIL, KAYA AND GENDRASSA REFUGEE CAMPS IN MABAN

DRU DANISH
REFUGEE
COUNCIL



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EXECUTIVE SUMMARY

The main scope of the research was i) to identify the root causes of and factors contributing to sexual assault among refugee communities in Doro, Yusuf Batil, Kaya and Gendrassa camps in Maban County; ii) to provide information on the challenges faced by survivors of sexual assault and iii) make practical recommendations to respond and help prevent this kind of violence.

FINDINGS

As the large literature on gender based violence highlights, the root causes of it is the unequal distribution of power between men and women. While the root causes of gender-based violence lie in assumptions about superiority or inferiority based on a person's gender, various other factors influence the type and extent of GBV in each setting:

TYPES AND EXTENT OF SEXUAL VIOLENCE

- Limited data and information about GBV and few assisted cases of sexual assault

Reports figures and available statistics cannot give a substantial overview about sexual assault in the four camps nor do they allow for efficient informing of programmatically responsive and preventive action in an evidence-based way. Therefore it is extremely important to compare them with other qualitative research tools.

- Refugee's communities characterized by high social cohesion and traditional coping mechanisms

The high control exerted by community leaders, the relative high social cohesion of the refugees' communities, and the effort to re-construct and mirror in Maban displaced setting of their traditional village systems of Blue Nile might contribute to explain the decrease of reported and collected GBV cases from 2013 to 2014 and the relative few cases of sexual violence that are disclosed to the existing services in the four camps, which are designed according to a GBV response in emergency program.

- Limited women and girls' awareness and knowledge about basic concepts of gender based violence

There is an inescapable, profound, deeply rooted and internalised individual acceptance by women and girls of sexual violence as part of their life, as a cultural practice that happens in refugees camps now as it happened in their villages in Blue Nile before their displacement.

COMMUNITY COPING MECHANISM AND HELP SEEKING BEHAVIORS

- "Solving cases" and community justice mechanisms

Sexual violence is seen as an issue to be solved more than a crime to be punished or above all as a trauma suffered by the woman/girl, which needs to be healed more than fixed. The sheik's decisions are notably not based on women rights and do not respect a survivors-centred approach.

Families' reaction and peer support reflect a pervasive culture of blame

Unfortunately, social norms on gender based violence are so enrooted that women will offer very small peer support and some of them will indeed judge and blame the survivor.

- Limited women and girls' knowledge and perceptions about GBV services available

This might play an extremely important factor in understanding why women and girls might not seek assistance to services that indeed are available in the four camps: they might simply not know why they should go and how those services might improve their conditions.

THE HUMANITARIAN GBV PREVENTION AND RESPONSE TO SEXUAL ASSAULT IN MABAN COUNTY

- Challenges of GBV coordination and referral pathways

Referral pathways have been established among actors, all fairly knowledgeable about the use of appropriate intake and consent forms. International actors seem also to have internal mechanisms to ensure safe, confidential storage of all client information at their level. GBV actors have also disseminated information on referral pathways among service providers. Nevertheless, an update of the referral mechanisms is extremely needed in order to ensure timely services delivery.

Overlapping and complexity of GBV survivors' services

While referral pathways have been established and SOPs signed and endorsed, there is still some confusion amongst women and girls and humanitarian personnel on the GBV services available to GBV survivors, also partially because of high turnover of NGOs personnel.

RECOMMENDATIONS FOR DRC GBV AND PROTECTION PROGRAM AND OTHER GBV ACTORS

- Apply a more culturally sensitive and less overt GBV program strategy
- Clarify the strategic vision for a women and girls empowering program
- Develop appropriate Information, Education and Communication (IEC) strategies
- Develop culturally sensitive training curriculum that are age and gender tailored

RECOMMENDATIONS FOR PROTECTION AND HUMANITARIAN ACTORS IN MABAN COUNTY

- Advocate for compliance and implementation of international standards and GBV guiding principles:
- Clear identification of roles and responsibilities for quality and holistic referral of GBV survivors
- Advocate and implement psychosocial activities with a women and girls focus
- Lead and/or advocate for actions that reduce GBV risks for women and girls

Sexual assault in a rather stabilized crisis scenario is an extremely sensitive topic, because it does not follow the emergency patterns. From a GBV programming perspective, this implies a change in program design and implementation and a more structured participation and empowerment of women and girls in the camps.

GBV actors in Maban displacement settings have carried out an extensive and comprehensive intervention in the past years: GBV services have been put in place, focal points have been identified, training have been facilitated, information has been disseminated, and GBV response services are now available to GBV survivors.

It is then suggested to capture this momentum in order to be able to modify the current GBV programming including new patterns. Sexual assault in those kinds of phases is not exclusively related to the displacement settings but also to cultural beliefs and social dynamics of the local communities.

1. RESEARCH BACKGROUND

1.1 BRIEF CONTEXT OVERVIEW

Danish Refugee Council's (DRC) refugees' response operations in Upper Nile are implemented in Doro, Yusuf Batil, Gendrassa and Kaya camps. DRC is present in the camps since 2012, offering lifesaving assistance to what are now around 130,000 refugees in Maban County¹.

DRC's 2015 programmes in Maban are constituted by a multi-sector response including, but not limited to, the following sectors: general protection, gender based violence, assistance to persons with special needs; food security and livelihoods; camp management and camp infrastructures; shelter.

The area itself is characterized by numerous challenges including poor infrastructures, low human resources capacity, limited access to markets, frequent insecurity and tense relations between host communities and the refugees' population. Moreover, there is currently little indication that a political solution will be found in the short-term that would allow for a mass return of the refugee population to Sudan. In fact, the security situation in parts of Blue Nile State, where the refugees originate from, continues to be volatile, and even in areas with relative calm, the destruction of livelihoods is likely to have longer-term effects.

The overall situation of refugees living in the four camps targeted by the research is still extremely precarious, and human security is still endangered by a plurality of factors. The vast majority of the refugees in Maban County originate from Blue Nile State with the main tribes being Uduk and Ingassana. Smaller tribes are Jum-Jum, Magaja, Baldugu, and Funj, some of whom originate from the Nuba Mountains in South Kordafan and Darfur.

At present, the populations of Gendrassa and Yusuf Batil camps are primarily Ingassana, with small minorities of Jum Jum, Funj and Baldugo, while Doro camp is predominantly Uduk with a small mix of other tribes.

REFUGEE DEMOGRAPHIC TABLE ²	POPULATION	HOUSE HOLD	FEMALE HEADED HOUSE HOLD	%
Kaya	22.168	5168	1969	38%
Yusuf Batil	40.418	9252	3129	34%
Doro	50.639	12,338	5076	41%
Gendrassa	18.043	4251	1439	34%

1.2 OVERVIEW ON GENDER BASED VIOLENCE IN MABAN REFUGEES' COMMUNITIES

The pervasive insecurity inside and outside the camps affects women the most, as they face high threats to their physical and emotional integrity, both in their homes and in the public sphere. In the past, different studies were carried out by DRC on gender based violence in the camps³. All of those assessments identified different types of violence that refugees, particularly women and girls, are exposed to: – rape, sexual assault, physical abuse such as domestic violence in particular, female genital mutilation (FGM) and forced marriage.

In the assessments carried out between 2013 – March 2015, 50% of key informants reported that rape occurs when women and girls go to the forest to collect firewood. 10% of individuals and 12% of key informants responded that incidents of rape and other forms of sexual abuse and harassment also take place when women and girls go to collect water and when they travel to the market.

At home, more communities in Ingassana tribes 'marry their daughters away' to have less economic burdens and as a way to earn income from the dowry. After marriage, the assessment revealed that some women reported to be further subjected to intimate partner violence. Results of individual interviews revealed that 58% of respondents when asked whether husbands beat their wives confirmed that this had been their experience.

Furthermore, FGM is also rampant. When asked about the reasons for practising FGM, 71% of respondents answered that girls need to undergo FGM in order to stay healthy. 67% of the individuals surveyed also said that their community performs FGM because it is a traditional practice that belongs to their culture throughout history.

Finally, those assessments clearly pointed out that instances of gender based violence are deeply rooted in the unequal distribution of power between men and women that legitimize violence or other culturally-acceptable harmful practices. It is common for a man to be physically and emotionally violent to their wives as a way of disciplining her for not completing housework in time, refusing intercourse, or 'making any mistake'⁴.

DRC and ACTED implement gender based violence response activities respectively in Doro/Yusuf Batil camps and in Gendrassa/Kaya camps, including identification and training of SGBV community focal points, general awareness raising at community level about GBV, offering case management for GBV survivors, providing dignity kits to GBV survivors, training of partners, including the local police, who offer services to survivors and organising income generating activities with women refugees.

1.3 SCOPE OF THE RESEARCH

The main scope of the research was i) to identify the root causes of and factors contributing to sexual assault among refugee communities in Doro, Yusuf Batil, Kaya and Gendrassa camps in Maban County; ii) to provide information on the challenges faced by survivors of sexual assault and iii) make practical recommendations to respond and help prevent this kind of violence⁵.

At the outset, sexual assault needed to be clearly defined in order to limit the scope of the consultancy. For the purpose of this consultancy, DRC understands sexual assault as all forms of assaults of sexual nature including sexual violence, rape, attempted rape and all sexual violence/abuse without penetration, and female genital mutilation. However, since DRC had already carried out a comprehensive assessment on FGM in the same area in 2014, it was agreed not to address this issue directly.

After two years, Doro, Yusuf Batil, Gendrassa, and Kaya camps have been entering a "care and maintenance phase" according to UNHCR standards. For the purpose of GBV programming, UNFPA considers that this phase signals that the initial crisis has passed or subsided and people have reorganized themselves into families and communities. During those phases communities enter into stabilisation process, where there is less chaos, and basic needs are met. In this phase the most prevalent form of GBV are usually: sexual attack, exploitation, abuse by persons in authority; child sexual abuse; domestic violence; sexual assault when collecting wood, water, etc.; sex for survival; and cultural harmful traditional practices that may have resumed in displacement settings⁶.

Women and girls' exposure to risk in these earlier settings comes as a result of socially constructed gender roles and discrimination. They have more limited access to resources, including control over economic capital, education, skills training, employment, secure housing, transportation, information, decision-making, social networks and influence.

At the same time, women most often remain the primary caregivers for children and other family members, responsible for supporting multiple people during an emergency despite their limited access to resources and economic opportunities.

2. METHODOLOGY

In order to carry out the study, the consultant used mainly qualitative tools. In particular, desk review of existing documents and reports was extremely interesting and resourceful to gather data and compare similar experiences; GBV in emergencies manuals and handbooks; IASC guidelines on GBV programming and GBV coordination, DRC project documents, reports, UN and INGO websites and reports on South Sudan were consulted.

A guide of questions was also developed to be asked to key informant persons of the community involved in camp coordination and camp management, site planning, registration, shelter and Non-food Items, Wash, local authorities, camp committee leaders, health services representatives/focal points. The guide was composed by an initial section addressing general issues related to GBV and sexual assault in particular; the other sections were organised according to the individual affiliation/sector⁷.

A total of 22 people were interviewed. A total of 13 Focus Groups Discussions (FGDs) were held with 29 girls, 57 young women, and 31 older women about their perceptions, attitudes, practices and knowledge around the concept of sexual assault⁸. Furthermore, participants of the same focus group discussions were also asked to draw a community mapping to identify safe perceived areas and reasons for that. Finally, safety audits were also conducted during night by GBV focal points or outreach agents in three camps.

The following findings are mainly based on those qualitative data analysis and secondary data analysis.

2.1 LIMITATIONS

When considering research and information in the context of GBV in humanitarian settings, it is nearly impossible—and potentially very dangerous—to measure either the incidence or prevalence of GBV and hence sexual assault as they are both population-based, and therefore require methods such as population-based surveys, which are costly, time-consuming and require very specialized methods in order to address safety and security concerns.

Therefore, this research is based on information on reported cases and estimating trends and pattern based on anecdotal information and focus group discussions. Therefore, the findings show only trends and common beliefs and might not be representative of all female population in the camps. As previously stated, the research focused on sexual assault only leaving aside other forms of gender based violence. Because of security concerns during two days of the research, and time and logistics limitations, fewer interviews and FGDs were held than originally planned.

Finally, the translation and FGDs facilitation turned out to be more challenging than expected, during some FGDs different local languages were used and participants translated to other participants with the risk of missing some important information and key words. Relying for the first week on male translators also made setting up the environment of confidentiality and trust much needed to talk freely about sensitive issues extremely difficult.

3. FINDINGS

The first question of the consultancy was providing an overview of the root causes and contributing factors for sexual assault. As the large literature on gender based violence highlights, the root causes of it is the unequal distribution of power between men and women. The root causes of gender-based violence lie in assumptions about superiority or inferiority based on a person's gender. While gender inequality and discrimination are the root causes of all forms of GBV, various other factors influence the type and extent of GBV in each setting. Various other factors determine the type and extent of violence in each setting. In emergencies, there is often a breakdown of law and order and an increase in criminal behaviour and human rights violations. Norms regulating social behaviour are weakened and traditional social systems often break down. Women and children may be separated from family and community supports, making them more vulnerable to abuse and exploitation due to their gender, age, and dependence on others for help and safe passage⁹. During crises such as refugees' settings, there are many such factors that can increase risk and vulnerability to GBV. Examples include:

- Community and family support systems have broken down;
- Families are often separated;
- Institutions such as health facilities and police are under-staffed or nonexistent;
- There is a prevailing climate of human rights violations, lawlessness, and impunity;
- Displaced populations are dependent on aid and vulnerable to abuse and exploitation;
- Temporary communities and shelters may not be safe, may be overcrowded, may be in isolated areas, or could lack sufficient services and facilities¹⁰.

In sum contributing factors of GBV, hence of sexual assault are poverty, war, displacement, lack of education and knowledge about human rights, limited rule of law, and law endorsement by the appointed authorities¹¹. All those factors clearly apply also to the displacement settings of Sudanese refugees living in Maban County.

For this research the consultant focused more on the local cultural patterns and contributing factors related to the context of the areas to be assessed, attempting to underline the different elements of sexual assault and of a sexual assault related GBV program. This was based on the assumption that, it is important to make sure that the information to be collect through an assessment will be used to inform programming and advocacy efforts that result in real change and real support for women and girls.

As it is recommended by WHO guidelines, researcher should also assess the existing capacity on the ground to address sexual violence in order to have a clear picture of sexual assault prevention and response programing.

The following section will describe the main findings related to trends and patterns of sexual assault in the four refugees' camps, partially highlighting reasons for the decreasing trend of women and girls assisted by humanitarian actors in the area.

Afterwards, local coping mechanisms and community responses to sexual assault will be also analysed, providing information on the challenges faced by survivors of sexual assault. Finally, weaknesses and strengths of the GBV programming will be highlighted in order to better understand the on-going humanitarian response to sexual assault and provide recommendations.

3.1 TYPES AND EXTENT OF SEXUAL VIOLENCE

3.1.1 LIMITED DATA AND INFORMATION ABOUT GBV AND FEW ASSISTED CASES OF SEXUAL ASSAULT

The Gender Based Violence Information Management System (GBVIMS) is operational in the country and collects harmonized data from different partners. Collection of systematized GBV data using the GBVIMS tools in South Sudan has been ongoing since 2013 in areas where data gathering organisations are offering psychosocial services¹².

Reports available at GBV sub-clusters level which contain statistics reported from all sites where there are internally displaced people settlements, refugees, and host communities, show that most of the abuse occurs within the context of intimate partner violence (61%) or is constituted by sexual violence committed towards children (11%) and child marriage (13%)¹³.

Similar trends were also identified in Maban County in March 2015 (latest report available for the research), when most of the GBV survivors suffered physical assault (45%). Emotional abuse cases were 18% whilst those denied resources, opportunities and services were 11%.

The survivors who were forced to marry against their will were 5%. Physical assault has been the most frequent type of abuse and it is usually committed by intimate partners. In general, the total number of reported SGBV incidents in 2014 decreased compared to the previous year (753 SGBV incidents in 2013 vs 316 in 2014)¹⁴.

Types of GBV incidents in Maban

TYPES OF INCIDENTS	OCTOBER	NOVEMBER	DECEMBER	TOTAL FOR THE PERIOD	TOTAL 2014
Domestic violence	11	16	19	6	184
Rape	1	0	0	1	29
Sexual harassment	0	0	0	0	6
Attempted rape	1	0	1	2	14
Forced marriage	10	2	0	12	34
Early marriage	1	0	0	1	17

As stated before those figures are only partial since not all actors share at the moment data using GBVIMS and no information sharing protocol is available to all service providers in Maban County. For instance, MSF clinics during 2014 also provided services in the four camps to twenty-three survivors of sexual violence. During the first four months 2015 the number of survivors that came to their facilities were two¹⁵, but those data are not reflected into the GBVIMS database.

Since in Maban County not all international organisations are part of the GBVIMS system, the current data are not a fully reliable source for this consultancy .

Thus, figures and statistics cannot give a substantial overview about sexual assault in the four camps nor do they allow for efficient informing of programmatically responsive and preventive action in an evidence-based way.

Therefore it is extremely important to compare them with other qualitative research tools to better understand the reasons why women and girls are reluctant to come forward to seek assistance if they experience sexual violence.

3.1.2 REFUGEE'S COMMUNITIES CHARACTERIZED BY HIGH SOCIAL COHESION AND TRADITIONAL COPING MECHANISMS

As the crisis protracts the reported number of incidents of GBV are normally increasing as survivors are becoming familiar with the service providers and how to access them. This is generally an indicator of the importance of establishing services at the onset of an emergency, as it takes time to build the trust that allows survivors to come forward.

However, in Kaya, Gendrassa, Yusuf Batil, and Doro camps the reality now is indeed the opposite and the reporting trend is decreasing¹⁷. In protracted displacements settings, communities are also able to develop with time coping mechanisms and re-establish at least partially some protection safety nets and resilience community systems.

The type and extent of sexual violence depends on each particular emergency and on the cultural and traditional patterns of the population displaced among other factors. This holds particularly true in the local communities displaced in Maban County. Indeed, Doro camp hosts the largest amount of ethnic groups of all camps in Maban County.

Uduk in Doro camp are 64.6%, while Muslims are estimated to be between 30 to and 35%. The camp is approximately divided into a 50-50 split between Uduk communities, who are Christian, and other smaller ethnic groups, who are mainly Muslim. Most residents in Doro camp arrived late 2011/early 2012.

In general population groups are mixed between previous inhabitants of urban and rural areas, and some of the refugees of Doro Camp are the best educated amongst the general refugee population.

The population of Yusuf Batil camp is primarily Ingassana, though there are some minority groups of Magaja and Jum Jum tribes also in the camp. Back in Blue Nile State the Ingassana now inhabiting Yusuf Batil were mainly rural populations who keep animals and did light agricultural production.

Magaja and Jum Jum communities are minorities within the camps but, especially for the Magaja, they have normally cohabitated with the Ingassana even in Blue Nile and follow similar practices. Kaya and Gendrassa camps have similar characteristics to Yusuf Batil camp as they host the same ethnic groups the majority being Ingassana with smaller minorities of Jum Jum and Magaja populations though come from different areas in the Ingassana Mountains¹⁸.

That said, in general terms, the Sudanese population displaced in the four camps has maintained their traditional structures from Blue Nile state as well as their traditional practices. Generally camps are also arranged by ethnic and linguistic composition, and all areas of the camp mirror the original communities in Blue Nile State.

Justice and to some extent safety and security are controlled and endorsed by a traditional power distribution among sheiks (community leaders administrating a small community equivalent to a neighbourhood), who report to a centralised leader called Umda and then to nazir.

"The camp is generally very safe during the day", Woman during a FGD in Kaya.

Every camp has also a Camp Chairperson who represents the camp with external actors in particular. This hierarchal system of traditional community leaders ensures the control of the area, settles local disputes and represents their refugees' communities vis-a-vis international organisations.

This socio-political structure is rather well established in all camps with minor differences, and the fact that the displacement is relatively recent has still not eroded the traditional power of the community leaders. Indeed in the four camps there is still a relatively strong community cohesion, whereby for instance the reported few unaccompanied/separated children are taken care by the enlarged families and single mothers or widows are placed under the protection of the neighbouring families and sheiks¹⁹.

Indeed, during the community mapping exercise, the majority of women and girls clearly stated that the camp in general is safe for them during the day. Only some girls reported to be harassed especially in Gendrassa camp by idle youth sitting in some areas in the camp, or while going to Bunj market. Some sporadic fighting and disputes make some of the refugees' markets, especially in Yusuf Batil, sometimes dangerous but that does not prevent women to go anyway.

During the night, the reality changes according to the camp assessed. Generally, girls and adolescents do not go out because they are instructed so by their parents and caregivers. For adult women the situation changes substantially; culturally and traditionally, women are not allowed to go out after dark. Some women during FGDs in Yusuf Batil camp said "not to have any business to do out of their home, so we should simply stay home".

The majority of women respect this practice and will go out only for medical emergencies, special ceremonies or to visit a nearby relative. Only a few women in Yusuf Batil and Doro said that they will also not go out because of the dangers, such as criminals and thieves roaming around, drunk men harassing them and strangers that might rape them.

"There are not problems here maybe sometimes during distribution days... otherwise we women, we do not lack in anything, we have food, water and free health. Indeed we received some GBV training, we raised awareness and now the problem is solved", President of Women Committee in Gendrassa camp

The safety audits also confirmed that there are very few movements in the camps. Police reports, medical and camp management staff also confirmed that criminal activities are mainly directed against facilities (offices, stores, etc.) belonging to international agencies and that there are a limited number of bloody episodes within the camps²⁰.

The high control exerted by community leaders, the relative high social cohesion of the refugees' communities, and the effort to re-construct and mirror in Maban displaced setting of their traditional village systems of Blue Nile might contribute to explain the decrease of reported and collected GBV cases from 2013 to 2014 and the relative few cases of sexual violence that are disclosed to the existing services in the four camps²¹.

This would suggest that once the acute emergency phase is over, those particular risks and contributing factors related to sexual violence in high conflict areas decrease²².

3.1.3 LIMITED WOMEN AND GIRLS' AWARENESS AND KNOWLEDGE ABOUT BASIC CONCEPTS OF GENDER BASED VIOLENCE

International actors involved in GBV programming repeated that there were a lot of sexual violence cases because 'we are in an emergency'. Statements such as "There are so many cases of sexual violence" and "yes, sexual violence is rampant" were common among some humanitarian workers.

Nevertheless, during the thirteen focus groups' discussions, women and girls challenged this rigid view expressed by humanitarian actors of their communities "I never heard about such cases of rape" was a frequent response given by girls and women participating in the FGDs after they heard some fictional case studies on sexual violence shared in order to facilitate the discussion.

"In Kaya it never happened, maybe in the past or maybe in another area", said a woman in the camp. Also all individuals interviewed clearly stated that 'rape' and 'sexual violence' have never occurred within their community, not in the past and not now. "We do not have this kind of problems in here", was repeated by few sheiks in different camps, sometimes cutting short the conversation²³.

This report attempts to explain this apparent contradiction. The report further highlights the necessary shift in programming, in language, and in understanding, that the international community needs to undertake once the acute phase of an emergency is over and GBV actors face GBV types that are more related to cultural beliefs and local patterns.

Partially related to this is the fact that GBV actors affirmed that women were shy and scared to report cases of sexual violence, while few actions were promoted in order to better understand the reasons for that .

Indeed, this research holds the view that women and girls will look for assistance if this is made available to them, it is confidential and free, and above all if they are aware about the underlying reasons for seeking help. This great 'shy' silence in sharing information was initially thought to be maybe linked to the fact that the research focused straight on sexual violence limiting the possibility of addressing more general women and girls' concerns.

The reality as usual is far more complex and the following story might help to understand better the enrooted social norms related to women and girls power status in their own communities.

BOX 1: DIFFERENT VERSIONS OF THE SAME STORY OF RAPE

During one FGD one participant shared the story of a woman living in her community. It was night and she was at home alone with her children, while her husband went with some other men to a local celebration. Suddenly a man broke into her house and abused her. The neighbours saw the man entering the house and alerted her husband. When the husband arrived home he beat the wife while the neighbours beat the aggressor almost to death. The wife sought help from the local sheikh who stated he did not want anything to do with those stories of women, because women started to have too many issues to deal with. After four days, the wife came back to her husband asking for forgiveness. The story provoked a lively debate during the FGD and different versions were provided:

- i) The aggressor's version: he knew the lady and indeed he lent her some money some weeks earlier and he went to her house only to ask the money back. He did not want to assault her. The aggressor is now free in the community and was not punished.
- ii) The husband's version: his wife is extremely unfaithful and as soon as she is alone she calls in men, this was already the second time that happened. He was counselled to accept back his wife and to control her better
- iii) The woman's version: she swears that she does not know that man. She is now extremely scared of her husband that he might kill her and also be targeted again by other men because of her reputation. She has shared her fears only with one international organisations' social worker.

To the women participating in the group the last version was unknown and almost impossible to believe.

Unfortunately and very sadly, the great majority of women and girls participating in the FGDs in the four camps showed lack of awareness about the fact that sexual and physical assaults, also committed by members of their communities, are indeed acts of abuse and violations against their bodies and their dignity.

Social norms underpinning the normality of sexual violence and assault as a form of control and dominance of women' and girls' bodies is pervasive in all the communities assessed. While they would be able to recognise and so denounce an act of sexual violence committed by a stranger from another community possibly involving a high degree of physical violence, they will not identify an aggression committed by members of their community/family as a human rights violation and hence as a gender based violence act.

"Disclosing an episode of child abuse to look for help if possible and it did happen. It also depends if people were made aware",
Child protection humanitarian worker.

For the last FGDs the researcher preferred to make use of women and girls own way of expressing and telling case studies of rape and particular attention was placed on translation and local facilitation. Instead of using words such as 'rape', 'abuse', 'violence', expressions such as 'a stranger slept with the woman', or 'a woman was approached by a man and then had sexual intercourse with her' occurred.

Starting from this important change, all women and girls participating in the last four FGDs clearly declared that such episodes happen on a regular basis and indeed all women and girls in the area are exposed to this. During one conversation, one woman was also able and strong enough to tell the episode of violence that happened to her while she was raped going to the forest to collect firewood and then she was forced to marry the perpetrator.

This analytical shift turned out to be extremely important because it provides some important insights:

- Women and girls do not tend to disclose episodes of (sexual) violence, because women and girls themselves (and the overall community) might not recognise them as acts of violence rather as a cultural way for a man to approach a woman who is still single, or widow in the community²⁵;
- The extremely low rate of minors reporting cases of violence and looking for assistance might also be caused by this cultural belief²⁶. Indeed, in the case of adolescents, the aggression of a man against her is part of the local culture and indeed is perceived as a 'marriage declaration', that might be accepted or not according to a variety of factors²⁷;
- More cases are reported by adults' women that are married or under the protection of a husband because they already 'belonged to somebody' and so the aggressor will be punished because he has gone beyond the limits of their local laws.

There is an inescapable, profound, deeply rooted and internalised individual acceptance by women and girls of sexual violence as part of their life, as a cultural practice that happens in refugees camps now as it happened in their villages in Blue Nile before their displacement.

This is linked to a collective acceptance of this structural cultural practice that considers women and girls as awards to be gained by violence. This act will be then sealed by the sheiks who will settle the case declaring official the marriage or making the aggressor pay a fine if the marriage will not happen.

The researcher is aware that this might only be one of the possible analyses that explain the underreporting of sexual assault in the area. The fact that the acute emergency and violent patterns of the displacement have decreased in the area, have indeed disclosed GBV types that are more related to the local cultural and traditional beliefs rather than to the more extreme patterns experienced during the initial phases of a conflict. This has important programmatic and strategic implications as better explained in the recommendations paragraph.

3.2 COMMUNITY COPING MECHANISMS AND HELP SEEKING BEHAVIORS

The research attempted also to better understand how women and girls protect themselves from sexual violence, where they would seek help, and which mechanisms are available at family and community level to support them and to create a conducive environment to disclose episodes of sexual violence.

3.2.1 "SOLVING CASES" AND COMMUNITY JUSTICE MECHANISMS

When asked where women and girls would go to seek assistance if they experienced violence, the majority of them mentioned that after talking to their closest family members they would address themselves to the sheiks. While it is particularly complex to understand what will be his role, the following statement might help to understand better:

"The sheiks will attempt to solve the issue, if he is not able he will refer the case to the local Umda", said one woman in Yusuf Batil. "He will send the woman to the hospital" said another one in Yusuf Batil, but she was corrected afterwards by another woman who specified "Only if the case is particularly severe". Representing the local authority, "he will also run some investigations to find out about the aggressor", clarified a woman in Gendrasa.

This procedure might take some time and in some cases it might involve "beating the woman until she reveals the aggressor's name" as expressed by an individual respondent in Kaya. Through the different conversations, it seems that sheiks and Umda, sometimes helped by other members of the community of the woman's family, would always manage to identify and apprehend the perpetrator²⁸. At this point, "he will find out the real intentions of the man's behaviour". Women and girls here had some different opinions but generally the perpetrator would have two main reasons for attacking a woman/girl.

The first one is because he is interested in her and in this case the woman/girl will be encouraged / asked to marry him with the community's approval. In some cultures like the Uduk this practice however has become less and less common, and while the woman is not asked to marry the man, the perpetrator is not punished either. Some women were particularly sensitive especially in Doro camp and firmly declared that if this happened to their daughter, they would never marry her off to the perpetrator.

The second option is that he would do it without the intention of marrying her, in this case he will be told not to do it again. He might also be fined or asked to pay "compensation" to the woman. This process might take long time and the police might also get involved if the sheiks and the Umda are not able to settle the case.

In very few FGDs were police reported to be their preferred first entry point of the claim, some other times "the perpetrator will go forth and back from jail until a solution is found and everybody agrees on it"²⁹.

Sexual violence is then seen as an issue to be solved more than a crime to be punished or above all as a trauma suffered by the woman/girl, which needs to be healed more than fixed. The sheik's decisions are notably not based on women rights, do not respect a survivors-centred approach, and raise some doubts about the genuine and honest informed consent given by the woman/girls while accepting the sheik's sentence.

3.2.2 FAMILIES' REACTION AND PEER SUPPORT REFLECT A PERVASIVE CULTURE OF BLAME

Overall, for the great majority of FGDs participants, the family of origin of the GBV survivor – if she is married- is seen as supportive, the father and the mother would be the first people to share their experience with, because it is reported the husband would blame the woman and react violently. and react violently.

As expressed in the large majority of FGDs, the survivor would be also punished because she did not stop the event to occur: "She will go to her mother first and sometimes to her father because they will understand better". When asked during FGDs why not going to the husband, some women replied "because he would beat her", and because "parents would understand better". Adult women all agreed that wherever this woman might go, health clinics, sheik, family, she would rarely ask for assistance to her husband because he would reject her.

On the other hand, if the girl is still young the family would be less supportive and she would be blamed for not having prevented the assault.

Nevertheless, some young girls in Gendrassa seemed to be more aware about the difficulties they experience in their community and they all declared that they would go straight to a MSF clinic where "people will help them".

To sum up, family as well as community would blame the survivor because she allowed that to happen and because she was not careful or fast enough to prevent it.

"The father will look for the perpetrator but then will come back and beat the girl because she allowed it!" Adolescent in a FGD, Gendrassa camp.

*"I will ask her why she was there alone!"
Woman during a FGD in Doro*

Unfortunately, social norms on gender based violence are so enrooted that women will offer very small peer support and some of them will indeed judge and blame the survivor: "It was not the first time that this woman slept with a man that was not her husband I heard" said one old lady referring to a fictional survivor of a case study who was not able to stop the aggressor.

During one FGD with some Uduk women, an ethnic group which is slightly more open-minded than the other refugees' communities, one woman said that if a woman is raped by a man, she will not be blamed "unless it was actually her that planned it to happen"!

The very low mutual help showed by women really struck the researcher who decided to spend extra time at the end of some FGDs to carry out participatory gender exercises to understand better and challenge some of those critical statements against victims of violence.

The impact of being listened to deeply and asked sensitive questions was very powerful and the majority, through reflection, changed their mind. One group stayed in the room for more than one hour "because those discussions made us open our eyes"³⁰, and because they felt they wanted to know more and actually start to help each other.

The majority of women asked to repeat the FGD at other times and some of them came back in the following days because wanted to join the discussions and play a more active role in their communities to raise awareness about GBV survivor's needs and risks of the current system of addressing acts of violence within their communities.

3.1.3 LIMITED WOMEN AND GIRLS' KNOWLEDGE AND PERCEPTIONS ABOUT GBV SERVICES AVAILABLE

Almost all women and girls participating in the FGDs recognized the need to see a doctor if they experience sexual violence. In all FGDs in the different locations and regardless their age, participants mentioned health clinics as services they would go to in case they were victims of rape³¹. In Kaya, women clearly identified ACTED as a relevant agency they would go to. However, in Gendrassa camp women participating in the FGDs could not recall the name of the organisations that were able to provide care and assistance to GBV survivors, while in Doro only few women mentioned DRC as a possible agency they would go to in case of need.

Nevertheless, during FGDs neither a woman nor a girl were able to better specify which kind of assistance and help were offered by those service providers and INGOs. In the case of health services, some women said that it will be upon the doctor to decide the consequent treatment. In the case of non-medical organisations, they were not really clear on which kind of support they might get nor on the reasons why they should go to them.

Health and psychosocial consequences of rape and sexual violence were new concepts to them³². Some young girls in Gendrassa camp seem to be more aware about referral mechanisms and the confidentiality of health services. On the contrary, in Yusuf Batil camp women confirmed that they could not go secretly to those services because husbands and sheiks would be anyway informed. This might be linked to the fact that women usually go accompanied by family members when going to the health clinics and/or by the practice of asking their name, husband's name and reference sheiks to understand their full names and where they live. Indeed the sheik's name identifies also their location within a camp. The only policewoman in Doro adamantly admitted that she will not advise nor refer a GBV survivor to a doctor because unless she is seriously injured it is not necessary³³!

This might play an extremely important factor in understanding why women and girls might not seek assistance to services that indeed are available in the four camps: they might simply not know why they should go and how those services might improve their conditions.

3.3 THE HUMANITARIAN GBV PREVENTION AND RESPONSE TO SEXUAL ASSAULT IN MABAN COUNTY

3.3.1 CHALLENGES OF GBV COORDINATION AND REFERRAL PATHWAYS

Overall coordination among and between multi-sectoral and interagency GBV actors at local-level should include clarification of mandates, roles and responsibilities to agree on types of services. They should discuss geographical coverage in specific locations; development and implementation of referral protocols for service delivery. Also for collection, organisation, analysis and use of service-level and other data for planning, advocacy and prevention initiatives; including collective planning, implementation and monitoring of complementary prevention and response activities; collective advocacy; joint community education and awareness raising³⁴.

In line with that, UNHCR and its international partners engaged in protection have promoted services since the beginning of the displacement. Health services are present in all locations, endowed with identified private/confidential spaces and trained personnel are available in the main clinics. Treatment or presumptive treatment for STIs and Emergency contraception are available also in the field clinics, while Post-exposure prophylaxis for HIV (commonly referred as Pep-Kit) are only available at the MSF clinics³⁶.

Referral pathways have been established among actors, all fairly knowledgeable about the use of appropriate intake and consent forms. International actors seem also to have internal mechanisms to ensure safe, confidential storage of all client information at their level. GBV actors have also disseminated information on referral pathways among service providers. They also meet quite regularly through different kinds of GBV coordination meetings chaired by UNHCR.

Moreover, since December 2012, Standard Operating Procedures have been discussed and finally endorsed and signed off in January 2015. The Maban County SGBV SOPs were developed by representatives of the international actors and refugees' representatives in the different camps. The document describes procedures, roles, and responsibilities for each actor, and was designed to be used together with established guidelines and other best practices materials related to prevention of and response to SGBV.

Nevertheless, the document does not reflect important changes that have happened over time at field level, with the taking over of health activities by new partners. An update of the SOPs is extremely needed in order to ensure timely services delivery, boost coordination but above all ensure quality of service provision and reducing obstacles to free and confidential access to health care.

"I have not assisted any case of sexual violence yet, though if I received one I would straight call the police and UNHCR; I cannot provide clinical care without those police forms [the respondent was not able to identify the forms nor describe the contents of them]. Actually UNHCR was very clear on that", Interview with a clinical officer of an NGO in one clinic in a camp.

"Sexual violence and domestic violence will be immediately reported straight to the police" said one midwife in one outreach health post with or without the consent of the victim, "because it is a crime and we need a witness to treat them. So we will proceed only with a letter from the police" clarified another health worker in another clinic.

Those statements are particularly worrying because they represent the breaking of the basic GBV guiding principles at the basis of ensuring confidentiality, trust and the quality of safe services for GBV survivors, hence discouraging GBV survivors to come forward and eventually being treated³⁷.

SOPs clearly stated that "Referrals should be made to police ONLY if the survivor has given his/her informed consent. The survivor should be informed of the reality of police services available and the procedures involved.

The SGBV partners in Maban are committed to continuously train the police based in Maban County on how to handle SGBV cases and cases involving children.[...]. Form 8 is not mandated by law and does not need to be filled by police before a survivor can seek medical attention"³⁸.

Individual interviews have clearly shown that policemen have systematically not provided quality performances³⁹. Since their services are not at all compliant with a survivor-centered approach and might seriously undermine the necessary trust between GBV survivors and service providers, referring women and girls to the police might eventually constitute an obstacle for women and girls to come forward for overall assistance⁴⁰. UNHCR also provides legal assistance to survivors, "advising survivors with alternatives and remedies provided by the South Sudanese law"⁴¹.

Though no trained and qualified paralegal actors or professional lawyers are made available to the GBV survivors in case she decides to give informed consent in pursuing the claim to the customary courts available in the camps.

"We need the data so please let us see the survivor, we heard there is one in here" was a case reported by a health provider in one camp as a request coming from a case management actor. The quest for data seemed in some individual interviews to have replaced the humanitarian imperative of delivering assistance to people in need first⁴².

While data are extremely important to inform a GBV program and advocate for women and girls rights; information gathering should not be prioritized over service provision. Offering quality assistance to GBV survivors is a life-saving activity and should be at the center of each GBV program.

The ultimate goal of data collection is informing a GBV program, identifying gaps to address and trends to strategically re-orient the program, and hence offering the best services possible in a given context. Providing a safe and ethical mechanism for primary service providers to share and access compiled GBV data is one cornerstone of good GBV coordination⁴³.

3.3.2 OVERLAPPING AND COMPLEXITY OF GBV SURVIVORS' SERVICES

While referral pathways have been established and SOPs signed and endorsed, there is still some confusion amongst women and girls and humanitarian personnel and a worrying overlapping of services available to GBV survivors, also partially because of high turnover of NGOs personnel. "I am not really sure which organization offers which service" declared a health worker in a camp⁴⁴.

Professional counseling is provided by qualified staff within the main health clinics able to offer the whole treatment for sexual assault. According to the January 2015 version of the SOPs, health actors are also the focal points for psychosocial support, while "DRC is the SGBV lead for Doro and Yusuf Batil Camps and can help find proper referrals and do safety planning for survivors. ACTED is the lead agency for Kaya and Gendrassa, which offer case management and safety planning services to survivors"⁴⁵.

The roles sharing and responsibilities on the ground is then as blurred and confused as its allocation in the SOPs. In practical terms, it is not clear why a survivor, treated and counselled by health actors should approach DRC and ACTED for case management⁴⁶. It is also not clear how ACTED and DRC can perform professional case management when the actual counselling is done by health providers. Furthermore, it is not clear how a health actor might be the focal point of psychosocial support when its services are mainly defined within its health premises. For example for Doro camp, this means that a GBV survivor will start being counselled – if (s)he gives consent of course- by one of MSF staff but then her/his case will somehow be referred to another DRC person for case management.

This points out to a lack of understanding of the ultimate goal of case management and the theoretical, practical, necessary overlap of psychosocial support, case management, and counselling. The three 'concepts' are in real terms extremely interrelated and necessarily carried out by the same actor especially in terms of effective GBV response in humanitarian settings⁴⁷.

In the SOPs, and as observed on the ground, it is not evident or clear which is the responsible actor, if any, in charge of facilitating all those essential prevention activities for a GBV programs, related to the establishment context-appropriate group activities for women and girls through safe spaces⁴⁸.

Prevention activities are according to the SOPs a responsibility and task for all actors signing the SOPs, which state "All actors have a responsibility to take action to prevent gender based violence"⁴⁹. While it is globally agreed that gender inclusiveness is an element of all humanitarian actors, the lack of definition of roles and responsibility in terms of prevention and risks mitigation amongst humanitarian actors and health providers in Maban paves the way for a dangerous vacuum of accountability and leadership in this domain⁵⁰.

Without this work of providing coherent and professional psychosocial activities necessary for building trust and confidence with women and girls in the communities, is it really any wonder that few women and girls do not come forward to disclose their traumatic experience? It is referred here to all those community self-help and resilience strategies necessary in a GBV program to support women and girls and those especially vulnerable to GBV, through women's groups, recreational activities, and cultural initiatives for instance⁵¹.

Such disclosure is made more unlikely given the sensibility of the word 'SGBV' and the unlikelihood that women can safely approach such an SGBV focal point or staff in crowded camps and be confident and safe that none else will know why they are seeking a meeting with an SGBV Focal Point.

Finally, while the SOPs and international partners' intended approach is based on building ownership of the refugees' communities and using cultural appropriate prevention mechanisms, the reality on the ground is not always compliant with international standards and best practices. For instance, the GBV leading agencies in the camps have identified an extremely high number of SGBV focal points, which in the case of DRC were suggested by the local (male) sheiks and whose half are male⁵². This might have very important consequences on the necessary trust and confidentiality that needs to be built between focal points and GBV survivors especially in terms of GBV response. If those focal points have a role also in terms of raising awareness on GBV services and information about referral mechanism and gender roles, their quantity should be reduced in order to allow DRC staff to offer them training and individual coaching⁵³.

"We told them that domestic violence is bad and that female genital mutilation is not good", these are among the information and awareness talking points of focal points in the camps. This highlights the difficulties the current GBV program has in framing awareness messages suitable for the local cultural context so they will be accessible and meaningful for the communities⁵⁴.

It also highlights the difficulties facing service providers in shifting from a traditional acute emergency GBV response approach into the establishment of a broader women and girls' empowerment program able to address the GBV types of a protracted and rather stabilised crisis. The program needs to embrace a broader empowerment and participation discourse whereby social norms are challenged and people are supported in challenging gender roles and understanding the enrooted causes and dangerous consequences of gender based violence in a community.

Specific effort needs to be placed to develop awareness raising messages that are culturally sensitive and aimed at challenging stereotypes and false myths rather than teaching and lecturing people.

4. RECOMMENDATIONS

The previous sections described the most relevant findings which partially explain some common obstacles faced by women and girls to access those services and disclosing their traumatic experience; their lack of awareness being the most pervasive ones.

Nevertheless, important sets of interventions for GBV prevention and response can and should be promoted and expanded to create a safer environment for women and girls in Kaya, Gendrassa, Yusuf Batil, and Doro camps. In particular, international actors present in Maban County should on one hand advocate and focus more on the compliance of basic GBV guiding principles and boosting a more women-focused responsibilities' sharing on GBV response, where women and girls concerns are placed at the centre of GBV programming and project design.

On the other hand a shifting of paradigm in prevention activities is immediately required to reflect dynamics of a protracted displacement situation aiming at empowering girls and women, enhancing a common culturally sensitive GBV language/discourse between refugees communities and services, and setting up safer spaces and more thought-through activities to build trust and confidence between and amongst women.

4.1 RECOMMENDATIONS FOR DRC GBV AND PROTECTION PROGRAM AND OTHER GBV ACTORS⁵⁵

I. APPLY A MORE CULTURALLY SENSITIVE AND LESS OVERT GBV PROGRAM STRATEGY

Raising awareness about gender based violence issues, promoting women participation beyond a token level, empowering women and girls, giving them information to seek help when they need it in a confidential way, and finally talking about sexual violence is extremely complicated and sensitive in all cultures.

Therefore, a gender based violence program should be guided, informed and underpinned in all phases by the so called GBV guiding principles: respect, security/safety, and confidentiality at least. GBV human resources, awareness messages, prevention and response activities should apply those principles in order to promote a GBV program that can be truly understood and owned by the local communities without being rejected and without further stigmatising women and girls talking to SGBV staff.

It is suggested to explore new ways of defining the program vis-à-vis the community in a way that can be properly understood in the local language and that portray women – and communities- as agent of social change.

It is recommended to replace the name of the SGBV program vis-à-vis the beneficiaries' communities maybe in collaboration with representatives of the local communities in order to find a name that is properly understood and culturally appropriate and avoids stigmatising eg. Women's or Community Wellbeing

Integrating GBV activities with the overall protection activities, keeping a focus on women and girls, might also be an option to decrease the risk of stigmatisation of women and girls within their own communities. Men, boys, women and girls do have all specific vulnerabilities.

It is suggested that women and girls, being more exposed to GBV in displacement contexts, can be assisted within a general protection program where the needs of each and every beneficiary is assessed in order to avoid critics by male groups and spoilers within the local communities.

II. CLARIFY THE STRATEGIC VISION FOR A WOMEN AND GIRLS EMPOWERING PROGRAM

The ultimate goal of a GBV program is advancing the knowledge, skills, and tools necessary for humanitarian workers to serve survivors of gender-based violence with effective, comprehensive activities that meet the specific needs of women and girls. This should be done in partnership with communities, advocating for and protecting the rights of women and girls while cultivating conditions in which women and girls can recover from violence and thrive.

DRC GBV program should really enhance its approach to keep women, girls, and informal groups/networks at the center of programming and conversations. Therefore the DRC GBV program should bear in mind, that the most effective GBV allies may not always be the most powerful or visible people. It is recommended to re-think the current SGBV focal point selections and roles. It is also recommended to be clearer on which services a SGBV program should be promoted to be perceived by women and girls on their side⁵⁶. It is suggested to promote activities that include, hence address, women and girls concerns. For instance, women and girls asked constantly to have a structured program of discussions about safety, regular women groups addressing a list of agreed GBV topics, developing action plans to improve their living conditions and having access to safe income opportunities. Girls reported to feel harassed and unsafe also during the day and it would be interesting to set up girls-tailored life-skills initiatives.

III. DEVELOP APPROPRIATE INFORMATION, EDUCATION AND COMMUNICATION (IEC) STRATEGIES

DRC is encouraged/recommended to efficiently combine strategies, approaches and methods that enable individuals, families, groups, organisations and communities to play a more active role in achieving, protecting and sustaining their own health and well-being.

Embodied in IEC is the process of learning that empowers people to make decisions, modify behaviours and change social conditions⁵⁷. Explicit teaching messages of acts of violence describing women in powerless and exposed situations, while they may accurately reflect reality, they are rarely effective in helping change people's attitudes. Similarly, avoid showing men being highly aggressive or violent; these are undignified portrayals of men. Women and men hearing explicit messages such as these rarely want to identify with the characters or the issue that is being represented or told.

It is extremely useful also to portray the positive when discussing violence, instead of telling people that violence is bad, it is more resourceful and effective to show how non-violent resolution of conflict and non-violent relationships are positive and viable alternatives. In short, special effort should be placed in developing material and messages using participatory and community-based approaches to promote behaviours that improve health and well-being for all. Materials describing the positive and role model respectful and promoting alternative ways of thinking and behaving are more engaging and can help facilitate a process of change, more so than just pointing out violence as 'bad'⁵⁸.

IV. DEVELOP CULTURALLY SENSITIVE TRAINING CURRICULUM THAT ARE AGE AND GENDER TAILORED

There is an impellent need for developing clearer, culturally sensitive training materials to be used for training with the different target groups. GBV is an extremely sensitive issue and the international GBV actors should avoid as much as possible to judgementally teach and instruct refugees' communities.

The current approach has showed itself to be inadequate to transition the action from an emergency led GBV response programme into a more structured empowerment intervention. The majority of leaders interviewed deny the presence of violations of women rights and women/girls are not fully aware of them.

Indeed, training should aim to develop thought and action in a transformational manner, enabling participants to explore gender issues, and facilitate understanding of the dynamics of their societies and apply the concepts of gender to their own communities. Gender training should challenge the beliefs of participants, forcing them to examine themselves and their relationships with others.

It is therefore recommended that more structured training modules and less didactic discussion guides are developed, clearly identifying (with the help of women and girls of the communities) their main concerns. It is also suggested to develop simple handbooks and training tools that take into consideration the age and sex of the participants, especially in terms of the methodology to be used⁵⁹. Regular and structured Focus Group Discussions and role plays might be more relevant in this context and enhance the quality and coherence of the program.

4.2 RECOMMENDATIONS FOR PROTECTION AND HUMANITARIAN ACTORS IN MABAN COUNTY

V. ADVOCATE FOR COMPLIANCE AND IMPLEMENTATION OF INTERNATIONAL STANDARDS AND GBV GUIDING PRINCIPLES:

The humanitarian community in Maban County should strongly advocate for the respect and compliance with a survivor-centred approach when caring for GBV survivors. A survivor-centred approach embraces each individual survivor's physical, psychological, emotional, social and spiritual aspects by putting her or him in the centre of the helping process. In particular, the survivor-centred approach recognises that each person has the right to decide who should know about what has happened to them and what should happen next. This holds particularly true when involving sheikhs or the local police.

It should be ensured that survivors get comprehensive information on safety and legal options, including any potential risks. A survivor should be informed about the possible outcome of this choice. For instance, for survivors and those helping them, accessing justice can both assist the healing process and potentially be more damaging to survivors' recovery.

Special attention should be drawn also on advocating for the respect of confidentiality, also training health facility medical and non-medical staff on GBV guiding principles for supporting a survivor, providing safe referral, and the duty of care. Reinforcing the use by health actors of the Informed Consent might be of extreme importance for those health practitioners that need some guarantee before providing treatment to women for instance.

VI. CLEAR IDENTIFICATION OF ROLES AND RESPONSIBILITIES FOR QUALITY AND HOLISTIC REFERRAL OF GBV SURVIVORS

It is recommended to review, update and simplify the current GBV response referral pathways, also endorsed by the January 2015 SOPs. Efficient multi-sectoral and interagency coordination should outline and operationalise the coordination mechanisms necessary to ensure comprehensive interventions and increase accountability for action.

In particular, the referral pathways should reflect the changes in the field and handover of activities among health actors⁶⁰. This will provide more updated and correct information to women and girls in need about the most accessible services in their proximities.

It is furthermore suggested to accurately review the roles and responsibilities of actors addressing psychological and social needs of GBV survivors, reducing the risks of duplication of actors, simplifying the messages disseminated to women and girls in the communities and reducing overlap of responsibilities. This might also reduce the current quest for data and information of actors in charge of case management. The elaboration of an information sharing protocol reflecting those roles in data collection is also strongly suggested.

VII. ADVOCATE AND IMPLEMENT PSYCHOSOCIAL ACTIVITIES WITH A WOMEN AND GIRLS FOCUS

Psychosocial activities and programming should be integrated into a GBV program as much as possible. It is of paramount importance identifying accountable and responsible actors in charge of developing strategies, elaborating awareness messages and talking points, and implementing age-tailored and cultural sensitive GBV prevention activities in the four camps to build trust and confidence.

Indeed, it has been proved that proliferation of stand-alone services, such as those dealing only with rape survivors or only with people having a specific diagnosis, tend to be problematic, because they can fragment support systems. Activities that are integrated into wider systems reach more people, are usually more sustainable and carry less stigma⁶¹.

According to the local context of each camp, it is recommended to identify and provide creative empowerment activities to women's groups/networks that can provide survivors basic emotional support and accurate information about services. Group activities should be facilitated for women and girls that focus on building support networks, community reintegration, building confidence and skills, and promoting economic empowerment. Safe spaces, where provision of context-appropriate group activities for women and girls such as cultural and needs led life-skills activities should also be set up. This approach will release women and girls from the heavy and traumatic burden of their everyday life, eventually creating safety nets and increasing individual resilience⁶².

VIII. LEAD AND/OR ADVOCATE FOR ACTIONS THAT REDUCE GBV RISKS FOR WOMEN AND GIRLS

Women and girls during FGDs were really outspoken and vocal in highlighting their security needs and collective concerns. They asked for security when leaving the camp looking for firewood, they asked for safety in market and common areas where criminal and drunken people gather, they asked for basic material and economic support because their relationship with their husband is a source of concern.

Few actions have been implemented in this sense by the humanitarian community in Maban County in the past two years, such as advocating about risks with refugees' communities and their representatives, and informing beneficiaries about the risks of moving outside the camp alone. Some more focused work on this direction should be promoted to really offer safe alternatives to women and girls. Risk reduction is the responsibility of all sectors and not the sole responsibility of GBV programs.

It is strongly recommended to advocate more and implement more structured interventions that reduce risks women and girls face. It is recommended to expand and integrate some of the current interventions to better promote women and girls' safety and security such as age-tailored distribution of specific non-food item materials (i.e., dignity kits, solar lamps, fuel-efficient stoves, etc.), and actions with other actors and sectors such as the organization of firewood patrols and community patrol groups, and establishment of appropriate lighting in public places, and firewood women groups⁶³.

All such actions need to be carried out in consultation with the affected community, specifically with women and girls. Finally, it is recommended to plan out specific preparedness and contingency adaptations of the work of GBV/protection humanitarian actors in Maban County to meet the operational and programming challenges of supporting women, girls and survivors based on probable emergency scenarios where the four camps contexts are rapidly changing.

This will ensure that GBV response to a fast raising emergency starts quickly, can adapt to changing needs and is more effective.

Sexual assault in a rather stabilized crisis scenario is an extremely sensitive topic, because it does not follow the emergency patterns. From a GBV programming perspective, this implies a change in program design and implementation and a more structured participation and empowerment of women and girls in the camps.

GBV actors in Maban displacement settings have carried out an extensive and comprehensive intervention in the past years: GBV services have been put in place, focal points have been identified, training have bene facilitated, information has been disseminated, and GBV response services are now available to GBV survivors.

It is then suggested to capture this momentum in order to be able to modify the current GBV programing including new patterns. Sexual assault in those kinds of phases is not exclusively related to the displacement settings but also to cultural beliefs and social dynamics of the local communities.

References and footnotes

1. February Refugees factsheet per camp (Feb.2015)
2. <http://data.unhcr.org/SouthSudan/settlement.php?id=149&country=251®ion=25>
3. "A sexual and gender-based violence assessment", carried out in Jamam Refugee Camp (September 2012), in Doro Refugee Camp (July 2012), in Yusuf Batil Refugee Camp (November 2012); "Understanding Sexual and Gender Based Violence in a Context of Forced Displacement, Male Disempowerment, and Refugee-Host Tensions" Upper Nile State, Maban County (May 2014); and "Female Genital Mutilation- practices amongst the refugees population in Upper Nile State, South Sudan", April 2014.
4. Understanding Sexual and Gender Based Violence in a Context of Forced Displacement, Male Disempowerment, and Refugee-Host Tensions, Upper Nile State, Maban County, Theo Hollander, Danish Refugees Council, 2014
5. GBV Research consultancy terms of references.
6. http://www.unfpa.org/sites/default/files/pub-pdf/GBV%20E-Learning%20Companion%20Guide_ENGLISH.pdf
7. All assessment tools will be separately attached to this report.
8. Unfortunately 1 FGD was not held in Yusuf Batil because participants were not mobilised and 1 FGD was cancelled in Doro for security issues.
9. Key messages & guidelines for immediate action preventing and responding to gender-based violence; Gender-Based Violence (GBV) area of responsibility (AoR) working group.
10. Managing Gender-based Violence Programmes in Emergencies E-learning and Companion Guide, UNFPA, <https://extranet.unfpa.org/Apps/GBVinEmergencies/index.html>.
11. The Oxfam Gender Training Manual, Suzanne Williams, Oxfam, 2007.
12. DRC has been using the GBVIMS for its projects since 2013. Since no information protocol has still been agreed and signed among the different partners, data cannot be shared outside GBV actors and cannot be included in this report.
13. GBV Sub Cluster South Sudan, Briefing on the GBV in South Sudan, April 2015.
14. Quarterly sexual and gender based violence trends in Maban's refugee camps (South Sudan), Months/year: October, November, December 2014, UNHCR.
15. Personal interview with MSF personnel in Yusuf Batil and Doro.
16. While DRC has been using GBVIMS forms and database internally since 2013, ACTED will only start sharing data with the GBVIMS from July 2015.
17. In general, the total number of reported SGBV incidents in 2014 decreases compare to the year earlier (753 SGBV incidents in 2013 vs 316 in 2014), Quarterly sexual and gender based violence trends in Maban's refugee camps (South Sudan), Months/year: October, November, December 2014.
18. Female Genital Mutilation- Practices among the refugees population in upper Nile State, South Sudan, Maria Vargas Simojoki, Danish Refugees Council, April 2014.
19. Personal interview with UNHCR and camp management staff, May 2015.
20. Personal interview with INGOs and police officers, May 2015.

21. During all 2014 MSF branches have operated health clinics on a 24 hours basis with outreach workers and specific protocols and procedures on sexual assault.
22. Managing Gender-based Violence Programmes in Emergencies E-learning and Companion Guide, UNFPA, <https://extranet.unfpa.org/Apps/GBVinEmergencies/index.html>.
23. Personal interviews with two sheiks Gendrassa and Kaya camps, May 2015.
24. Personal interviews with DRC, UNHCR, and ACTED staff, Maban County, May 2015.
25. Some Structural Features of Ingeessana Marriage and Affinity Author(s): M. C. Jędrej, International African Institute, Cambridge University Press, 1979.
26. And this might further explain why very small kids are actually referred and brought forward by their parents: this violence is indeed strongly condemned by the community because the sexual act is not associated by any marriage/reproductive intention. Further research should be done by a GBV program on child abuse.
27. Please refer to the following paragraph for more explanations.
28. This finding supports the fact that the majority of cases of GBV are committed by members of the community.
29. The role of the police was particularly difficult to assess, for instance in Doro, the biggest refugees' camp, the only police woman stated that in the past 12 months no single sexual assault file has been registered. Though later on, she said that the police handled a case of a man abusing a young boy.
30. Woman in Yusuf Batil camp, May 2015.
31. In Kaya, one woman said that in the past they might have gone to a traditional healer while now this is an abandoned practice.
32. Unfortunately the research did not really have time to look into their perceptions of the quality of the services offered.
33. Personal interview in Doro camp, May 2015.
34. Handbook for Coordinating Gender-based Violence Interventions in Humanitarian Settings, Gender-based Violence Area of Responsibility Working Group July 2010, Global Protection Cluster.
35. The new partners taking over some health activities are in the process to acquire PepKits and putting in place a GBV oriented services, personal interview, May 2015.
36. Personal interview with INGO health practitioners, Maban County, May 2015.
37. Respect, safety/security, confidentiality, non-discrimination, and do not harm are recognised by WHO and IASC as the guiding principles underpinning any GBV program and intervention.
38. Final Version, Standard Operating Procedures for prevention of and response to sexual and gender based violence in Maban County, Upper Nile State South Sudan, 2015.
39. Personal interviews with some GBV officers.
40. Different people have also reported the practice by UNHCR to involve the Commission for Refugees affairs in settling GBV cases; while this actor is not part of the SOP and does not offer any direct service to a GBV survivor. Moreover, many respondents have declared that the police asked the survivor or the organization accompanying her a bribe to open the file.
41. Final Version, Standard Operating Procedures for prevention of and response to sexual and gender based violence in Maban County, Upper Nile State South Sudan, 2015.

42. Personal interview with different GBV actors in Maban County, May 2015
43. www.gbvims.com.
44. Personal interview with a health worker, May 2015.
45. Final Version, Standard Operating Procedures for prevention of and response to sexual and gender based violence in Maban County, Upper Nile State South Sudan, 2015.
46. Counselling indeed is an approach and a technique uses by the person in charge of case management to identify needs and develop an action plan to contribute to the healing process of the survivor and her/his full reintegration in her/his community and society. Within the context of GBV service provision, individual case coordination is often referred to as "case management". Case management is a collaborative, multi-sectoral process which assesses, plans, implements, coordinates, monitors and evaluates available resources, options and services to meet an individual survivor's needs and to promote quality, effective outcomes. It is useful for survivors with complex needs who access services from a range of service providers. Managing Gender-based Violence Programmes in Emergencies E-learning and Companion Guide, UNFPA, <https://extranet.unfpa.org/Apps/GBVinEmergencies/index.html>.
47. Case management is generally understood as: Assess needs and problems; develop a plan to meet needs and resolve problems; Assist in implementing the plan; Follow-up and review progress. The case manager provides information and facilitates, and coordinates multi-sectoral service delivery through referral and follow-up. A case manager also provides important emotional and practical support, acting as an enabler and an advocate for survivors throughout the helping process. Managing Gender-based Violence Programmes in Emergencies E-learning and Companion Guide, <https://extranet.unfpa.org/Apps/GBVinEmergencies>.
48. Please refer to GBV emergency response program model developed by IRC for instance to have a programmatic and detailed overview on which steps should be include in a GBV in emergency program, www.gbvresponders.org.
49. Final Version, Standard Operating Procedures for prevention of and response to sexual and gender based violence in Maban County, Upper Nile State South Sudan, 2015.
50. A member of community services team in Doro who just finished a meeting with the local Women Committee was not aware of their roles and responsibilities because "the committee was established by Camp Management or maybe it was an idea of the SGBV program to organise activities with them", is an alarming but frequently heard statement when it comes to organise activities aiming at empowering women and ensuring equal female participation.
51. On how to design a complete GBV program kindly refer to Managing Gender-based Violence Programmes in Emergencies E-learning and Companion Guide, UNFPA, <https://extranet.unfpa.org/Apps/GBVinEmergencies/index.html>.
52. Personal interview with DRC, ACTED staff and focal points clearly pointed out that focal points have different roles that varies from organizing awareness sessions up to 4 times a week (i) and at the same point being entry point for GBV survivors in the community. It was not clear the kind of coaching and supervision offered by the organization to them.
53. ACTED rely on a reduced number of focal points for their activities in the camp.
54. The recommendations section offer an overview on how messages should be disseminate in a community in order to reduce and not reinforce social norms.
55. And to other GBV actors involved in direct implementation when and if relevant.

56. A specific reflection should be launched within the program on engaging sheiks in settling cases and in promoting mediation for instance.
57. Handbook for Coordinating Gender-based Violence Interventions in Humanitarian Settings, Gender-based Violence Area of Responsibility Working Group, July 2010.
58. See also guidelines for creating communication materials on violence against women, Coordinating Gender-based Violence Interventions in Humanitarian Settings, Gender-based Violence Area of Responsibility Working Group, July 2010.
59. The Oxfam Gender Training Manual, by Suzanne Williams with Janet Seed and Adelina Mwau, 2007, is an extremely resourceful handbook that contains a variety of exercise to be adapted to the local context.
60. In particular way the taking over of health posts within camps by Medair and International Medical Corps.
61. Mental Health and Psychosocial Support in Humanitarian Emergencies: What should Humanitarian Health Actors Know?", WHO, (2010).
62. A 'safe space' is a place (either formal or informal) where women and girls feel physically and emotionally safe. "Safe" in this context refers to the absence of trauma, excessive stress, violence (or fear of violence) or abuse. It is a space where women and girls feel comfortable to come and to express themselves without fear of judgment or harm, where they can build their social networks, receive support from their peers and have fun. WGSS also provide a place where women can access confidential services, discuss issues and concerns with other women and professional staff. Safe spaces also provide an entry point for women and girls to access referrals to other safe and non-stigmatizing GBV response services. (UNFPA, Women and Girls Safe Spaces – A Guidance Note based on lessons learned from the Syria Crisis, 2015).
63. WFP has distributed some stoves in the past, and GBV actors have started working on distribution of specific material, such as torches and in some cases dignity kits.

BIBLIOGRAPHY:

- Amnesty International, Nowhere safe: Civilians under Attack in South Sudan, (2014)
- Danish Demining Group, Displacement, disharmony, disillusion: Understanding host-refugee tensions in Maban County, South Sudan, Upper Nile State, South Sudan.
- Danish Refugee Council, A Sexual and Gender Based Violence Rapid Assessment Doro Refugee Camp". Upper Nile State, South Sudan, July 2012
- Danish Refugee Council, A Sexual and Gender Based Violence Rapid Assessment Jammam 2 Refugee Camp, Upper Nile State, South Sudan, September 2012
- Danish Refugee Council, A Sexual and Gender Based Violence Rapid Assessment Batil Refugee Camp, Upper Nile State, South Sudan, November 2012
- Danish Refugees Council, Female Genital Mutilation- Practices among the refugees population in upper Nile State, (South Sudan), Maria Vargas Simojoki, April 2014
- Gender-based Violence Sub Cluster South Sudan, Briefing on the GBV in South Sudan, April 2015
- Global Protection Cluster, Handbook for Coordinating Gender-based Violence Interventions in Humanitarian Settings, Gender-based Violence Area of Responsibility Working Group, July 2010
- Global Protection Cluster, Key Messages and Guidelines for Immediate Action. Preventing and Responding to GBV Gender-based Violence Area of Responsibility Working Group, 2011
- Inter-Agency Standing Committee, Guidelines for GBV Interventions in Humanitarian Settings (GBV Guidelines), 2005
- Inter-Agency Standing Committee, Establishing Gender-based Violence Standard Operating Procedures (SOPs), 2008
- Inter-Agency Standing Committee Women, Girls, Boys, and Men: Different Needs, Equal Opportunities, 2007
- International African Institute, Some Structural Features of Ingessana Marriage and Affinity, Author(s): M. C. Jędrej Cambridge University Press, 1979
- International Crisis Group Sudan and South Sudan's Merging Conflicts, Africa Report N°223, 29 January 2015
- Oxfam, The Oxfam Gender Training Manual, by Suzanne Williams with Janet Seed and Adelina Mwau, 2007
- United Nations High Commissioner for Refugees, Action Against Sexual and Gender Based Violence. An Updated Strategy, 2011
- United Nations High Commissioner for Refugees, Quarterly sexual and gender based violence trends in Maban's refugee camps, (South Sudan), Months/year: October, November, December 2014
- United Nations High Commissioner for Refugees, Refugees factsheet per camp, South Sudan, (Feb.2015), <http://data.unhcr.org/SouthSudan/settlement.php?id=149&country=251®ion=25>
- United Nations Population Fund, Adolescent SRH Toolkit for Humanitarian Settings, 2009
- United Nations Population Fund, Managing Gender-based Violence Programmes in Emergencies, E-learning and Companion Guide, 2012

World Health Organisation, Mental Health and Psychosocial Support in Humanitarian Emergencies: What should Humanitarian Health Actors Know?", 2010

World Health Organisation (WHO). 2007. "WHO ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies." From: www.who.int/gender/documents/OMS_Ethics&Safety10Aug07.pdf

World Health Organisation, Do's and don'ts in community-based psychosocial support for sexual violence survivors in conflict-affected settings, 2012

World Health Organisation, Mental health and psychosocial support for conflict-related sexual violence: 10 myths, 2012