

“Because now men are really sitting on our heads and pressing us down...”

Report of a Preliminary Assessment of Gender-based Violence  
in Rumbek, Aweil (East and West), and Rashad County, Nuba Mountains

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## Acronyms

CEAWAC	Commission for Eradication of Abduction of Women and Children
CPMT	Civilian Protection Monitoring Team
DDR	Disarmament, Demobilization and Reintegration
DHS	Demographic and Health Surveys
DPKO	Department of Peacekeeping Operations
FGM	Female Genital Mutilation
GBV	Gender-Based Violence
GED	German Emergency Doctors
GoS	Government of Sudan
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
IDP	Internally Displaced Person
INGO	International Non-Governmental Organization
IRC	International Rescue Committee
JAM	Joint Assessment Mission
MCH	
NCA	Norwegian Church Aid
NESI	
NGO	Non-Governmental Organization
NMPACT	Nuba Mountains Program Advancing Conflict Transformation
NRRDO	Nuba Relief Rehabilitation and Development Organization
OLS	Operation Lifeline Sudan
PHCC/U	Primary Health Care Clinic/Unit
SAE/GBV	
SPLA/M	Sudanese People's Liberation Army/Movement
STI	Sexually Transmitted Infection
TBA	
UNHCR	U.N.'s High Commission for Refugees
VVF	Vesico Vaginal Fistulae

## 1. Executive Summary

Gender-based violence (GBV) is a term describing any harm perpetrated against a person that results from unequal power relationships determined by social roles ascribed to males and females. Violence may take many forms, but around the world GBV disparately impacts women and girls because of their subordinate status *vis a vis* men and boys. In the last 20 years, GBV has been increasingly recognized as a serious global health, human rights, and development issue. More recently, there has been an acknowledgement of the extent and impact of GBV during conflict, and an appreciation that any efforts at post-conflict reconstruction must include programming and policy development aimed at redressing and reducing violence against women and girls.

While the findings of the assessment described herein are preliminary, they confirm and reiterate other research that has elaborated the widespread nature of GBV in South Sudan. In addition to the multiple forms of GBV occurring as a result of Sudan's protracted civil war, including rape, sexual coercion, and abduction of Southern Sudanese women and girls, many other customary forms of GBV prevail in South Sudan, such as domestic violence, early/forced marriage, lack of property rights, exclusion from education, and female genital mutilation (FGM). Although some of these appear to have been exacerbated by years of conflict, they are nevertheless based on long-standing patriarchal systems that condone or ignore GBV, and that deny Southern Sudanese women and girls even their basic human rights.

Despite its widespread nature, and despite the well-documented fact that GBV has serious consequences for women's physical, sexual, and mental health, as well as implications for the health and well-being of families and communities, it appears that there has been almost no programming to date that specifically targets GBV in South Sudan. To continue to ignore GBV is to do so at South Sudan's peril: as stated in USAID's Fragile States Strategy, "data show a strong correlation between state fragility and inequitable treatment of women."<sup>1</sup> In the case of South Sudan, this should serve as a call to action for donors, international and national policy makers, and service delivery organizations to prioritize efforts to tackle GBV.

Addressing GBV requires coordinated, inter-agency, and multi-sectoral strategies that 1) aim for prevention of GBV through policy reform and widespread implementation of protective mechanisms; 2) build the capacity of health, social welfare, legal and security systems to recognize, monitor, and respond to GBV; and 3) ensure rapid and respectful services to survivors. Combating GBV additionally involves encouraging fundamental social change that supports women's human rights as well their equal participation in economic and social development. While interventions should be designed with sensitivity and respect for

culture and tradition, promoting and protecting women's rights will invariably involve challenging the normative social values that promote GBV. Models for GBV programming are articulated in Section 2d of this report, and specific recommendations for South Sudan that are based in those models are outlined in the recommendations table at the end of this report.

There already exists critical support for laying the foundations necessary to address GBV in South Sudan. In multiple forums Southern Sudanese women's advocates and others working in or on behalf of South Sudan have called for women's increased participation in South Sudan's reconstruction process and greater equity and equality for Southern Sudanese women and girls. Even more specifically, in its recently released draft report the Joint Assessment Mission (JAM) has identified GBV as a cross-cutting priority in all areas of South Sudan's development. What remains, then, is implementation.

## **2. Overview of Gender-based Violence**

### **2a. Definition of Terms**

In a definition put forth in 1993 that is still widely referenced today, the United Nations classified violence against women as "any act of gender-based violence that results in, or is likely to result in, physical, sexual, or psychological harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or private life."<sup>2</sup>

This definition highlights that violence against women encompasses a broad range of abuses, from physical and sexual assault to emotional and institutional abuse or the threat of such abuse. As such, manifestations of GBV might variously include domestic violence, rape, sexual harassment, exploitation, trafficking of women and girls, denial of rights, exclusion from social benefits and other forms of discrimination, and cultural practices that have harmful implications for women and girls, such as female genital mutilation, early/forced marriage, etc.

The UN definition also reflects the early application of the term *gender-based violence* (GBV) to refer exclusively to violence against women (and, by relation, girls). However, a broader interpretation of the term GBV may be understood to also include violence against men and boys that results from gender roles or gender-role expectations (for example, forced conscription based on the expectation that males fight in wars). Since the drafting of the UN definition, a more inclusive understanding of GBV has evolved to incorporate the possibility

of gendered abuse of boys and men. The Reproductive Health Response in Conflict Consortium, for example, defines GBV as “an umbrella term for any harm that is perpetrated against a person’s will and that is the result of power imbalances that exploit distinctions between males and females, among males, and among females.”<sup>3</sup>

While recognizing that boys and men may be exposed to gendered violence, the inequality of power that is the foundation of GBV, coupled with women’s inferior status in virtually all societies, means that women and girls are the primary targets of GBV around the globe. As such, the term GBV continues to be used principally in reference to violence against women and girls. This remains true for this report, which investigates GBV specifically as it relates to women and girls in South Sudan.

Although “GBV” is the most commonly used idiom in humanitarian and development fields to describe violence against women and girls, there remains controversy about the utility of the term. Some argue that it is not only too abstract to be meaningful, but also difficult to translate in most languages. Nevertheless, in so far as it implies that issues of gender underlie virtually all forms of violence against women and girls, the term continues to be widely favored because it has important theoretical and practical implications: the language speaks to the necessity of examining the societal and relational contexts in which violence against women and girls occurs. As such, the term extends beyond the descriptive to the operational level, implicating all members of society – men, women, boys and girls – in any efforts to reduce GBV. Eliminating GBV is a “profoundly political challenge because it necessitates challenging the unequal social, political and economic power of men and women, and the ways in which this inequality is perpetuated through institutions at all levels of society.”<sup>4</sup>

## 2b. Global Magnitude

An estimated one in three of the world's female population has been physically or sexually abused by a man or men at some time in their life. According to an overview of GBV published in 1999 by Johns Hopkins University, “violence against women is the most pervasive yet least recognized human rights abuse in the world.”<sup>5</sup> Effectively ignored in many societies around the world, levels of impunity – and consequent levels of violence – appear to increase during war and its aftermath. The list below illustrates women’s and girls’ vulnerability to violence during and following some recent conflicts. While war may be understood as a contributing factor, all these manifestations of GBV are essentially based on long-standing attitudes and behaviors that sustain and reinforce GBV, whether in times of peace or of war.

- 20,000 to 50,000 women were raped during the war in Bosnia and Herzegovina in the early 1990's;<sup>6</sup>
- The vast majority of Tutsi women in Rwanda's 1994 genocide were likely exposed to some form of GBV. Of those, it is estimated that a quarter to a half million *survived* rape;<sup>7</sup>
- Approximately 50,000 to 64,000 internally displaced women in Sierra Leone have histories of war-related assault;<sup>8</sup>
- In a 1995 survey of post-conflict Nicaragua, 50 percent of female respondents had been beaten by a husband, and 30 percent had been forced to have sex;<sup>9</sup>
- 76 percent of prostitutes surveyed in post-genocide Rwanda in 1998 who had undergone HIV testing were seropositive;<sup>10</sup>
- 66.7 percent of participants in a 1998 Sierra Leone survey on domestic violence had been beaten by an intimate partner;<sup>11</sup>
- According to a 1999 government survey, 37 percent of Sierra Leone's prostitutes were less than 15 years of age, and more than 80 percent were unaccompanied or displaced children;<sup>12</sup>
- An estimated 40,000 Burmese women are trafficked each year into Thailand's factories, brothels, and as domestic workers<sup>13</sup>
- Findings from a study of Palestinian refugee women indicated 29.6 percent of women were subjected to beating at least once during their marriage with the husband the main perpetrator, and 67.9 percent of children had been beaten at least once by their parents;<sup>14</sup> and
- 25 percent of Azeri women surveyed in 2000 by the Centers for Disease Control (CDC) acknowledged being forced to have sex: those at greatest risk were among Azerbaijan's internally displaced, 23 percent of whom acknowledged being beaten by a husband.<sup>15</sup>

Darfur is yet another setting where history repeats itself, and where, once again, the failure to stem the explosively high incidents of GBV will have far-reaching consequences to the survivors and their families, as well as to the communities in which it is occurring.

## 2c. Impact

Research across the world indicates that GBV seriously undermines women's physical, sexual, and mental health. Mental health effects may include somatic complaints, depression, anxiety, alcohol and drug abuse, and an increased potential for committing suicide. Physical health effects of GBV include injuries which cause both acute and chronic illness, and which can impact neurological, gastrointestinal, muscular, urinary, and reproductive systems.

Sexual health effects include unwanted pregnancies, complications from unsafe abortions, and sexually transmitted infections. A growing body of literature provides evidence of an association between GBV and HIV/AIDS (though the mechanisms through which this association operates are not yet clear). Victims of GBV may suffer further because of the stigma associated with GBV, putting them at greater social and economic risk due to community and family ostracism.

It has been estimated that GBV is as serious a cause of death and incapacity among women of reproductive age worldwide as cancer, and a greater cause of morbidity and mortality globally than traffic accidents and malaria combined.<sup>16</sup> And yet, while humanitarian and development actors have effectively instituted standardized “roll back malaria” programs, efforts to reduce GBV remain erratic at best.

There are a number of important reasons, from a development perspective, to support initiatives addressing GBV. The physical and psychological outcomes of GBV may inhibit a woman’s capacity to fulfill her roles as a wife and mother, thus undermining social cohesion. Violence may also affect child survival and development, from infant mortality or low birth weight to poor school participation and delinquency. GBV increases costs to public health and social welfare systems and decreases women’s and children’s abilities to participate in social and economic development.

Most essentially, acts of GBV violate a number of basic human rights, including the rights to life, equality, security of the person, equal protection under the law, and freedom from torture and other cruel, inhumane, or degrading treatment. Taking a human rights perspective in addressing GBV is sometimes anathema to international humanitarian and development actors because of their fear of imposing “western” standards of social organization and behavior on local communities. This perspective, however, may not only be paternalistic in its failure to acknowledge local communities’ desire to improve the rights of its own members, it also reinforces behaviors that hurt and kill women and girls and, by extension, destroy families and societies.

## 2d. Programming Models

### *The Multi-Sectoral Approach*

Global attention to the nature, scope and impact of GBV in conflict and post-conflict settings heralded an increase in GBV-related programming in those settings in the mid- to late 1990s. The lessons learned through early programming efforts were reviewed at an international conference on GBV sponsored in 2001 by UNHCR and attended by international and field-



based UNHCR personnel, as well field staff working in or on behalf of GBV programs. Conference activities culminated in the publication of *Prevention and Response to Sexual and Gender-Based Violence in Refugee Situations, Inter-Agency Lessons Learned Conference Proceedings*, in which the multi-sectoral approach was determined to be fundamental to addressing GBV. To date, this multi-sectoral model forms the 'best practice' for response to GBV in conflict-affected settings.

A basic premise of the multi-sectoral approach is that GBV cannot be satisfactorily addressed through the provision of services within a single sector, but rather should be the outcome of coordinated activities between the constituent community, health and social services, and the legal and security sectors. International and national policy makers and humanitarian aid and development organizations are encouraged to anticipate GBV as an important area for attention from the outset of a humanitarian emergency through to reconstruction and development, and plan programming accordingly.

A key principle underlying the multi-sectoral approach is that the rights and needs of survivors are pre-eminent, in terms of access to respectful and supportive services, guarantees of confidentiality and safety and the ability to determine the course of action for addressing the GBV incident. Efforts should be made to reduce potential stigma to the survivor through broad-based community education as well as through the provision of confidential services. Survivors should be informed of their options at every step of case management. They should be able to exercise a right to choose the course of action in terms of medical and psychosocial treatment, police intervention and legal assistance. This orientation to the rights of survivors cuts across all sectors and is the foundation of ethical service.

The multi-sectoral model explicitly highlights responsibilities unique to each sector. Some of the responsibilities of the health sector are to: actively screen clients for GBV; ensure same sex interviewers for survivors; respond to the immediate health and psychological needs of the survivor; institute protocols for treatment, referral and documentation that guarantee confidentiality; provide GBV-related services free of cost; and be prepared to provide forensic evidence and testimony in court when authorized by the survivor.

The psychosocial sector should be able to: provide ongoing psychological assistance, which requires the training and on-going supervision of social workers and community services workers; confidentially gather and document client data; and facilitate referrals for other services. In so far as education and income-generation projects are also considered under the umbrella of psychosocial programming within this multi-sectoral model, education systems should: implement curricula on "safe touch," healthy relationships, and basic human rights,

institute codes of conduct for all teachers as well as training on identifying risk signs among children, and provide school-based services for child survivors. Income-generating projects should not only promote women's economic self-sufficiency, but also monitor for domestic violence risks and integrate human rights education into project activities.

Some of the responsibilities of the legal sector are to: provide free or low-cost legal counseling, representation and other court support to survivors; review and revise laws that reinforce GBV, and monitor court cases and judicial processes. Within the security sector, police, military and peacekeeping personnel should be educated about GBV, held to zero-tolerance codes of conduct, and be trained on how to appropriately intervene in cases of GBV. Police should have private rooms for meetings with survivors; ensure same sex interviewers; institute protocols for referrals to other sectors; collect standardized and disaggregated data on incidents; and create specialized units to address GBV.

Some of the crosscutting functions of the health, psychosocial, legal/justice and security sectors include engagement and education of the community, data collection, and monitoring and evaluation. An additional critical component of all sectors is inter- and intra-sectoral coordination, including instituting and monitoring reporting and referral networks, information sharing, and participation in regular meetings with representatives from the various sectors.<sup>17</sup>

At the heart of the multi-sectoral model is coordination with the population being served: women and girls who have been victimized or are at risk of GBV. At the programmatic level this means that women and girls are included from the outset of GBV program design and continue to play an active part in monitoring, evaluation and on-going program development. In some instances this strategy of community involvement is achieved by donors and/or international non-governmental organizations (INGOs) linking directly with existing women's organizations to build their capacity to address GBV. In other instances this strategy involves recruiting women from the target community to work for a project that is run by an international NGO. In still other instances, volunteer women's groups are formed to identify the needs of their own communities and to work directly with the local or INGOs that are providing GBV-related services. Whatever the case (and these are very general models, to which there are many exceptions) all those working on behalf of women's rights and the prevention of GBV are, according to the multi-sectoral approach, responsible for participating in coordination meetings in which data can be shared and action plans and programs developed.

### *The Three-Tiered Approach*

One of the limitations of the multi-sectoral model as it exists to-date is that it specifies many (though not all) of the sectoral responsibilities in terms of response, giving short-shrift to prevention. Moreover, where it does identify prevention activities, it doesn't prioritize them or even provide a conceptual framework for prioritizing them. As such, a supplemental model to the multi-sectoral approach is currently evolving. Though this model has not yet formally been introduced within humanitarian frameworks for action, it has been well-articulated by Sophie Read-Hamilton in her recent drafting of the International Rescue Committee's GBV Program Strategy.<sup>18</sup> The following is an excerpted summary from Read-Hamilton's work:

For effective short and long-term protection from violence against women and girls, interventions must take place at three levels, so that structural, systemic, and individual protections are institutionalized. These levels are:

1. Primary protection/structural reform: preventive measures to ensure rights are recognized and protected (through international, statutory, and traditional laws and policies). Examples include:
  - Substantive and procedural law reform;
  - Supporting policy development within Ministries of Health, Social Welfare, Justice, and Security; and
  - Human rights education with traditional and community elders.
2. Secondary protection/systems reform: systems and strategies to monitor and respond when those rights are breached (statutory and traditional legal/justice systems, health care systems, social welfare/psychosocial systems and community mechanisms). Examples include:
  - Education and training for government and non-government agencies providing health, security, and social welfare services to women and girls;
  - Technical assistance to government departments;
  - Assessing and addressing risks and vulnerabilities of target beneficiaries;
  - Coordination of multi-sectoral and interagency efforts; and
  - Generation of knowledge and information for advocacy.
3. Tertiary protection/operational response: direct services to meet the needs of women and girls who have been abused. Examples include:

- Community-based education and information campaigns about GBV as well as about the availability of services;
- Case management, referral, and advocacy;
- Counseling and support;
- Medical forensic examination, treatment, and follow-up;
- Linkage with police and courts; and
- Court support through the judicial process.

As Read-Hamilton explains, one justification for this framework is that at the operative level, where many GBV programs concentrate their efforts, the most they can achieve is to mitigate the intensity of the problem for individuals. By planning for activities that focus as well on the secondary and primary forms of prevention, programmers and policy makers across all sectors identified in the multi-sectoral framework can begin to institute lasting reforms that not only protect those who have been victims of GBV, but also work towards the elimination of GBV.

### **3. Rationale for the South Sudan Assessment**

Gender-based violence has been an under-investigated and under-addressed issue in South Sudan. INGOs and NGOs working in the region have informally acknowledged the extent of the problem, and existing research/publications on protection, security, and the rights of women and girls in South Sudan highlight multiple forms of GBV to which women and girls are exposed. The JAM Gender Cluster has also highlighted the need for immediate action to assess and address GBV. Reconstruction efforts ensuing from the peace agreement offer a timely opportunity to apply international resources and local capacity in establishing GBV prevention and response programming and policies in regions throughout South Sudan.

### **4. Objectives of the South Sudan Assessment**

The objectives of the preliminary assessment were to identify major forms of GBV in the sites selected for study, as well as determine both the need for and the feasibility of undertaking gender-based violence (GBV) programming in South Sudan. Sites were selected based on convenience and due to specific issues related to reconstruction and development. Rumbek was investigated because it is currently a base for the forming government, has a concentration of UN agencies and INGOs, and is the seat of the judiciary. Aweil (East and West) were selected because of the special issues related to returns – both spontaneous and escorted – in that area as well as the presence of key organizations interested in addressing GBV (i.e., the International Rescue Committee), and Rashad County in the Nuba Mountains

was selected because of its status as a transitional area, as well as because of the reported prevalence of FGM.

In addition to the special issues of GBV identified above, the consultant was asked to explore the GBV-related risks of disarmament, demobilization and reintegration of SPLA soldiers, as well as risks associated with the anticipated influx of peacekeeping forces.

It bears repeating throughout this report that the assessment was conceived as a preliminary effort, designed to create a springboard from which future research priorities would be developed and to begin to consider programming issues/strategies. The findings are not meant to be representative nor definitive, and should not be extrapolated to the entirety of South Sudan. Given the complex and various traditions existing in South Sudan, the findings should equally not be generalized to the regions (Bahr El Ghazal and Nuba Mountains) where the research was undertaken. Indeed, much more research needs to be done to fully understand the nature and scope of GBV in South Sudan.

## **5. Methodology of the South Sudan Assessment**

Due to the limited availability of the consultant, the assessment was undertaken within three weeks: one week of preparation in Nairobi and two weeks in the field. Investigative methods primarily included key informant interviews and focus groups. Because the priority was to generate as much information as possible rather than to promote comparability of findings in and across the selected field sites, interviews and focus groups were loosely structured, often evolving organically as a compromise between topics prioritized by the consultant and the interviewees. The research methods and areas for investigation were based on situational analysis techniques elaborated in the Reproductive Health Response in Conflict Consortium's *Gender-based Tools Manual for Assessment and Program Design, Monitoring, and Evaluation*.<sup>19</sup> Specific activities are described further below.

*Literature review:* Prior to undertaking the field work, the GBV consultant conducted a brief review of existing literature as described in Section 6.

*Key informant interviews in Nairobi:* In the week prior to the field work, meetings were held in Nairobi with various INGOs operating in the field sites where the assessment was undertaken, as well as with key informants from UN agencies and other INGOs working in areas directly or indirectly related to women's and children's issues and protection. Meetings were also held with a number of Sudanese women's organizations, including the Sudanese Women's Empowerment for Peace, the Sudanese Women's Voice for Peace, the Sudanese

Women's Association, Women Action for Development, the New Sudan Women's Caucus, the NESI Network, and the New Sudan Women Federation. Individual meetings were held with key women's experts, including Suzanne Jambo of the NESI Network, Anne Itto, the Chairperson of the SPLM's Natural Resources Management and Utilization Committee, and Agnes Lasuba, the gender focal point for the JAM Gender Cluster. A detailed list of interviews is provided in the appendix.

*Field visits:* Whenever possible, the consultant communicated in advance with the hosting INGOs regarding critical stakeholders with whom the consultant should meet. The hosting INGO in Rumbek was Catholic Relief Services, in Aweil, IRC, and in Nuba, Save the Children (US). In accordance with the multi-sectoral model outlined above, field focal points assisted the consultant in identifying stakeholders from the various sectors (health, psychosocial, legal/justice, and security) and from the community. To whatever extent possible during each site visit, the consultant held focus groups and key informant interviews with community members and groups (e.g., women's associations and youth groups), and with tribal leaders, police and other security personnel, lawyers and judges, INGOs, and UN institutions. Interview questions solicited information about general problems experienced by women and girls, specific types of GBV, existing formal and informal response mechanisms, and priorities/recommendations for addressing GBV.

The primary consultant was accompanied during the first week of the field visits by Sandra Opoka, a Southern Sudanese women's activist, experienced translator, and founding member of the Network for Peace. In addition to providing translation, Ms. Opoka provided invaluable insights about culturally appropriate interviewing protocols and about issues affecting women throughout South Sudan.

During the second week of the assessment, translation was provided by local representatives or staff of the hosting INGO.

## **6. Timeline for the Assessment**

Date	Agenda
January 31-February 4	Identify and meet with local and international NGOs based in Nairobi that work in South Sudan
Feb 5-20	Conduct field assessment in Rumbek, Aweil (East and West), and Nuba Mountains
Feb 20-24	Conduct several follow up meetings with NGOs in Nairobi
March 1-15	Draft assessment report
March 15-	Conduct follow up

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refrain of key informants during the interview process was that the assessment was severely limited in geographic scope, especially biased towards the Dinka, and would not accurately represent issues of GBV throughout South Sudan and among tribes with different and distinct norms and traditions. Indeed, this is a significant limitation of the assessment – one that was acknowledged even in the planning stages. Nor does the assessment attempt to delineate differences among and between separate tribes or sub-tribes living in the sites selected for investigation. Most of the activities of the assessment were concentrated in the “urban” areas of the selected field sites, where attitudes and behaviors might be significantly different from even neighboring rural areas.

Yet another limitation was the time frame for the assessment: the brevity of the field visits (a maximum of three to four days in each site), combined with communication and other logistical challenges associated with scheduling interviews, meant that interviews were brief, and that there were key representatives within each site who were not available during the field visits.

This was especially the case in Rumbek, which was selected in part due to the availability of representatives of the newly forming government. Unfortunately, most commissioners were at a meeting in New Site during the consultant’s time in Rumbek.

## 8. Background Findings

### *8a. Literature Review*

While information on GBV in South Sudan is not widely available, there are several key resources that should inform any attempt to understand the nature and scope of violence against Southern Sudanese women and girls. The first is *Overcoming Gender Conflict and Bias: the Case of New Sudan Women and Girls* (2001), which describes the findings of field-

based research conducted by Suzanne Jambo on behalf of the New Sudan Women Federation. Jambo assiduously details a wide spectrum of gender-based inequities and abuse, concluding that with regard to women's development, "besides civil war, there are a number of other obstacles and challenges to be overcome, the most challenging being negative customs and gender conflict,"<sup>20</sup> Critical of both the SPLM and humanitarian agencies for providing little more than lip service in promoting the safety, security, and rights of women, Jambo synthesizes the widespread reforms recommended by the women she interviewed. Many of the recommendations advocated by Jambo, including greater participation of women at all levels of government, improvements in protective legislation, and reforms in customary practices, are reiterated in the recommendations section of this assessment.

Another valuable resource in understanding the extent of GBV in South Sudan is Marianne Fitzgerald's *Throwing the Stick Forward: The Impact of War on Southern Sudanese Women* (2002). Echoing Jambo's report, Fitzgerald catalogues a wide range of war-related and customary violence against women and girls, reviews the systems that reinforce and exacerbate that violence, and offers a series of recommendations supporting women's rights and development. Fitzgerald points out that the years of conflict have important implications for the changing roles of women: "adversity has forged a subculture of expanded self-reliance among women."<sup>21</sup> This capacity for self-reliance, according to Fitzgerald, Jambo, and others, is an important foundation for reconstruction activities that promote women's full participation in the New Sudan.

The *Baseline Study on the Status of Women in the New Sudan: Report for Mundri and Yei Counties* (July 2004), is the only extant resource with prevalence statistics related to sexual violence against women in South Sudan. The findings indicate that 7 percent of female respondents in Mundri and 4 percent in Yei personally experienced rape, while 12 percent of female respondents in Mundri and 11 percent in Yei reported that a relative had been raped. The report also calculates a high prevalence of child sexual abuse among the study population (cases of female defilement in Yei were recorded at 15 percent). The report points out that the number of incidents is probably much higher than reported given the associated stigma and general reluctance to acknowledge exposure to sexual violence. The findings are indeed likely to reflect low levels of reporting; comparative analysis of outcomes of GBV-specific studies and those in which questions on GBV are incorporated into broader studies indicate significantly lower rates of reporting in the broader studies.<sup>22</sup> Even so, the *Baseline Study* illustrates that it is possible to generate prevalence on GBV in South Sudan, and thus speaks well for future research initiatives that specifically investigate levels of exposure to various types of GBV.



In August 2004, Norwegian Church Aid published a study on the prevalence of FGM in the Nuba Mountains. Though the findings are somewhat difficult to interpret given the lack of denominators for the percentages presented, the research nevertheless makes a strong case for widespread FGM among the communities surveyed. According to the report, FGM “can be said to have well over 74 percent prevalence,” primarily in terms of excision of the clitoris, but also involving more extreme forms of FGM, including infibulation, cutting of the labia majora to create raw surfaces, which are then stitched or held together in order to form a cover over the vagina when they heal.<sup>23</sup> The perpetuation of FGM is identified by survey respondents as important to preserving culture, improving a girl’s chances of getting married, facilitating delivery, removing dirty or sick genitalia, and promoting sexual pleasure for men. Even so, 45 percent of respondents felt that FGM should be stopped.

The Civilian Protection Monitoring Team (CPMT), based in Rumbek and interviewed there during the field visits, has for the last 2 ½ years been tasked with investigating, evaluating, and reporting alleged incidents of attacks against civilians by armed forces, the outcomes of which they document on their website. An estimated 30 percent of the cases they have investigated involve sexual violence against women, almost exclusively perpetrated by GoS soldiers. Although the use of names and pictures of survivors on their website may be controversial, the CPMT’s publicizing of incidents appears to have had positive impact in so far as the number and severity of incidents is reportedly decreasing. Moreover, their commitment to assisting survivors – often in vain given the lack of services – provides many women with the first and only form of support they will receive.

World Vision has published two very important documents detailing issues related to customary law. The first is *A Study of Customary Law in Southern Sudan* (March 2004), which analyzes the varying customary traditions according to a categorization of 10 tribal/ethnic groups. Researchers conclude that customary law systems across South Sudan “have much more in common than they have differences” – an important finding considering that legal reform will be a necessary and inevitable component of promoting the rights of women. While the study repeatedly advocates for steady rather than dramatic change in South Sudan’s current legal system, an unpublished paper by Alex Danne (cited in the study) argues that “a number of the more obvious and contentious issues of human and individual rights under the application of some aspects of customary family law might be addressed urgently without great risk of social disruption and to the benefit of women and children in particular.”<sup>24</sup> Property ownership, divorce rights, forced/early marriage, adultery, wife inheritance, child custody, and domestic violence were repeatedly identified as issues urgently in need of legal redress by the legal experts who presented at a November 2004 Conference on the Legal Status of Women and Children in Sudan, as captured in the World

Vision publication *Promoting Peace and Justice for Sudanese Women and Children: A Report of the Conference on the Legal Status of Women and Children in Sudan* (November 2004). The challenges of instituting legislative and judicial reform are even more burdensome considering (according to a *Gender Assessment of Sudan* published in March 2003 by USAID) that of the 33 lawyers registered in South Sudan, none are women.

There are a number of UN and INGO reports that, if not focusing specifically on GBV, document incidents of GBV and/or risk for women and girls under the broader concerns of gender, protection, security, production, etc. USAID's *Gender Assessment of Sudan* highlights several forms of GBV within an overview on human rights of women. The International Rescue Committee's "Freedom from Fear: Promoting Human Security for the Return and Reintegration of Displaced Persons in South Sudan" (April 2004) describes some of the GBV risks related to IDPs, including sexual assault in and around garrison towns, and to returnees, especially those subject to FGM in the north who are now returning. An as yet unpublished background report on family attitudes and sexual behaviors (undertaken for UNICEF in order to identify behavioral risks for HIV/AIDS transmission), details various forms of GBV in the context of sexual and marriage relationships in South Sudan. The report describes domestic violence, when it occurs, as "very violent indeed, spectacular," and rape (primarily in war) as being more often committed by groups of men – sometimes as many as 10.<sup>25</sup> A notable number of case studies in the *Southern Sudan Vulnerability Study* (Save the Children UK, 1998) illustrate the multiple vulnerabilities of women related to traditional practices and customary law.

Other important resources which were recommended but were not traceable during the period of the consultancy were Jok Madut Jok's *Militarization and Gender Violence in Southern Sudan*, which reportedly documents the extent and nature of war-related sexual violence during the years of conflict in South Sudan, and a UNICEF study on *The Separated Child*, which reportedly indicates that one reason a child in South Sudan may abandon their primary home is because of domestic violence.

#### *8b. Nairobi-based Key Informant Interviews*

As with the literature review, the Nairobi key informant interviews offered an opportunity to understand basic GBV issues and programming in the broader context of the entire South Sudan in order to prepare for the specific site visits. The primary forms of violence against women and girls that the consultant was told by key informants to anticipate in the field research are highlighted below; unless otherwise noted, only those that were identified repeatedly are listed. It perhaps bears noting that throughout the assessment when asking

about GBV in focus group discussions, the consultant did not begin interviews by asking about specific types, but rather solicited from respondents their understanding of what constitutes GBV in South Sudan.

Almost no current GBV-specific programming efforts were identified by key informants, though a number of people interviewed provided recommendations for addressing GBV, which are incorporated into Section 11 of this report.

### *Types of GBV*

With rare exception, key informants agreed that **domestic violence** is ubiquitous in South Sudan. Wife beating is normative, considered by men and many women as an appropriate form of discipline. Many anecdotes were related about domestic violence; for example, during fieldwork for the JAM Gender Cluster assessment, two women in Yei were beaten to death by their husbands. In the **absence of protective law**, it was repeatedly suggested that domestic violence might be correlated with suicide among women. There is virtually no recourse for a domestic violence victim (save divorce, which in most regions of South Sudan is difficult to obtain, puts women at greater risk due to economic and social vulnerability, and can result in the loss of **child custody**, especially if the child is over the age of seven years).

**Bride price** was largely interpreted by key informants as a tradition which supports domestic violence, in so far as it limits women's ability to leave an abusive marriage, and also causes husbands to view their wives as possessions. **Polygamy** was cited as another cause of domestic violence, both because of wives' frustrations (sexual, economic, etc.), but also because the practice further encourages men to devalue their wives. **Alcohol abuse** was another repeatedly identified contributor to domestic violence, all the more ironic because many women in areas of South Sudan are sustained by brewing and selling beer. Suspected **adultery** is yet another cause for wife beating, and confirmed cases can result in a woman's imprisonment, where she may be at risk of **police harassment** and other injustices. In some areas/tribes the husband will pay the fines required to release a wife who has committed adultery from prison, but when a husband doesn't pay, a woman's lack of personal resources and resulting inability to pay the requisite fine may require her to submit to a prison sentence. Where there are no family support systems, the children may also be incarcerated with their mother.

**Wife inheritance** (where the wife is "inherited" by a brother or other male family member of a deceased husband) was articulated as an abuse of women's rights, as was the **lack of**

**property rights.** In Equatoria and other regions, when a woman loses her husband she has to identify another person in his family whom she wants to “marry.” If she refuses then she may be forced, and if not forced, she may be able to keep the husband’s house, but she may be equally forced to give her children to her husband’s family. Additionally, in other regions of Africa, wife inheritance has been indicated in the spread of HIV/AIDS.

**Early and forced marriages** were also identified as pervasive forms of GBV, especially in Bahr El Ghazal. Some key informants felt that these practices had increased during the war, as poor economic conditions and the urgent need for the **bride price** encouraged fathers to “sell” their daughters at earlier and earlier ages. The SPLA were specifically and repeatedly implicated in “**eloping**” young girls and not paying the traditional bride price: “SPLA don’t give cows, but take girls anyway.” According to interviews, it was especially common for in Equatoria where SPLA soldiers married Equatorian women, then left the wife, returning with their children to Bahr El Ghazal and Upper Nile. In this case, the abandoned woman might never remarry as a result of humiliation and stigma. Related to the issue of forced marriage was the practice of **marrying young girls to very old men**, because it’s often these men who are able to pay a larger bride price.

Incidents of **war-related rape** and **abduction** committed with **impunity** by the SPLA, GoS soldiers, and militia groups were identified as major concerns affecting the health and well-being of women throughout South Sudan, as was an increase in **prostitution** and **sexual exploitation**, particularly in garrison towns and in proximity to SPLA barracks, and particularly in relation to vulnerable single mothers and widows. Some key informants argued that incidents of sexual violence committed by SPLA soldiers decreased significantly following the imposition of marshal law from approximately 1983-1989, but others felt that in many cases, SPLA perpetrators of rape would be transferred rather than brought to justice, arguing that this impunity still exists.

Key informants generally felt that **community-related sexual violence** was lower than war-related sexual violence, but acknowledged that the threat of sexual assault was one of several factors limiting girls’ **access to education**, as families may resist sending their girls to school for fear of them being assaulted while walking to/from school, which would in turn lower their bride price value. **Sexual exploitation of girls in schools** is reportedly committed by teachers as well as older students. **Sexual harassment** in the workplace, given the general attitude that even professional women should defer to male authority, was indicated as an “every day” occurrence.

Several of the key informants from UN and INGOs identified particular issues related to **IDP returns**, especially concerning property rights for women, custody of children, and increased domestic violence and tribal conflicts when men return. Also of concern was the issue of increased prostitution/exploitation among women and girl returnees due to lack of resources, no access to property, and little community support. Women returning from the Diaspora, as well as refugee camps, are thought to be at risk of community reprisals for their perceived modernity (and disrespect of traditions), and in fact incidents of violence against returnee girls have already occurred in Yei. One key informant related the fear articulated by another that “women who wear trousers will bring HIV into our communities.” Depending on how returns are handled, there is the additional concern that prolonged encampments of returnees may increase levels of violent attacks on women and girls within the camps, as apparently happened during previous demobilization of child soldiers.

Another concern repeatedly articulated by key informants was that of GBV being perpetrated and/or exacerbated by the **peacekeeping forces**. References were made to the recent incidents in DRC, and the fear that insufficient provisions will be taken to ensure that peacekeepers are bound by strict codes of conduct. As well, the influx of humanitarian workers that will attend reconstruction efforts is seen as a potential threat, both to local women and to the humanitarian workers themselves, as, according to one key informant, “the single most common reason for attacks on humanitarians is because of inappropriate relationships with Southern Sudanese women”. Because community members may perceive that the INGOs are forcing the rule of law and not respecting tradition, women involved in INGO activities may be at risk of violence and other reprisals by their families and their communities. Indeed, several key informants reported that some women involved in the recent Beijing +10 meetings were accused by their family members of being prostitutes.

Lastly there was a concern that in the **Disarmament, Demobilization and Reintegration (DDR)** process, **women associated with the fighting forces** will be at increased risk of domestic violence because their male counterparts will be frustrated by insufficient assistance. Nor will the assistance be enough to support soldiers with multiple wives, increasing the vulnerability of these women and their children.

## *Programming*

While gender and gender mainstreaming are identified as important elements of virtually all programs in South Sudan that have women and girls as beneficiaries, key informants universally agreed that there was little to no programming to specifically address GBV in South Sudan. Of all those interviewed in Nairobi, only two local NGOs have undertaken programming directly related to GBV. The Sudan Women's Voice for Peace conducted informational campaigns on early marriage in the Upper Nile that were reportedly brief and, therefore, largely unsuccessful, and the New Sudanese Women's Federation has hired and trained 60 paralegal aid officers and opened legal aid clinics in nine counties in South Sudan. While the activities of the paralegals and clinics are not exclusive to GBV, their focus on promoting human rights has meant that many of the complaints they address have to do with GBV, the top among those complaints being domestic violence. Some women's organizations and INGOs have also instituted adult education for women, a component of which often involves human rights awareness.

Pax Christi of the Netherlands apparently funded a Nairobi-based workshop on women and trauma and facilitated a field visit to Mapel, and the Sudan Women's Empowerment for Peace participated in a similar training for trauma counseling in Kampala. There is no indication, however, that these activities resulted in strategies for long-term programming or follow-up.

Within the UN, UNICEF has hired a consultant to develop minimum standards and training on codes of conduct for the OLS related to sexual abuse and exploitation. UNDP's DDR program is considering psychosocial programming to support reintegration, specifically looking at the discrete vulnerabilities of women associated with fighting forces. The Department of Peacekeeping Operations (DPKO), operating out of Khartoum, is developing training materials on SAE/GBV for the peacekeeping forces and UNDP was reportedly recruiting for a lawyer to look at legal implications for peacekeepers who abuse women and girls, but it is unclear whether this post was ever filled.

In the absence of programming, many key informants felt that women had developed informal networks to talk amongst themselves, while at the same time acknowledging that these informal networks were entirely insufficient, and did not allow women the opportunity to receive support and assistance for some of the more stigmatized forms of violence, such as rape. Several key informants pointed out that the lack of existing services for survivors not only did not promote well-being for survivors, but in many cases both directly and indirectly exacerbated levels of violence.



## 9. Field Visit Findings

The following represents a summary of findings from the field visits. In keeping with the informality of the research methods, the presentation of findings is loosely structured around primary issues identified during focus group discussions and individual interviews. To the extent possible, existing sectoral response mechanisms/procedures are highlighted, as are special issues such as DDR and returns. As with previous sections, the recommendations presented during focus groups and key informant interviews will be collapsed into Section 11 of this report rather than presented here. A detailed list of interviews is provided in the appendix.

### *9a. Rumbek*

#### *General Findings*

There are no formal support systems for women survivors of GBV in Rumbek, but unlike many areas in South Sudan, there are a few programs specifically targeting women. Adult education, which includes human rights training, is provided by the New Sudan Women's Federation; a local NGO is heading a Women's Income Generation Project; and law, agriculture, and skills training for women are provided by the Bahr El Ghazal Women's Development Center.

The SPLM Women's Association in Rumbek is in charge of widows and orphans in the county, but there is little they can do because they are poorly resourced; the association members also expressed bitterness about the lack of support from the Secretariat for Women, Gender, and Child Welfare. One member of the Women's Association related her personal struggle with an on-going court case for custody of her children brought against her by her husband's family. Her husband left her with four children some years ago, and she later had two children with a relative of her husband. Despite the fact that she technically respected the traditions of wife inheritance, her husband's family is charging that the relative with whom she had children was too distant. If the woman cannot meet court fines, she may have to deliver her six children to her husband's family.

According to members of the Women's Association, domestic violence happens among at least 50 percent of families, and women are not supposed to defend themselves. If a woman attempts to run away to her own family, she is at risk of being beaten for insubordination by the male members of her family, particularly her brothers.



The Women's Association prioritizes girls' education as a way to limit their exposure to GBV and other rights abuses, but parents reportedly do not want their girls to walk long distances to school for fear of rape. This reluctance is compounded by parents' fear that school will change a girl's "mindset" about marriage and the girl's family will not get a bride price. In one recent case reported by the head of WFP in Rumbek, a father was not able to pay school fees for his 13-year-old daughter, and had identified a rich older man for her to marry. The girl refused the marriage and in this refusal was supported by her mother; the father beat both the girl and her mother. When the girl heard that there were free adult literacy classes at the Diocese of Rumbek, she advocated to the nuns to be allowed to participate. Because of her father's continued resistance, she moved in with the nuns of the Diocese. The girl's brother has threatened the nuns, but as yet there has been no resolution and the girl remains with the nuns. The mother has reportedly been subject to repeated beatings for initially supporting her daughter to attend school.

According to UNICEF representatives in Rumbek, there is a disproportionate number of older boys (17 and 18-years-old) in primary school with young girls, which increases the risk to young girls of sexual violence. The representative further stated that UNICEF has no education policy for addressing GBV among girls in school: we're "just trying to get girls in school before we start to deal with violence against them."

There was an interest expressed by UNHCR to develop strategies to address GBV, though no programming has been institutionalized. The SPLM DDR Team is currently engaged in initial planning meetings, a half day of which included looking at basic issues associated with GBV, though no specific strategies to address GBV in the DDR process had been delineated by the time the consultant departed Rumbek.

Several key informants were not available during the Rumbek field visit, including Dr Belario, Head of Secretariat for Health, and Mama Kezia, Head of Secretariat for Women, Gender, and Child Welfare.

### *Health Response*

The Rumbek County Hospital sees approximately five reported cases of domestic violence per month; beatings are usually at the hands of husbands as well as brothers. The general feeling among hospital staff interviewed was that domestic violence is extremely common in the local community, but the "men don't hurt them that much," rather "women exaggerate their injuries in order to get attention." In these instances of "hysteria," women are provided sedatives and kept in the hospital overnight, although no staff is trained to address issues of

psychological distress. Staff may, however, attempt to engage in informal mediation in more extreme cases. Domestic violence has also affected hospital staff. In one instance where a female staff member regularly requested time off at the end of every month, an inquiry by senior staff led the worker to acknowledge that the worker's refusal to give her salary to her husband (so that he could reportedly buy cows to purchase a second wife) resulted in beatings which the worker sought to conceal by not showing up to work during her recuperation.

While reported cases of rape are very rare (one in the last year), the medical doctor is responsible for determining the validity of the rape allegation by conducting a medical exam. In all cases of physical injury, the hospitals are theoretically required to report the case to the police and, in fact, no one is supposed to receive treatment without first obtaining a police incident report, which the injured party is expected to bring to the hospital and then return to the police. While the hospital staff interviewed denied that they would "force" a woman to file a complaint to the police, they felt that it was their responsibility to "convince" her to report, and claimed a 100 percent success rate in getting women to go to the police. (Notably, the only police representative with whom the consultant could meet in Rumbek was the police commissioner who, contrary to hospital reports, did not know of any cases related to GBV being forwarded to the Rumbek police. He referred the consultant to Rumbek Police Headquarters for statistics, but time did not permit a visit to Police Headquarters.)

The hospital reported an increasing prevalence of illegal pregnancy (pregnancy outside of marriage), which staff attributes to the breakdown in social systems resulting from the war. Because these illegal pregnancies are almost exclusively among young women, they are related to complications with childbearing. The hospital currently has 28 registered cases of vesico vaginal fistulae (VVF), which is the breakdown of tissue in the vaginal wall communicating into the bladder. VVF is directly related to the custom of early marriage. Early marriage invariably leads to early sexual contact and subsequent pregnancy at a time when a young girl is not adequately physically developed to permit the passage of a baby with relative ease. This can lead to a prolonged and obstructed labor and damage leading to VVF. The same phenomenon also occurs in women whose growth has been stunted as a result of poor nutrition or malnourishment. Other cases of VVF are caused by female genital mutilation. Most women with VVF await surgery on an outpatient basis; the surgeon in South Sudan who apparently does rounds to regional hospitals to attend to these cases will next visit Rumbek at the end of April (the consultant was in Rumbek in early February).

Rumbek also has a primary health care unit (PCHU) and a voluntary counseling and testing (VCT) center. In its community education campaigns, the VCT center targets youths, single

mothers, and military personnel, and regularly receives referrals from the PHCU linked with the center. Women predominate in the client roles. Among those with partners, their partners “often” refuse treatment or HIV testing, because they view STIs as a “woman’s disease.” Approximately once a month a VCT counselor may have to mediate in a case of domestic violence. Though condoms are distributed through the center, few men request them. The VCT counselors believe that a female condom would be more effective, but state that there are not sufficient funds for female condoms.

### *Legal/Judicial Response*

According to the Rumbek County Court Judge, the vast majority of county court cases concern adultery: husbands seeking remuneration from the accused men. Reasons for adultery vary, but the County Court Judge counted polygamy as one of the most significant causes: a woman may be given to man who has 10 wives, and because he “can’t satisfy her” she goes with another man. Both partners to the adultery are fined, though because women often don’t have independent resources to pay the fines levied against them, they are more likely than men to serve a prison sentence. In the case where an unmarried girl insists on running away with a man prior to the bride price being paid, she may be remanded by the court to prison until the court resolves the issue among the families involved.

Rape is very rarely dealt with at the Rumbek County Court. In the few cases seen by the County Court Judge where a girl is “eloped” (which involves a girl being taken away for marriage by one or a group of men, and issues of consent are often ambiguous or irrelevant), the court may order that a bride price be paid to the girl’s family. These cases are typically settled at the village level, among the elders of the involved clans. Domestic violence cases are also solved locally, particularly since wife beating is not a crime – cases might only surface if physical harm is done to a woman before her full bride price has been paid, if she is killed, or if the woman is so agitated as to request a divorce in which case the County Court Judge might order that a token be provided by the husband to the woman to “calm” her.

Though county courts can legally apply statutory law in the resolution of cases, “beneficiaries” in the case are given the right to choose whether to apply customary or statutory law. Most reportedly choose customary law because it affords compensation and in any event few are familiar with statutory laws. In at least one instance, a Rumbek judge took it upon himself to publicly beat a woman found guilty of adultery in the Rumbek central square; the judge was apparently admonished by his superiors. The County Court Judge acknowledges that in the application of customary law, it is “normal to get inconsistent and contradictory decisions.”

The Women in Law Project is based in the Bahr El Ghazal Women's Development Center and employs 1 lawyer and 2 paralegals. Work involves human rights training, as well as advocacy for women in prisons. Because women can languish in prison for three months or longer without a trial, Women in Law are pushing to have cases heard more rapidly. They are also trying to assist women who are imprisoned with their young children to be released on bail (though typically this does not involve surety, but rather an individual guarantee that the person will not flee), and to advocate against women being brought to prison to "stand in" for male relatives who have "gone missing."

Women in Law reported that of the 16 women currently in Rumbek prison, three are murder cases, one defamation, and the rest are adultery. In one of the murder cases, the husband of the imprisoned woman beat a child to death; because the imprisoned woman was a witness she is presumed an accessory. In another murder case, a woman walking along the road at night had been accused by a passing man of being a prostitute; when she responded defensively, he hit her with a stick. She reacted by hitting him with a stick, killing him. One of those charged with committing adultery was not in fact married, but being held because she had a relationship with a young boy who had not yet paid a bride price for the girl. All the women in prisons rely on assistance from families for food and other basic necessities. Those without family assistance may work in the houses of wardens.

#### *9b. Aweil West: Marial Bai*

##### *General Findings*

Similar to Rumbek, there are no services or programs targeting GBV in Aweil West. However, Women's Association members remember one ex-pat woman coming to speak with them about human rights. There are apparently two INGOs that promote women's income generation and skills building (IRC and Concern), but these are reportedly small-scale programs with limited resources. A lack of resources was continuously emphasized as a serious concern by local women and men interviewed, made more urgent by the anticipated hunger gap and the anticipated difficulties the community will have in supporting returning abductees. In regard to returnees, interviewees unanimously agreed that they will welcome them back, but many returnees may not have sufficient support systems and will not only be vulnerable, but will also tax the already under-resourced community. Notably, some young men from the local youth organization sternly added that returning women and girls, whether from the North or the Diaspora who the boys anticipate will have adopted modern

behaviors inconsistent with local traditions, would have to readapt to the customs of their community, which may require “reeducation to respect traditions.”

Representatives of the Women’s Association in Marial Bai generally concurred that domestic violence happens “in every family,” mostly resulting from disputes over resources and husbands’ failures to be patient with their wives. Polygamy was not associated by Women’s Association members with higher rates of violence; in fact, preference was given to husbands marrying as many wives as possible, so as to produce as many children as possible.

In addition to expressing frustration over their lack of resources and failure to be recognized as authorities in their community, the Women’s Association members specifically highlighted concerns for girls attending co-ed schools, suggesting that they are more vulnerable to early pregnancy because the “minute boys are mixed with girls, confusion occurs.” Sex among young girls and boys was thought by the Women’s Association representatives to be consensual rather than forced or coerced.

According to the Women’s Association members and others, the Murahaleen are the only perpetrators of rape, at the hands of which “so many” women and girls in the community had been victims, and according to some, continue to be at risk. It was reported that in the weeks prior to the field visit, the Murahaleen beat a local woman they encountered while watering their cows at the local river. In one case of a returned abductee, who subsequently became one of two female police officers in Marial Bai, described being confronted by the Murahaleen in 1999, when she was out with a group collecting firewood. All the boys above 15 years of age were shot and the remaining group was taken North. She remained in the North for three years, where she witnessed mothers being forcibly separated from their children, forced into labor, and raped – mothers in front of children, children in front of mothers. Refusal resulted in death, and the sex itself also had fatal consequences for some of the children were torn or otherwise injured and not provided with medical treatment.

Although forced marriage was reportedly frequent before the war, it is now more usual in Marial Bai for a man to approach a woman or girl to express his interest and garner her support before he approaches her family. Nor did the Women’s Association identify the issue of early marriage as a problem in their community, asserting that girls get married at least five to six years after they first get their periods – on average between 18 and 20 years of age. However, a subsequent meeting with a tailoring group sponsored by the International Rescue Committee seemed to refute this assertion: participants in the group married on average between 14 years of age and 16 years of age. The eldest member of the group, 32-years-old, was married at age 14 to a man in his late 40s, and subsequently had eight

children. Marriage to much older men was not perceived by women with whom the consultant spoke as problematic, nor was it unusual; older men were often the only ones who had sufficient resources to pay a bride price, which in the urban area of Marial Bai had been reduced to around five cows, but could be much higher in the outlying rural areas and among differing tribes.

As with the Women's Association, one member of the tailoring group contended that the biggest problems between husbands and wives are due to lack of resources:

If a woman accuses a man of not giving her anything, he might start seeing another woman and telling the other woman to go back to her family. Fighting involves yelling at first, and then he will slap her or beat her with a belt. There are some women who will just start crying, but some women will defend themselves. Women just use their hands, but women's hands are small and can't do anything to a man.

Another member, however, argued that the issues are more complex:

The main cause of marriage problems is sex. A husband may know you are frustrated because there is no food, but if you say no to sex then he'll start accusing you of getting it from outside. When a husband gets mad, he can hit, punch, or throw you from wall to wall.

Yet another concern of the tailoring group was that many husbands won't allow their wives to work; in spite of the fact that "women and children are dying" because they have no food. If a woman wants to work outside the home to generate an income, she will have to divorce her husband first. In cases of divorce the children typically go to the woman – so that she is in effect responsible for supporting them through childhood – but the husband can come back and claim them when they grow up, benefiting from the girls' bride price and the boys' support. In accordance with different tribal practices, the husband may have to pay a price of several cows for the adult child to the mother and her family, and the mother's family may receive as well a small percentage of the girl's bride price.

The tailoring group maintained that injuries often occur in fights between husbands and wives, but that women are reluctant to seek treatment; if they do go to the hospital, they "won't tell what really happened" to the health care providers. On the other hand, several women acknowledged that if a woman was particularly "annoyed," she might report the situation to the police.

### *Police Response*

Indeed, the Police Chief in Marial Bai indicated that complaints of domestic violence are “a daily occurrence.” Wives often come to report their husbands, to which police typically respond by putting both husband and wife in jail until a truce can be negotiated. While domestic violence may be frequent, it rarely results in “serious” injury: if a husband kills his wife, for example, he has to pay 26 cows in addition to the five he pays in bride price – this steep fine is, according to the Police Chief, a sufficient deterrent. The Police Chief concurred that most incidents of domestic violence are related to lack of resources. Adultery cases are relatively infrequent, though if they do happen both the adulterous man and the wife will be put in jail; the adulterous man will have to pay seven cows, while the wife is fined. The husband will generally pay the fine charged against his wife so that she doesn’t remain in jail – according the Police Chief it never happens that the husband will leave his wife incarcerated.

Occasionally the Police Chief will have to jail a boy who impregnates a girl to force him to pay the one cow owed the family of the girl; in these cases of illegal pregnancy, once the child is born healthily, and assuming all are in agreement, the boy and his family will then formalize the union by paying an additional bride price of five cows.

### *Health Response*

The primary health care center (PHCC) in Marial Bai is run by the International Rescue Committee (IRC) and is the hospital serving IRC’s five satellite primary health care units. Of greatest concern to staff was the high incidence among women of STIs – approximately 23 women per month are treated for symptoms related to gonorrhea or syphilis. Staff estimate the number of domestic violence cases to be around five to six per month, but don’t have any exact estimates because data are not collected. There are occasional cases (reported at two per month, but as this is relatively high, it may have been a translation misinterpretation) where a pregnant woman who is fighting with her husband will try to abort her child with traditional herbs or chloroquine, which is used to treat malaria. In the previous year, three women – all of whom were “not getting along with their husbands” – stockpiled chloroquine and then attempted suicide. One was successful. As a result, the hospital has attempted to introduce monitoring mechanisms to reduce women’s risk of self-injurious behavior: any woman identified as a danger to herself is required to be accompanied by her husband when collecting medicine from the hospital pharmacy.

The hospital saw only one case last year of sexual violence. The hospital staff hypothesized that incidents of sexual violence in the community are very infrequent, and when it does occur, any injuries are likely managed at home. Nor does the hospital treat complications from early childbearing; though there were two cases last year of VVF. It is unclear whether these cases were associated with deliveries among young girls. The hospital noted that in all cases of injuries resulting from violence, the staff would inform police whether or not a woman requested police assistance.

There also exists in Marial Bai a corps of TBAs who have received training and support from IRC. Of the 10 TBAs interviewed, each reported intervening, on average, in one case of domestic violence per month, mostly related to husbands getting drunk at the local market. No complications were associated with pregnancy as a result of the violence; TBAs agreed that husbands were respectful of women's vulnerability during pregnancy, or at least were careful not to injure the fetus. One husband, for example, beat his wife only on the buttocks while she was pregnant.

The TBAs reported seeing approximately one case per month of girls having babies without being married, conjecturing that many more of these cases, to the extent they existed, were likely delivered by family members. It is not clear whether the TBAs had an understanding of VVF, but they did note that complications arose for girls around 13 or 14 years of age who were having babies, mostly associated with an inability to push the baby through the birth canal. Nor was it clear whether the TBAs understood the symptoms associated with STIs. The TBAs stated that women would not talk to them about STIs as this was considered shameful, and only one TBA identified a case in which a child delivered dead was presumed related to complications from syphilis. In one of three cases of suicide that the TBAs identified had happened in the previous year, a young girl was pregnant outside of marriage. In the other two cases, women were reportedly having problems with their husbands.

Only one of the TBAs had ever seen a case of suspected abortion, in which the fetus expelled spontaneously, but the TBA believed this was because the woman took traditional herbs. The TBAs noted that women in their community would not be receptive to contraception because every woman wants as many babies as possible, though they agreed that having more than 10 babies often makes women very weak.

### *9c. Aweil East: Malual Kon*

#### *General Findings*



As with all the other sites visited, there are no services directly targeting women victims of GBV in Malual Kon. The Women's Association in Malual Kon reported that three women had come in the last three years to talk with them about issues of violence against women. None, however, had followed up, and as a result members of the Women's Association repeatedly refused to speak with the consultant. With coaxing from the IRC field coordinator, the women did ultimately agree to a meeting and spoke very openly about conditions of women: "wherever women are, there are problems."

According to the Women's Association members, the biggest share of food goes to the man, because he needs to be strong to protect the family. Women's Association representatives expressed some sympathy with men regarding this practice, as well as the practice of domestic violence: "women are like children, they need to be disciplined." When asked how often domestic violence occurs, the Women's Association members suggested that women "can be beaten three times a day, every day." Women who are more independent are at greater risk, and younger women are at greater risk than older women, as "there is no need to fight after children are grown."

Early marriage was recognized by the Women's Association representatives as a common practice: "15 days after a girl's first blood" is when she might get married, but "if she is very lucky" she might be able to wait five years. According to the TBAs interviewed in Malual Kon, "if a girl is beautiful, she will be married within two years after starting her period; if she is not beautiful, she may be much older." The increase in early marriage is directly related to the years of conflict: "to increase numbers of soldiers to fight, young ones here get married earlier." Even so, the Women's Association representatives acknowledged that communities

are getting a lesson, because these early marriages have a lot of problems. Girls don't delivery normally, and many die with their children. Some of them deliver once and they stop because of complications with delivery. Young girls also have a problem with home management, which will make husbands more likely to beat them.

In spite of these problems, the TBAs noted the risk of illegal pregnancy as a negative outcome of girls waiting to get married.

In a focus group with young men who talked very openly about the tradition of domestic violence, they asserted that "if there are clashes in the house, it's a kind of taking discipline, but it's not violating her rights." According to the men, once a woman had more than three or four children, the marriage would become more strained, with a higher risk of domestic

violence. Some of the issues identified by the men that might precipitate beatings are if the woman starts drinking alcohol, if she is a prostitute, if she is lazy, or if she is unhygienic. Several of the young men also suggested that “if the wife does not perform well at the house level, then she is not performing her duty to society.” Another common precipitant to domestic violence is when a mother colludes with a daughter to support her in going against the wishes of the father in terms of who the girl will marry. In such cases, the mother may be severely beaten by the father. In one recent case reported to the consultant by a TBA, the TBA was having trouble hearing because her husband had clapped her ear while beating her the previous day in reprisal for having allowed their daughter to become pregnant before she was married. The father viewed the mother as complicit, though she denied any knowledge of her daughter’s premarital relationship.

One of the young men continued that it is not acceptable for parents to fight in front of their children, but if they do, it is the boys’ responsibility to mediate. Women, the men said, do not beat their husbands. If a man beats his wife, he may be required to compensate her something – especially in the case of a head injury. But, according to the Women’s Association representatives, the compensation ultimately goes back to the husband because the women don’t have rights to own anything. While the young men asserted that if a husband abuses alcohol for a long time this may be a legitimate reason for a woman to seek a divorce. Although, the Women’s Association representatives claimed that women cannot request divorce, only men. This lack of alternatives contributes to suicide among women: though it “doesn’t happen every month.” The Women’s Association knew of four women who committed suicide in Malual Kon in the last year and “the reasons are always men.”

Indeed, while the consultant was visiting Malual Kon, the IRC field office was requested to intervene in a case in which a woman had committed suicide. The husband had reportedly been hitting his wife with a panga, and though community elders were aware of the case and apparently trying to come to some resolution, the woman purportedly felt that justice would not be served. So she went to the market, bought six tablets of chloroquine, and killed herself, leaving behind an infant child.

Forced marriage was not identified as an issue by any of those consulted, though child protection officers from Save the Children (UK and Sweden), UNICEF, and UN/OCHA noted cases in which a family refused to let a girl marry because, for example, she is in school. Then a man might go with several other men and ambush the girl, effectively “eloping” her. The young men did not identify this as a usual practice, but instead described how, when they are interested in a girl, they will try to build a relationship with her and then talk to her parents.

If the girl loves you, of her own will she will agree to have sex with you and not because of any pressure. The man will simply beg until he convinces her. If the girl refuses, the boy may break up with her, so the girl may agree to have sex to avoid breaking up.

Boys become interested in girls from about age 15 onwards, but they don't marry until they have accumulated enough for the bride price, which is often not until they are between 25 to 30-years-old. Given the 10-plus year gap between the onset of sexual interest and marriage, boys may go outside of their tribe to find a girl willing to have sex or they might go to prostitutes. According to the young men interviewed, before war broke out, prostitution was rare, but now it is a business for survival for women who have no support. Protection workers linked this rise in prostitution to the army barracks that are six to seven kilometers away from the town center. According to the local SPLA commander (who is reputed to have 50 wives), there are no written or otherwise formalized codes of conduct for the SPLA relating to sexual exploitation, including prostitution. Though not relating specifically to the issue of prostitution, he suggested that the most vulnerable women are those whose husbands were killed in the war; if one were to go to the market in Malual Kon and ask who are widows, three-fourths of the women would identify themselves as such.

Rape was reported by some women to occur, albeit infrequently, when women venture out from their own villages; men from other tribes were thought to be less hesitant in forcing a woman from another village to have sex than were men from the same tribe. If a man tries to force a woman to have sex, the girl is supposed to yell out for help. If no one hears her or comes to assist her and the man is successful, then the girl "will probably have to marry him." Rape in marriage was not identified as an issue, as most women interviewed maintained that you don't say no to a husband. However, after the children have grown, there is a Dinka belief – apparently differentially applied in various tribes and within various homes – that it is improper to continue to have sex with your husband. While this practice, where it is instituted, effectively ends the sexual life of the woman, the husband may find a younger woman.

According to the child protection officers, returnees are being threatened and even raped in Malual Kon. The consensus is, however, that victims won't come forward unless there is a focused investigation, made all the more challenging because only one of the 11 protection workers in the area is a woman. The protection officers who do conduct interviews with returnees estimated that a quarter of the women show visible signs of trauma, and surmise that all of those who were abducted at an early age have been circumcised.

Commission for Eradication of Abduction of Women and Children (CEAWAC), which was formed by the Government of Sudan in 1999 and charged with the efforts of identifying, retrieving and returning abducted persons, expects to return 10,000 more women and girls. The vast majority of these women and girls, according to the CEAWAC representative, are reunited with family. Admittedly, though, three women and their children who were returned last year are still staying in the SRRC compound because their families cannot be identified. Because many struggles are anticipated for women returnees, the CEAWAC representative suggested that adult education should be provided so that women “can make their own tea or cook local alcohol to support their households.” The CEAWAC representative sees many signs of trauma, including conversion to Islam, for which the representative advocates reeducation.

While the protection officers identified specific concerns related to DDR, including increased prostitution, family violence, and general unrest, the local SPLA Commander was more sanguine. Though he believes that family disputes cannot be avoided, he did not believe that demobilization and insufficient support to reintegrating former combatants will cause disputes in families; rather he saw the likelihood of general unrest as a significant threat to the government. He further disputed claims that SPLA soldiers might have married without paying bride price during the war, though acknowledged that his soldiers are not bound by a specific code of conduct, save marshal law against rape (which the Commander implied was still being practiced).

### *Health Response*

IRC’s PHCC in Malual Kon was started as a PHCU in 2000, and then upgraded to a PHCC in 2001. Staff of the PHCC report seeing approximately five cases a month of domestic violence. Injuries have ranged from teeth bites, bruises and cuts from sticks, and, in a few cases, broken bones attributed to “wrestling.” The health staff knew of one woman in the last year who committed suicide because her husband neglected her, but also knew of two husbands who had committed suicide because their wives had each committed adultery. Even though the hospital has no contraceptives, one health worker told a woman requesting contraceptives that he would not give them to her because he suspected she wanted to commit adultery.

As with the PHCC in Marial Bai, staff expressed concern about the issue of STIs. In the two weeks preceding the consultant’s arrival, four cases of unmarried men from the military who received treatment for STIs, reporting that they had sex with women from the local market. The health staff identified these market women as prostitutes, many of whom are returnees

from the North who have no husbands or other family support. Despite the evidently high prevalence of military men seeking hospital treatment for STIs, the primary cases of STIs are among females (around 75 percent), probably because males are less likely to report and/or be symptomatic. Although the hospital doesn't have testing for HIV, there were two cases of HIV in the community last year, both SPLA soldiers.

Reported cases of rape are very uncommon in the PHCC – only one in the last year involving a 13-year-old girl who was raped by an older man in the market. Health staff attribute the low incidence of rape to the low bride price (five to eleven cows) in the urban areas of Aweil, rather than any stigma associated with reporting. Incidents of rape were imagined to be higher in rural areas where the bride price is higher and men can't afford to pay or where there aren't enough cows to pay any bride price.

The TBAs working in Malual Kon appear to be less organized and/or resourced than those working in Marial Bai. Each TBA reports seeing approximately four cases a month, but can see up to 10. The TBAs could not identify how many of those cases included families where domestic violence was a problem, but they nevertheless related several anecdotes, including one about a police instructor who recently beat his wife so severely that she spontaneously aborted.

In terms of illegal pregnancy, the TBAs reported about five cases per village, but it was impossible to get them to quantify these numbers in terms of cases per month. The TBAs related one alarming story of a young girl having recently given birth to a baby elephant – it was thought by the TBAs that she had been impregnated at a drum ceremony. In keeping with Dinka tradition as it was related by the TBAs, the family took the baby “elephant” out to the bush and disposed of it. In these circumstances of severe deformity it apparently doesn't matter whether the baby is alive or not.

The TBAs reported approximately 10 to 15 cases last year of complications associated with early pregnancy. If a woman is identified as having an especially small pelvis, the TBAs might recommend she go to the PHCU. Last year there was one case of VVF associated with delivery by a young girl. The TBAs also encountered one case last year with complications related to FGM.

### *Police Response*

According to the Women's Association, the protocol for dealing with domestic violence is that women come first to the Women's Association leader, who then refers the case to the

police. The Women's Association leader estimated that she receives and then reports about 20 cases per month.

However, the crime officer who was interviewed at the Marial Bai police station maintained that the biggest number of cases reported for investigation are related to adultery – approximately five to six cases per month – rather than domestic violence. Women are typically held for 24 hours while the case is investigated, and then released on bond (with a personal guarantee rather than surety) if the investigation cannot be completed within 24 hours. If the woman is found guilty of adultery, she may be sentenced to one to three months in prison; those with small children who don't have alternative care may bring their children with them to jail. It was unclear whether fines might be levied as an alternative to women avoiding a prison sentence, and/or whether husbands might pay those fines.

Another issue of concern for the police are cases related to child custody. An increasing number of fathers who are returnees are reporting to the police requesting a bride price for daughters who married in their absence or for custody of children who are now grown. The police typically inform complainants that these are civil cases and refer them to the customary courts, where fathers may be mandated to pay a small number of cows to reclaim their children. One of the young women currently being held in prison was there because she had refused to go back to her father, insisting that her mother had raised her. She will reportedly continue to be held until the court resolves her case.

One to two complaints per month result in investigations for domestic violence. If a woman alleges that her husband hit her with a stick or otherwise acted unreasonably, the woman will be issued a form for a medical examination and be requested to bring the form back to the police to initiate an investigation. The police officer noted that it is very unusual for women to file a preliminary complaint with the police, and even more unusual for them to return with a completed form.

Rape is not very often reported to the police for investigation. In the only case the police officer could recall from the previous year, the rapist had to pay seven cows and the girl was put under "observation." If she later marries and it is discovered that she can't have children, the rapist will be required to provide additional compensation to the girl's family.

### *Legal/Judicial Response*

According to the County Judge interviewed in Malual Kon, 50 percent of cases adjudicated by the county court are related to adultery, and all these cases are brought forth by wronged husbands or their families, as a woman cannot pursue a case of adultery against her husband.

Cases related to domestic violence and divorce don't often proceed to the county court but are settled at the customary level, especially as women are reluctant to make an appeal to the country court because such a challenge to the decisions of the tribal chiefs would be perceived as a lack of discipline. Nevertheless, the County Judge estimated that approximately 15 to 20 percent of the suits over which he presided were related to more severe cases of domestic violence. Despite the fact that domestic violence is not illegal, men are expected to discipline their wives according to "a reasonable standard"; as such, a wife is legally within her rights to challenge whether her husband's beating was reasonable. Related to this (and perhaps also related to the relatively low number of domestic violence cases reported by the police officer), the County Judge expressed concern that, rather than investigating crimes of domestic violence, police may dismiss a complaint and encourage a woman to go back to her chief for assistance.

#### *9d. Nuba Mountains: Kumo and Luweri*

##### *General Findings*

The previous governor of the SPLA/M areas of the Nuba Mountains, Yusuf Kuwa, made several progressive reforms in an effort to advance the rights of women. Under his administration, FGM was outlawed, and any midwife facilitating FGM risks imprisonment and parents who allow their girls to be circumcised are required to pay a fine of one cow. Under the same administration, bride price was significantly reduced to two cows and two goats. According to the current governor, this has had the effect of encouraging more girls to go to school as well as making it easier for women to divorce, "so men are more respectful of women – men have to be more careful, and women feel more free." In the same breath, however, the governor acknowledged that it is against custom to "laugh in public with your wife; she is supposed to be your servant, not your equal."

There are a number of nascent activities to promote women's and girls' development in Kauda and the surrounding areas. A gender working group facilitated by the Nuba Mountains Program Advancing Conflict Transformation (NMPACT) started one year ago and is currently planning activities for International Women's Day (March 8), focusing on "Women and Nutrition." Norwegian Church Aid, which last year conducted a survey on FGM in Rashad County, is currently constructing a women's center in Kauda that will be

managed by the Nuba Mountains Secretariat for Women, Gender, and Child Welfare. The SRRC has designated a local Women and Gender Promotion Officer, and the community development officer of PACT has submitted a concept paper to UNDP to support women's and girl's activities through umbrella grants and capacity building of local women's networks. An All Nuba Women's Conference was held in Kauda in 2003; groundbreaking though it was, the fact that conference participants without family in the area were forced to sleep under mango trees is indicative of the challenges confronting under-resourced women throughout South Sudan.

The Nuba Relief Rehabilitation and Development Organization (NRRDO) is the only local NGO operating in the area, with offices based in Luwari. In the past NRRDO has supported various income-generating projects for women, ranging from weaving and grinding to farming and poultry, but the projects are not currently active because of lack of funds. NRRDO continues to provide adult education to approximately 30 women. The NRRDO director reported that violence against women "is not there much, but there are traditions that have prevented women's participation." However, "sometimes there is invisible violence; when there is a problem at home and the wife is beaten, you might not know about it."

According to the Pact representative, domestic violence is "a very big problem" affecting women's participation and development. Many women, for example, can't seek education because they might be beaten. In one case of a woman who wanted to attend adult education, she divorced her husband because he wouldn't let her go to classes.

Members of an income generation group sponsored by Concern suggested that it is common that once "a husband marries you and you have a couple of children, then he starts insulting you and beating you and then he divorces you and takes your children." One precipitant to violence is if a woman refuses her husband sex; on the other hand, if you show your husband that you are enjoying sex with him, the husband "will look at you as if you are a prostitute." Members of the Women's Association maintain that "even in sex women have no rights – you can stay with a man for a year without anything, he is the one to decide." For one member of the income generation group, "what pains me so much, is that men go out, you take care of the children, and when he comes back home, he'll just chase you, even if you do all the work in the house." In the worst case, he could "break your arm or your leg, or hit you on the head with a stone."

Some women – "the brave ones" – report such cases. They are processed through the traditional courts and while a few men are fined, most are reportedly let go. According to the



income generation group, domestic violence is not taken seriously in the local courts because of women's fears of speaking out against their husbands: the husband will threaten that if he gets fined, food will be taken away from the house, so women often recant or say nothing during the court proceeding. Cases are never taken beyond the customary courts, and in any case there are no practicing female lawyers in the area, nor are there any female judges.

Women's Association members describe how "women cannot defend themselves because they are paid for, even her parents cannot defend her." Only last year the SPLM instituted a local policy enforcing women's right to eat meat. According to the income generation group, "some women never eat meat because when the husband gets money, he will go to the market and drink and there won't be any money for meat." Polygamy further strains women: "here, men can marry up to seven or eight wives, so the wife is responsible for taking care of herself and the kids."

The Women's Association has conducted awareness-raising about issues related to domestic violence. According to the director of the Women's Association

we brought women together to educate them on staying in good harmony with husbands to avoid domestic problems in the household. Women are taught to be obedient to men, to take care of children, and not to move randomly but to ask permission of the husband. Education was also included for men, which involved encouraging men to listen to their wives and not to impose arbitrary rules. If a woman's opinion is not good, the man doesn't have to be arrogant; he has to be a teacher. We also teach men not to overwork women, especially pregnant women. If a woman behaves badly while she's pregnant she has to be respected because it's due to her pregnancy.

One of the issues that was commonly felt to provoke domestic violence is adultery; some women interviewed disclosed that husbands goad them into it. Women in the income generation group described how, for example (and speaking theoretically), when they get home late, their husbands might accuse them of being with another man. "Eventually you just go out with another man because you're tired of listening to the accusations." Another cause for adultery is "sometimes men are old and cannot perform their duties."

Both the Women's Association and the Secretariat for Women, Gender and Child Welfare are interested in addressing issues of forced marriage, wife inheritance, gender sensitivity and equity, family planning, early marriage, and decisions regarding bride price (i.e., it is "not only for men to decide how much bride price should be paid – they should also consult the

wife about what is appropriate.”). Interest was also expressed in working on custody rights. As it now stands in many tribes, if a divorced woman remarries, her husband gets custody of the children, but if she doesn’t remarry, she and her ex-husband may share custody (assuming it is not contested). Problems with returnees and property rights were further identified as areas for investigation: if a husband is gone for a year and his wife has developed a crop, the husband can return to claim the property because of ownership acquired through the bride price. The Secretariat in particular is also interested in conducting community education around girl’s education, articulating a strong need to establish girl’s boarding schools so as to reduce the risk of attrition in girls’ school attendance.

There are reportedly high drop out rates among girls in school: the Pact representative pointed out that one nearby school attended by her niece had 33 girls in the niece’s level P2 class, but now the niece is in P7, there are only three girls. Most girls are presumably dropping out from early pregnancy and early marriage. It is tradition to get married young – girls can be “booked” when they are 12- or 13-years-old. Even while a family is in the process of finalizing the bride price the man and girl may go ahead and get married. In other cases, girls engage in sexual relationships with boys they meet in school and then drop out and get married to those boys. Women advocates say that family planning is needed and boys should not be allowed to engage in premarital sex.

However, addressing these issues is a challenge for women leaders. If there is a community meeting with men, women are typically not allowed to attend. When women try to organize themselves, they are met with resistance. Several members of the Women’s Association related how men have started attacking them, telling them not to arrange meetings among the women. One widowed women’s leader related that when she sends for other women to come to meetings, husbands accuse her of trying to spoil their wives because she doesn’t have a husband.

While war-related rape was identified as a big problem in previous years, especially perpetrated by the Bagara and Shanabla as well as GoS soldiers, incidents have reportedly decreased since the cease fire. Incidents of rape committed by members of the community are even less frequent, but, according to some women from the income generation group

when you are going alone, if a man comes and asks to have sex with you and you refuse, he will just take it. You have to tell the police because if you keep silent and your husband finds out he might divorce you.

In one example, a 15-year-old girl had been raped and impregnated in the previous year by an older man. The court decided that if she delivered normally, the rapist would not be held responsible beyond paying a fine, but if the girl or the child died, the man would be charged with murder. Thus the man was held in prison until the girl gave birth to a healthy child.

The regional SPLA Commander maintained that there is no abuse of women from SPLA soldiers (despite acknowledging that two soldiers had been charged with rape of girl children in Luwari two months previously). The summary executions that took place from 1983 to 1989 for SPLA soldiers convicted of rape was stopped when, according to the SPLA commander, Southern Sudanese women came forward and said “they are not going to stop this practice, so you need to give them less punishment.” The penalty was reduced to imprisonment and demotion or dismissal. While there is no code of conduct among the SPLA troops, it is “unwritten.” Those unwritten laws include: not sleeping with an underage girl, not committing adultery, etc. As for allegations that SPLA soldiers “eloped” girls without paying a bride price, the Commander insisted “I can say for sure that all have paid dowry.”

The Commander contended that prostitution was uncommon before the cease fire, but now women go to the GoS side, engage in prostitution, and then return to SPLM areas in Nuba and spread STIs. STIs among SPLA soldiers is a growing concern, and there has been some HIV/AIDS education. The Commander hypothesized that the cash trade introduced by the INGOs may contribute to increased prostitution. The Commander also acknowledged some potential problems with demobilization, in so far as once soldiers are paid (if indeed they receive financial packages), they may abandon their current families and look for other wives or move to an urban area.

Notably, although FGM in the SPLA areas of Rashad County was identified as widely prevalent in the Norwegian Church Aid report (during which two of four SPLM-controlled payams were surveyed), all those with whom the consultant spoke argued that FGM was not a major phenomenon, but rather much more prevalent in the GoS areas. This lack of acknowledgement of the issue could be associated with SPLM penalties to stop the practice, as well as the consultant focusing inquiries in the urban areas.

### *Health Response*

Staff of the Save the Children (US) PHCC in Kumo estimate that 20 percent of all women who come in for services are presenting with physical injuries. Of those, an estimated 90 percent are due to domestic violence. Most of the injuries are to the head, and many women come back repeatedly. Even in cases of serious injury the women have to report to police

first so that they can get an incident form; often, the women will get permission from their village leader to come to the hospital. Staff at the PHCC stated, however, that they would not refuse to see a woman with an injury if she did not have the police form.

Twenty-five percent of women coming to the hospital are treated for symptoms associated with STIs – primarily gonorrhea or syphilis. In most cases, the women are treated alone, because husbands don't come with them out of ignorance or even direct refusal to receive treatment. There is a reportedly high rate of STIs among soldiers, but soldiers in turn blame women for propagating diseases. The VCT center at the PHCC provides HIV testing for about 15 to 20 people per month – an equal mix of men and women. Of those, there have been two positive cases in the last year: one male and one female, each from Khartoum. Alcohol was identified by the VCT counselor as the greatest risk factor to HIV transmission, but prostitution was also highlighted as a concern. According to the VCT worker, in one month 20 to 30 women in the local community may get pregnant without being married; he attributes this to prostitution, not to consensual sex.

The MCH nurse recalled seeing only one reported case of rape – a 14-year-old girl was raped by a community member – but the nurse believes that “the community hides these things.” Another worker in the hospital remembered two cases in the previous year of girls age 14 and 16 who were raped by GoS soldiers. The hospital worker reported that the girls received serious vaginal injuries (because of evidence of bleeding), but the hospital worker did not ask the girls specifically what happened, and it is unclear whether a thorough medical exam was conducted.

According to the MCH nurse, there are many early pregnancies in the community – from age 13 forward – and many girls come to the MCH unit pregnant without being married. The MCH nurse believes that most of these early and illegal pregnancies happen because of young girls going to school. Though the MCH worker has never seen a case of VVF, she did state that complications arose related to young girls' narrow pelvis' and in the last two months had two girls who died in delivery. If a young girl requires a caesarean (as happened in the previous month), she is referred to German Emergency Doctors (GED). Neither the MCH nurse nor any other hospital staff interviewed had ever seen a case of FGM.

The nurse at GED has been working in their Luweri clinic for five months. She too has never seen a case of FGM, and the midwives tell her it doesn't happen in that area. On the other hand GED doesn't facilitate many deliveries – most happen at home, such that those women who are infibulated may be attended by midwives. There have been three reported cases of domestic violence seen by the nurse in the MCH, and as per the protocol, the nurses and

doctors at the MCH will not typically treat someone for injuries from domestic violence unless they have obtained a police form.

In the case of early pregnancy, one 13-year-old girl came for consultation, but most young girls don't seek treatment at the GED. One exception was a case seen by the nurse of illegal pregnancy – a young girl came with relatives who wanted to prove she was pregnant. Desperate that her family shouldn't think she was pregnant, the girl denied she was pregnant the first time she was seen (during the second month of pregnancy) as well as the second time (in her seventh month). In another case, the GED nurse was requested by a girl's family to write a letter to the police confirming that the girl was pregnant and naming the man who impregnated her. The GED has seen five cases of VVF since October (the consultant was in the area in February), though only one was associated with early pregnancy.

In a recent workshop the GED nurse conducted, midwives related a story of a woman reporting that she had not menstruated for two months, but was not pregnant, rather was suffering from malaria and in need of chloroquine. The GED nurse surmised that chloroquine may be commonly used to induce abortion.

The GED nurse remembered one case the previous year of rape of a 12-year-old girl.

### *Police Response*

According to the Chief of Police in Nuba Mountains, whose headquarters are in Luwari, common problems associated with police investigations relating to women are abortion, illegal pregnancy, and domestic violence. The police typically try to facilitate a negotiation rather than incarceration. In one recent example, a man had paid a bride price for a woman who refused to go with him, so the police intervened, convincing the woman to submit to the marriage.

The Police Chief sees about one to two cases per month of attempted abortion, particularly among young girls who are not married. The two primary ways in which abortions are forced is by climbing a tree and jumping or by taking traditional herbs. The police chief will generally talk to the family to assist them in discouraging the girl from continuing to attempt abortion. There were no cases of completed abortion.

In terms of illegal pregnancy, there are “so many cases per month.” The police chief believes the increase is related to returnees and the relatively lax behavior in the North regarding sexual relationships. He also attributes the high rate of illegal pregnancy to an inability of

boys and men to pay bride price. During a police investigation, if the girl reports who the boy is and the boy agrees to marry, then the case is resolved within the family. However, if the boy refuses, then the case may be referred to court and the boy will be expected to pay the equivalent of the bride price, and the girl may also be fined.

The Police Chief sees approximately three cases per month of domestic violence, most recently between an SPLA commanding officer and his wife, whom the SPLA officer ordered to return to her family in the South. While the protocol for response to most cases involves the wife filing a police report and then receiving hospital treatment, in cases where an injury is very light or the woman doesn't report how she got the injury (which, according to Police Chief, many do not for fear their husbands will divorce them or other repercussions), then the Police Chief believes the hospital will treat her and the police may never be apprised of the situation.

Rape cases are reported every three months or so to the police. The Police Chief felt that the number of rapes are increasing. Whereas before there was a firing squad, now rape is dealt with according to customary law, which involves a fine. The police chief conjectured that as the penalty is now less severe, the incidence of rape has increased. The police chief recounted the following incident which occurred two months prior to the consultants visit: two drunken SPLA soldiers were on their way home when they came across two girls and one woman. They allegedly beat the woman and took the girls into the forest and raped them. The woman reported to police, the soldiers were brought in, and the police took the girls for medical treatment, as all rape cases require a medical exam confirming the rape. One of the men escaped police custody and fled to the North. The other man is still in prison, but the case will not be prosecuted until both are in police custody.

There have been instances of sexual assault by teachers of students that are reported to the police, though exact numbers were not provided by the Police Chief. If the teacher is brought to court and found guilty, he will be dismissed from school. A local teacher might be expected to marry the girl; a foreign teacher will be charged with a fine and then forced to leave the area.

The Police Chief has never investigated any cases of FGM.

### *Legal/Judicial Response*

A Traditional Chief from the Tira Tribe near Kumo states that if there is violence among families, he is the first one to solve the problem, though he has elders in the community who are each responsible for a certain number of families, so they might assist in addressing a domestic issue before it gets to the chief. The Chief sees about four cases per month of domestic violence; the victims of this violence mostly come forward because they need treatment at the hospital. Most of the serious injuries are to the woman's head when she is hit with a stone; in one case a woman bit her husband. According to protocol as described by the Chief, the Chief will issue a letter to the police, the police will give the woman a form to go to the hospital, and then the police will make an investigation. Some of the primary causes of domestic violence are when a woman has to go very far away for farming, water, etc. If they delay in returning home, their husbands will beat them. Another serious problem – the most common one according to the Chief – is that women don't always get permission when they go out of the home. In still other instances, a husband may come home to find his wife sleeping and, when she "doesn't respond to him" (a possible euphemism for refusing sex), the husband will get mad and hit her.

In cases of adultery, it is the responsibility of the Chief to inform a husband if adultery is suspected. Both the adulterous man and the wife will have to pay a fine according to how long the adultery has been going on (a certain amount for each month). Fathers are expected to pay the wives' fines, and if they don't the woman may have to serve a jail sentence and will likely be divorced by her husband. Adultery cases are unusual; according to the Chief they happened more among his tribe during the war when men were off in Khartoum, but now there are only a few cases per year.

The chief has not heard of any cases of rape, nor of FGM.

According to the County Judge of Dilling County and the Nuba Mountains High Court Judge, each of whom are relatively new to their posts, if a husband beats his wife "he is trying to refine her; women don't experience it as violence." At the high court level, there are no cases involving women. Though rape is theoretically the jurisdiction of the high court (processed through the county court as a judicial inquiry and then transferred to the high court for prosecution), neither judge has ever seen a case of rape. According to both judges, most communities resolve it locally through the payment of a fine or bride price.

Similarly, neither judge has presided over a case of abortion, illegal pregnancy, or adultery. If brought to the county level, the sentence for adultery would be five years for both the

adulterous man and woman if they are married, and two years if they are not married. As with Bahr El Ghazal, people can choose whether to apply customary or statutory law at the county court level, except in cases of marriage disputes or property, which are civil procedures that are always settled by customary law. Both judges agreed that people don't have awareness of statutory rights and will often settle a complaint at the local level.

## 10. Summary

*"This is now a time for us to work on violence against women."*\*

As the findings of this assessment indicate, previous efforts to integrate protection, gender and gender mainstreaming strategies into Operation Lifeline Sudan (OLS), a consortium of two UN agencies – UNICEF and the World Food Programme – and more than 35 NGOs, activities have not resulted in specific programming to address violence against women and girls in South Sudan. With the arguable exception of the advocacy work of the Women in Law Project in Rumbek, there were no GBV-specific activities underway in any of the field sites visited for this assessment. And yet, in virtually all aspects of their lives, women and girls in South Sudan are exposed to GBV.

Prior to and during this assessment, a number of people with whom the consultant met suggested that the Southern Sudanese women interviewed during the field visits would not articulate traditional customs as violations of their rights or as manifestations of violence. While it is true that not all women in all field sites agreed on the particulars of what constitutes violence or how to ameliorate it, there was almost universal agreement among women that they suffered disproportionately and unjustly in relation to men. As with the degree of independence and self-sufficiency women have forged out of necessity due to the absence of men during the war, this basic appreciation by women of their lack of rights should act as a clarion call in developing programming that targets traditional practices that limit women's development and encourage violence against them, so to avoid a common danger identified by Read-Hamilton in her GBV work:

During post-conflict reconstruction, women's and girl's reintegration into society is often hindered by reconstruction and development programs that fail to address women's rights and expect them to return to traditional female roles, regardless of their changed circumstances.<sup>26</sup>

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\* Interview with members of the New Sudan Women's Caucus



Though polygamy and bride price were generally not identified as practices that limit women's rights, women interviewed during this assessment variously illustrated keen appreciation that being beaten by their husbands or brothers, being excluded from education, not having the freedom to go to markets or elsewhere, not being recognized in public forums, not having access to property, not being able to negotiate custody of their children or who and when they might want to marry are each violations of their basic human rights. Even in the instance where the Nuba Mountains Women's Association were teaching wives subservience to their husbands as prevention of domestic violence, there was an underlying appreciation that domestic violence is wrong and has considerable negative consequences for women, men, and children.

Significantly, women who participated in this assessment concentrated more on customary forms of violence perpetrated against them than on the violence that was perpetrated against them during Sudan's war. Perhaps because these customary forms of violence, most especially domestic violence, constitute a daily struggle for women. It was more often (though certainly not exclusively) the case that Southern Sudanese men interviewed during this assessment would voice resignation and, sometimes, righteousness, about customary practices as they related to violence against women and girls, while at the same time echoing the commonly voiced sentiment that "women are the marginalized of the marginalized" in South Sudan.

The nature and scope of GBV against Southern Sudanese women requires a much more thorough investigation than this assessment allowed, particularly in the area of sexual violence, including rape of women and girls by community members and sexual coercion of young girls. Even so, evidence suggests that the violence to which women and girls are exposed puts them at on-going risk for many serious health and social problems. Albeit to varying degrees within and across the field sites, the especially high numbers of domestic violence cases reported to the police and/or health centers, as well as those that are processed through the courts, suggest that injuries are often serious enough to compel women to seek help even when seeking help may increase their vulnerability. However, the inconsistent levels of reporting across sectors in each of the field sites – where a hospital might see five or six cases per month of domestic violence but the police might only see one, or vice versa – suggests that there is little to no coordination or monitoring in and among sectors and, in most cases, little that can be done to prevent future incidents of violence.

As such, widespread GBV as it currently exists in South Sudan taxes the nascent health, security, and legal systems. Moreover, the informal and inconsistent strategies that these systems have developed thus far to respond to violence may, in fact, exacerbate that violence

and its effects by discouraging women from coming forward (most glaringly, perhaps, in requiring a woman to report to the police prior to receiving health care). Maternal and child mortality due to early marriage and pregnancy, forced abortions, and suicide are some of the more extreme examples in this assessment of the dangers of limited support services to women and girls. The complete absence of psychosocial assistance in the sites visited also bears noting: as the tailoring group in Marial Bai articulated during the assessment: “Sometimes you feel you need to talk but to whom do you talk?” Without proper programming and support, the effects of violence will increase and already weak systems of response may become further overburdened, in turn decreasing their capacity to respond to the needs of women and girls. This cycle will undoubtedly and dangerously undermine efforts at reconstruction and development.

Violence also inhibits women’s participation in those efforts, a serious concern made all the more serious given that women and girls constitute the majority of the population in South Sudan. Education – considered by many as the primary frontier in advancing women’s rights and development in South Sudan – is an important area in which the threat of GBV may limit girls’ and women’s participation. Production is yet another area where GBV or its threat may limit women’s capacity; married women’s inability to participate in community meetings with men, or even to organize their own meetings, as well as their lack of mobility in going to markets, joining income-generation groups, etc., will certainly affect their ability to engage in production activities outside the work required of them to support their own families. As highlighted by WFP in their recent gender profile of Sudan, “despite the extensive and important role that women play in Sudan’s agriculture in general and in food security in particular, the country has not been able to derive the maximum benefits of women’s potential (mainly due to women’s lack of participation).”<sup>27</sup> This lack of participation does not appear to be based in women’s reluctance to maximize their own potential; in fact, Women’s Associations in every site visited for this assessment expressed frustration at the lack of resources and recognition afforded them to initiate and expand activities that would promote women’s safety, well-being, participation, and development.

Evidence from this assessment further indicates that women who do participate in community activities or otherwise go against traditional norms sometimes run the risk of violent reprisals from their family or community. As such, any programming that promotes women’s participation and development must also recognize the risk to women of violence associated with that participation, and must plan accordingly. This is yet another reason why GBV programming must be established commensurate with any reconstruction efforts that seek to engage women.

The absence of programming to address GBV during reconstruction may also have lasting implications for the successful return and reintegration of IDPs. For single mothers and widows, in particular, lack of resources and family support may result in increased vulnerability to sexual exploitation and/or prostitution, as already appears to be the case in Malual Kon. The DDR process is another area of immediate concern: the women associated with the fighting forces may be particularly vulnerable because they may not be fully recognized in the DDR process. And, as was suggested by one SPLA commander during the assessment, “reintegrated” men may not receive sufficient assistance to support their existing families, and/or may divert whatever resources/financial support they do receive away from their current families, opting, for example, to use financial packages to enable them to “purchase” another wife or move to an urban area where work is more available. If this were the case, the absence of any protective mechanisms means that current wives of the reintegrated soldiers would have little say. (In fact, according to UNDP, there will likely not be a specific financial “package” given to former combatants because of the failure of this strategy in previous DDR efforts.)

The New Sudan Government, in collaboration with donors, INGOs, and NGOs assisting in reconstruction, has an unprecedented opportunity to develop – from the ground up – policies and programs that not only target services to survivors of GBV, but also introduce structural and systemic reforms that advance women’s rights and promote their participation in economic and social development. That said, it is critical that all strategies moving forward engage the local populations they aim to serve. This means that women, who traditionally have had little voice in South Sudan, must be afforded the resources necessary to actively engage in dialogue and strategies aimed at protecting them from violence and advancing their basic rights.

## 11. Recommendations

*“Unless a country’s constitutional, legal, judicial and electoral frameworks deal with gender equality, no matter what happens after the conflict, no matter how peaceful a transition, the entire country will never have a fair chance at development, and violence against women will continue to inhibit its progress.”\*\**

As with the foregoing findings of this preliminary report, the recommendations below are not meant to be definitive, but rather to provide an initial framework to begin to consider how to address and prevent GBV across sectors and levels of intervention in South Sudan.

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\*\* Human Rights Watch (1999) State of the World Report.

Any comprehensive strategy related to GBV should be the result of additional research, as well as intensive consultation with Southern Sudanese women and girls.

The recommendations are organized in terms of both the multi-sectoral and three-tiered approaches outlined in Section 2d of this report. As described earlier, a basic premise of the multi-sectoral approach is that GBV cannot be satisfactorily addressed through the provision of services within a single sector, but rather should be the outcome of coordinated activities between the constituent community, health and social services, and the legal and security sectors. According to the three-tiered approach, each sector should engage in activities at three levels of prevention: the first and primary level of prevention is structural reform, focusing on instituting protective laws and policies; the second level is systems reform, focusing on building capacity within and among sectors to monitor and respond to GBV in a comprehensive and coordinated manner; and the third level is operational response, focusing on the provision of direct services to survivors.

For purposes of clarity, the constituent community has been identified as a separate sector in the following grid; in practice, however, the activities of the constituent community would cross all sectors. It should also be noted that each sector has cross-cutting functions, such as data collection and monitoring and evaluation, as well as community education and coordination with other sectors.

Target Sector	Structural/Primary Prevention Activities	Systemic/Secondary Prevention Activities	Direct Services/Tertiary Prevention Activities
<p><b>Constituent Community and their Representatives</b> (i.e., the Secretariat of Women's Affairs, Women's Associations, local women's NGOs, international NGOs engaged in women's rights, women's leaders, local women's advocates, etc.)</p>	<p>Secretariat of Women, Gender, and Child Welfare to lead law reform addressing women's rights</p> <p>Develop women's political caucus and ensure promised 25% of women in government</p> <p>Advocacy to ratify CEDAW</p> <p>Ensure recommendations in JAM report regarding gender and GBV are integrated into all reconstruction efforts</p> <p>Establish mechanisms for monitoring rights violations and for information dissemination</p> <p>The Secretariat of Women, Gender, and Child Welfare, in consultation with women's associations and women's NGOs, develop a national initiative against violence against women</p> <p>Advocate to donors for financial and technical support in the development of NGOs that can provide services to and perform advocacy on behalf of victims of violence</p> <p>Undertake research on customary practices, such as polygamy, bride price, wife inheritance, etc. and their negative impact on women</p>	<p>Sponsor a national media campaign designed to communicate social norms that define violence against women as unacceptable</p> <p>Engage religious leaders in the promotion of women's basic rights and in the dissemination of information to support rights</p> <p>Build the capacity of women's organizations and women's associations through the provision of training and other resources</p> <p>Develop regional network in Horn of Africa region to address GBV and share resources</p>	<p>Women's, men's, boys' and girls' human rights training focusing on issues of GBV</p> <p>Community education about availability of GBV-related services and rights of access</p> <p>Community education about the negative impact of some customary practices</p>
<p><b>Health</b> (Ministry of Health, health care)</p>	<p>Create policies that ensure appropriate and consistent health response to survivors of GBV</p> <p>Develop policies to ensure training on GBV in</p>	<p>Establish and implement protocols for the early identification, treatment, and referral of abuse victims in all health care settings</p>	<p>Reproductive health services</p> <p>Screening, case management, referral, and advocacy related to GBV</p>

<p>administrators and staff, TBAs, community health workers, etc.)</p>	<p>medical school and other health curricula</p> <p>Develop strategies to increase number of female doctors and nurses</p> <p>Undertake research on the incidence and prevalence of GBV, the percentage of women who approach different health facilities for treatment of domestic abuse, the mental health consequences of the violence, and the health care costs of domestic violence</p>	<p>Train health staff in counseling, examining victims, and collecting evidence, as well as in coordination with other sectors</p> <p>Train TBAs in issues related to GBV and in referral processes</p> <p>Develop treatment programs for alcohol abuse</p> <p>Institute mobile health units to address GBV</p> <p>Establish data collection systems at the service delivery level and monitor on-going incidents</p>	<p>Medical forensic exams, treatment, and follow-up</p> <p>Confidential data collection</p> <p>Community education about the health outcomes of GBV and prevention of GBV</p> <p>Community education about STIs including HIV/AIDS</p> <p><i>Free and coordinated HIV testing during DDR.</i></p>
<p><b>Psychosocial</b> (Ministry of Social Welfare, social workers, teachers and school administrators, skills training program managers, etc.)</p>	<p>Develop policies for the provision of social services, including trauma treatment, with specific strategies to assist those most vulnerable</p> <p>Develop policies for the training of teachers</p> <p>Develop strategies to increase the number of female teachers</p> <p>Develop policies for equal access of girls to education</p>	<p>Capacity build local women's NGOs to provide supportive services to women and girls and to coordinate with other sectors</p> <p>Establish data collection systems at the service delivery level and monitor on-going incidents</p> <p>Train female teachers</p> <p>Create boarding schools for girls and develop scholarship programs. Establish codes of conduct for all teachers and give them skills to monitor GBV in the schools</p> <p>Establish Women's Resource Centers in every village</p> <p>Establish income-generation activities for women in every village</p>	<p>Supportive counseling and case management</p> <p>Confidential data collection</p> <p>Target the most vulnerable, especially returnees, singles mothers and widows</p> <p>Provide shelter or other services for women victims of domestic violence who don't want to return to their families</p> <p>Conduct community education campaigns on the effects of early marriage and importance of girls' successful completion of school</p> <p>Support income generation activities</p> <p>School-based education on safe touch, gender, and healthy relationships</p>

<p><b>Legal/Justice</b> (Ministry of Justice, judges, court officers, traditional leaders, lawyers, legal advocacy groups, etc.)</p>	<p>Implement substantive and procedural reforms in statutory and customary law to support international standards and promote and protect women's and girls' rights and develop plan for phasing out customary laws and practices that discriminate against the rights of women</p> <p>Inclusion of women in the National Law Review Commission</p> <p>Establish women's lawyers' assoc.</p> <p>Establish percentages for women in law schools</p> <p>Ensure women are represented among community elders and tribal chiefs</p> <p>Document how laws related to GBV are enforced</p>	<p>On-going training for the judiciary and for lawyers on women's rights and GBV</p> <p>On-going education on human rights and women's rights for traditional leaders to encourage change in practices that condone or perpetuate violence against women and girls</p> <p>Law school training on GBV and the rights of victims</p>	<p>Free legal assistance to survivors</p> <p>Court advocates to accompany women through court system</p> <p>Rapid and respectful judicial response, including cases heard in camera</p> <p>Community education about laws relating to women's rights and GBV</p>
<p><b>Security</b> (Ministry of the Interior, police, peacekeeping forces, military, etc.)</p>	<p>Develop policies for police in responding to violations of women's rights</p> <p>Require all crime statistics to be disaggregated by sex</p> <p>Develop codes of conduct for military relating to violence against women and policies for addressing any breach in those codes</p> <p>Develop codes of conduct for INGOs, NGOs, etc., and policies for addressing any breach in those codes</p>	<p>Include GBV in DFID police training program.</p> <p>Support the development of disaggregated data collection and monitoring within police</p> <p>Support the development of specialized police units to address GBV</p> <p>Support the coordination of police with other sectors</p> <p>Build capacity of local policing networks and train them in GBV</p> <p>Support DPKO training on SAE/GBV to peacekeepers.</p>	<p>Provide rapid and respectful police response to women reporting incidents of GBV</p> <p>Same sex police officers to respond to incidents and conduct interview with survivor</p> <p>Community policing campaigns</p> <p>Education for reintegrating ex-soldiers on GBV and violence prevention, as well as STIs, alcohol abuse, etc.</p> <p>Provide special assistance to women associated with fighting forces</p>

	<p>Ensure adequate percentages of women within law enforcement institutions</p> <p>Ensure sufficient packages for demobilized women</p>	<p>Support UNICEF OLS training on sexual abuse and exploitation</p> <p>Support training to national monitors to assure the safety and welfare of returnees</p> <p>Ensure reporting systems are in place for a breach in codes of conduct committed by military, police, INGOs, NGOs, etc.</p>	<p>Provide special assistance to returnees</p>
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## Endnotes

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## Appendix: Persons Met and Contact Information

Nairobi:

Date	Name/Description	Organization	e-mail/telephone
January 26	Kellie Leeson/Rebecca Dale	IRC	
January 31	Eliaba Yona	NSCSE	
January 31	Jason Matus	USAID Technical Advisor for Nuba, Blue Nile, Abeyi	
February 1	Jennifer Nduku Kiiti	UNICEF Consultant on SAE	ndukukiiti@hotmail.com
February 1	Freddie Carver	IRC S. Sudan Program Coordinator	0720711135
February 1	Abuk Payiti Ayik/Museme Munira Issa	Sudanese Women's Empowerment for Peace/SPLM Gender Peace Desk	suwepinfo@iconnect.co.ke27 30938
February 2	Neroun Philip	NRRDO	nrrdo@swiftkenya.com 0204448540
February 2	Anisia Karlo Achieng/Julie Kemunto Muranya	Sudanese Women's Voice for Peace/Julikei International	<a href="mailto:swvporg@yahoo.com">swvporg@yahoo.com</a> 4451947 julikeiintl@swiftkenya.com
February 2	Lilian A. Riek	Global Relief and Development Organization	5711104
February 2	June Malot Kuol	Sudanese Women's Association	<a href="mailto:swan@swiftkenya.com">swan@swiftkenya.com</a> 0722601017
February 2	Dolly Anek Od Wong/Rebecca Joshua Okwaci/Beatrice O. Aber	Women Action for Development/New Sudan Radio Service/Association of Peace Seekers and Network	<a href="mailto:sudanwad@yhoo.com">sudanwad@yhoo.com</a> 0722860893/020570906 0722395875
February 3	Agnes Nyoka/Teddy Lotto/Jennifer Kujang/Phoebe Yona Wobi	New Sudan Women's Caucus	<a href="mailto:Sw_cmp@yahoo.com">Sw_cmp@yahoo.com</a> ; 0722889811
February 3	Meredith Preston	UN DDR Unit; Gender and HIV/AIDS Specialist	Meredith.preston@undp.org 0733720567

February 3	John Kimbrough, Stephanie Funk, Inez Andrews. Lizbeth Loughran	OFDA, USAID	
February 3	Olivia Tecosky	SCF US	
February 3	Suzanne Jambo/Anne Issa	NESI Network	<a href="mailto:nesinet@nesinetwork.org">nesinet@nesinetwork.org</a> 0202724797
February 4	Wendy Fenton	SCF UK Country Director	
February 4	Agnes Lasuba/Anne Ito	JAM Gender Focal Point	
February 4	Jemma Kumba	Christian Aid	0204443242
February 4		World Vision	
February 4	Sandra Opoka	Network for Peace	0722703542
February 22	Kuer Gideon Dau	New Sudanese Women's Federation/Legal Aid Clinic	
February 24	Women's Group	Nesi Network	

#### Rumbek

Date	Name/Description	Organization	e-mail/telephone
February 6	Ray Omphroy/ Claire Ebert, Kevin O'Grady	CPMT	873 7634 78321 romphroy@cpmtsudan.org
February 7	Gabriel O'tour	SRRC	
February 7	Moses Ater	IRC VCT Center	
February 7	Angelina Tang, Arop Mayak	SPLM DDR, Deputy Director of Operations	
February 7	Sebastiaan Der Kenderend	UNHCR Protection Team	8821651124573 sudruprt@unhcr.ch
February 7	Deputy Head of Staff	Regional Bahr El Ghazal Hospital	
February 8	Acur	UNICEF	
February 8	Helen	WFP	
February 8	Mary Adol, Afaf Ishmael	Bahr El Ghazal Women's Development Center, Women in Law	
February 8	Informal Focus Group with women inmates	Rumbek Prison	

February 8	Dong Samuel Luak	South Sudan Law Society	
February 8	Andrew Moday	New Sudan Prisons	
February 8	Kukor-Lopita/ Wada Manyiel Cindut	High Court, Circuit 2, Rumbek/County Court, Rumbek Central Country	
February 8	Elizabeth Agok and Focus Group with 7 women	Women's Association Chairlady	
February 9		Rumbek County Chief of Police	

Marial Bai (Aweil West)

Date	Name/Description	Organization
February 9	James	IRC Field Coordinator
February 9	Focus Group with 9 women	Women's Association
February 9	Meeting with Chief of Police and 2 female police officers	Police
February 10	Focus Group with 15 women, Tailoring Project	IRC
February 10	Commissioner	SRRC
February 10	Medical Team of PHCC: MCH, Intakes, Primary Doctor	IRC
February 10	Focus Group with TBAs	n/a

Malual Kon (Aweil East)

Date	Name/Description	Organization
February 11	Deng	IRC Field Coordinator
February 11	Secretary	SRRC
February 11	Commissioner	SPLM
February 11	Charles Abeyi	County Judge
February 11	Wojtek Wilk	OCHA
February 12	PHCC, MCH, EPI, Inpatient	IRC
February 12	Maduk Malong Alieu	Marial Bai Police Station
February 12	Focus Group with TBAs	Supported by IRC
February 12	Focus Group with men in community bonda	n/a
February 13	Warawar Returns Medical Intake Team	IRC
February 13	Focus group	Women's Association

February 13		SPLA Commander
February 13	Chol Changath Chol/Isaac Longeti/Firew Mekonnen	SCF UK Protection/SCS Protection/UNICEF
February 14		CEAWAC
February 14	South Sudan Law Society	
February 14		VMT

#### Nuba Mountains

Date	Name/Description	Organization
February 15	Olivia Tecosky	SCF US
February 15	Secretary	SRRC
February 15	Gender Focal Point	SRRC
February 16	MCH, Primary Health, VCT staff of PCHU	SCF US, Kona
February 16		NRRDO
February 16	Amna	Women's Association Director, Luwari
February 16	International Women's Day planning meeting	NMPACT
February 17	Governor Malak	SPLM, Luwari
February 17	Bhoutros Yohana Komi	Luwari Police Station, Chief of Police, Nuba Mountains
February 17	Najwa Mussa	PACT, Community Development Officer, Luwari
February 17	Hannan	Commission of Women, Gender, and Children
February 17	Focus Group with Income Generation Project Members	Concern
February 17	Natalie	NMPACT
February 18	Traditional Chief, Kumo	

February 18	Jackson Ramaden Shimera/Semir Babour	Dillang County Judge/High Court Judge, Nuba Mountains
February 18	Commander	SPLA, Luweri
February 18	Male youth group	NRRDO
February 18	Inge Lang	German Emergency Doctors, Nurse
February 18	Focus Group led by Miriam Yohana	Nuba Mountains Women's Association, Luweri
February 19	Luca Trevisan	UNDP, Kauda