



**Promoting Women's Role in Peace Building and Gender Based
Violence Prevention in South Sudan**

**Mid-Term Evaluation
Report**

October 2017

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Francis Ofunya Afande, PhD, FCIM (UK).

ACRONYMS

ALNAP	Active Learning Network for Accountability and Performance
CBPMs	Community Based Protection Mechanisms
CSPro	Census and Survey Processing System
DAC	Development Agency Committee
DRC	Danish Refugee Council
FGDs	Focus Group Discussions
GBV	Gender-based violence
IDPs	Internally Displaced Persons
INGOs	International Non-governmental organizations
IRC	International Rescue Committee
KIIs	Key Informant Interviews
M & E	Monitoring & Evaluation
M & E	Monitoring and Evaluation
MRM	Monitoring and Reporting Mechanism
MSF	Médecins Sans Frontières
NBeG	Northern Bahr el Ghazal State
NGOs	Non-governmental organizations
NPSS	Nonviolent Peaceforce South Sudan
OECD	Organization for Economic Co-operation and Development
PME	Project Monitoring Framework
PMF	Project monitoring framework
PoC	Protection of Civilian
PSG	Parent Support Groups
SAG	Strategic Advisory Group
SMART	Simple, Measurable, Attainable, Realistic and Time bound
SPLA	Sudan People's Liberation Army
SPSS	Statistical Package for the Social Sciences
SSP	South Sudanese Pound
ToR	Terms of Reference
UN	United Nations
UNHCR	United Nations Human Rights Commission
UNMISS	United Nations Mission in South Sudan
UNPOL	United Nations Police
WFP	World Food Programme
WHO	World Health Organization
WPTs	Women's Peacekeeping Teams

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EXECUTIVE SUMMARY

Introduction

In December 2015, Nonviolent Peaceforce South Sudan began a three-year project on “Promoting Women’s Role in Peace building and Gender-based Violence Prevention in South Sudan” in partnership with the Embassy of the Kingdom of the Netherlands in South Sudan. The overall goal of the project is to strengthen women’s participation in peace-building and protection to reduce the prevalence and impact of conflict and gender-based violence (GBV) on communities in South Sudan. In order to achieve this goal, the project has facilitated a wide array of activities that focus on awareness-raising, direct protection, capacity-building of community-based protection mechanisms, and coordination and advocacy on local and national levels. These activities combined sought to provide an environment for community members which is free from everyday violence, where the rights of women and girls are respected and their participation in decision making on peace-building, protection and security issues is promoted.

Methodology

The purpose of the mid-term evaluation was to assess the progress made towards achievement of the objectives of the project and identify the intended and unintended outcomes, best practices, lessons learned as well as challenges arising from project execution. A cross-sectional quantitative and qualitative study was conducted in four project sites (Juba Protection of Civilian site (PoC) 3, Bentiu PoC, Lakes State, and Northern Bahr el Ghazal State), aided by household questionnaire surveys, focus group discussions (FGDs) and key informant interviews (KIIs).

Key Findings

This evaluation has found encouraging evidence that Nonviolent Peaceforce South Sudan (NPSS) contributes to more public participation in the peace process and GBV prevention, and on its level of intervention improved relationships among the various actors. Although this project is only halfway in its implementation period, the evaluation finds that to a large extent, what was planned has been achieved, and the majority of activities were implemented in the various project sites. A summary overview of progress towards each objective follows below:

Primary Goal: Promote women’s participation in peace building and protection to reduce the prevalence and impact of conflict and GBV on communities in South Sudan.

- 30.2 % increase in women’s representation in local decision-making structures both formal and informal at project close.
- 3.3% decrease in victimization / prevalence rates of violence and GBV in project sites during as at Mid-Term.
- 3.8% increase in perception of women security reported as at Mid-Term.

Specific Objective 1: Increase the safety & security of women and girls at imminent risk of sexual and GBV.

- 38.7% of women and girls reporting feeling safer / much safer as at Mid-Term.
- 70.3% of women and girls who report the relative importance of NPSS’s contribution to community safety and security as at Mid-Term.

Specific Objective 2: Improve access to and demand for post-incident support services and justice mechanisms for survivors.

- 2.4% increase in beneficiaries reporting health facilities are providing effective medical and psycho-social services to GBV survivors.
- 9.9% increase in beneficiaries reporting law enforcement and judicial services are providing effective/fair treatment to GBV survivors.

Specific Objective 3: Promote positive social change through awareness raising & outreach activities

- 5.7% increase in women / girls who report an increased shared in household decision making at project close.

Lessons Learnt

A review of the good practices in responding to GBV in emergencies points to a number of lessons for future programming – not only in terms of what has worked well, but also in identifying challenges and offering suggestions for what needs to be done differently. While every context is different, a number of implications for policy and practice can be drawn out. Based on the findings of the project mid-term evaluation, this section aims to provide more detail on some of the key lessons learned during the course of the project.

Working with communities: Working with communities was found to be the most effective means of addressing the issues of safety and GBV prevention at the community level. Interventions of this nature succeed when the main stakeholders are involved. The involvement of the community at different levels of the project life cycle and more importantly through the parents, local leaders, religious leaders, youth and women groups and opinion leaders meant that the project has become a community project.

Participation of women in the project implementation: When women are actively engaged in decision making in all phases of the project, it increases their empowerment and authority and it also affects traditional household dynamics. The reliance on women leaders was a good strategy that sought to empower existing leaders as a resource for other women.

Networking and Collaboration: The evaluation findings reveal that partnerships and collaborations are very critical in achieving success for project interventions of this nature. Partnerships and collaborations not only increase ownership of the project, but also help to draw on the experiences of a number of partners with different experiences, competencies and expertise. The project worked very closely with the various stakeholders, including the health service providers, community bench courts and both formal and informal community leadership structures. It was emphasized during this evaluation that working with the communities, especially the primary duty bearers, increases acceptability of the project and enhances sustainability.

Establishing and Capacity Building of Community Protection Teams: Establishing WPTs and building their capacity has been very instrumental in awareness raising of the community, identifying, referral and accompanying of cases, and preventing violence in the community particularly violence against women and girls. Effective interventions aimed at preventing GBV must engage and be led by the community and build on local prevention systems and structures to ensure solutions are community-owned. Local community structures and community leaders are reported to be key influencers in times of conflict and threats.

Periodical assessments: The situation in the various project sites is very dynamic, with many changes occurring, which were unforeseen. This necessitated the undertaking of periodical assessments, whose findings inform adjustments to the project interventions. Project documents show that NPSS undertakes

periodical context and security analyses in all the five project sites, whose aim is to identify and analyse current issues and protection concerns of each of the sites.

Service delivery to GBV survivors: In terms of response to GBV, improved access to services for survivors of violence can be achieved not only by increasing the provision of services, but also by ensuring that services are delivered appropriately and are sensitive to survivors' needs and the context. Services such as mobile clinic visits, increasing the capacity of staff to understand, coordinate and refer GBV survivors to relevant services and ensuring confidentiality and cultural sensitivity in the delivery of services have been identified as important features.

Continuous staff and implementing partners' capacity building: Investment in building staff capacity and improving coordination is important to ensure the effective implementation of programmes. Various studies have highlighted the need to invest in continuous specialized and culturally appropriate training to staff (men and women) as well as other relevant service providers (such as the police). Strengthening coordination mechanisms between sectors and programmes, and between institutions and agencies, is necessary to build synergies with other organizations to support GBV programming.

Effective monitoring and evaluation: Monitoring and evaluation mechanisms must be strengthened across GBV programming. Establishing and improving monitoring and evaluation mechanisms would ideally involve GBV implementing organizations incorporating robust monitoring systems and independent evaluations in programme plans and budgets, which would provide findings on the effects of interventions, including baseline and end-line data collection and analysis. The evaluation team observed that this is an area in which NPSS has excelled.

Conclusions

The evaluation results indicate that the project has broadly been a success in achieving the planned activities/interventions as at mid-term and is on course in all the project indicators. The project has brought changes that will have larger impacts in safety and GBV related issues in all the project sites. This was facilitated by a clear design that allowed for not just networking, but also strengthening the local community existing structures, which enhanced the general involvement of stakeholders. However, the relevance, efficiency, effectiveness, impact and sustainability all have room for improvements and hence the recommendations provided below.

Recommendations

- Sustaining the benefits of the project requires sufficient time to effectively achieve and build a sustainable base. Projects of this nature require an extended period for the local partners (Community Based Facilitator such as Women Protection Teams and Youth Groups) to develop and strengthen their capacities and competencies. A second project phase is thus recommended at close of the project.
- It is as a result of presence of women in Women Peacekeeping Teams' activities that gender sensitivity, and in particular, involvement in the resolution of domestic violence. Future interventions should therefore place greater emphasis on women for greater results.
- Parent support groups were found to be a critical element in GBV prevention interventions at the community level. The involvement of male parents should also be strongly considered, as men are usually the decision makers in homes and the majority abusers of women/girls.

- Strengthening the continuous engagement of stakeholders is important to sustain the referral networks so far established.
- The male youth have potential of playing a leading role in the peace building process and GBV prevention efforts, but their engagement in project activities has not been well felt. Youth should be educated about peaceful conflict resolution mechanisms and the need to play a key role in preventing acts of GBV, and encouraged to apply these mechanisms in practice.
- It is recommended that the project team leaders for the various project locations build and sustain positive working relationships with local leadership, and as much as possible involve them in the project activities, within the limits of the policy of NPSS (especially community mobilization and sensitization).
- The evaluation results indicate that there are some significant challenges that may make the project interventions less effective. More pronounced is the relatively short duration (3 years) of the project, coupled with unlimited community expectations (the project period is likely to be too short to realised meaningful impact and ensure project sustainability). The programme staff should thus enhance efforts in seeking support for another phase at the close of the project. From the evaluation, it is clear that some of the critical project benefits may be lost if the project interventions come to a total halt.
- Through networking and collaboration, NPSS undertakes certain activities jointly with other Non-Governmental Organizations (NGOs), including, but not limited to community mobilization, needs assessments, awareness raising and implementation of some of the interventions (for instance distribution of food and non-food items), hence cutting down on costs. Joint implementation of project activities to complement each other agencies should be continued to avoid duplication of the same services in the project area by pooling resources and strengthening coordination with other agencies implementing activities to the same target beneficiaries.
- Findings reveal that the situation in the various project sites is very dynamic, with many changes occurring, which were unforeseen, necessitating NPSS, individually or alongside other agencies, to undertake periodical assessments, whose findings inform adjustments to the project interventions. It is highly recommended that NPSS share findings of such assessments, for instance the Participatory Risk Assessment and Mapping result to different Clusters particularly to Protection (to include GBV Sub-Cluster) and Water, Sanitation and Hygiene to advocate for strengthened programming to address the risks identified.
- The evaluation findings reveal that survivors of GBV in South Sudan face many interlocking barriers to justice: cultural barriers (the marginalized role of women in their families and a social stigma attached to survivors of sexual violence); legal barriers (formal and customary laws, discriminatory judicial processes, and legal procedures that discriminate against women and afford them few legal rights); and systemic barriers (a lack of infrastructure, government resources, and personnel). Together, these barriers make it very difficult for a survivor of GBV in Southern Sudan to seek and obtain justice. The government of South Sudan, in collaboration with agencies that focus on addressing issues related to GBV must bring about significant changes in order to provide GBV survivors greater access to justice. These include training police officers to properly and adequately protect survivors of violence, providing training and resources to improve the accessibility and effectiveness of the court system, and reforming the law to stop the practice in the justice system of treating rape and adultery as sub-categories of the same crime.

- Outside the UN bases (Juba PoC 3 and Bentiu PoC), the dangers for displaced women and girls are the most severe. Women and girls face assault when they venture outside of the UN bases for livelihood activities and firewood collection. While they are reluctant to leave the compounds and fear that they will be sexually assaulted by the armed actors outside, they take the risk because they understand that men would be killed if they leave, whereas women would “only” face sexual violence. The evaluation team highly recommends that donors consider providing additional funding to GBV and protection actors to set up safety patrols to accompany women on trips outside of the UN bases for firewood collection or livelihood activities consistent with the *Inter-Agency Standing Committee Guidance on Safe Access to Firewood and Alternative Energy in Humanitarian Settings*.
- Even inside the UN bases, South Sudanese women and girls are not safe, due to poor conditions there. As a result of the rapid influx of IDPs into the bases (specifically Bentiu PoC), overcrowding is a major issue and humanitarians have faced significant challenges in constructing basic facilities. For example, there is poor lighting, no physical separation of men’s and women’s latrines, and a lack of locking system on latrine doors. This has led to women and men using common facilities, exposing women and girls to harassment and violence. Girls have also noticed that men have cut small holes in the plastic sheeting around the women’s showers. Humanitarians are supposed to observe minimum safety procedures, but by all accounts, they have overlooked these critical measures that would ensure a modicum of safety, privacy, and dignity. The evaluation team recommends that donors take keen interest in ensuring that the humanitarian programs they fund, across all sectors, are designed and implemented according to the *Inter-Agency Standing Committee Guidelines on Gender-Based Violence Interventions in Humanitarian Settings*.

I.0 INTRODUCTION

There are few places in the world where it is more dangerous or disempowering to grow up female than in South Sudan. In South Sudan, the vast majority of women and girls will survive at least one form of gender-based violence (GBV) be it rape; sexual assault; physical assault; forced/early marriage; denial of resources, opportunities or services; or psychological/emotional abuse. Many categories of GBV are pervasive and engrained in the fabric of society. All tribes and geographic regions have some differences in terms of prevalence, but the thread of GBV sadly runs throughout the country, with bride price as a cornerstone of the nation's economy.¹ There is no doubt that with the current state of mass displacement, ubiquitous armed actors, the complete lack of rule of law, the situation has only deteriorated. Indeed, the United Nations Mission in South Sudan (UNMISS) (2014) Human Rights and Amnesty International (2014) reports explain that all parties to the conflict have committed acts of sexual violence against women of different ethnic groups.²

To this end, in December 2015, Nonviolent Peaceforce South Sudan began a three - year project on "Promoting Women's Role in Peace building and Gender-based Violence Prevention in South Sudan" in partnership with the Embassy of the Kingdom of the Netherlands in South Sudan. The project interventions are currently being implemented across the following five sites in South Sudan: Bentiu PoC (Unity State), Juba PoC (Central Equatoria State), Rumbek (Lakes State), Aburoc/Kodok (Upper Nile State) and Aweil (Northern Bahr el Ghazal State). Prior to commencement of the project implementation, a baseline survey was carried out in March 2016 with the objective of collecting data for purposes of programmatic monitoring and evaluation in order to demonstrate the impact of NPSS' work. The baseline examined indicators that include: knowledge and attitudes related to gender relations and GBV, incidences and profiles of GBV, and perceptions of, and access to, response services. Though the baseline focused mostly on violence against women and girls, in some instances, it also took into consideration violence committed against men. The baseline indicators assessed informed the project design and implementation, for instance, by providing advice on the final design of the proposal logframe, activities, and objectives.

However, due to logistical reasons³, some attributed to the unpredictable security situation in Upper Nile State (frequent confrontations between the Dinka and Shilluk communities, often leading to outbreaks of armed confrontations that many a time result to displacements, serious injuries and deaths amongst civilians), it was not practically possible to cover Wau Shilluk project site during the mid-term evaluation, and hence the coverage of the evaluation was limited to the other four sites, namely Bentiu PoC (Unity State), Juba PoC (Central Equatoria State), Rumbek (Lakes State), and Aweil (Northern Bahr el Ghazal State).

I.1 Project Description

The primary goal of the project is to strengthen women's participation in peace-building and protection to reduce the prevalence and impact of conflict and GBV on communities in South Sudan. Specifically,

¹ The Girl Has No Rights': Gender-Based Violence in South Sudan : May 2014

² United Nations Mission in South Sudan – UNMISS (2014) Interim Report on Human Rights: Crisis in South Sudan; Amnesty International (2014) Breaking the Circle of Violence: US policy toward Sudan and South Sudan, Testimony by Adotei Akwei before the House Subcommittee on Africa, Global Health, Global Human Rights, and International Organizations, February 26, 2014.

³ During periods of insecurity in Wau Shilluk, there was a population shift/mix/change, leading to radical alteration of the context compared to the baseline and a complete relocation of project beneficiaries and activities to a new field site, Aburoc/Kodok in April 2017, hence it was found appropriate to leave the site out of the mid-term evaluation.

the project seeks to: (i) increase women's representation in local decision-making structures both formal and informal at project close, based on the assumption that women's empowerment in their public lives; (ii) decrease in victimization/prevalence rates of violence and GBV in project sites during project period, the assumption being that a reduction in victimization rates is an accurate proxy measure for reduction in the incidence of conflict/GBV in communities; and (iii) increase in perception of women security reported at end line, based on the assumption that an increased perception of safety and security signifies some empowerment.

In order to achieve the primary goal, the project is facilitating a wide array of activities that focus on awareness-raising, direct protection, capacity-building of community-based protection mechanisms, and coordination and advocacy on local and national levels. These activities combined seek to provide an environment for community members which is free from everyday violence, where the rights of women and girls are respected and their participation in decision making on peace-building, protection and security issues is promoted. The specific objectives of the project are:

Objective 1: Increase the safety and security of women and girls at imminent risk of sexual and GBV: Specifically, the project seeks to: (i) realize an increase in the proportion of women and girls reporting feeling safer/much safer at project close, based on the assumption that direct protection activities will lead to greater levels of safety and security; and (ii) increase in proportion of women and girls who report the relative importance of NPSS's contribution to community safety and security, based on the assumption that attributing improved safety with project activities signifies effectiveness.

Objective 2: improve access to and demand for post-incident support services and justice mechanisms for survivors: Through this specific objective, the project seeks to achieve the following outcomes: (i) increase in beneficiaries reporting that health facilities are providing effective medical and psycho-social services to GBV survivors; increase in beneficiaries reporting law enforcement and judicial services are providing effective/ fair treatment to GBV survivors, based on the assumption that increased trust and understanding of law enforcement and judicial services increases demand; and (iii) improved knowledge on issues of women's rights and GBV among trained law enforcement, judicial officials or security actors during project period, the assumption being that knowledge of issues leads to greater responsiveness, less discrimination, improved services and greater reporting rates/demand for services.

Objective 3: promote positive social-change in communities through awareness raising and outreach activities: The project seeks to realize an increase in proportion of women/girls who report an increased shared role in household decision making at project role, based on the assumption that increases in women's household decision making related to management of income, household purchases etc. are a useful proxy measure for highlighting women's empowerment in their private lives increase.

Objective 4: strengthen the protective capacity of communities and establish sustainable community based protection mechanisms to prevent and respond to GBV: The projects aims at ensuring that there is an increase in number of cases managed by WPTs and CNPMs per year, based on the assumption that increased capacity leads to better ability to manage cases; and an increase in male and female including youth participants demonstrating increased knowledge of key training topics, based on the assumption that knowledge leads to improved capacities for promoting change.

Objective 5: promote women's substantive participation in peace and security at the local, state and national levels: The key outcome for this objective is an increase in number of women and girls participating in security, protection and peace-building issues in their community across all sites at the close of the project, based on the assumption that project activities will promote a significant increase in participation rates of women and girls in security, protection and conflict issues in each community.

The project aims to achieve the specific objectives stated above through four interrelated components: 1) direct protection, prevention, and response; 2) positive messaging and awareness raising activities; 3) capacity building and community-based protection and coordination; 4) advocacy. This mid-term evaluation reports is structured into the following sections: Introduction of the project and the Mid-term evaluation; Overview of the national context within which GBV is situated; 3) summary of the Mid-term evaluation methodology; 4) key findings of the evaluation; 5) lessons learnt; 6) conclusions; and 7) recommendations.

1.2 Purpose of the Mid-Term Evaluation

Gender-based violence is a chronic problem around the world, particularly in societies ravaged by conflict. In many countries with weak justice systems and plural legal orders the customary and traditional justice systems composed of chiefs and elders handle the vast majority of GBV cases. Human rights presuppose the violation of women's rights in these venues, but little is actually known of the character or degree of rights protection. South Sudan is faced with a similar dilemma as it strives toward modernization following independence on July 9, 2011.

The purpose of this mid-term evaluation was to assess the progress made towards achievement of the objectives of the project and identify the intended and unintended outcomes, best practices, lessons learned as well as challenges arising from project execution as at mid-term. Specifically, the evaluation sought to (i) assess progress made towards the achievement of results at the outcome and output levels; (ii) determine if the results contribute to the NPSS overall goal of reducing violence and increasing the safety and security of civilians; (iii) assess performance in terms of the relevance of results, sustainability, shared responsibility and accountability, appropriateness of design and informed and timely action; (iv) assess whether project resources (budget, assets, and staff) were used efficiently in relation to the planned activities, outputs and outcome; and (v) identify lessons learned and provide recommendations for future intervention.

2.0 METHODOLOGY

The "Promoting women's role in peace building and GBV prevention in South Sudan" project mid-term evaluation utilised both primary and secondary data sources. A mix of qualitative and quantitative methods, comprising of: desk study (review of relevant secondary data); beneficiary qualitative survey aided by focus group discussions (FGDs); key informant interviews (KIs) with the relevant stakeholders; site visits and observations; and quantitative household interviews. A cross sectional survey was conducted involving 784 household representatives, 20 KIs and 16 FGDs across the four out of the five project sites in South Sudan. Active Learning Network for Accountability and Performance (ALNAP), the Organization for Economic Co-operation and Development (OECD), and Development Assistance Committee (DAC) criteria were adhered to during the evaluation, which addressed the following: (a) relevance/appropriateness, (b) efficiency, (c) effectiveness, (d) connectedness, (e) coverage, and (f) impact.

2.1 Sampling Design

Though evaluation was conducted in all the four selected project sites, time constraints did not allow for research activities to be carried out in all project communities and logistical constraints did not permit representative sampling of project sites. Instead, a two-stage sampling approach was used to, firstly, purposefully choose communities within the project sites and, secondly, randomly select households and respondents within those communities. For PoC sites – in Bentiu and Juba – the first stage of sampling

used blocks within the PoCs as a sampling unit. In non-PoC sites such as Rumbek and NBeG, communities were the sampling unit. This first stage of sampling favoured sampling units that provided a geographical and ethnic distribution within research sites – in those sites with heterogeneous ethnic populations – with a greater amount of research activities undertaken in communities with considerably larger populations. Specific accommodations were also made to include communities in remote rural areas, and areas that were considered of particular interest based on the prevalence and/or typologies of GBV.

Households were selected by computing a sampling interval based on the estimated number of households in the community, divided by the total number of surveys, and then selecting a random start by drawing a random number between one and the sampling interval. In the field, each enumerator was provided with the sampling interval and random start for each community. One adult from each household sampled was then randomly selected to complete the survey. Male-female representation was maintained by allocating surveys in each community according to an approximately fifty-fifty split between the sexes. Each survey is marked as either 'male' or 'female' and enumerators were instructed to select a respondent from the household of the indicated sex – with males only interviewing males and females only interviewing females. Though questionnaires varied somewhat between males and females, most questions were standardized across both sexes to allow for aggregated estimates of the Mid-term evaluation achievements in relation to baseline indicators. Due to ethical and practical challenges involved in surveying children, all research activities were conducted with persons eighteen years and above.

Choosing research participants for qualitative research was based on two types of purposeful sampling: convenience and maximum variation sampling. Those KII and FGD participants available for the assessment were accessed through convenience sampling, and convenience samples were stratified - for example, by: age, sex, community position, etc. Qualitative research participants included: community women and men, community leaders (both male and female), members of the police force, women's groups, government representatives, and stakeholders from response services.

2.2.1 Sample Size Determination

Care was taken to produce a quantitative sample size large enough so as to not exacerbate other design biases. Calculations were made using an unknown prevalence rate, a confidence interval of +/- 5, and a 95 per cent level of confidence. The estimation formula for the sample size will be $n = 3.84f (q/V \text{ squared}) p$ where:

- **n** is the sample size used for the calculation;
- **p** is the anticipated percentage of population with the attribute of interest; here the victimization rates is estimated at 50 percent with a confidence interval of $p \pm .15p$, at the 95 percent level of confidence. Then, relative error or coefficient of variation is 15 percent or 0.15;
- **q** is equal to $1 - p$;
- **f** is the design effect;
- **V squared** is the relative variance (square of the relative error), and, is $(.15) \times (.15)$ or $2 V.0225$; and
- **3.84** is the square of the normal deviate (1.96) needed to provide an estimate at the 95 percent level of confidence.

The calculated sample size is 170. By including 10 percent non-response rate, the final sample is estimated at approximately 187 per project site. In total therefore, the sample size for the four (4) project sites was estimated to be $(187 \times 4) = 748$ household representatives, with equal number of

community members of male and female sex. Further adjustments were made to account for the cluster sampling methodology using a design effect of two; as is typical for surveys using a cluster sampling methodology. According to this rationale it was deemed that a sample of 748 was desirable for collecting aggregated data for the project – that is, for generating evaluation statistics for the project as a whole. Extra days allocated for fieldwork made it possible to increase the total number of survey target to 800 (400 male and 400 female). However, the evaluation managed to conduct household interviews with 784 household representatives (98% response made up of 394 male and 390 female respondents).

2.2 Data Collection Methods

The evaluation used both primary and secondary data. Firstly, literature review of all available documents relevant to the assignment was undertaken so as to provide a clear understanding of the project and generate a summary of issues arising from literature review which require further investigation. The documents for desk study review will include, project logframe, context and security analysis reports and case studies from the various project sites, the project narrative report for the year 2016, and other relevant project documents; non-project secondary sources included: reports by the Government of South Sudan, UN, non-governmental organizations (NGOs) and international non-governmental organizations (INGOs), and other important stakeholders. Secondly, the evaluation utilized the following primary methods: household surveys, site visits and observations, KIIs, and FGDs. The sections below present a brief discussion of the primary data collection methods employed in the evaluation.

Household Surveys: Household surveys were conducted aided by semi-structured questionnaires, with majority of the questions being closed-ended. The questionnaires were administered by the enumerators to sampled households to gather both quantitative and qualitative data. The quantitative and qualitative data generated by the evaluation assessment yields important quantitative insights into the extent and characteristics of GBV, and GBV response, in the project sites for the purposes of informing any adjustments to the project design and evaluation. The evaluation targeted a total of 800 adult household representatives, with equal representation of males and females in **four (4)** project locations as follows: (1) Lakes State (Rumbek) (100 males and 100 females); (2) Central Equatoria - Juba PoC 3 (100 males and 100 females); (3) Northern Bahr el Ghazal State (NBeG) (100 males and 100 females); and Unity State (Bentiu PoC) (100 males and 100 females). A total of 784 household representatives (98.0%) of the target was met. The distribution of respondents per community/Protection of Civilians (PoC) site is presented in table 2.1 below.

Table 2.1: Household representation in household interviews

Identification		Responses					
Name of State	Community/PoC Name	Male		Female		Total	
		#	%	#	%	#	%
Lakes State	Pacong	23	5.9	21	5.4	44	5.6
	Matangai	17	4.3	16	4.1	33	4.2
	Maleng-Agok	10	2.5	18	4.6	28	3.6
	Abyei Ajok	14	3.6	13	3.3	27	3.4
	Pan-Awac	21	5.3	13	3.3	34	4.3
	Cuei-Cok	11	2.8	12	3.1	23	2.9
Sub-total		96	24.4	93	23.8	189	24.1
Central Equatoria	Juba PoC 3	104	26.4	96	24.6	200	25.5
Sub-total		104	26.4	96	24.6	200	25.5
Northern Bahr el Ghazal State	Wanyjok	42	10.6	28	7.2	70	8.9
	Akuem	28	7.1	36	9.2	64	8.2
	Malualbaai	31	7.9	36	9.2	67	8.5
Sub-total		101	25.6	100	25.6	201	25.6
Unity State	Bentiu PoC	93	23.6	101	26.0	194	24.7

Sub-total	93	23.6	101	26.0	194	24.7
Total	394	100	390	100	784	100.0

The evaluation targeted equal representation on households in all the four project locations. Results in table 2.1 above depict that the target was achieved - Lakes state (Rumbek) (24.1%), Central Equatoria State (Juba PoC 3) (25.5%), Northern Bahr el Ghazal State (Aweil) (25.6%), and Unity State (Bentiu PoC) (24.7%). The household representation target in the mid-term evaluation was thus achieved. This could be attributed to a combination of factors, including the five (5) days enumerators' training prior to primary data collection (as explained earlier), the respondents' willingness to participate in the evaluation (no respondent declined to participate in the interviews), and the close supervision by the data collection supervisors in the various project locations.

Key Informant Interviews: Key informant interviews were used to examine explanatory and causal factors and a qualitative review of issues under evaluation. The KIIs were aided by were semi-structured, using standardized open-ended questions, which allowed for non-standardized follow-up questions that varied between key informants, so as to conduct an in-depth analysis of key points, as they arose. In total, 20 KIIs were conducted with various key stakeholders. The respondents' participation in KIIs is depicted in table 2.2 below.

Table 2.2: Respondents participation in Key Informant Interviews

State	Community/PoC	KII participants	#
Central Equatoria State	Juba PoC 3	Health Personnel – Juba PoC3	1
		Male representative, Community policing N4 Rescue Team	1
		Female police officer	1
		Male Community Leader	1
		Deputy Chief, Community Traditional Courts	1
Sub-total			5
Unity State	Bentiu PoC	Women representative in High Committee	1
		Male Community Police Officer, Office of Community Policing/ United Nations Police (UNPOL)	1
		Male Deputy Chief, Community Traditional Courts	1
		Female International Rescue Committee (IRC) GBV Response Officer – IRC Clinic	1
			1
Sub-total			4
Northern Bahr el Ghazal State	Behr el Akuem	Female Health Personnel	1
		Wanyjok	1
		Female Community Leader	1
		Male Police Officer	1
	Malualbai	Male Community Leader	1
		Female Health Personnel	1
		Male Police Officer	1
		Female Community Leader	1
Sub-total			8
Lakes State	Malek, Rumbek	Male community leader	1
	Rumbek	Male police officer	1
	Rumbek	Male representative, Ministry of Social development,	1
Sub-total			3
TOTAL			20

Focus Group Discussions: As with key informant interviews, FGDs were used to examine explanatory and causal factors related to GBV. Participatory discussions formed the basis for FGDs. Individual FGDs consisted of approximately 6-8 persons, though in some cases FGDs included more or less participants. A total of 16 FGDs were conducted across a broad range of stakeholders. The FGDs distribution per each of the four project sites is presented in table 2.3 below.

Table 2.3: Focus group discussions per project site

State	Community/PoC	Groups composition	#
Central Equatoria State	Juba PoC 3	Group of women	2
		Group of men	2
Sub-total			4
Unity State	Bentiu PoC	Group of women	2
		Group of men	2
Sub-total			4
NBeG State	Malualbaai	Group of women	1
		Group of men	1
	Akuem	Group of women	1
		Group of men	1
Sub-total			4
Lakes State	Pacong, Rumbek	Group of women	1
		Group of men	1
	Maleng Agok - Rumbek	Group of women	1
		Group of men	1
Sub-total			4
TOTAL			16

2.3 Training of Enumerators and Data collection

The mid-term evaluation was carried out over a period of 21 days (3rd to 23rd July 2017) from review of data collection tools to end of primary data collection. Implementation of the evaluation required a team of 16 enumerators (four per project site), four supervisors (one per project site) and one research consultant (who also doubled up as the supervisor in NBeG). Importantly, all persons participating in the project were trained to understand the evaluation methodology; including specific meanings and purposes of questions asked, so that these could be translated and communicated clearly and accurately. The five days training was carried out between 8th and 12th July 2017. Though the evaluation team would have liked to undertake a pre-test prior to field work, this was not possible due to logistical problems beyond the team and NPSS as a whole. Fieldwork for three project sites (Juba PoC3, Rumbek, and NBeG) commenced on 15th and ended on 23rd July 2017 (nine days).

Due to the specific human resource and logistical constraints of the Bentiu PoC (Unity State) project site, a separate training and pre-test was conducted for the same number of days (five, including a field pre-test) and thereafter fieldwork which also lasted nine days. Quality assurance was an integral component of the entire evaluation process and included appropriate preparation and orientation of enumerators to ensure that they were sufficiently trained and familiar with the processes, and the different data collection tools; provision of adequate support supervision by the evaluation team at every stage, with an emphasis on quality data collection; and regular and prompt feedback and reporting by the enumerators. Before analysis, quantitative data was cleaned at 2 stages: (i) during field data collection, all completed questionnaires were checked on daily basis to ensure that any identified errors were corrected before the data collection team handed in the questionnaires; and (ii) before analysis, the lead evaluator performed cross-tabulations of related variables to ensure consistency, investigated the internal logic between related variables and corrected any mistakes before actual data analysis commenced.

2.4 Data Capture, Analysis and Reporting

Assessment data was captured through paper-based household questionnaires - for household surveys - and note taking forms - for KIIs and FGDs. Following fieldwork, survey data was entered into the Statistical Package for Social Sciences (SPSS) database and cleaned for logical consistency, skipping, skip patterns, outlying variables, and invalid and missing responses. Conclusions from all research were

drawn from the identification of generalizable patterns and trends through the analysis of data. For quantitative data, analysis was conducted using SPSS version 24.0. For qualitative data, this analysis was undertaken through content analysis. Initial findings were presented in a draft report that was circulated among relevant stakeholders for feedback and revision. A participatory approach was used to address conflicting views, focusing on the points at which opinions diverge. It is expected that the report and its findings will be shared broadly at all levels of NPSS, so as to promote programmatic and organizational learning, as well as among relevant stakeholders in South Sudan; for example, within the GBV cluster.

2.5 Limitations

Underreporting limits the accuracy of research related GBV. Indeed, it is generally accepted that the prevalence of sexual violence is underreported almost everywhere in the world.⁴ This risk of underreporting also affects surveys, although generally to a lesser degree than through other forms of data-capture, such as government surveillance mechanisms.⁵ Despite the attention paid to minimizing underreporting through appropriate training and methods design, “the possibility of some underreporting of violence cannot be entirely ruled out in any survey”.⁶ Thus, it is important to understand that actual levels of all forms of GBV are likely to be higher than those reported through this study.

The evaluation is constrained by a number of other limitations. One limitation is that it lacks a control group to compare to the treatment group of project participants. As a result, the study instead produced achievement results against baseline indicators for measuring change, and not project-specific impact. That being the case, every possible effort was made – for example, through KIIs and FGDs – to determine if other social, cultural, and factors are playing a role in affecting knowledge, attitudes, and behaviours related to GBV in the study population. Further, as stated above, the assessment did not allow for representative quantitative data to be collected. Ideally, a randomized proportional-to-population cluster sampling of communities would have been used as part of a two-stage randomization process. Since it was not possible to access national information on enumeration areas and population sizes, enumeration areas within research sites were chosen purposefully. The quasi-experimental approach used for this assessment still generates important quantitative insights in the extent and nature of GBV, and response to GBV, in project communities.

A related limitation is the extent to which data can be disaggregated. The evaluation was designed to measure total indicators for all the four study sites. Even if randomization in both stages of sampling were used, the size of the survey sample would still not generate representative disaggregated results – for example, for individual research sites. Time and logistical constraints did not allow for a large enough sample size for this to be possible. However, despite this limitation, disaggregated data presented per sex and site in this report can still serve as an indication of the general – if not representative – state of GBV-related measures covered through the evaluation.

2.6 Ethical Considerations

The World Health Organization (WHO) acknowledges that the highly sensitive nature of GBV poses a unique set of challenges for any data gathering activity that touches on this issue. Therefore, a range of ethical and safety issues must be considered and addressed prior to the commencement of any research project related to GBV. “Failure to do so can result in harm to the physical, psychological and social

⁴ WHO, 2007, *WHO Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies*, Geneva: WHO, p. 1.

⁵ WHO, 2002, *World Report on Violence and Health*. Ed. Krug, Etienne, Geneva: WHO, p. 150.

⁶ Republic of Liberia, 2007, *Liberia DHS 2007*, Monrovia: Republic of Liberia, p. 227.

wellbeing of those who participate and can even put lives at risk.”⁷ Taking this as the starting point, best practices related to researching GBV – in particular, those outlined in the WHO Ethical and Safety Recommendations for researching, documenting and monitoring sexual violence in emergencies provided guidance the design and implementation of the research methodology.

Taking this as a starting point for the ethical guide of this evaluation, broadly, training activities were directed by principles of voluntariness, anonymity, and confidentiality. To this end, the responses were not revealed to anybody other than the enumerator administering the interview, his or her direct supervisor, and the lead researcher. Enumerators were also given extensive training to ensure that all principles and guidelines – including those outlining: voluntariness, anonymity, and confidentiality – were understood and adhered to throughout the research project. Enumerators were then trained on appropriate research techniques, including how to ask questions about sensitive topics, such as those relating to GBV. In addition, enumerators were provided relevant security training, in order to keep their respondents and themselves secure at all times. Through this training, enumerators were aware of the potential types of the physical and emotional harm that respondents could face by participating in the research. Importantly, it was deemed the role of enumerators to not only promote a secure and comforting environment, but to proactively appraise situations for potential sources of insecurity. Maintaining the security of all persons participating in the research was prioritized ahead of any other research activity. Therefore, if the security of any person is threatened as a result of research, enumerators were instructed to terminate research and report situations of insecurity to supervisors.

Because research deals directly with questions around situations of violence, a broad site-specific protocol was developed and implemented to manage with cases of GBV. Of particular importance were those enumerators who had direct contact with the female respondents. It was, however, beyond the ability of the enumerators to conduct a formal assessment of the security situation of a respondent, let alone develop and deploy a security plan for that respondent. These activities border very closely on ‘counselling’ activities, for which enumerators would require extensive training. Providing such training was not feasible given time constraints associated with the project. Instead, identified cases were to be referred to appropriate NPSS staff, counsellors, or to community-based groups. Throughout the evaluation regular contact was maintained between enumerators and their supervisors, and between supervisors and the lead researcher. Whenever possible, contact was maintained directly between enumerators and the research lead. Regular contact and monitoring activities acted as a safeguard to ensure that the safety and security protocol discussed above was followed appropriately.

3.0 KEY FINDINGS AND ANALYSIS

This section outlines the key findings of the mid-term evaluation. The findings focus on indicators of gendered knowledge and attitudes of males and females in the four project sites, as well as incidences and profiles of GBV and response to it.

3.1 Household Representatives’ socio-demographic characteristics

This section presents the socio demographic characteristics of the household representatives in the survey. A total of 784 household representatives participated in the evaluation, comprising of 394 male and 390 female representatives.

Gender Distribution of respondents

⁷ WHO, 2007, *WHO Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies*, Geneva: WHO, p. 9.

The evaluation had targeted equal representation of male and female household representation. Out of the 784 household representatives that participated in the evaluation, slightly more than half (50.3%) of them were of male gender while (49.7%) were of female gender, hence the target of equal representation was reached. (Refer to table 3.1).

Table 3.1: Gender Distribution of respondents

Gender of respondent	Juba PoC 3		Bentiu PoC		NBeG		Rumbek		Total	
	#	%	#	%	#	%	#	%	#	%
Male	107	53.5	93	48.0	101	50.2	96	50.8	394	50.3
Female	93	46.5	101	52.0	100	49.8	93	49.8	390	49.7
Total	200	100	194	100	201	100	189	100	784	100

Size of households in the project locations

The findings show that more than one third of the households (42.8%) had between 7 to 10 household members, (22%) of the households had 4 to 6 household members, (15.2%) had between 11 and 15 members in their households, while (15%) of the households had less than 3 members in their households. Further, the findings reveal that the PoCs had relatively larger household sizes than the households within the communities. For instance, within Juba PoC 3, (43.5%) of the households had 7 to 10 members, (33.5%) of the households had 4 to 6 members while (14.5%) of the households had 11 to 15 members. Likewise, in Bentiu PoC, the households with 7 to 10 members accounted for (47.7%), and those with 4 to 6 members accounted for (18.1%). The scenario in Rumbek, where household size accounted for 7 to 10 (42%) could be attributed to insecurity occasioned by inter-communal fighting and fear of counter attacks, which has many a time lead to community members moving to areas perceived to be safe, where they are accommodated by relatives. (Refer to table 3.2).

Table 3.2: Size of the households

Household size	Juba PoC 3		Bentiu PoC		NBeG		Rumbek		Total	
	#	%	#	%	#	%	#	%	#	%
Less than 3	7	3.5	27	14.0	62	32.0	20	10.6	116	15.0
4 to 6	67	33.5	35	18.1	45	23.2	23	12.2	170	22.0
7 to 10	87	43.5	92	47.7	74	38.1	79	42.0	332	42.8
11 to 15	29	14.5	31	16.1	10	5.2	48	25.5	118	15.2
16 to 20	5	2.5	6	3.1	2	1.0	11	6.0	24	3.1
Above 20	5	2.5	2	1.0	1	0.5	7	3.7	15	1.9
n = 775	200	100	193	100	194	100	188	100	775	100

Review of available reports reveal that the population in Bentiu PoC site continued to increase with a total of 119,130 internally displaced persons seeking protection in the site as of May 15, 2017. Based on the last count covering the period of 1-15 May 2017, total entry to the PoC was 326 people, of which insecurity (36%) and food (51%) are the two major drivers for PoC entry. As the population continues to increase, without PoC extension, several challenges are faced both by the IDPs and the humanitarian service providers in terms of safety and security⁸.

Age distribution of respondents

⁸ IOM Bentiu POC Site Profile, 1-15 May 2017

Whereas participation in the evaluation by the household representatives cut across all the age groups from 18 years and above, majority of the respondents were aged 18 to 45 years. More than two thirds (38.0%) of respondents were aged 26 to 35 years, (25.3%) of the respondents were aged 36 to 45 years, while (22.9%) of the respondents were aged 18 to 25 years. (Refer to table 3.3).

Table 3.3: Age distribution of respondents

Age distribution	Juba PoC 3		Bentiu PoC		NBeG		Rumbek		Total	
	#	%	#	%	#	%	#	%	#	%
18 to 25 years	41	20.5	52	26.8	42	21.0	44	23.4	179	22.9
26 to 35 years	83	41.5	79	40.7	68	34.0	67	35.6	297	38.0
36 to 45 years	52	26	44	22.7	55	27.5	47	25.0	198	25.3
46 to 55 years	11	5.5	18	9.3	21	10.5	11	5.9	61	7.8
Above 55 years	13	6.5	1	0.5	14	7	19	10.1	47	6.0
n = 782	200	100	194	100	200	100	188	100	782	100

Current marital status of respondents

The majority of household representatives (85%) are married, though some of the female representatives reported that their spouses were away for some reasons, including employment in other towns. (Refer to table 3.4 below).

Table 3.4: Current marital status of respondents

Marital status	Juba PoC 3		Bentiu PoC		Rumbek		NBeG		Total	
	#	%	#	%	#	%	#	%	#	%
Married	173	86.5	170	87.6	158	83.6	164	82.4	665	85.0
Living together with a man/woman as if married	8	4.0	4	2.1	8	4.2	24	12.1	44	5.6
Single/divorced/ widowed	19	9.5	20	10.3	23	12.2	11	5.5	73	9.4
n = 782	200	100	194	100	189	100	199	100	782	100

Households' main source of income

The main source of households' income is farming (crop/animal herding/fishing) as reported by (30%) of the respondents, (25.4%) of the households relied on support from NGOs/UN Agencies, while (24.7%) of the households are engaged in employment, earning wages/salaries. Findings further show that target beneficiaries in the PoCs had limited alternative sources of income besides support from NGOs/UN Agencies as reported by (66.5%) in Juba PoC and (28.9%) in Bentiu PoC. However, in the communities, (62.9%) of the household representatives in Rumbek and (45.5%) in NBeG relied on farming as their main source of income. The results reveal that beneficiaries in the PoCs do not have many alternative sources of income other than relying on NGOs/UN Agencies. Review of project reports for instance, reveal that a trend is emerging amongst unregistered Internally Displaced Persons (IDPs) of exchanging sex for food and non-food items (NFIs). Because there are no proper income generating activities for the Internally Displaced Persons (IDPs) within the PoCs, and unregistered IDPs are not eligible for humanitarian assistance. This trend has emerged out of desperation⁹. (Refer to table 3.5 below).

⁹ Juba PoC 3 - UN House Context and Security Analysis Report (November/December, 2016).

Table 3.5: Households' main source of income

Household's main source of income	Juba PoC 3		Bentiu PoC		NBeG		Rumbek		Total	
	#	%	#	%	#	%	#	%	#	%
Farming (crop/ animal herding/ /Fishing)	6	3	19	9.8	91	45.5	119	62.9	235	30.0
Wages or salary earned through employment	9	4.5	89	45.9	40	20.0	55	29.1	193	24.7
Business activities ¹⁰	28	14	9	4.6	59	29.5	9	4.8	105	13.4
Cash remittances	24	12	21	10.8	4	2.0	2	1.1	51	6.5
Support from NGOs/ UN Agencies	133	66.5	56	28.9	6	3.0	4	2.1	199	25.4
n = 783	200	100	194	100	200	100	189	100	783	100

Households' monthly income

More than half the respondents (54.6%) of the households were reported to earn less than 1,000 South Sudanese Pounds (SSP) per month, while only (13.4%) of the households earn a monthly income of more than 10,000 SSP. (Refer to table 3.6 below).

Table 3.6: Households' monthly income

Household's monthly income	Juba PoC 3		Bentiu PoC		NBeG		Rumbek		Total	
	#	%	#	%	#	%	#	%	#	%
Less than 500	26	16.7	79	85.9	34	47.2	88	50.6	227	45.9
500 – 1,000	14	9.0	5	5.4	6	8.3	18	10.3	43	8.7
1,001 – 2,000	5	3.2	4	4.3	2	2.8	50	28.7	61	12.3
2,001 – 3,000	13	8.3	1	1.1	3	4.2	5	2.9	22	4.5
3,001 – 4,000	7	4.5	0	0	0	0	1	0.6	8	1.6
4,001 – 5,000	39	25	0	0	0	0	1	0.6	40	8.1
5,001 – 10,000	16	10.3	3	3.3	4	5.6	4	2.3	27	5.5
Above 10,000	36	23.0	0	0	23	31.9	7	4.0	66	13.4
n = 494	156	100	92	100	72	100	174	100	494	100

Households' perception of economic status

Findings of the evaluation show that majority of the respondents (88.7%) of the household representatives reported either being “very poor” (51.5%) or “poor” (37.2%). Only (11.3%) of the household representatives reported that they were “not poor”. (Refer to table 3.7 below).

Table 3.7: Households' perception of economic status

Household's economic status	Juba PoC 3		Bentiu PoC		NBeG		Rumbek		Total	
	#	%	#	%	#	%	#	%	#	%
Very poor	144	73.1	110	56.7	93	46.5	55	29.1	402	51.5
Poor	44	22.3	79	40.7	59	29.5	108	57.1	290	37.2
Not poor	9	4.6	5	2.6	48	24.0	26	13.8	88	11.3
n = 780	197	100	194	100	200	100	189	100	780	100

3.2 Findings related to Project Objectives

Gender-based violence is one of the most widespread human rights abuses in the world. Globally, one in three women will be raped, beaten, coerced into sex or otherwise abused in her lifetime. Though women and girls are overwhelmingly the targets of GBV, men and boys can also be subject to GBV, especially if they are perceived to be acting outside the prescribed social norms for males. This abuse

¹⁰ Unrelated to farming or fishing, including brewing of local liquor, selling of firewood and charcoal.

takes place worldwide in homes, workplaces, schools and communities. Ending GBV involves social change work at the deepest levels and the commitment of the international community, governments, communities, non-governmental organizations, social movements and many others.¹¹

This section presents findings related to project objectives, organized into the following **seven (7)** themes: (1) safety in the project sites; (2) GBV prevention and response; (3) attitudes towards GBV; (4) decision making roles at household and community levels; (5) services for survivors of GBV; (6) participation in protection and peace building activities, and (7) knowledge of Nonviolent Peaceforce South Sudan (NPSS) and its programmes.

3.2.1 Target beneficiaries' perception of safety in the project sites

In order to assess the respondents' attitudes about safety in their households, they were presented with five statements related to safety and asked to indicate their perception of each of the statements on a five-point scale (1 = Very unsafe; 2 = Unsafe; 3 = Neither Unsafe Nor Safe; 4 = Safe; and 5 = Very Safe). The evaluation findings reveal that (72.1%) of the female respondents reported that women/girls feel safe or very safe when walking around the community/PoC during the day while (49.5%) of the male respondents felt the same.

Whereas (24.9%) of the female respondents stated that women/girls feel safe or very safe when walking round the community/PoC during the night, (25.4%) of the male respondents expressed similar sentiments. When inside their homes during the day, (70%) of the female respondents reported that women/girls are safe or very safe, while (18%) of the male respondents were of similar opinion. With respect to how women/girls feel when inside their homes during the night, (47.2%) of the male respondents reported that the women/girls feel safe or very safe, while similar sentiments were reported by (24.3%) of the female respondents. Lastly, when asked to state how safe do women/girls feel when traveling outside their community /PoC, (19.5%) of the male respondents stated that women/girls feel safe or very safe while the same was reported by (19.2%) of the female respondents.

Segregation of findings per project site reveal that the target beneficiaries who feel that women/girls are safe or very safe when walking around the project sites during the day are as follows: NBeG (91.5%), Rumbek (58.7%), Juba PoC 3 (56%), and Bentiu PoC (34.5%). The findings reveal that target beneficiaries living in the communities feel that women and girls are relatively safer than those living within the PoCs. (Refer to table 3.8).

Table 3.8: Attitude about safety of women/girls when walking around the project sites during the day

Attitude about safety	Juba PoC 3		Bentiu PoC		NBeG		Rumbek		Total	
	#	%	#	%	#	%	#	%	#	%
“When walking around your community/PoC during the day.”										
Very unsafe	5	2.5	58	30.0	3	1.5	9	4.8	75	9.6
Unsafe	77	38.5	40	20.6	3	1.5	57	30.2	177	22.6
Neither unsafe nor safe	6	3.0	29	14.9	11	5.5	12	6.3	56	7.1
Safe	109	54.5	59	30.4	78	38.8	97	51.3	379	48.3
Very safe	3	1.5	8	4.1	106	52.7	14	7.4	58	16.9
n = 784	200	100	194	100	201	100	189	100	784	100

The target beneficiaries who feel that women/girls are safe or very safe when walking around the project sites during the night are as follows: NBeG (41.8%), Rumbek (21.7%), Juba PoC 3 (19.0%), and Bentiu

¹¹ Challenging GBV Worldwide: CARE's program. Evidence, Strategies, Results and Impacts of Evaluations 2011 – 2013.

PoC (12.3%). The findings reveal that though the target beneficiaries felt that safety of women/girls is compromised when walking around the project sites at night, the respondents' perception of safety of women/girls while walking around at night is relatively higher than those of the PoCs. (Refer to table 3.9).

Table 3.9: Attitude about safety of women/girls when walking around the project sites during the night

Attitude about safety	Juba PoC 3		Bentiu PoC		NBeG		Rumbek		Total	
	#	%	#	%	#	%	#	%	#	%
“When walking around your community/PoC during the night.”										
Very unsafe	12	6.0	162	83.6	6	2.8	57	30.2	235	30.0
Unsafe	84	42.0	23	11.9	14	7.0	71	37.6	210	26.8
Neither unsafe nor safe	71	35.5	43	22.2	100	49.8	29	15.3	219	28.0
Safe	34	17.0	15	7.7	59	29.4	35	18.5	141	18.0
Very safe	4	2.0	9	4.6	25	12.4	6	3.2	53	6.8
n = 784	200	100	194	100	201	100	189	100	784	100

The target beneficiaries who feel that women/girls are safe or very safe when inside their homes during the day are as follows: NBeG (85.1%), Rumbek (65.6%), Juba PoC 3 (66%), and Bentiu PoC (50.1%). Whereas a high proportion of both household representatives living in the community and in PoCs stated that women/girls are safe inside their homes during the day, the community in NBeG reported a higher perception of safety than Rumbek, while the respondents in Juba PoC 3 reported a higher perception of women/girls' safety inside their homes during the day than Bentiu PoC. (Refer to table 3.10).

Table 3.10: Attitude about safety of women/girls when inside their homes during the day

Attitude about safety	Juba PoC 3		Bentiu PoC		NBeG		Rumbek		Total	
	#	%	#	%	#	%	#	%	#	%
“How Safe do women/girls feel when inside your home during the day?”										
Very unsafe	8	4.0	35	18.0	3	1.5	3	1.6	156	19.9
Unsafe	31	15.5	9	4.6	3	1.5	44	23.3	172	20.7
Neither unsafe nor safe	29	14.5	53	27.3	24	11.9	18	9.5	122	15.6
Safe	123	61.5	55	28.4	56	27.9	93	49.2	216	27.5
Very safe	9	4.5	42	21.7	115	57.2	31	16.4	128	16.3
Total	200	100	194	100	201	100	189	100	784	100

The household representatives who feel that women/girls are safe or very safe when inside their homes at night are as follows: NBeG (51.7%), Rumbek (32.3%), Juba PoC 3 (32%), and Bentiu PoC (21.1%). Whereas a high proportion of both household representatives living in the community and in PoCs stated that women/girls are safe inside their homes at night, the community in NBeG reported a higher perception of safety than Rumbek, while the respondents in Juba PoC 3 reported a higher perception of women/girls' safety inside their homes during the day than Bentiu PoC. (Refer to table 3.11).

Table 3.11: Target beneficiaries' attitude about safety of women/girls when inside their homes at night

Attitude about safety	Juba PoC 3		Bentiu PoC		NBeG		Rumbek		Total	
	#	%	#	%	#	%	#	%	#	%
“How Safe do women/girls feel when inside your home at night?”										
Very unsafe	14	7.0	82	42.3	2	1.0	30	15.9	130	16.6
Unsafe	81	40.5	26	13.4	21	10.4	70	37.0	187	23.8
Neither unsafe nor safe	41	20.5	45	23.2	74	36.9	28	14.8	186	23.7
Safe	57	28.5	11	5.7	33	16.4	54	28.6	166	21.2
Very safe	7	3.5	30	15.4	71	35.3	7	3.7	115	14.7
Total	200	100	194	100	201	100	189	100	784	100

A review of project reports reveal that women are facing a great challenge, especially in the PoCs, where they are frequently victimised. They are frequently victims of sexual assault/ harassment especially at night time in the PoCs¹². The household representatives who feel that women/girls are safe or very safe when travelling outside their community/PoC are as follows: Rumbek (20.6%), Juba PoC 3 (13.5%), NBeG (6.2%), and Bentiu PoC (6.2%). The results show a general feeling both within the community and the PoCs that women/girls are not safe while travelling outside their community/PoC. (Refer to table 3.12).

Table 3.12: Target beneficiaries' attitude about safety of women/girls when travelling outside their community/PoC

Attitude about safety	Juba PoC 3		Bentiu PoC		NBeG		Rumbek		Total	
	#	%	#	%	#	%	#	%	#	%
“How Safe do women/girls feel when traveling outside your community/PoC?”										
Very unsafe	79	39.5	162	83.5	29	14.4	61	32.3	331	42.2
Unsafe	53	26.5	4	2.1	43	21.4	51	27.0	154	19.7
Neither unsafe nor safe	41	20.5	16	8.2	57	28.4	38	20.1	149	19.0
Safe	24	12.0	2	1.0	48	23.9	35	18.5	107	13.6
Very safe	3	1.5	10	5.2	24	11.9	4	2.1	43	5.5
Total	200	100	194	100	201	100	189	100	784	100

Target beneficiaries' perception of their safety in the project sites

Less than half (40.2%) of the household representatives in the evaluation reported that they felt either very safe or safe in the community. Whereas (41.7%) of the male household representatives felt very safe or safe, (38.7%) of the female representatives felt very safe or safe. The findings also show that within the project sites, the target beneficiaries' perception of safety was different. The household representatives who reported that their community/PoC was safe or very safe were as follows: NBeG (70.6%), Juba PoC 3 (40.6%), Rumbek (28.7%), and Bentiu PoC (19.7%). (Refer to table 3.13).

Table 3.13: Target beneficiaries' perception of safety of their community/PoC – segregated by project site

Extent of feeling safe/unsafe	Juba PoC 3		Bentiu PoC		NBeG		Rumbek		Total	
	#	%	#	%	#	%	#	%	#	%
Very unsafe	29	14.7	92	47.7	8	4.0	33	17.5	162	20.7
Unsafe	63	32.0	43	22.2	15	7.5	71	37.8	192	24.7
Neither unsafe nor safe	25	12.7	21	10.9	36	17.9	30	16.0	112	14.4
Safe	77	39.1	27	14.0	103	51.2	46	24.5	253	32.5
Very safe	3	1.5	10	5.2	39	19.4	8	4.2	60	7.7
n = 779	197	100	193	100	201	100	188	100	779	100

Reasons provided by target beneficiaries for feeling “Unsafe” and “Much unsafe”

¹² Bentiu Context and Safety Analysis Report (May, 2017).

Various reasons were provided for the target beneficiaries feeling “Unsafe” or “Much Unsafe”. (Multiple responses were allowed, as a result, aggregated and total may add to more than 100 per cent; in total, n = 530). Analysis of data was undertaken through cross tabulations, aided by SPSS software, version 24.0, the project sites being the columns and the perception about safety being the rows. Findings indicate that the feeling of being “Unsafe” and “Much Unsafe” was mainly attributed to the following:

- The households living near market centres that are experiencing fast growth feel unsafe as many crime cases, including GBV violations occur, mostly committed by youth who are more often than not idle and drunk. These youth were also reported to be armed with dangerous weapons. This was reported by (22.2%) of the respondents and examples of such market centres are Akuem and Malualbaai in NBeG.
- Out of the 530 respondents who reported feeling “Unsafe” and “Much Unsafe”, (21.1%) of them reported that they lived in fear of revenge attacks by perceived enemies, especially neighbouring communities who have a history of attacking them. Such attacks are accompanied by looting, violent robberies, rapes and physical abuse and are mostly committed by youth.
- Another reason provided by the target beneficiaries for feeling “Unsafe” or “Much Unsafe” was that many crimes are committed against unarmed civilians by armed criminals, especially at night both inside (though cases are minimal) and outside the PoCs. These crimes include, but are not limited to violent robberies, sexual harassment, physical assaults and rape. This was reported by (18.3%) of the respondents.
- About one eighth of the respondents (12.6%) reported that there are many guns in the hands of civilians, most of them who are not disciplined, most of the time under influence of drugs and alcohol.
- Out of the 530 respondents who reported feeling “Unsafe” and “Much Unsafe”, (12.1%) of them reported that they were living in fear of insecurity caused by a lot of inter-communal fighting, especially for the scarce available resources, including include water and firewood.
- Ten Percent of the respondents reported that the CERT and CWG, who are charged with the responsibility of offering protection to the vulnerable target beneficiaries within the PoCs undertake their duties effectively during the day. However, some of the CERT and CWG turn against the target beneficiaries at night.

Other reasons provided were: restricted movement, especially outside the PoC for fear of GBV and other violations (7.6%); armed state committing acts of violations against civilians, with some soldiers reported as very cruel (5.1%); the distance to the police station/post (4.0%). Other reasons for feeling “unsafe” or “much unsafe” for women including living alone due death of husbands; risk of being assaulted by in-laws, other relatives of their husbands and strangers (3.7%); prolonged periods of food insecurity/hunger (3.4%); and domestic violence perpetrated when under influence of alcohol (2.5%).

Besides the above, one of the findings of this evaluation is that food insecurity is a root cause to insecurity. While much of the attention during famine and food insecurity goes to supporting critical nutrition, health, and WASH interventions, the current situation in South Sudan remains at its roots a protection crisis of massive scale. GBV predates famine and food insecurity in South Sudan, representing

a double crisis for women and girls.¹³ Women and girls are experiencing unprecedented levels of GBV, including rape, sexual exploitation and abuse, intimate partner violence, and negative coping mechanisms such as early and forced marriage.¹⁴

A review of project reports reveal that there has been involvement of armed state actors in criminal activities. A case in point was reported in September 2016 when newly graduated police officers from Makembele (Makembele police), outside Rumbek town were reported to be engaged in criminal activities including armed robberies, muggings and compound break-ins, which were on the increase. These criminal activities severely eroded the community's trust in law enforcement, which in turn contributed to a break-down in respect for the rule of law¹⁵.

During FGDs, respondents said the following:

“Our safety is not as good as we would like it to be, as there are many rape cases, especially at check points, which is the main bus station for Internally Displaced Persons (IDPs). Armed actors in Government mistreat women by way of physical abuse/assault and rape”. (Female FGD member, Juba PoC 3). “Women are survivors, majority of them living without their husbands and some are totally widows. This makes them go out of the camp to look for firewood, exposing them to risks of violent assaults, including rape”. (Female FGD member, Juba PoC 3).

“We have many cases of community members engaging in fights between and among themselves. In many cases members of different households fight because of small disputes between their children or when scrambling over scarce resources. For instance, yesterday a group of women fought amongst themselves at a water-point, and almost killed each other. In another instance, a dog bit a member of a different household and this led to a serious fight. This is also at times attributed to drunkenness, especially by boyfriends/husbands”. (Female FGD respondent, Maluaalbai, NBeG).

“We are not as safe as we would wish to be. There are many rape cases, especially at check-point, which is the main bus terminus for internally displaced persons (IDPs). The armed state actors ¹⁶ physically assault women, besides raping them”. (Female FGD participant, Juba PoC 3). “Initially, safety of the community in the PoC was good, but the situation has changed in that youths bring such dangerous weapons as guns in the camp and engage in criminal activities such as violent robberies, especially during the night. I doubt whether UN forces have the capacity to curb this menace”. (Male FGD participant, Bentiu PoC). In Rumbek, incidences of insecurity were attributed to the high number of armed civilians. According to one of the FGD participants, “Our community is not safe at all because many guns are in the hands of civilians who engage in criminal activities such as robberies”. (Female FGD participant, Maleng Agok, Rumbek).

According to one of the key informants, *“Juba PoC 3 is unsafe because of shortages of food and water in the camp. There are many reported cases of GBV, occurring especially at water points and at public transport stage, some resulting into serious physical injuries on the survivors”. (Health Personnel, Juba PoC 3). Another key informant said, “Our community is so unsafe to the extent that we were not able to weed the crops we planted due to insecurity. There is neither police presence nor any other organized force to enforce law and order, especially in Malek, whose main enemies are the neighbouring communities from Pakam”. (Male Community Leader, Malek, Rumbek).*

¹³ Forthcoming study from the IRC, George Washington University Global Women's Institute, and CARE International UK on South Sudan: Prevalence, Forms and Patterns of Violence against Women and Girls, part of the What Work to Prevent Violence against Women and Girls research consortium.

¹⁴ South Sudan Protection Cluster, Protection Trends in South Sudan, January-April 2017, published May 2017.

¹⁵ Rumbek Context and Security Analysis Report (September, 2016).

¹⁶ Members of the Sudanese People Liberation Army (SPLA).

According to one of the key informants, “The safety situation is not good at all. This is attributed to the fact that there is a group of people, mostly the youth, calling themselves ‘Ninja’ or gang within the PoC” whose presence is not felt during the day, but during the night, arm themselves with guns, which they use to commit various crimes, including violent robberies. These acts of violence are either targeted at people perceived to have some sort of income (these include NGO employees and business people) or such vulnerable beneficiaries as women living on their own. Acts of rape, perpetrated by soldiers, takes place outside the PoC. For example, my neighbour yesterday was beaten up yesterday by unknown man yet she is breast-feeding her twins. Lack of security, limited sources of income leading to increased cases of crimes. This is affecting all sectors or blocks within the PoC”. (Bentiu PoC women representative in the High committee).

The reasons presented above for the target beneficiaries’ perception of being unsafe or very unsafe are consistent with the so called “ecological framework” which is based on evidence that no single factor can explain why some people or groups are at higher risk of interpersonal violence, while others are more protected from it. This framework views interpersonal violence as the outcome of the interaction between many factors at four levels – individual, relationship, community, and societal.¹⁷ (Refer to figure 3.1 below).

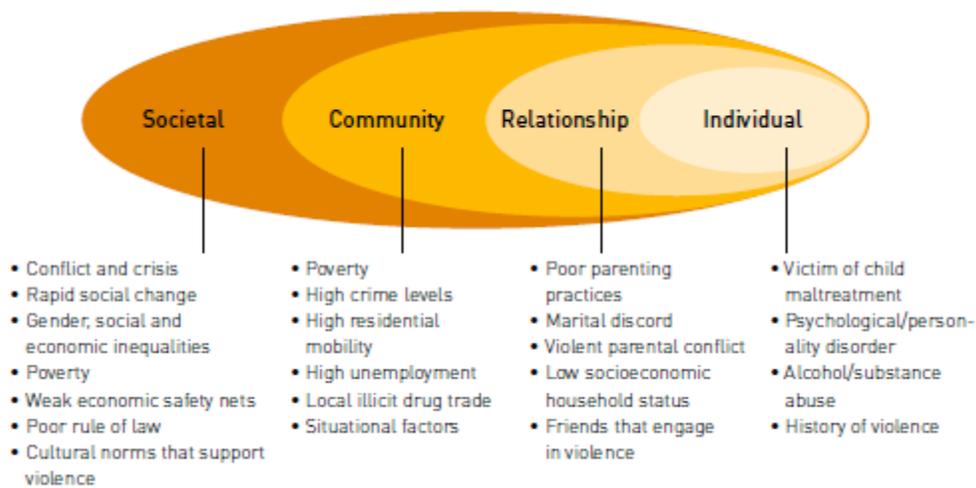


Figure 3.1: Ecological Framework.

Source: <http://www.who.int/violenceprevention/approach/ecology/en/>

Reasons provided by target beneficiaries for feeling “Safe” and “Much Safe”

Various reasons were provided for the target beneficiaries feeling “Safe” or “Much Safe”. (Multiple responses were allowed, as a result, aggregated and total may add to more than 100 per cent; in total, n = 428). Analysis of data was undertaken through cross tabulations, aided by SPSS software, version 24.0, the project sites being the columns and the perception about safety being the rows. Findings indicate that the main the feeling of being “Safe” and “Much Safe” was mainly attributed to the following:

The efforts of the various security enforcement agencies, including the police, UNPOL, and especially the Ethiopian Peacekeeping troops; a review of project reports reveal that United Nations Mission in South Sudan (UNMISS) established a weapons free zone (200m width) around the perimeter of PoC I

¹⁷ <http://www.who.int/violenceprevention/approach/ecology/en/>

and 3, which has proved effective in the prevention of criminal activities that used to occur within the perimeter of the PoCs such as theft, rape and drug dealing. However, as a result of the weapon free zone, many IDP criminals moved these activities into the PoC whilst others were driven deeper into the surrounding bush land where they could hide their fire arms in the scrub¹⁸.

Others mentioned were Community Rescue groups. For instance, a lot patrols are undertaken during day and night. These patrols have now been extended to a radius of 24kms from the Juba PoC 3 (13.1%); trainings, awareness raising, case management and other protection interventions provided by various agencies, with special mention of NPSS through the WPTs (8.4%); presence of police stations within the community (4.2%); community policing mechanisms, especially CWG and CERT (3.5%); and agencies that ensure law and order are strictly followed, including the courts (2.8%). One of the respondents said “The situation is improving because of United Nations (UN) protection mechanisms and awareness raising from International NGOs about the effect of acts of violence (rape, physical assaults/beatings, and case management” (Female FGD participant, Juba PoC 3).

Household representatives who state that they worry that women/girls in their households may become survivors of violence

More than half (58.5%) of the household representatives reported that they worry women/girls in their household may become survivors of violence. The results per project site show as follows: Bentiu PoC (68.8%), Rumbek (62.8%), NBeG (54.1%), and Juba PoC 3 (48.5%). (Refer to table 3.14). The results also show that male respondents tend to be more worried than female respondents, as indicated by (52.9%, n = 444) of the male respondents who stated that they were worried that women/girls in their households may become survivors of violence, as compared to (47.1%) of the female respondents. (Refer to figure 3.14).

Table 3.14: Respondents who state that woman/girl in the household may become a survivor of violence

Woman/girl in the household may become a survivor of violence	Juba PoC 3		Bentiu PoC		NBeG		Rumbek		Total	
	#	%	#	%	#	%	#	%	#	%
Yes	96	48.5	132	68.8	98	54.1	118	62.8	444	58.5
No	102	51.5	60	31.2	83	45.9	68	36.2	315	41.5
n = 759	198	100	192	100	181	100	188	100	759	100

Most prevalent crimes that target beneficiaries are worried about

The three (3) highest ranked types of crime that the target beneficiaries were worried about are: robbery (39.5%), assault/beatings (32.5%), and harassment (28%). The results also show that revenge attacks were more prevalent in the community than PoCs (Rumbek, 36.5% and NBeG, 24.3%). Female respondents were most worried about harassment, as indicated by (25.1%) of the respondents, while male respondents were most worried about robberies, as stated by (23.5%) of the household representatives. (Refer to table 3.15).

¹⁸ Juba PoC 3 - UN House Context and Security Analysis Report (November/December, 2016).

Table 3.15: The three highest ranked types of crime that target beneficiaries were worried about

Type of violence respondents are more worried about	Juba PoC 3		Bentiu PoC		NBeG		Rumbek		Total	
	#	%	#	%	#	%	#	%	#	%
Robbery	81	40.5	73	37.6	72	35.8	82	43.4	309	39.5
Harassment	76	38.0	36	20.1	34	16.9	74	39.1	220	28.0
Assaults / beatings	66	33.0	69	35.6	63	31.3	57	30.1	255	32.5
Revenge Attacks	10	5.0	23	11.9	49	24.3	69	36.5	151	19.3
Abduction / arbitrary detention	37	18.5	59	30.4	14	7.0	30	15.9	140	17.9
Sexual attacks on Women	54	27.0	27	13.9	19	9.5	15	7.9	115	14.7
Murder	23	11.5	15	7.7	2	1.0	22	11.6	62	7.9
Beating of women in the home	21	10.5	15	7.7	7	3.4	4	2.1	47	6.0
Beating of children in the homes	13	6.5	7	3.6	14	3.4	7.0	2.6	39	5.0
n = 784	200	100	194	100	201	100	189	100	784	100

Frequency of occurrence of acts of violence in the community/PoC

More than one third (38.6%) of the household representatives reported that acts of violence in the community/PoC occurred about once a day or more, (15%) of the respondents reported that such acts occurred about 1 to 3 times a week, (29.0%) of the respondents indicated “about 1 to 3 times a month”. Findings also show that the frequency of occurrence of acts of violence was higher in PoCs than in the community set up. In Bentiu PoC, (67.7%) of the respondents reported that acts of violence occur more than once a day, while (20.4%) of the respondents reported that such acts of violence occur 1 to 3 times per week.

Though reporting relatively lower trends, the scenario in Juba PoC 3 was the same. Whereas (53.3%) of the respondents stated that such acts occur more than once a day, (15.6%) of the respondents reported that such acts occur 1 to 3 times per week. However, findings show that the frequency of occurrence of acts of violence are relatively low in the community in comparison to the PoCs. For instance, in NBeG, (10.3%) of the respondents reported that such acts occur more than once a day while in Rumbek, (24.1%) of the respondents reported the same frequency of occurrence. (Refer to table 3.16 below).

Table 3.16: Frequency of occurrence of incidents of violence in the community/PoC

Number of violent encounters experienced by females	Juba PoC 3		Bentiu PoC		NBeG		Rumbek		Total	
	#	%	#	%	#	%	#	%	#	%
Above one a day or more	48	53.3	63	67.7	10	10.3	21	24.1	142	38.6
About 1 to 3 times per week	14	15.6	19	20.4	11	11.3	11	12.7	55	15.0
About 1 to 3 times per month	11	12.2	10	10.8	55	56.8	30	34.5	106	29.0
Less than 3 times	17	18.9	1	1.1	20	20.6	24	27.6	62	16.9
Don't know	0	0	0	0	1	1.0	1	1.1	2	0.5
n = 367	90	100	93	100	97	100	87	100	367	100

Whereas slightly less than one third (31.1%) of the respondents reported that females in their households had not experienced any violent encounters in the last 12 months, (16.8%) of the respondents reported less than 3 times violent encounters had been experienced by females in their households in the past 12 months, (27.4%) of the respondents reported 3 to 6 times. The findings further show that the proportion of male reporting that females in their households had not experienced any violent encounters in the last 12 months is higher than that of female respondents, as

(36.7%) of male respondents reported not having experienced is as compared to (26.4%) of the female respondents. (Refer to figure 3.17 below).

Table 3.17: Number of violent encounters experienced by females in the community/PoC in the past 12 months.

Number of violent encounters experienced by females	Juba PoC 3		Bentiu PoC		NBeG		Rumbek		Total	
	#	%	#	%	#	%	#	%	#	%
None	69	43.1	58	31.4	23	13.0	56	40.3	206	31.1
Less than 3 times	11	6.9	40	21.6	31	17.5	29	20.9	111	16.8
3 to 6 times	25	15.6	69	37.3	54	30.5	33	23.7	181	27.4
7 to 10 times	33	20.6	17	9.2	6	3.4	5	3.6	61	9.2
Above 10 times	0	0	1	5.4	2	1.1	0	0	3	0.5
Don't know	22	13.8	0	0	61	34.5	16	11.5	99	15.0
n = 661	160	100	185	100	177	100	139	100	661	100

The most recent violent encounters were reported to be assault/beatings (23.1), robbery (22%), and rape (12.4%). Whereas the female respondents reported the most recent encounters as being assault/beatings (30.5%), robbery (24.6%), and rape (12.3%), the male respondents reported as follows: robbery (20.4%), assault/beatings (18.1%), and rape (12.8%). Slightly less than one third (31.1%) of the household representatives reported that the most recent acts of violent encounters occurred inside the PoC at the water points, (19.3%) of the respondents stated, “inside the homes”, and (13.4%) of the respondents stated, “outside the PoC during collection of firewood”.

Review of project reports, for instance, reveal that due to the unavailability of charcoal within the PoCs, many women and girls are collecting firewood in the bush land surrounding the PoCs. This is putting these women at risk, with reports of harassment and violence being committed against them¹⁹. However, the male responses show that whereas most of the recent encounters occurred in the PoC at the water points (41.4%), slightly less than one third (31.3%) of the female respondents reported that the most recent encounters occurred inside their homes. (Refer to figure 3.2 below).

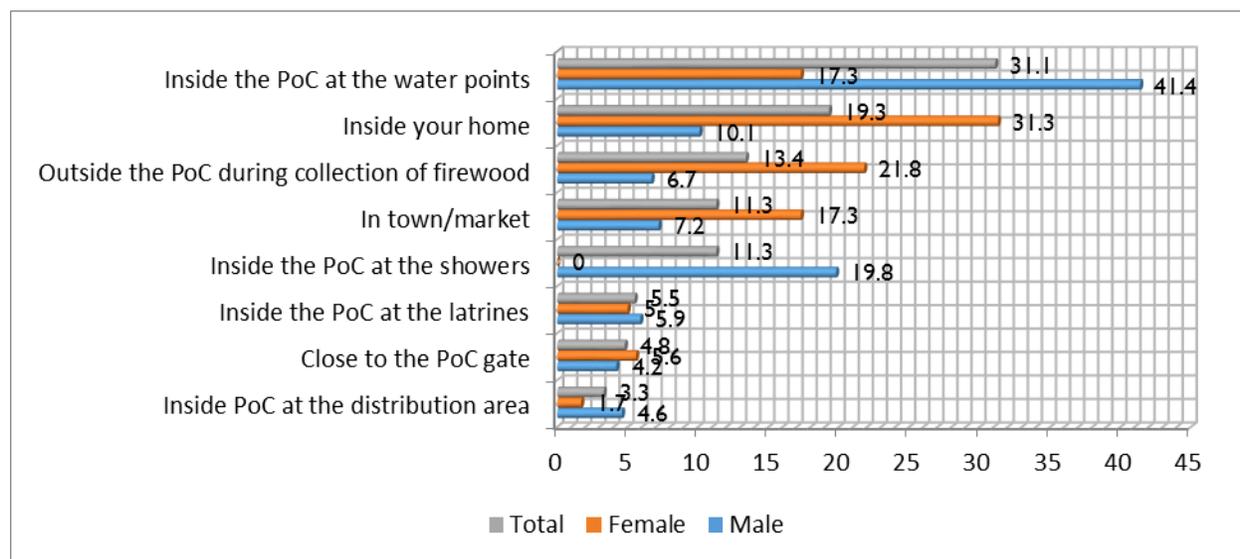


Figure 3.2: Place where the most recent act of violent encounter occurred in the PoC

¹⁹ Juba PoC 3 – UN House – Context and Security Analysis Report (November/December 2016).

Within the community, slightly less than half (46.6%) of the respondents reported that the most recent acts of violence occurred in the home, (21.4%) reported that such acts occurred in a neighbour's house/friend's home, and (13.5%) reported that they occurred at the market. Both male and female respondents stated that the most recent acts of violent encounter occurred at home, as reported by (53%) of the female and (39.2%) of the female respondents. The results also indicate that that both male and female respondents indicated that in the recent past, such acts of violence occurred in a neighbour's house, as reported by (23.8%) of the male and (19.5%) of the female respondents. (See figure 3.3 below).

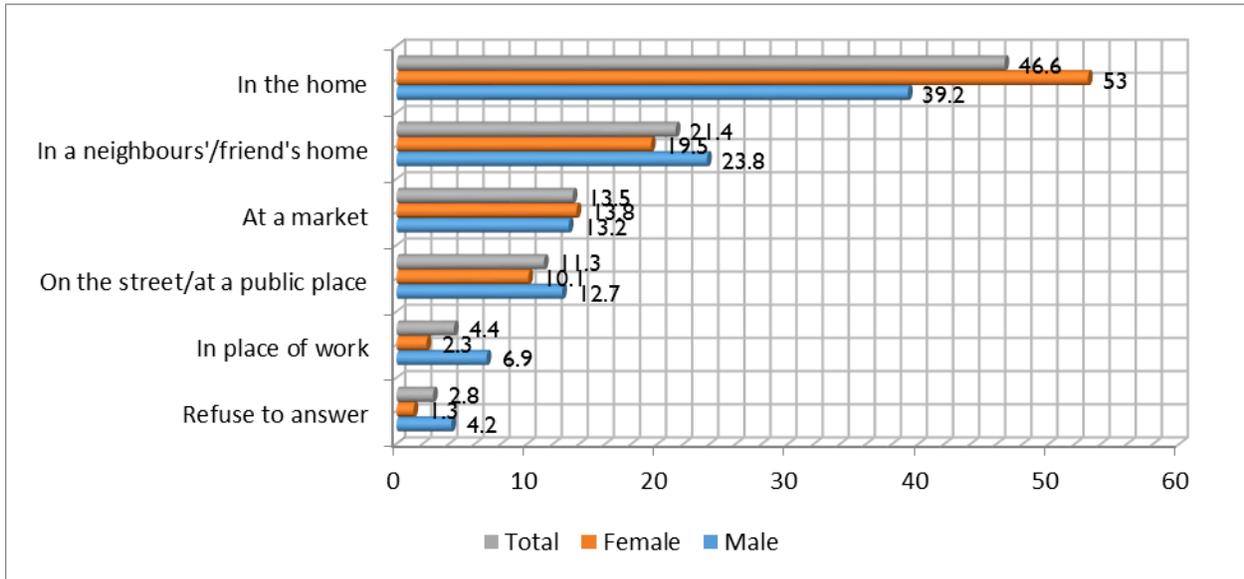


Figure 3.3: Place where the most recent act of violent encounter occurred in the community

Slightly less than half (45.7%) of the respondents reported that husbands/boyfriends were the perpetrators of acts of violence in the project sites. Others were reported to be unknown strangers (44.7%) and parents (37.4%). Whereas slightly less than one third (65%) of the female respondents stated that the perpetrators of acts of violence were unknown/strangers, followed by husbands/boyfriends (47.6%), the male respondents reported as follows: parents (53%), and husband/boyfriend (44.7%). Refer to figure 3.4 below).

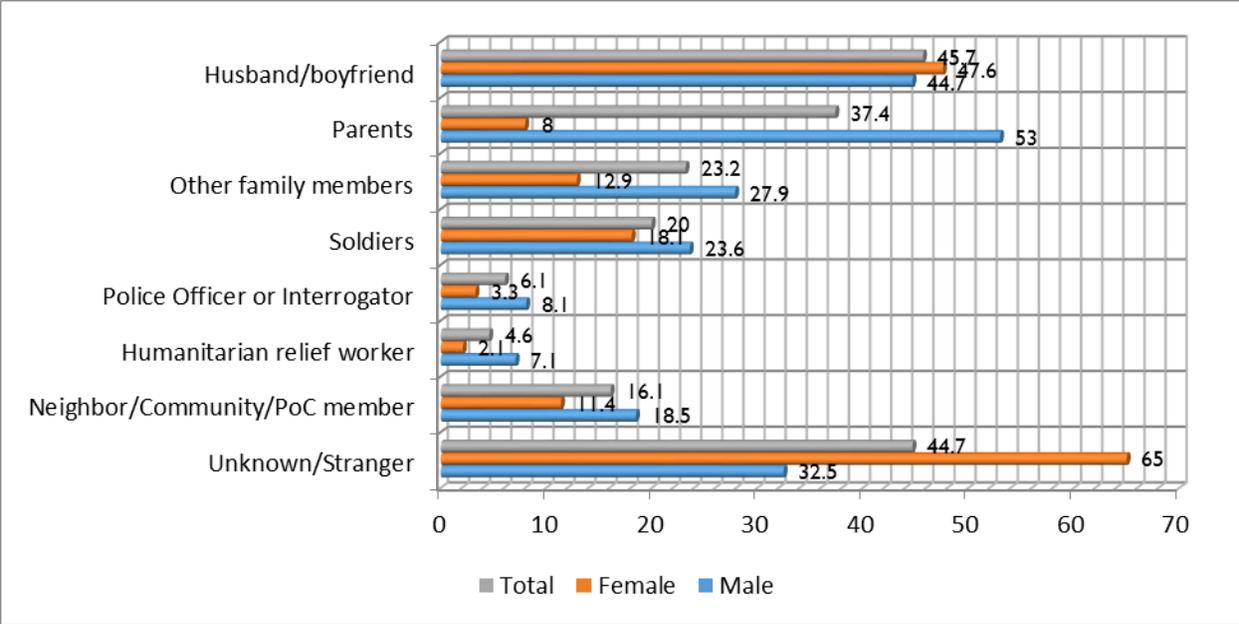


Figure 3.4: Perpetrators of acts of violence in the community/PoC

Slightly less than two thirds (60.6%) of the target beneficiaries reported incidents of acts of violence that affected their households immediately (in the course of the next few hours). The results also indicate that majority (81.4%) of the female respondents reported incidents of acts of violence against members of their households immediately, while slightly more than half (54.1%) of the male respondents did the same. Respondents were allowed to choose multiple answers. As a result, aggregated and totals may add up to more than 100 per cent; for males, n= 394; for females, n=390; and in total, n= 784. (See figure 3.5 below).

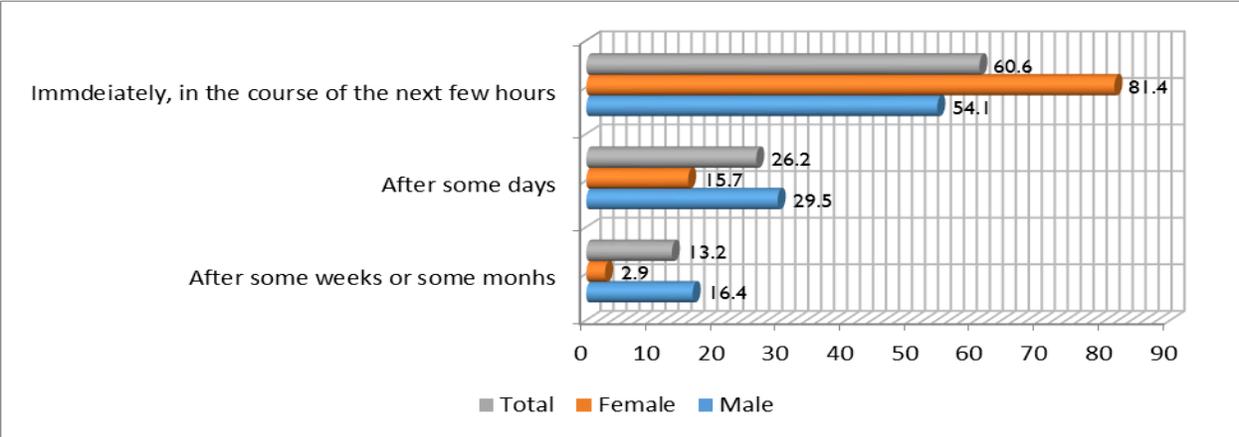


Figure 3.5: When incidents of acts of violence were reported

Slightly more than one third (34.3%) of the respondents stated that when they reported incidents of acts of violence, the information was taken, but nothing happened. Whereas (24.3%) of the respondents who reported incidents of acts of violence were provided with counselling emotional support, (18.9%) were referred to Non-governmental organizations (NGOs). Respondents were allowed to choose multiple answers. As a result, aggregated and totals may add up to more than 100 per cent; for males, n= 394; for females, n=390; and in total, n= 784. (Refer to figure 3.6 below).

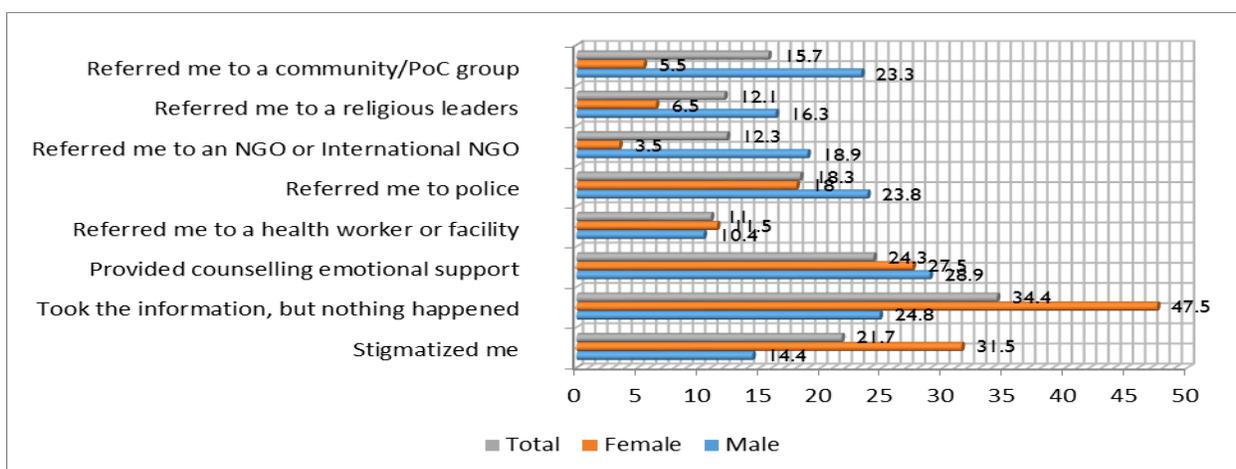


Figure 3.6: Reaction of persons to whom incidents of acts of violence were reported

The respondents who did not report or talk to anybody about the incidents of acts of violence against them or members of their households were asked to state their reasons for not reporting the incidents. Slightly less than half (44.4%) of the respondents stated that they did not trust anyone, (29.6%) of the respondents thought nothing could be done, while (15.9%) of the respondents thought that they would be blamed. However, (26.7%) of the female respondents attributed their failure to report acts of violence to the fact that they were afraid of further violence. Respondents were allowed to choose multiple answers. As a result, aggregated and totals may add up to more than 100 per cent; for males, n= 394; for females, n=390; and in total, n= 784. (See figure 3.7 below).

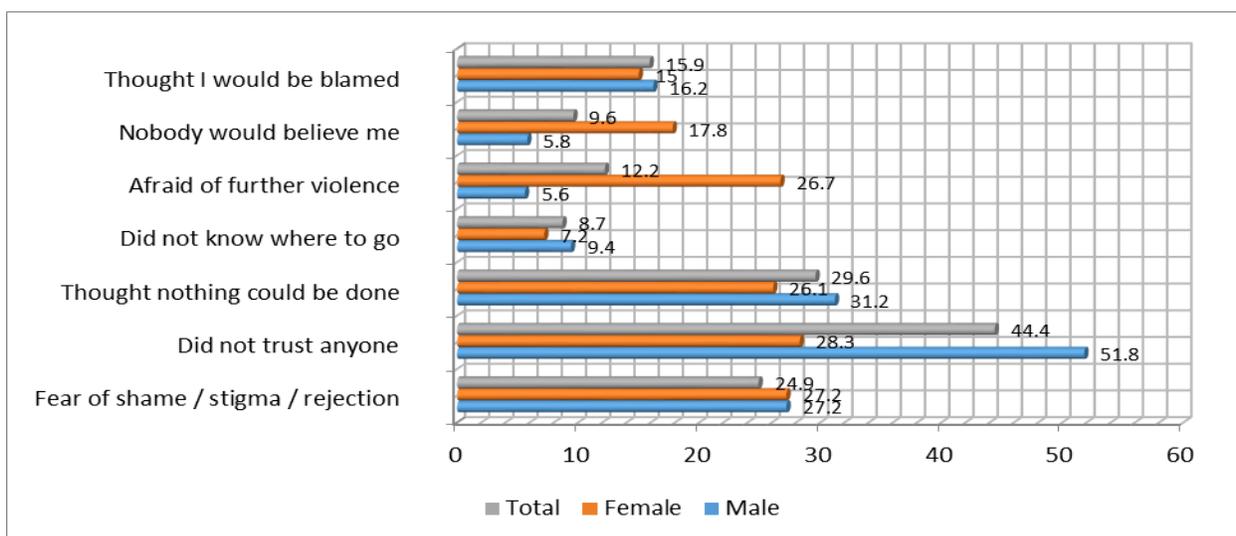


Figure 3.7: Reasons for not reporting incidents of acts of violence

Acts of violence against women/girls committed by husbands/boyfriends

The respondents were presented with a set of questions (four questions for male respondents and three questions for female respondents) regarding acts of violence committed against women/girls by husbands/boyfriends in the past 1 year (12 months). Findings show that (58.7%) of the female respondents stated that their husbands/boyfriends had slapped or punched them with a fist or hit them with something that could hurt, threats to hurt or harm women/girls or someone close to them was reported by (56.2%) of the respondents, while (30.6%) of the respondents reported that in the past 12

months, their husbands/boyfriends had physically forced them to do some sexual acts they did not want to. (Refer to table 3.18).

Table 3.18: Acts of violence against women/girls committed by husbands/boyfriends as reported by female respondents

Alternative response	Juba PoC 3		Bentiu PoC		NBeG		Rumbek		Total	
	#	%	#	%	#	%	#	%	#	%
“In the last 1 year (12 months), did your husband/boyfriend ever <i>threaten to hurt or harm you or someone close to you?</i> ”										
Yes	51	53.1	74	73.3	53	53.0	41	44.1	219	56.2
No	45	46.9	27	26.7	47	47.0	52	55.9	171	43.8
n = 390	96	100	101	100	100	100	93	100	390	100
“In the last 1 year (12 months), did your husband/boyfriend ever <i>slap or punch you with his fist or hit you with something that could hurt you?</i> ”										
Yes	54	56.3	56	55.4	51	51.0	68	73.1	229	58.7
No	42	43.7	45	44.6	49	49.0	24	26.9	161	41.3
n = 390	96	100	101	100	100	100	93	100	390	100
“In the last 1 year (12 months), did your husband/boyfriend ever <i>physically force you to do any sexual acts you did not want to?</i> ”										
Yes	31	32.3	25	27.8	27	27.0	36	38.7	119	30.6
No	65	67.7	76	72.2	73	73.0	57	61.3	271	69.4
n = 390	96	100	101	100	100	100	93	100	390	100

Findings related to male responses to the above set of questions show that (23.9%) of the male respondents stated that they had slapped or punched their wives/girlfriends over the past 12 months, threats to hurt or harm women/girls was reported by (22.8%) of the respondents, while (19.6%) of the respondents reported that in the past 12 months, they physically forced their wives/girlfriends to do some sexual acts they did not want to. The findings also show that a higher proportion of female respondents stated that they had encountered the various acts of violence than male respondents. (Refer to table 3.19).

Table 3.19: Acts of violence against women/girls committed by husbands/boyfriends as reported by male respondents

Alternative response	Juba PoC 3		Bentiu PoC		NBeG		Rumbek		Total	
	#	%	#	%	#	%	#	%	#	%
“In the last 1 year (12 months), did you ever <i>threaten to hurt your wife/girlfriend?</i> ”										
Yes	14	13.5	30	32.3	28	27.7	18	18.8	90	22.8
No	75	86.5	63	67.7	73	72.3	78	81.2	304	77.2
n = 394	104	100	93	100	101	100	96	100	394	100
“In the last 1 year (12 months), did you ever <i>slap or punch your wife/girlfriend?</i> ”										
Yes	11	10.6	27	29.0	25	24.8	31	32.3	94	23.9
No	93	89.4	66	71	76	75.2	65	67.7	300	76.1
n = 394	104	100	93	100	101	100	96	100	394	100
“In the last 1 year (12 months), did you ever <i>physically force your wife/girlfriend to do any sexual acts they did not want to?</i> ”										
Yes	18	17.3	17	18.3	15	14.9	20	20.8	68	19.6
No	86	82.7	78	81.7	86	85.1	76	79.2	326	88.7
n = 394	104	100	93	100	101	100	96	100	394	100

Reporting acts of violence committed by husbands/boyfriends against wives/girlfriends

Slightly less than two thirds (60.6%) of the respondents indicated that they reported acts of violence committed by husbands/boyfriends against women/girls. The results also indicate that majority (81%) of acts of violence were reported by female respondents as compared to only (19%) of the male respondents. These respondents were then asked to indicate where such reports were made.

Respondents were allowed to choose multiple answers. As a result, aggregated and totals may add up to more than (100%); for males, n= 90; for females, n=385; and in total, n= 784. The responses are summarised and presented in table 3.20 below).

Table 3.20: Where or to whom survivors of acts of violence report the crimes

Places where reports are made	Responses (%)		
	Male	Female	Total
Health facility	75.6	63.1	54.4
Social worker	80.7	85.6	83.2
Police/courts	32.0	22.3	27.7
Religious leaders / local / traditional leaders / elders	18.0	32.4	25.2
Government / military	7.3	9.9	8.6
United Nations / UNPOL	10.8	13.5	12.2
Nonviolent Peaceforce South Sudan	16.9	30.4	23.7
Other local or international NGOs	10.5	16.3	13.4
Block Leaders (in PoC)	12.4	29.0	20.7
Zone leaders (in Poc)	9.3	15.6	12.5
Friends/neighbours	11.8	14.2	13.0
Family	13.5	42.0	27.8
n = 475			

Respondents' perception of the safety and security of their households in the project sites

Slightly less than two thirds (60.6%) of the respondents referred the state of safety and security of their own or families in the community/PoC as being “very safe”. Whereas the baseline value was (46%), against which a target value of (65%), the results indicate that in order to reach the end of project target, the project requires towards increasing the target beneficiaries’ perception of their safety and security by (5%). The project site considered safest was NBeG (70.6%), followed by Juba PoC 3 (66.0%), Rumbek (60.3%), and Bentiu PoC (39.2%). More attention should focus on enhancing the community perception of security and safety in Bentiu PoC. (Refer to table 3.21)

Table 3.21: Respondents' perception of the safety and security of their households in the project sites

Alternative response	Juba PoC 3		Bentiu PoC		NBeG		Rumbek		Total	
	#	%	#	%	#	%	#	%	#	%
Very safe	95	66.0	40	39.2	101	70.6	41	60.3	277	60.6
Somewhat safe	17	11.8	59	57.9	39	27.3	21	30.9	136	29.8
Somewhat unsafe	29	20.1	3	2.9	3	2.1	3	4.4	38	8.3
Very unsafe	3	2.1	0	0	0	0	3	4.4	6	1.3
n = 508	144	100	102	100	143	100	68	100	457	100

Out of the 277 respondents (60.6%, n = 457) who reported that their safety and security and that of their households is “very safe”, (70.1%) attributed this perception to NPSS interventions. The female respondents who perceived their safety and security to be “very safe” accounted for (70.3%) while the male respondents accounted for (68.6%). (Refer to table 3.22 below).

Table 3.22: Reasons for target beneficiaries feeling “very safe” or “somewhat safe” in the project sites

Alternative response	Juba PoC 3		Bentiu PoC		NBeG		Rumbek		Total	
	#	%	#	%	#	%	#	%	#	%
Community led action	33	34.0	21	22.6	49	33.3	15	25.9	118	29.9
NPSS activities	64	66.0	72	77.4	98	66.7	43	74.1	277	70.1
n = 395	97	100	93	100	147	100	58	100	395	100

The target beneficiaries, feeling of “Somewhat unsafe” or “Very unsafe” were attributed to the following reasons: the female respondents in the PoCs do not have the freedom to move outside the PoCs, especially to collect firewood because of fear of acts of violence against them; night robberies by unknown people; fear of revenge attacks in the communities; beneficiaries living in houses located adjacent to bars within the PoCs fear the gangs who patronize those bars; inter-communal fighting between and amongst community members; and many guns in the hands of civilians, who use them to commit robberies.

Activities of NPSS that help target beneficiaries feel safer

The main activities of NPSS that were perceived to help the target beneficiaries to feel safer in the project sites were: trainings (43.8%), awareness raising/community mobilization (38.3%), and counselling and case management (27.7%). Respondents were allowed to choose multiple answers. As a result, aggregated and totals may add up to more than 100 per cent; for males, n= 394; for females, n=390; and in total, n= 784. (Refer to figure 3.8 below).

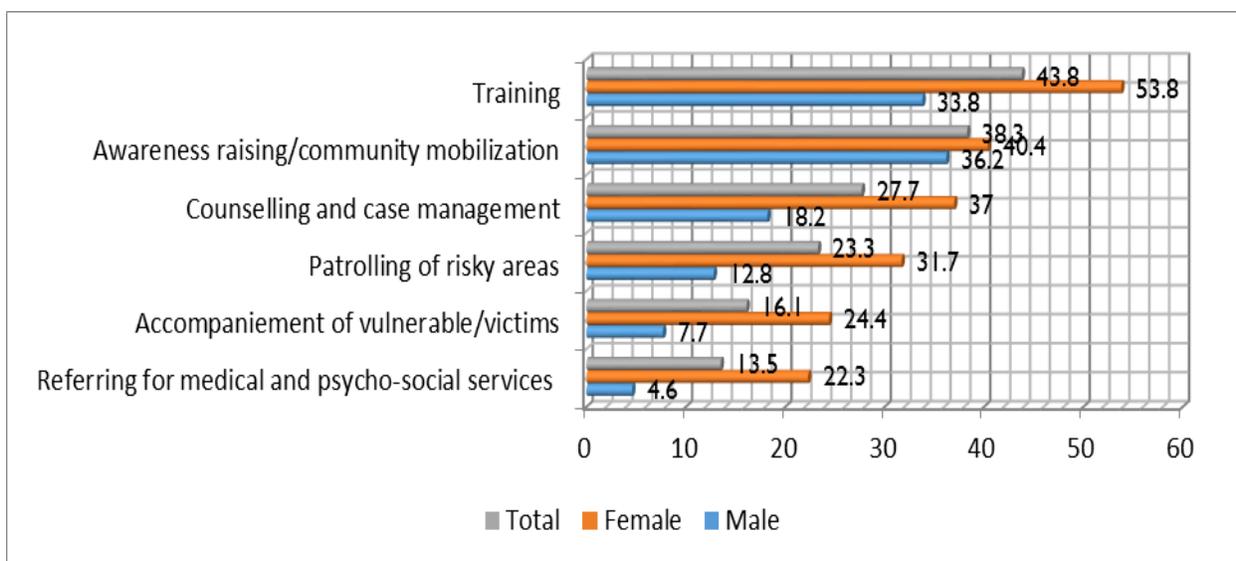


Figure 3.8: Activities of NP that help target beneficiaries feel safer

Target beneficiaries’ perception of the safety of the community compared to 1 year (12 months ago).

Slightly less than half (45.8%) the female respondents reported that they were very safe in the community. Whereas the baseline value was 42%, a figure which includes, against which an end of project target was set at 60%, the result show a slight improvement of (3.8%), hence an end of project deficit of (14.2%), which is achievable, considering that the situation in the two PoCs is now normalising. (Refer to figure 3.9 below).

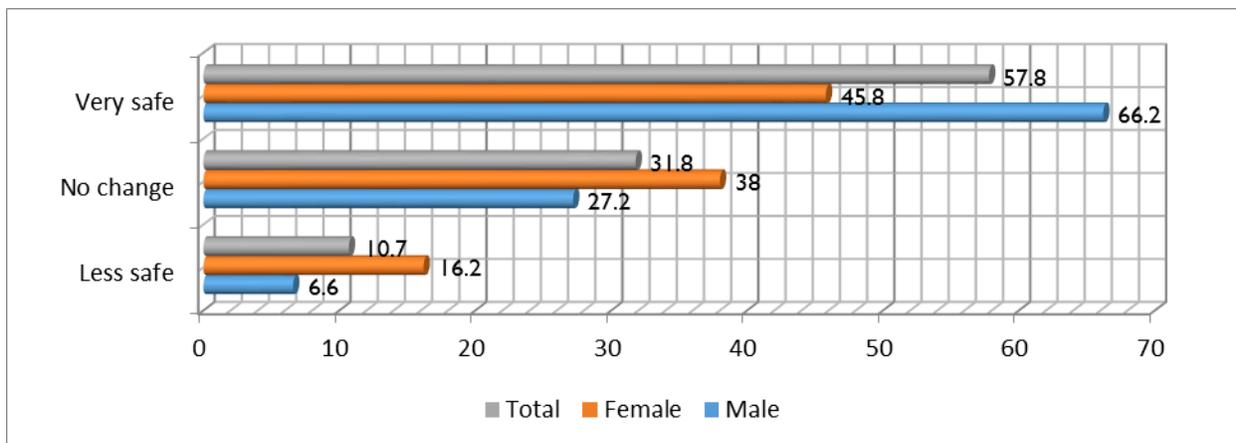


Figure 3.9: Target beneficiaries' perception of the safety of the community compared to 1 year (12 months ago).

Activities of NPSS that the target beneficiaries would like undertaken

Slightly less than two thirds (65.8%) of the respondents stated that they would like to see more activities undertaken in order to improve the security of women and girls in the project sites (community/PoC). About three quarters (70.0%) of the female respondents would like to see more activities undertaken, as compared to (61.2%) of the male respondents. Slightly more than half (52.7%) of the respondents would like better policing undertaken in order to improve the security of women and girls in the community/PoC, (47.4%) the respondents suggested “better army”, while (29.1%) of the respondents preferred “social and political action”. Respondents were allowed to choose multiple answers. As a result, aggregated and totals may add up to more than 100 per cent; for males, n= 394; for females, n=390; and in total, n= 784.

3.2.2 GBV Prevention and Response

Violence against women and girls is a major public health and human rights issue worldwide and is often exacerbated by the stress and disruption of people’s lives in conflict-affected settings, such as South Sudan. GBV is understood to be an act that is directed against a person on the basis of his/her gender or sex.²⁰ It includes acts that inflict physical, economical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty.

Decades of under-development and conflict have left South Sudanese women – in the words of the late Dr. John Garang – “*the poorest of the poor and the marginalized of the marginalized.*” It is in this background that violence against women and girls becomes more prevalent. Few reputable GBV studies have been carried out in south Sudan. Studies may have been limited in terms of sample size and statistical analysis but, nevertheless, have produced evidence of extensive domestic violence, early/forced marriages, wife inheritance, property ownership, child custody, arbitrary incarceration, female genital mutilation and sexual harassment and assault. GBV is a grave human rights violation that can cause long-term and life-threatening injury and trauma to victims/survivors. All human rights and humanitarian actors must ensure that efforts are made from the onset of an emergency to prevent and respond to acts of GBV and provide adequate care, treatment and support to its victims/survivors²¹.

²⁰ Guidelines for Gender-based Violence Interventions in Humanitarian Settings

²¹ Handbook for the Protection of Internally Displaced Persons – Action Sheet 4

This section of the report presents findings related to GBV prevention and response, including knowledge about GBV, perceived extent to which GBV is a problem, main forms, consequences and perpetrators of GBV, main places where the risk of GBV is more prevalent, victimization/prevalence rates of violence and GBV, change in prevalence of GBV compared to 12 months ago, reporting cases of GBV, service providers to whom acts of physical abuse against women/girls are reported, and willingness of survivors to report cases of rape.

Knowledge about GBV

The majority of the respondents (88.2%) stated that they had heard of “gender-based violence”. A higher proportion of female respondents had heard of GBV than male respondents. The female respondents who indicated that they had heard of GBV comprised of (92.9%) as compared to male respondents (81.3%). The evaluation results indicate an increase in the target beneficiaries’ knowledge about knowledge about GBV, at baseline (64.6%) of female respondents had heard of GBV as compared to (59.6%) of male respondents. (Refer to table 3.23).

Table 3.23: Knowledge of existence of GBV

Extent to which GBV is considered a problem	Juba PoC 3		Bentiu PoC		NBeG		Rumbek		Total	
	#	%	#	%	#	%	#	%	#	%
Yes	188	94.0	178	91.8	167	83.0	158	83.6	691	88.2
No	12	6.0	16	8.2	34	17.0	31	16.4	93	11.8
<i>n = 784</i>	200	100	194	100	201	100	189	100	784	100

Perceived extent to which GBV is a problem in the community/PoC

When asked to indicate the extent to which they thought GBV is a problem in their community/PoC, (45.2%) of the respondents stated that GBV was a major problem, (31.5%) thought that it was a moderate problem, (16.4%) stated that it was a minor problem, while only (6.9%) thought that GBV was not a problem at all. (Refer to table 3.24 below).

Table 3.24: Extent to which target beneficiaries consider GBV to be a problem – segregated by project site

Extent to which GBV is considered a problem	Juba PoC 3		Bentiu PoC		NBeG		Rumbek		Total	
	#	%	#	%	#	%	#	%	#	%
Major problem	110	55.0	90	46.4	91	45.3	63	33.3	354	45.2
Moderate problem	63	31.5	53	27.3	61	30.3	70	37.0	247	31.5
Minor problem	16	8.0	26	13.4	39	19.4	48	25.4	129	16.4
Not a problem	11	5.5	25	12.9	10	5.0	8	4.3	54	6.9
<i>n = 784</i>	200	100	194	100	201	100	189	100	784	100

When the findings are segregated per project site, slightly more than half (55%) of the respondents in Juba PoC 3 reported that GBV is a major problem, while (31.5%) stated that BGV is a moderate problem. Whereas (46.4%) of the respondents in Bentiu PoC reported GBV to be a major problem, (27.3%) stated that it was a moderate problem. A comparison between findings from the PoCs and communities indicate that GBV is a considered more of a problem within the PoCs than in the communities.

Main forms of GBV in the community/PoC

There are few places in the world where it is more dangerous or disempowering to grow up female than in South Sudan. In South Sudan, the vast majority of women and girls will survive at least one form of GBV - be it rape; sexual assault; physical assault; forced/early marriage; denial of resources,

opportunities or services; or psychological/emotional abuse.²² Gender-based violence is rooted in discriminatory social norms and power inequalities between men and women in social, economic and political spheres of life. During the civil wars in South Sudan, there were widespread forms of GBV including rape as a weapon of war, abduction, forced sexual favours, and violence against women (VAW). In post-war South Sudan, extremely high rates of GBV remain a serious health and development challenge. Prevalent forms of GBV include domestic violence and wife battering, abduction of women and children during conflicts and cattle raids, rape and sexual assault, wife inheritance, forced and child marriages and girl child compensation. Women and girls' vulnerability to GBV is reinforced by other harmful traditional practices such as very high bride wealth that is believed to be behind the cattle raids and forced and child marriages. Protection, prevention and response mechanisms and structures are insufficient and weak.²³

Majority of the respondents (86.4%) cited “insults” as the main form of GBV in the community/PoC, slightly more than three quarters (77.3%) cited “assaults/beatings” while less than half (43.4%) mentioned “denial of resources”. Respondents were allowed to choose multiple answers. Findings show that within Juba PoC 3 and Bentiu PoC, insults were recorded as the main forms of GBV (98%) and (92.3%) respectively. Cases of rape were also reported to be highest in Juba PoC 3 (84%). Rape is used as a weapon of war and is occurring on a daily basis.²⁴ Armed actors from both sides of the conflict are raping women and girls during active battles and in the lulls in-between. In fact, rape against women of the opposition has been encouraged several times.²⁵ In addition, the upheaval and displacement has led to increases in early and forced marriage, domestic violence, and sexual exploitation and abuse, to name a few. (Refer to table 3.25 below).

Table 3.25: Main forms of GBV in the community/PoC

Extent to which GBV is considered a problem	Juba PoC 3		Bentiu PoC		NBeG		Rumbek		Total	
	#	%	#	%	#	%	#	%	#	%
Rape	168	84.0	64	33.0	39	19.4	26	13.8	297	37.9
Attempt of forced sexual intercourse	133	66.5	11	5.7	10	5.0	8	4.2	162	20.7
Sexual touching	9	4.5	30	15.5	20	10.0	21	11.1	80	10.2
Being kissed or groped by force	5	2.5	15	7.7	13	6.5	14	7.4	47	6.0
Early marriage	65	32.5	18	9.3	13	6.5	13	6.9	120	15.3
Forced marriage	108	54	12	6.2	18	9.0	13	6.9	151	19.3
Man exposes himself to a woman	46	23	69	35.6	32	15.9	50	26.5	197	25.1
Denial of resources	93	46.5	105	54.1	69	34.3	73	38.6	340	43.4
Assault/beatings	149	64.5	170	87.6	151	75.1	136	72.0	606	77.3
Insults	196	98.0	179	92.3	139	69.2	163	86.2	677	86.4
n = 784										

In a number of contexts involving armed conflict globally, rape and sexual assault has been used as a tactic to humiliate, intimidate, displace and traumatize communities. The use of rape and sexual assault as a tactic of war has a deep, tacit link with the acceptability of all forms of GBV during times of peace. Review of project reports revealed that, for instance in Rumbek town, the greatest threat to security has been scarcity of food and resources, which have led to a significant rise in criminal activities, particularly armed robberies, muggings and acts of sexual violence, especially along the roads²⁶. One of the respondents said “Our problem is that parents always force their daughters to get married to men they

²² ‘The Girl Has No Rights’: Gender-Based Violence in South Sudan May 2014

²³ Standard Operating Procedures (SOP) for GBV Prevention, Protection and Response, 2014

²⁴ Amnesty International, Nowhere Safe: Civilians under Attack in South Sudan, May 2014.

²⁵ UNMISS, Special Report: Attack on Bentiu, Unity State 29 October 2014, 19 December 2014.

²⁶ Rumbek Context and Security Analysis Report (September, 2016).

have selected for them without their willingness. This has sometimes led to some of our girls to commit suicide while their mothers become traumatised”. (Female FGD participant, Juba PoC 3).

Main consequences of GBV in the community/PoC

During conflicts and natural disasters, civilians are at significant risk of harm through violence, abuse or deliberate deprivation, and national governments may lack the willingness or capacity to meet their need for protection. In the context of complex emergencies and natural disasters, women and children, and sometimes men, are vulnerable to exploitation, violence and abuse simply because of their gender, age and status in society. The underlying root cause of GBV is the unequal power relations between men and women, which has led to economic abuse, over domination and discrimination against both women and men on the basis of their gender. Consequently most survivors of GBV are women and girls. Forced displacement, poverty, harmful traditional and cultural practices that violate women and children’s rights, illiteracy and substance abuses are factors which worsen these unequal power relations.²⁷ Gender-based violence poses serious physical, sexual, emotional, economical, health and development consequences. Understanding the potential consequences of GBV will help actors to develop appropriate strategies to respond to these aftereffects and prevent further harm.

A review of the literature reveals that the consequences of GBV include acute or chronic physical injury, unwanted pregnancy, sexually transmitted infections, HIV/AIDS, urinary tract infections and fistulas, reproductive health problems, emotional and psychological trauma, stigmatisation, rejection, isolation, depression, increased gender discrimination and sometimes death. Women and girls who have been raped may be treated as criminals and imprisoned or fined for illegal pregnancy. Women who have experienced torture, violence and trauma may have specific physical and psychological needs. Survivors of GBV (including rape, sexual exploitation, and domestic violence) are at heightened risk of being re-abused.

The evaluation established that the main consequences of GBV are, “injury/disability” (66.6%), “unwanted pregnancies” (40.7%), and “sexually transmitted diseases “, (26.7%). Respondents were allowed to choose multiple answers. As a result, aggregated and totals may add up to more than 100 per cent; for males, n= 394; for females, n=390; and in total, n= 784. (Refer to table 3.26 below).

Table 3.26: Main consequences of GBV in the community/PoC

Main consequences of GBV in the community/PoC	Male		Female		Total	
	#	%	#	%	#	%
Rejection of family or husband/boyfriend	46	11.6	48	12.3	139	17.7
Suicide	31	7.9	35	9	156	19.9
Depression/emotional problems	33	8.5	94	24.1	161	20.5
Sexually transmitted problems	67	17.1	75	19.2	209	26.7
Unwanted pregnancies	102	25.9	116	29.7	319	40.7
Injury/disability	277	70.3	248	63.6	522	66.6
n = 784 (male, n = 394; female, n = 390)	394	100	390	100	784	100

According to one of the respondents, consequences of GBV in the project sites include, “Shame, suicide, isolation from friends, rejection from the family, emotional problems and sexually transmitted problems”. (Female FGD participant and member of WPT, Malualbaai, NBeG).

The main perpetrators of GBV in the community/PoC

Acts of gender-based violence continue to be widespread worldwide, particularly against women and girls. Unequal gender relations and discrimination are the root causes of GBV. Situations of displacement leading to breakdown of community safety mechanisms may increase the risks of such violence. While

²⁷ Standard Operating Procedures (SOP) for GBV Prevention, Protection and Response, 2014

war, conflict, and internal strife are the primary causes of flight and displacement, rape and other forms of GBV may also provoke flight.²⁸ The evaluation results show that the main perpetrators of GBV are: husbands/boyfriends (41.2%), parents (32.7%), other family member (25.6%) and unknown stranger (25.0%). The trends seem the same across all the four project sites. (Refer to table 3.27 below).

Table 3.27: The main perpetrators of GBV in the community/PoC

The main perpetrators of GBV in the community/PoC	Juba PoC 3		Bentiu PoC		NBeG		Rumbek		Total	
	#	%	#	%	#	%	#	%	#	%
Husband/boyfriend	87	43.5	67	34.5	120	59.7	49	25.9	323	41.2
Parent	84	42.0	54	27.8	81	40.3	37	19.6	256	32.7
Other family member	61	30.5	56	28.9	49	23.4	35	18.5	201	25.6
Soldiers	46	23.0	37	19.1	25	12.4	31	16.4	139	17.7
Police officer or interrogator	40	20.0	51	26.3	22	10.9	14	7.4	116	14.8
Humanitarian relief worker (NGO workers)	0	0	5	2.6	2	1.0	4	2.1	11	1.4
Neighbour/community member	51	25.5	61	31.4	43	21.4	32	16.9	189	24.1
Unknown/stranger	41	20.5	81	41.8	39	19.4	35	18.5	196	25.0
n = 784	200	100	194	100	201	100	189	100	784	100

The findings show that husbands/boyfriends are considered the main perpetrators of GBV in South Sudan. According to the 2013 WHO report on intimate partner violence and non-partner violence against women, nearly one third of all women who have been in a relationship have experienced violence by their intimate partner, and as many as 38 % of all murders of women are committed by intimate partners.²⁹ Studies also show that 603 million women live in countries where intimate partner violence/domestic violence is not yet considered a crime.³⁰

The evaluation team also noted that women who live on their own in the homes tend to be survivors of GBV. As reported by one of the respondents, “There is a woman in the neighbourhood whose husband travelled to Khartoum and in his absence, another man came to her house and started forcing her to have sex with him”. (Female FGD participant and member of WPT, Malualbaai, NBeG). When the findings were segregated by site, it was established that in Juba PoC 3, the main perpetrators of GBV violence were: husband/boyfriend (95.5%), parents (75%), and other family member (72.5%). The trends in Bentiu PoC looks the same, though the responses are relatively less: husband/boyfriend (62.4%), parents (39.7%), and other family member (16%). NBeG equally registered high responses: husband/boyfriend (67.2%), parents (40.8%), and other family member (24.4%). (Refer to table 3.28).

²⁸ Challenging GBV Worldwide: CARE’s program. Evidence, Strategies, Results and Impacts of Evaluations 2011 – 2013.

²⁹ WHO. (2014) *Violence Against Women*.

³⁰ United Nations Secretary-General’s Campaign Unite to end violence against women. Human Rights Violation. URL: <http://endviolence.un.org/situation.shtml>

Table 3.28: Main perpetrators of GBV

Main perpetrators of GBV	Juba PoC 3		Bentiu PoC		NBeG		Rumbek		Total	
	#	%	#	%	#	%	#	%	#	%
Unknown stranger	22	11.0	61	31.4	27	13.4	16	8.5	126	16.1
Neighbor/community member	13	6.5	21	10.8	9	4.5	2	1.1	45	5.7
Humanitarian relief worker (NGO workers)	0	0	25	12.9	1	0.5	0	0	26	3.3
Police officer or interrogator	20	10.0	25	12.9	4	2.0	3	1.6	52	6.6
Soldiers	48	24.0	68	35.0	20	10.0	7	3.7	143	18.2
Other family member	145	72.5	31	16.0	49	24.4	28	14.8	253	32.3
Parent	150	75.0	77	39.7	82	40.8	19	10.1	328	41.8
Husband/boyfriend	191	95.5	121	62.4	135	67.2	35	18.5	482	61.6
n = 784	200	100	194	100	201	100	189	100	784	100

Review of project reports show that due to the current context within the PoCs, women and children have become more vulnerable and unsafe. This is because the burden of household responsibility, including travelling outside the PoCs for livelihood activities, falls on women within the community. Women are getting more harassment from armed groups near the checkpoints and as well as at markets in town. They shoulder this burden because the level of risk to men, posed by soldiers at the checkpoints, is exorbitant³¹.

Main places where the risk of GBV is more prevalent in the PoCs

Target beneficiaries consider the following as being the main places where the risk of GBV is more prevalent in the PoC: inside the PoC at the water points (41.6%), inside the PoC at the distribution area (29.1%), in town/market (21.3%), and outside the PoC during collection of firewood. Respondents were allowed to choose multiple answers. As a result, aggregated and totals may add up to more than 100 per cent; for Juba PoC 3, n = 200 and for Bentiu PoC n = 194; and in total, n= 394. (Refer to table 3.29).

Table 3.29: Main places where the risk of GBV is more prevalent in the PoCs

Main perpetrators of GBV	Juba PoC 3		Bentiu PoC		Total	
	#	%	#	%	#	%
Inside the PoC at the Water points	98	59.8	66	34.0	164	41.6
Inside PoC at the distribution area	45	39.1	70	60.9	115	29.1
In town / market	39	19.5	45	23.1	84	21.3
Outside the PoC during collection of firewood	48	24.0	35	18.0	83	21.1
Inside the PoC at the showers	47	23.5	28	14.4	75	19.1
Inside the PoC at the latrines	22	31.0	29	40.9	72	18.3
Inside your home	45	22.5	11	5.7	56	14.3
Close to the PoC gates	9	4.5	37	19.1	46	11.7
In a neighbour's homes	28	14.0	13	6.7	41	10.5
n = 394	200	100	194	100	394	100

In particular, the results reveal that latrines are relatively high risk areas of GBV prevalence within the PoCs. In Bentiu PoC, (40.9%) of the respondents reported latrines to be an area that is at risk of GBV prevalence while the same was reported by (31.0%) of the respondents from Juba PoC 3. For instance, a review of project reports reveal that latrines in almost all parts of Bentiu PoC do not have strong internal locks - only the wooden locks and some do not have locks at all, which poses great risk for women and girls to be subjected to GBV. Bathing facilities are not used by IDPs by sex even though they are properly labelled for women and men. Some of the doors do not have internal lock while others

³¹ Juba PoC 3 – UN House Context and Security Analysis Report (November/December, 2016).

have plastic sheets as doors. It was also reported that some youth /gang members are using the bathing facilities for sexual activities in the evening³².

Review of project reports also reveal that women continuously face great risk and vulnerability to the different forms of GBV outside the POC as they are forced by the situation to go out to meet the daily needs of their families. Physical and sexual violence have been the common GBV they are suffering from the hands of armed group when they are in the bush to collect firewood. With the limited resources, available in the areas near the POC, like firewood and elephant grass, women need to go far places which add to their suffering as they have to walk almost the whole day with the big bundle of firewood usually without food not even water³³. According to one of the key informants, “women and girls are always victims of GBV because many times when they go out of the PoC to collect firewood, they are subjected to acts of GBV, including rape by armed state actors. (Female Health Personnel, Juba PoC 3).

Main places where the risk of GBV is more prevalent in the community

Target beneficiaries perceive the following as being the main places where the risk of GBV is more prevalent in the community: at home (33.2%), at firewood collection places (20.3%), and in a neighbour’s/friend’s home (15.8%). The female respondents reported that the places where risk of GBV is most prevalent are: at a market (24.6%), and in a neighbour’s/friend’s home (24.6%). The male respondents reported that the places where risk of GBV is most prevalent are: at toilet/shower (32%), at firewood collection places (19.3%), and at the hospital/health centre (14.7%). Respondents were allowed to choose multiple answers. As a result, aggregated and totals may add up to more than 100 per cent; for NBeG , n = 201 and for Bentiu PoC, n = 189; and in total, n = 390. (Refer to table 3.30).

Table 3.30: Main places where the risk of GBV is more prevalent in the community

Main perpetrators of GBV	NBeG		Rumbek		Total	
	#	%	#	%	#	%
At home	116	57.7	159	84.1	129	33.2
At toilet/shower	18	9.0	25	13.2	43	11.1
At firewood collection places	27	13.4	10	5.3	79	20.3
In a neighbour’s/friend’s home	51	25.4	11	5.8	62	15.8
At a market	30	14.9	3	1.6	57	14.7
On the street/at a public place	33	16.4	14	7.4	47	12.1
In the workplace	32	15.9	12	6.3	44	11.3
At the hospital/health Centre	23	11.4	11	5.8	34	8.7
At water points	31	15.4	26	12.9	57	14.5
n = 390	201	100	189	100	390	100

During FGDs, many participants considered firewood collection places, both in the community and PoC as being the main places that they are exposed to the risk of GBV. According to one of the respondents, “Women are being raped every day during firewood collection. Since that is the only firewood source as the same is not distributed in the PoC, we don’t know what to do”. (Female FGD participant, Juba PoC 3). According to one of the key informant, “the Youth in this area seem to have the freedom to do things with impunity. For example, last Saturday, they raped a girl in the market and night and the police were not aware”. (Woman Community Leader, Akuem, NBeG).

Victimization/prevalence rates of violence and GBV in the project sites

Slightly less than one third (31.7%) of the respondents reported that their household members had been survivors of GBV in the past 12 months (1 year). A higher proportion of female respondents (57.1%) reported that their household members had been survivors of GBV than male respondents (29.8%).

³² Bentiu Context and Safety Analysis Report (May, 2017).

³³ Bentiu Context and Safety Analysis Report (May, 2017).

Slightly less than one third (34.1%) of the respondents reported that the last incidents of rape took place at home, (18.0%) of the respondents stated that such acts took place outside the PoC during collection of firewood, while (16.7%) of the respondents mentioned “Inside the PoC at the Water points”. (Refer to table 3.31 below).

Table 3.31: Places where the last incidents of GBV took place

Places where reports are made	Responses (%)		
	Male	Female	Total
At home	34.3	33.8	34.1
At school	8.1	10.3	9.2
At the workplace	5.3	8.3	6.8
At the hospital/health Centre	3.5	7.3	5.4
Inside the PoC at the Water points	12.3	1.1	16.7
Inside PoC at the distribution area	14.3	10.8	12.6
Inside the PoC at the showers	9.3	9.7	9.5
Close to the PoC gates	5.3	8.7	7.0
Outside the PoC during collection of firewood	11.0	24.9	18.0
Inside the PoC at the latrines	8.0	10.3	9.2
In public spaces	6.0	10.8	7.5
n = 249			

For instance, review of project reports indicate that in Bentiu PoC, especially women/girls are at high risk of encountering incidents of GBV while outside the PoC. Among the places are Tugruony (the place where women are collecting soil for tukul improvement/decoration, women are experienced rape and severe beating from perpetrators. Incidences of GBV were also reported at distribution areas. For instance in Bentiu PoC though distribution sites are secured from external threats, there is a threat of theft and attacks by gangs in and around the food distribution site, particularly when moving in the evenings from sector 4 to sector 1. It is also a challenge for women to carry the goods/items, especially to those who are living in a sector/block quite far from the distribution site³⁴.

Change in prevalence of GBV compared to one year (12 months ago) in the community/PoC

CARE's GBV baseline survey conducted in October and November 2013 found that rape, beatings, psychological abuse, denial of education and economic opportunity were both commonplace and seldom reported. GBV prevalence was reported to be (41%). During baseline survey carried out by NPSS in March 2016, the baseline value for GBV prevalence was established to be (35%), against which a target reduction of (60%) by end of project, hence a prevalence (35% less (60% of 35%)) was projected, meaning (14%) prevalence. The evaluation results show that more than half (55.5%) of the respondents reported an increase in prevalence of GBV compared to one year (12 months ago), as compared to (45.5%) of the respondents who were of the view that there was a decrease in GBV prevalence. Respondents were allowed to choose multiple answers. As a result, aggregated and totals may add up to more than 100 per cent; for Juba PoC 3, n= 162; for Bentiu PoC 3, n= 84; for NBeG, n = 42; and for Rumbek, n = 11; in total, n= 784. (Refer to table 3.32 below).

Table 3.32: Change in prevalence of GBV compared to one year (12 months) ago

Increase/ decrease in prevalence of GBV compared to one year (12 months ago)	Juba PoC 3		Bentiu PoC		NBeG		Rumbek		Total	
	#	%	#	%	#	%	#	%	#	%
Decreased	77	47.5	14	16.7	40	95.2	2	18.2	133	44.5
Increased	85	52.5	70	83.3	2	4.8	9	81.8	166	55.5
n = 299	162	100	84	100	42	100	11	100	299	100

³⁴ Bentiu Context and Security Analysis report (November, 2016).

Taking into consideration the (44.5%) of respondents who reported a decrease, the results show that the prevalence as at mid-term was (35% less (44.5% of 35%) = (19.4%).

Reasons for increase in prevalence of GBV compared to 12 months ago

The respondents who stated that there was an increase in GBV prevalence compared to one year ago were asked to state reasons for their responses (multiple responses were allowed, as a result, aggregated and total may add to more than 100 per cent; for males n =156, for females, n = 158; and in total , n = 314). The main reasons provided for increase in prevalence of GBV are: insecurity caused by a lot of inter-communal fighting, especially over the scarce available resources (4.7%); presence of armed criminal gangs comprising mainly of the youths inside and outside the PoCs. They engage in criminal activities such as rape, especially at night (4.1%); soldiers who are meant to protect the civilians sometimes turn against them, especially at night (3.5%); scramble for the scarce available resources (3.5%); and fast growing market centres, where many idle youths gather and engage in acts of GBV (3.5%).

Other reasons provided were: prolonged periods of food insecurity (2.2%); local community policing mechanism, which is part of the security organs entrusted with enforcing law and order tend to engage in criminal activities, especially at night (2.2%); the households that are close to market centres reported increased cases of GBV since such acts are committed at the market. A case in point is Akuem in NBeG (1.9%); restricted movement, especially outside the PoC for fear of falling survivors of acts of GBV and other violations (1.9%); revenge attacks by other communities (1.6%); prevailing insecure situation countrywide (1.6%); high levels of illiteracy amongst most the target beneficiaries (1.6%); and the proliferation of weapons in the hands of civilians (1.5%).

Reasons for decrease in prevalence of GBV compared to 12 months ago

The respondents who stated that there was a decrease in prevalence GBV compared to 12 months ago were asked to state reasons for their responses (multiple responses were allowed, as a result, aggregated and total may add to more than 100 per cent; for males n =238, for females, n = 232; and in total, n = 470). The main reasons for decrease in prevalence of GBV compared to 12 months ago are: trainings and awareness-raising by various NGOs, most notable being NPSS, DRC, IRC, and Médecins Sans Frontières (MSF) (9.6%); efforts of the various security enforcement agencies, including the police, UNPOL (7.7%); and peace building activities, especially by WPTs (6.8%).

Other reasons provided are: food distribution by such agencies as World Food Programme (2.6%); night patrols (UN troops have expanded their patrols 25 Kms radius from the PoC (1.9%); deliberate and sustained efforts by the Government to crack down on criminal in the recent past (1.7%); and agencies that ensure law and order are strictly followed, including the courts (1.1%).

Reporting cases of GBV in the project sites

Survivors of sexual violence, like victims of other crimes, face difficulties when they decide to report due to limited services which include inadequate courts of law in certain areas, limited protection for victims /survivors and witnesses, fear of reprisals, lack of legal aid and limited psycho-social support and information on reporting system. Women suffer additional obstacles in attempting to access justice due to gender-based discrimination. Gender discrimination, lack of sensitivity and understanding of the nature of sexual crimes all contribute to the way trials are conducted and in the resulting decisions and sentences rendered - leading to low conviction rates for sexual violence. The underlying assumption appears to be that victims of sexual violence, predominantly women, are untrustworthy. Such

stereotypical attitudes and reasoning are a discriminatory barrier and a burden on victims of sexual violence. This has contributed to women being reluctant to access justice.³⁵

More than half (56.3%) of the respondents stated that if someone physically abused a woman/girl in their household, they would report it. The findings show that a higher proportion of target beneficiaries within the PoCs are more willing to report incidences of physical abuse against them than those in the community. (Refer to figure 3.10 below).

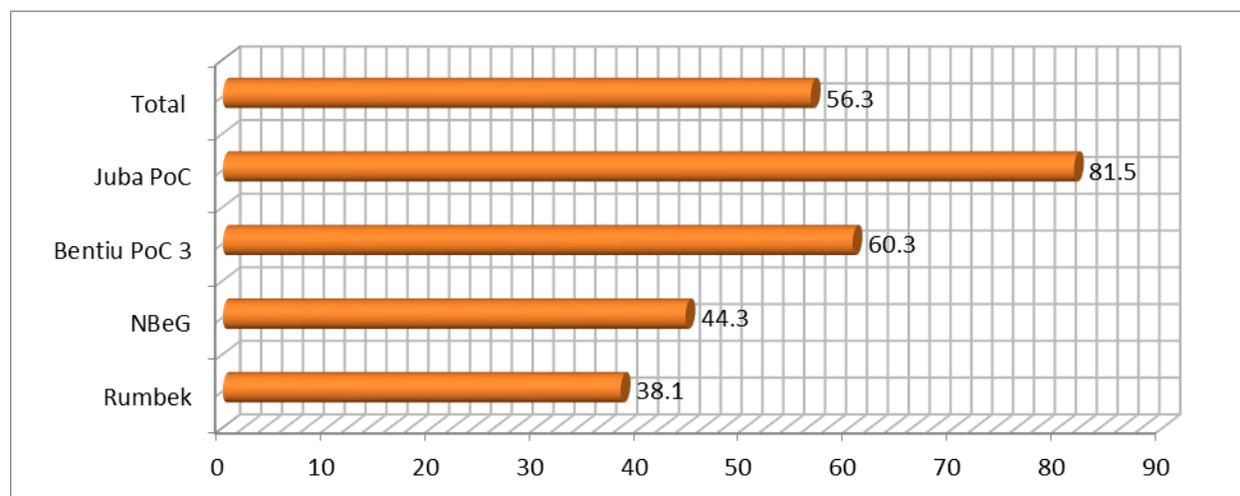


Figure 3.10: Target beneficiaries' willingness to report incidences of physical abuse

Whereas the mid-term value for target beneficiaries' willingness to report incidences of physical violence was (56.3%) at baseline, the value reported was (65.4%), revealing a drop of (9.1%). The findings also show that a higher proportion of male respondents (48.3%) indicated willingness to report such acts of abuses than female respondents (44.7%). Review of literature reveals that most women who experience violence never seek help or report. Data from 30 countries shows that only 4 in 10 seeks help at all, and only 6 % from authorities.³⁶ There is an 11.9 % lifetime prevalence of non-partner sexualized violence in Africa according to WHO.³⁷

Service providers to whom acts of physical abuse against women/girls are reported

Slightly less than half (49.0%) of the respondents would report acts of physical abuse against women/girls to health facilities, (33.3%) of the respondents would report to social workers, while (18.2%) would report to the police. The results also show that a higher proportion of female respondents (56.7%) would report to health facilities, as compared to male respondents (41.3%). Respondents were allowed to choose multiple answers. As a result, aggregated and totals may add up to more than 100 per cent; for males, n= 394; for females, n=390; and in total, n= 784. (Refer to table 3.33 below).

³⁵ World Bank Group (2014) *Voice and Agency: Empowering women and girls for shared prosperity*.

³⁶ World Bank Group (2014) *Voice and Agency: Empowering women and girls for shared prosperity*.

³⁷ WHO. (2013) *Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence*; URL: http://apps.who.int/iris/bitstream/10665/85239/1/9789241564625_eng.pdf?ua=1. Page 18

Table 3.33: Service providers to whom acts of physical abuse against women/girls are reported

Places where reports are made	Responses (%)		
	Male	Female	Total
Health facility	41.3	56.7	49.0
Social worker	29.4	37.2	33.3
Police/courts	19.0	17.4	18.2
Religious leaders / local / traditional leaders / elders	8.1	11.5	9.8
Government / military	7.4	6.2	6.8
United Nations / UNPOL	3.8	5.4	4.6
Nonviolent Peaceforce, South Sudan	2.0	6.4	4.2
Other local or international NGOs	0.8	5.4	3.1
Block Leaders (in PoC)	0.5	1.3	0.9
Zone leaders (in PoC)	0.8	2.1	1.4
Friends/neighbours	1.3	1.4	1.4
Family	10.2	16.7	13.4
n = 784			

Willingness of target beneficiaries to report cases of rape

Slightly less than three quarters (72.5%) of the respondents expressed willingness to report cases of rape. While (79.8%) of the male respondents stated that they would be willing to report rape cases, (65.1%) of the female respondents would report such cases. The respondents who reported that they would not report incidents of rape (27.5%) were asked to state reasons for their unwillingness to report such cases. The main reasons provided for failure/unwillingness to report cases of rape are: fear of shame/stigma (47.2%), “thought I would be blamed” (46.8%), and “nobody would believe me” (34.2%). Respondents were allowed to choose multiple answers. As a result, aggregated and totals may add up to more than 100 per cent; for males, n= 118; for females, n=98; and in total, n= 216. (Refer to figure 3.23 below).

3.2.3 Attitude towards GBV

“The ultimate solution to preventing GBV is to make it unacceptable in communities”.³⁸ Awareness-raising initiatives – whether standalone interventions primarily aimed at changing attitudes and behaviour towards GBV, or as part of a broader programme (such as in partnership with economic interventions or multi-sectoral programmes) - can change community attitudes and perceptions in a number of ways. This section of the report presents findings related to target beneficiaries’ attitude towards GBV.

Attitude questions related to causes of GBV in the households in the community/PoC

The respondents were provided with a list of questions related to acts of GBV that a husband may resort in certain situations and asked to state whether such actions were justified. Findings of the evaluation show that (61.3%) of the household representatives reported that a husband is right in beating his wife, if she argues with him. The results further show that a higher proportion of male respondents (63.2%) were in agreement with the statement than female respondents who comprised (36.8%). (Refer to table 3.34 below).

³⁸ Written evidence from World Vision UK

Table 3.34: A husband's right to beat his wife if she argues with him

Question		Project Location								Total	
		Juba PoC 3		Bentiu PoC		NBeG		Rumbek		#	%
		#	%	#	%	#	%	#	%		
"Is a husband right in beating his wife, if she argues with him?"	Yes	101	51.8	154	81.1	90	46.6	121	66.5	466	61.3
	No	94	48.2	36	18.9	103	53.4	61	33.5	294	38.7
n = 760		195	100	190	100	193	100	182	100	760	100

More than half the respondents (55.4%) of the household representatives reported that a husband is right in beating his wife, if she neglects the children. The results also indicate that a higher proportion of male respondents (70.9%) were in agreement with the statement than female respondents who comprised (29.1%). (Refer to table 3.35 below).

Table 3.35: A husband's right to beat his wife if she neglects the children

Question		Project Location								Total	
		Juba PoC 3		Bentiu PoC		NBeG		Rumbek		#	%
		#	%	#	%	#	%	#	%		
"Is a husband right in beating his wife, if she neglects the children?"	Yes	118	60.5	123	64.7	91	47.2	89	48.9	421	55.4
	No	77	39.5	67	35.3	102	52.8	93	51.1	339	44.6
n = 760		195	100	190	100	193	100	182	100	760	100

More than half the respondents (54.9%) of the household representatives reported that a husband is right in beating his wife, if she refuses to have sex with him. The results also indicate that a higher proportion of female respondents (54.4%) were in agreement with the statement than male respondents who comprised (45.6%). (Refer to table 3.36 below).

Table 3.36: A husband's right to beat his wife if she refuses to have sex with him

Question		Project Location								Total	
		Juba PoC 3		Bentiu PoC		NBeG		Rumbek		#	%
		#	%	#	%	#	%	#	%		
"Is a husband right in beating his wife, if she refuses to have sex with him?"	Yes	102	52.3	105	55.3	114	59.1	96	52.7	417	54.9
	No	93	47.7	85	44.7	79	40.9	86	47.3	343	45.1
n = 760		195	100	190	100	193	100	182	100	760	100

Less than half the respondents (45.7%) reported that a husband is right in beating his wife, if she goes out without telling him. The results also indicate that a higher proportion of male respondents (59.0%) were in agreement with the statement than female respondents who comprised of (41.0%). (Refer to table 3.37 below).

Table 3.37: A husband's right to beat his wife if she goes out without telling him

Question		Project Location								Total	
		Juba PoC 3		Bentiu PoC		NBeG		Rumbek		#	%
		#	%	#	%	#	%	#	%		
"Is a husband right in beating his wife, if she goes out without telling him?"	Yes	98	50.3	127	66.8	54	28.0	68	37.4	347	45.7
	No	97	49.7	63	33.2	139	72.0	114	62.6	413	54.3
n = 760		195	100	190	100	193	100	182	100	760	100

It was surprising to establish that a higher proportion of female than male respondents, whose fundamental human rights and freedoms are more often than not violated agreed with the statements.

Target beneficiaries' of select statements about GBV and gender relations

In order to make an assessment of the respondents' knowledge about GBV, they were provided with various statements regarding GBV and asked to give their opinion on each of them along a five-point scale (1 = Strongly disagree, 2 = Disagree, 3 = Somehow agree, 4 = Agree, and 5 = Strongly agree). The responses are summarised and presented in table 3.38 below).

Table 3.38: Target beneficiaries' perception of select statements about GBV and gender relations

Question	Sex of Respondent	Strongly Disagree (%)	Disagree (%)	Somehow Agree (%)	Agree (%)	Strongly Agree (%)
"Women contribute to rape by being alone with a man in a room."	Male	30.1	13.9	10.3	20.8	24.9
	Female	36.2	48.2	5.3	7.1	3.2
"Women contribute to rape by wearing revealing clothes."	Male	25.9	13.8	10.8	22.1	27.4
	Female	38.8	10.1	11.7	14.4	25.0
"Rape cannot take place in marriage."	Male	28.1	14.9	13.4	14.6	29.0
	Female	42.0	17.6	7.4	18.1	14.9
"Early marriages (less than 18 years of age) are acceptable."	Male	22.2	15.2	14.6	16.3	31.7
	Female	37.4	22.5	18.7	13.9	7.5
"Household work (e.g., caring for children, cleaning the house, etc.) is only a woman's responsibility."	Male	30.6	10.6	18.7	17.7	22.4
	Female	39.9	9.6	21.8	17.0	11.7
"Men are entitled to different rights than women."	Male	19.7	15.2	13.2	21.3	30.6
	Female	46.2	10.7	3.4	14.1	25.6
"A woman can say NO to her husband/boyfriend if she doesn't want to do sex"	Male	41.6	11.3	12.5	21.0	13.6
	Female	57.4	9.4	10.1	9.3	13.8
"A woman can ask her husband/boyfriend to use a condom if she wanted him to"	Male	39.3	15.1	9.4	14.1	22.1
	Female	50.5	23.8	6.5	8.1	11.1
"All forced sex is rape."	Male	28.7	11.8	12.6	22.9	24.0
	Female	33.7	39.2	3.7	8.4	15.0
"It is the husband's right to beat his wife whenever she fails to meet her duties?"	Male	31.2	17.0	12.5	14.1	25.2
	Female	17.6	13.2	11.1	36.1	22.0
"There are times when a woman deserves to be beaten".	Male	21.8	23.9	13.4	17.9	23.0
	Female	13.9	8.9	12.0	44.8	20.4
"A woman should tolerate violence to keep her family together".	Male	18.3	7.0	12.8	15.1	46.8
	Female	24.1	7.9	17.8	23.8	26.4
"It is alright for a man to beat his wife if she is unfaithful".	Male	25.9	22.4	19.5	9.0	23.2
	Female	21.6	13.2	7.6	24.2	33.4

"If someone insults a man, he should defend his reputation with force if he has to".	Male	33.6	17.1	15.1	12.3	21.9
	Female	10.4	3.9	5.0	34.5	46.2
"A man using violence against his wife is a private matter that shouldn't be discussed outside the couple".	Male	33.9	27.4	14.1	9.2	15.4
	Female	14.7	4.7	18.1	36.7	25.8

n = 784

A comparison was made between baseline and mid-term values of target beneficiaries' perception of select statements about GBV and gender relations (Refer to table 3.39 below)

Table 3.39: Agreement with Select Statements about GBV and Gender Relations

Question	Sex of Respondent	Baseline Value (%)	Total (%)	Value at mid-term (%)	Total (%)	% Change
"Women contribute to rape by being alone with a man in a room."	Male	58.3		56.0		
	Female	59.7	65.8	15.6	35.8	-30
"Women contribute to rape by wearing revealing clothes."	Male	66.9		60.3		
	Female	64.7	59.1	51.1	55.7	-3.4
"Rape cannot take place in marriage."	Male	21.7		57		
	Female	44.3	32.9	40.4	48.7	+15.8
"Early marriages (less than 18 years of age) are acceptable."	Male	47.5		62.5		
	Female	45.8	46.7	40.1	51.3	+4.6
"Household work (e.g., caring for children, cleaning the house, etc.) is only a woman's responsibility."	Male	64.5		58.8		
	Female	66.1	65.3	50.5	54.7	-10.6
"Men are entitled to different rights than women."	Male	77		65.1		
	Female	74.5	75.9	43.1	54.1	-21.8
"All forced sex is rape."	Male	76.1		59.5		
	Female	83.3	79.6	27.1	43.3	-36.3
n = 1,063				n = 784		

3.2.4 Women's Representation in Decision-making

"If women leaders both elected and non-elected, actors from civil society and government are given the opportunity to interact in a non-confrontational forum, they will better understand and appreciate their mutual values, and thus be better able to work towards their common goals and agenda, resulting in a more inclusive policy development process that takes into account the needs and interests of all South Sudanese women" Dr Entiser Albelsadig SFCG.

Gender equality is achieved when women and men, girls and boys, have equal rights, life prospects and opportunities, and the power to shape their own lives and contribute to society. The opposite of this - gender inequality, unequal power relations and discrimination based on gender - is the root of GBV. This violence is also a main obstacle to the achievement of gender equality: unequal power relations are upheld through GBV.³⁹ Addressing women's equality in complex fragile environment requires participation of all stakeholders. Engagement of traditional leaders, male politicians, heads of political and security institutions is necessary to have strategic partnerships and champions for increased women representation in decision making. This section presents findings related to women's role in decision making at household level.

³⁹ The Gender Tool Box: Thematic Overview.

Women's role in decision making at household level

Women's role in making decisions about making big purchases for their households

The respondents were asked to state who most often makes decisions three different situations, namely big purchases for their households, day-to-day food purchasing and cooking, and visits to their families and relatives. The responses related to who most often makes decisions about making big purchase for their households are: husband/boyfriend (42.3%), wife/girlfriend (41.4%), and Wife/girlfriend and husband/boyfriend jointly (16.3%). The results indicate at least (57.7%) of the female respondents are involved in making decisions about big purchases for the households (wife/girlfriend (41.4%) and wife/girlfriend and husband/boyfriend jointly (16.3%)). The results also show that (59.5%) of the female respondents reported that they were involved in decisions about making big purchases (wife/girlfriend (34.3%) and wife/girlfriend and husband/boyfriend jointly (16.3%)).

Women's role in making decisions about making decisions about day-to-day food purchasing and cooking in their households

The responses related to who most often makes decisions about day-to-day food purchasing and cooking in their households are: wife/girlfriend (50.9%), husband/boyfriend (30.4%), and wife/girlfriend and husband/boyfriend jointly (18.7%). The results also indicate at least (76.5%) of the women are involved in making decisions about day-to-day food purchasing and cooking in their households (Wife/girlfriend (54%) and wife/girlfriend and husband/boyfriend jointly (22.5%)).

Women's role in making decisions about making decisions about visits to their families and relatives

The responses related to who most often makes decisions about visits to their families or relatives are: wife/girlfriend (64.9%), husband/boyfriend (22.4%), and wife/girlfriend and husband/boyfriend jointly (12.7%). The results also indicate at least (88.1%) of the women are involved in making decisions about visits to their families and relatives (Wife/girlfriend (82.1%) and wife/girlfriend and husband/boyfriend jointly (6.0%)). (Refer to figure 3.11 below).

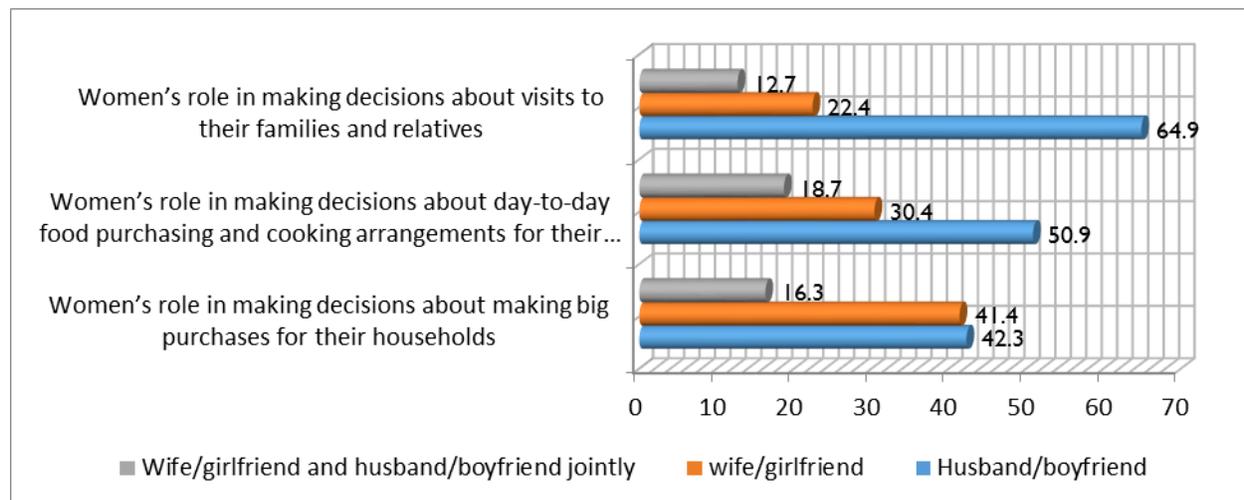


Figure 3.11: Women's role in decision making at household level

Weighted aggregate average for women/girls who report increased shared household decision making

The computation for women/girls who report playing a role in the three household affairs presented above was computed as follows: involvement of women in making decisions about making big purchases for their households (59.5%); involvement of women in making decisions about day-to-day food purchasing and cooking arrangements for their households (76.5%); and involvement of women in making decisions about visits to their families and relatives (88.1%). The aggregate average percentage for the three different situations is 74.7%.

Perceived relative importance of women in family affairs

In order to assess the target beneficiaries' perception of shared household decision-making, the respondents were asked to indicate whose opinion they thought was more important in decision-making in family affairs. Slightly less than half the respondents (47.9%) reported that women's role was more important in decision-making in family affairs. The results also show that slightly more than half the female respondents (52.2%) reported that women's role was more important in decision-making in family affairs. Whereas the baseline value was (46.5%), against which an end of term target of 60% was set, by Mid-term evaluation, the value was (52.2%), which is an increase of (5.7%) from the baseline value and a deficit of only (7.6%) from the target value of (60%). The end of project target is thus achievable. (Refer to figure 3.12 below).

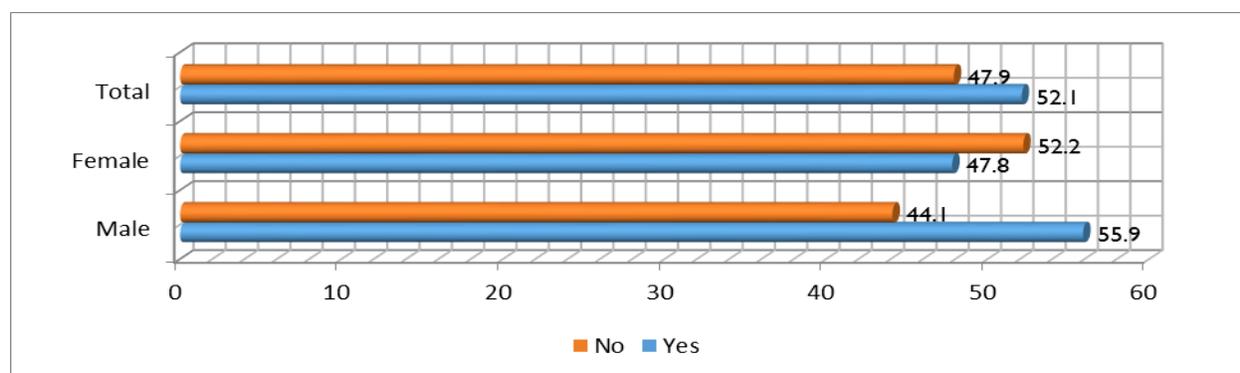


Figure 3.12: Perceived relative importance of women in family affairs

A respondent said, “Women are not allowed to make decisions in this community. Husbands and in-laws do not take women’s opinion seriously. In particular, widows are always unfair. For instance, a widow who decides to have a child with someone else other than the relative, they physically abuse women”. (Female FGD participant, Juba, PoC 3). Another respondent said, “If a woman makes decisions in her family, the community members perceive her as the head of the family, hence oppose her contribution to decision-making”. (Female FGD participant, Juba, PoC 3). Yet another respondent said, “Women are not allowed to participate in decision-making, which is not good at all. There are times women might be having an important idea that could be of assistance to the family, for example business related, but the idea is not taken seriously”. (Female FGD participant, Juba, PoC 3).

Women’s membership of formal and informal groups in the community/PoC

Slightly more than half (56.0%) of the respondents reported that women held memberships in informal and formal groups within the community/PoC. The result also show that more than two thirds (67.8%) of the female respondents indicated that they are members of formal or informal groups in the community/PoC. Further, the respondents were asked to describe the formal and informal groups to which women hold membership in the community/PoC (respondents were allowed to provide multiple

answers. As a result, aggregated and totals may add up to more than 100 per cent (n = 67.8% of 390 = 264). These main groups were as mentioned below:

Social welfare groups (including community women groups and marriage ceremonies committees, Sports Committees) (15.9%); WPTs (15.5%); food security & livelihood committees (including food distribution committees and local farmers' associations/groups) (10.6%); and counsellors and social worker (including community mobilizers) (9.5%). Other informal and formal groups to which women in the project sites held membership are: informal community groups (e.g. Greater Lakes community group) (6.8%); religious groups (6.0%); formal and Informal local community leadership (including block leaders, community elders) (5.3%); youth associations/groups (4.9%); health committees (including sanitation and hygiene promoters) (4.2%); formal local authority leadership (including Go leaders, Chiefs, Payam Administration Officers) (3.4%); education committees (including Parents Teachers Associations) (3.4%); security committees (E.G. General Security Zone Leadership) (1.5%); business organizations (0.8%); and trade unions (0.8%).

Target beneficiaries holding leadership positions in the local formal and informal groups

Slightly less than half the respondents (48.3%, n = 547) reported that they at least held a leadership position in formal and informal community groups, committees, clubs, or organizations to which they belonged. The results also show that out of the four project sites that participated in the evaluation, the highest proportion of women representation in leadership positions in these formal and informal groups was reported in NBeG (73.4%), followed by Rumbek (49.6%), Juba PoC 3 (31.1%) lastly, Bentiu PoC (40.6%). The overall result is that out the 547 respondents (35.2%, n = 264) who held such positions, were of female gender. (Refer to figure 3.13 below).

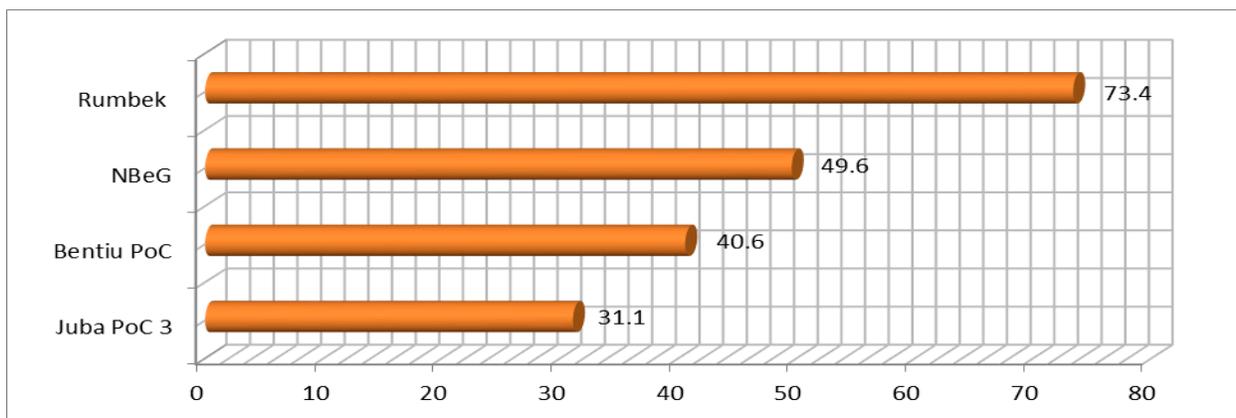


Figure 3.13: Target beneficiaries holding leadership positions in the local formal and informal groups

Whereas the baseline value was (5%), a figure which includes Wau Shilluk (Upper Nile State), against which a target of 30% was set by end of the project, this has been achieved by Mid-Term and exceeded by (5.2%). (Refer to figure 3.14 below).

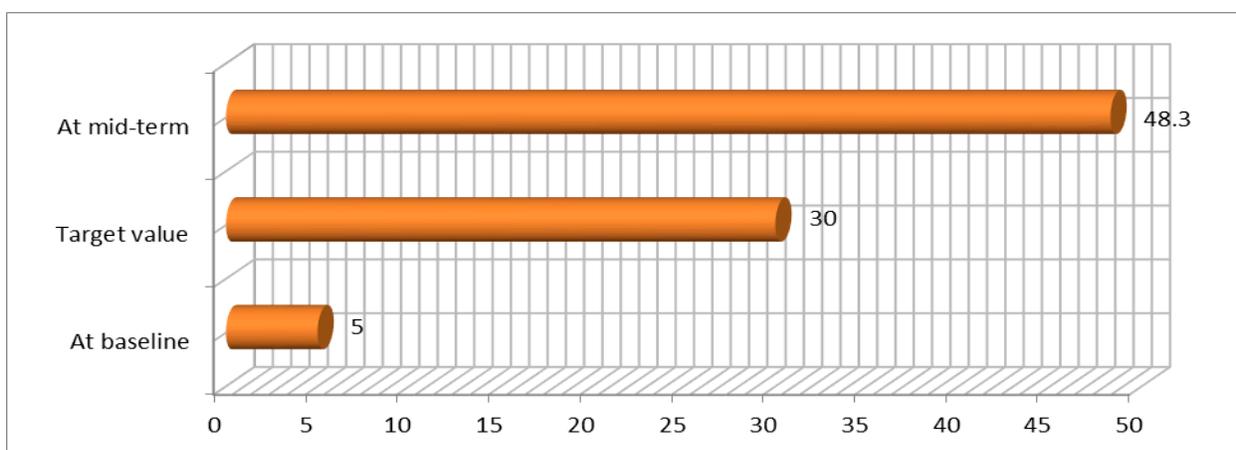


Figure 3.14: Change in proportion of target beneficiaries holding leadership positions in the local formal and informal groups

Women’s representation in local formal and informal decision-making structures

The results show that only (19.1%, n = 390) of the female respondents reported being involved in making decisions that affect the community group, committee, club, or organization in the project sites. Whereas the baseline value was zero (0), against which a target of (30%) was a set, the mid-term value reveals an increase of (19.1%), which falls short of the end of project target by (10.9%). The trend reveals that the target can easily be achieved if the current awareness raising sessions and trainings are sustained and more women are assigned responsibilities within the groups that NPSS are working with. (Refer to figure 3.15).

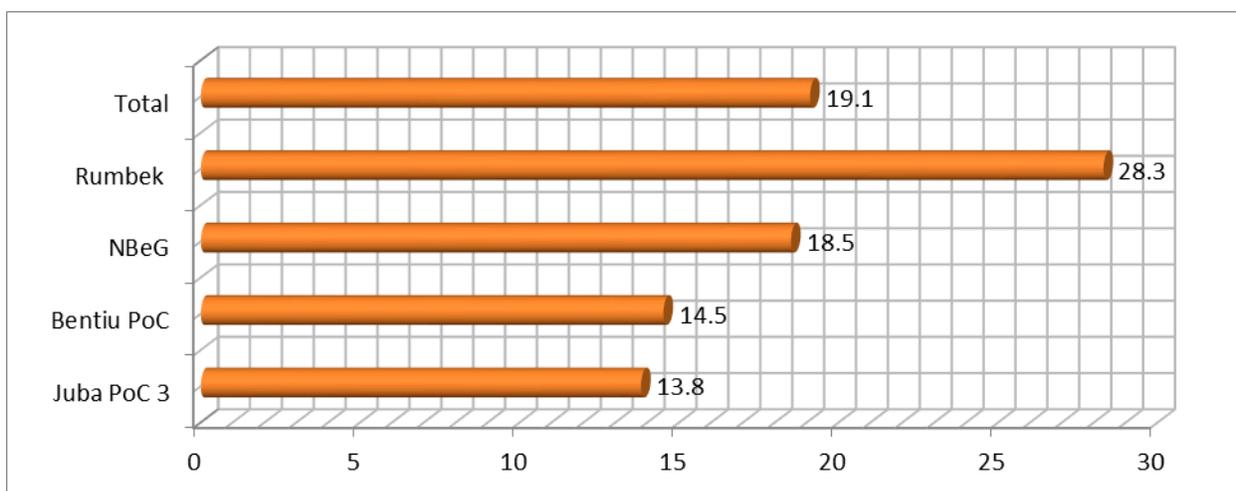


Figure 3.15: Women’s representation in local formal and informal decision-making structures

Type of decision-making situations in which women are involved

The respondents reported that the type of decision-making situations in which women are involved at community level include the following (Multiple responses are possible, n = 150): making arrangements for marriage/wedding ceremonies (48%); religious activities and cultural activities (28%); within the community tea markets (women have a say on cleanliness of the markets) (24%); education related issues (especially through Parent Teachers Associations) (18%); child protection related issues (16.7%); conflict resolution amongst the community members (12%); distribution of resources within the

community (9.3%); and commissioning of community development projects such as construction/protection of water-points (6.7%).

Perceived relative importance between men and women in decision-making at community level

The respondents were finally asked to provide their opinion on who was more important between men and women in decision-making at community level. The findings show that more than three quarters (76.4%) of the respondents reported that men’s opinion was more important in decision-making at community. Whereas majority of the male respondents (87.8%) reported that men’s opinion was more important, slightly more than two thirds (67.7%) of the female respondents reported that men’s opinion was more important in decision-making at community level. (Refer to figure 3.16 below).

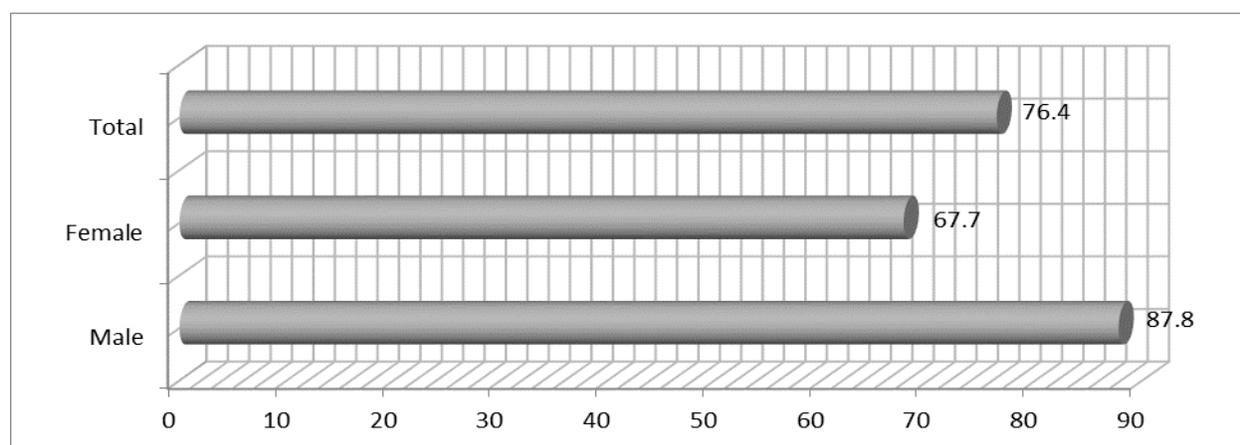


Figure 3.16: Perceived relative importance between men and women in decision-making at community level

3.2.5 Referral Services for Survivors of GBV

The international community has very few statistics to express the violence inflicted on South Sudanese women and girls because survivors of GBV experience stigma, shame, and they fear being ostracized by their families and communities. Concern about retaliation by their abusers also serves to keep women and girls silent.⁴⁰ Women generally will only report incidents of GBV if there is a safe place for them to seek specialized medical care, psychosocial support, basic dignity kits, socioeconomic interventions, and other treatment. But in today’s South Sudan, these specialized GBV services are virtually nonexistent in conflict areas. Very few humanitarian agencies operating in South Sudan provide access to the lifesaving care that survivors need. In the few places where there are services in place, survivors’ needs far outweigh aid organizations’ capacity to respond. This means that GBV survivors are suffering in silence and ongoing danger, living alongside their perpetrators without any access to safe spaces.

The consequences of GBV on survivors, their families and communities are wide-ranging. GBV affects survivors’ physical and psychological wellbeing and also impacts on their economic status and their standing in society. As a result, survivors have multiple needs, ranging from the need for medical treatment and counselling to vocational training and/or income-generating measures. This section presents findings related to referral services for GBV survivors in the project sites.

⁴⁰ Global Protection Cluster, GBV prevention and response (2016).

Availability of health facilities for survivors of physical or sexual violence

More than half (57.8%) of the respondents stated that health facilities are readily available in the project sites (community/PoC). The results also indicate that (62%) of the respondents stated that women/girls in the community/PoC that are survivors of physical or sexual violence seek treatment at health facilities. Whereas (62.7%) of female respondents indicated that women/girls in the community/PoC that are survivors of physical or sexual violence seek treatment at health facilities, the same was reported by (61.3%) of the male respondents. (Refer to table 3.40).

Table 3.40: Availability of health facilities

Availability of health facilities	Juba PoC 3		Bentiu PoC		NBeG		Rumbek		Total	
	#	%	#	%	#	%	#	%	#	%
Yes	94	74.6	114	77.6	57	32.9	33	47.1	298	57.8
No	32	25.4	33	22.4	116	67.1	37	52.9	218	42.2
n = 516	126	100	147	100	173	100	70	100	516	100

Project reports reveal for instance, that health facilities are available in Bentiu PoC with enough health service professionals. Women and girls feel free to seek health services particularly from MSF during daytime. However, even though MSF provides services 24/7, access is a challenge due to the insecurity on the road between MSF clinic and the PoC/buffer zone, especially at night time. The insecurities on the road hinder the IDPs from seeking medical help from MSF no matter how serious or emergency the case may be. The majority of health facilities inside the PoC are closed after 6.00 pm, except for some services like maternity⁴¹.

Reasons for failure or reluctance of women/girls who are survivors of physical or sexual violence to seek treatment in the available health facilities

The respondents who reported that women/girls in the community/PoC that are survivors of physical or sexual violence and did not seek health services (38%, where n = 298), were asked to indicate reasons for their response. As a result, aggregated and totals may add up to more than 100%; for males, n= 394; for females, n=390; and in total, n= 784. The main reasons provided were: fear of rejection by boyfriend or family (67.8%), fear of shame / stigma / rejection (58.0%), and do not trust health facility (15.4%). However, the results also show that all the female respondents stated that women/girls in the community/PoC that are survivors of physical or sexual violence did not seek treatment at health facilities for fear of shame/stigma/rejection. Other reasons provided were: lack of drugs/medicine in the available health facilities and inability to afford medical services. According to one of the respondents, “the health services are not adequately equipped to effectively attend to survivors of acts of violence. They lack drugs and other equipment”. (Female FGD respondent, Juba PoC 3).

Extent to which the health facilities in the community/PoC are effective in providing services to woman/girl survivors of violence

Slightly less than half (45.6%) of the respondents reported that the health facilities in the project sites are either effective or very effective. The result also show that (47.9%) of the female respondents reported that the health facilities in the project sites are either effective or very effective. The result shows an increase of (2.4%) as at Mid-term from the baseline value of (45.5%), against which a target of 60% was set.

One of the FGD participants said, “Health services are ineffective because they lack medicine”. (Female FGD participant, Maleng Agok, Rumbek). A key informant in the evaluation said, “The few available health

⁴¹ Bentiu PoC Context and Analysis Report (November, 2016).

facilities are not well equipped with drugs – many a time they provide drugs which have expired. Cases of expired drugs have been reported many times at the level of security meetings attended by UN agencies and UNMISS but not action has been taken. In addition, there are no doctors on call during the night to attend to cases that take place then”. (Health personnel, Juba PoC 3). Another key informant said, “There are health facilities in the community, but they have no drugs, which makes it difficult for them to do anything in response to GBV cases being reported to them”. (Male Community Leader, Malualbaai, NBeG).

Whether women in the project sites who are survivors of violence report such incidents to the police

More than half of the respondents (57.5%) of the respondents stated that women in the project sites who are survivors of violence reported such incidents to the police. The results also show that a higher proportion of male respondents (59.8%) report such cases as compared to female respondents (55.6%). The results also show an increase from the baseline value of (53.6%) to (57.5%), hence a positive change of (3.9%), against a target of (70%).

Reasons for failure/reluctance by women/girls who are survivors of violence to report such incidents to the police

The respondents who indicated that women in the project sites who are survivors of violence either do not report or sometimes report such incidents (37%, n = 290) were asked to state reasons for failure or reluctance to report such incidents. Respondents were allowed to choose multiple answers. As a result, aggregated and totals may add up to more than 100 per cent. The main reasons provided were: fear of shame / stigma / rejection (42.2%), fear of rejection by boyfriend or family (37.5%), and do not trust police (26.8%). (Refer to figure 3.17 below).

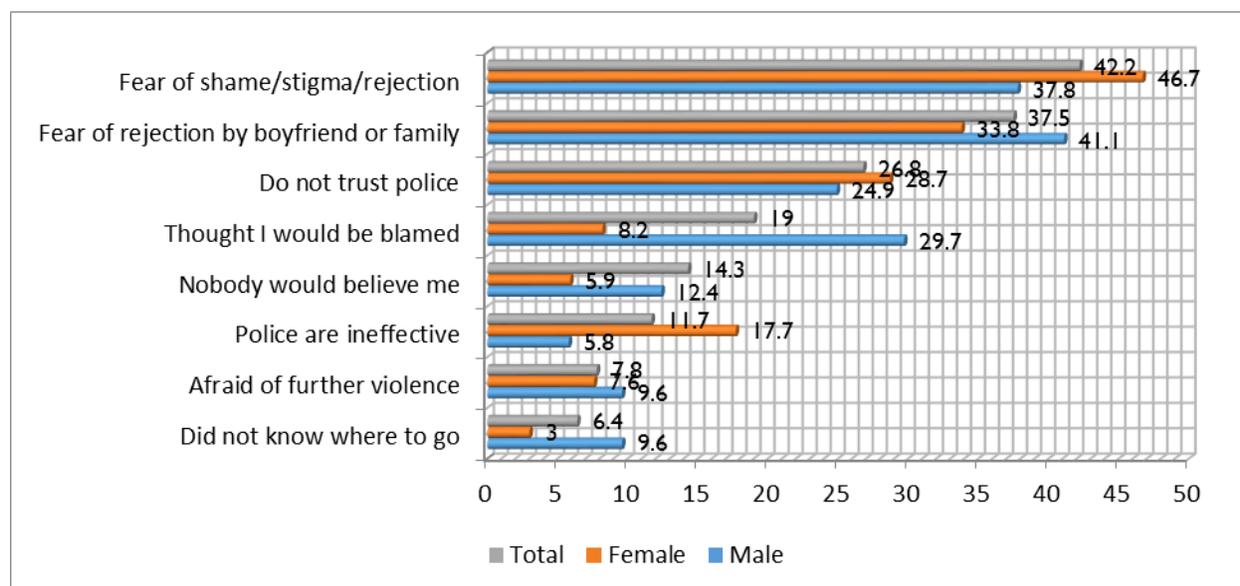


Figure 3.17: Reasons for failure/reluctance by women/girls who are survivors of violence to report such incidents to the police.

According to one of the key informants, “Some of the cases of assault are hardly reported by women/girls, especially when the perpetrators are boyfriends/husbands since the community may regard they will be considered acts of betrayal. While some of the survivors prefer to suffer in silence, others commit suicide”. (Male Community Leader, Malualbaai, NBeG).

Extent to which the police are effective in the project sites in providing services to survivors of physical or sexual violence

Slightly less than one third of the respondents (29.1%) reported that police in the community/PoC are either very effective or effective in providing services to women/girls who are survivors of violence. However, a higher proportion of male respondents (36.8%) considered the service provision by the police in the community/PoC was either very effective or effective as compared to female respondents (18%).

According to one of the key informants, “Police are doing the good job regarding response to GBV cases brought to them arrest the perpetrators and bring them to us here in bench court. The court does all it can, within its means to ensure that justice prevails. In addition, we as a community, have strengthened the police force to see to it that GBV cases are eradicated from the community. This was done by requesting the Government to increase the number of Police officers in the area to be increased, and equipping them to effectively conduct patrols in the area”. (Male Community Leader, Malualbaai, NBeG).

Another key informant said, “Whenever a survivor of violence reports a case, we first of all issue her/him with a form called Criminal for No. 8, which the survivors takes to hospital as she/he seeks treatment. Thereafter, the court takes over the process. The suspect/perpetrator is also apprehended and kept under police custody until the survivor is treated before taking the matter to the high court, when the bench court cannot solve such case. More often than not, the perpetrators are found guilty and punished accordingly. The punishment may range from paying a fine of up to 10, 000 SSP to the Government, paying 5 cows to the parents of the survivor, to being sentenced to seven years imprisonment. Meanwhile, the victim/survivor is neither arrested nor harmed in any way but treated kindly so as to calm down”. (Male Police officer, Rumbek).

Slightly less than half the respondents (48.9%) stated that women/girls in the community/PoC who are survivors of violence report such incidents to lawyers or the courts. The findings also show that a higher proportion of male respondents (52.4%) made reports to the lawyers or courts than the female respondents (45.4%). The results reveal a decrease of (4.7%) from the baseline value of (53.6%), against which a target of (70%) was set.

Local justice systems, comprised of a diverse set of dispute resolution processes at the county level and below, have been a key target of reform efforts.⁴² Communities living in rural areas have access to a range of mechanisms to resolve their disputes including: adjudication in customary or statutory courts; submission of formal complaints to police, prosecutors and county commissioners; mediation services provided by local government officials, traditional authorities, or families, friends and neighbors; and various interventions by civil society actors, including peace-building initiatives and legal aid.

Steps involved in seeking justice by women/girls that are survivor of physical or sexual violence

A number of important initiatives are already underway in South Sudan that address GBV issues in the courts. The Ministry of Legal Affairs has been developing programs aimed at researching and codifying law, while Local Government Boards throughout the country collaborate daily with chiefs on important local matters. According to the respondents, the steps involved in seeking justice (reaching a lawyer/community bench court) are: Step 1: make a report to the police and be provided with form 8; step 2: the survivor seeks medical/health services; and step 3: the survivor seeks justice from the courts after treatment.

⁴² Local government in South Sudan is comprised of the boma, payam, and county administrations. The boma and payam level roughly correspond to the district and village levels, respectively.

Reasons for failure/reluctance to report incidents of physical or sexual violence to lawyers or the courts

When approaching victims and survivors to participate in investigation, monitoring and evidence-gathering procedures, information should be made available about the possible consequences and ensure the intervention does no harm. For example, the pursuit of justice could result in retaliation from armed people, community and family members and/or members of other communities or groups.

The respondents who indicated that women/girls in the project sites that are survivors of physical or sexual violence (32.7%, n = 256), were asked to state reasons for their responses. Respondents were allowed to choose multiple answers. As a result, aggregated and totals may add up to more than 100 per cent; for males, n= 394; for females, n=390; and in total, n= 784. The main reasons provided were: lawyers or courts are ineffective (24.2%), fear of rejection by boyfriend or family (22.8%), and fear of shame / stigma / rejection (20.7%). (Refer to figure 3.18 below).

In particular, the damaging effects of stigma were raised regularly. The evaluation team was informed that stigma acted to prevent victims and survivors from accessing the post-trauma support and services and as an additional barrier to justice. Stigma can also play a central role in making survivors vulnerable to further harms. The stigma experienced by victims and survivors means that crimes are often left unreported - for example due to fear of reprisals - and perpetuates a cycle of silence and denial, as well as the culture of impunity. “The stigma faced by survivors has a profound impact on their lives and helps to perpetuate impunity. The very real threat and damaging impact of stigma, often described as more devastating than the violence itself, discourages survivors from reporting their cases. This has a knock-on effect on understanding of the true scale of the problem. Effective monitoring and reporting of conflict-related sexual violence will be achieved only by tackling stigma that so often prevents survivors from coming forward.”⁴³

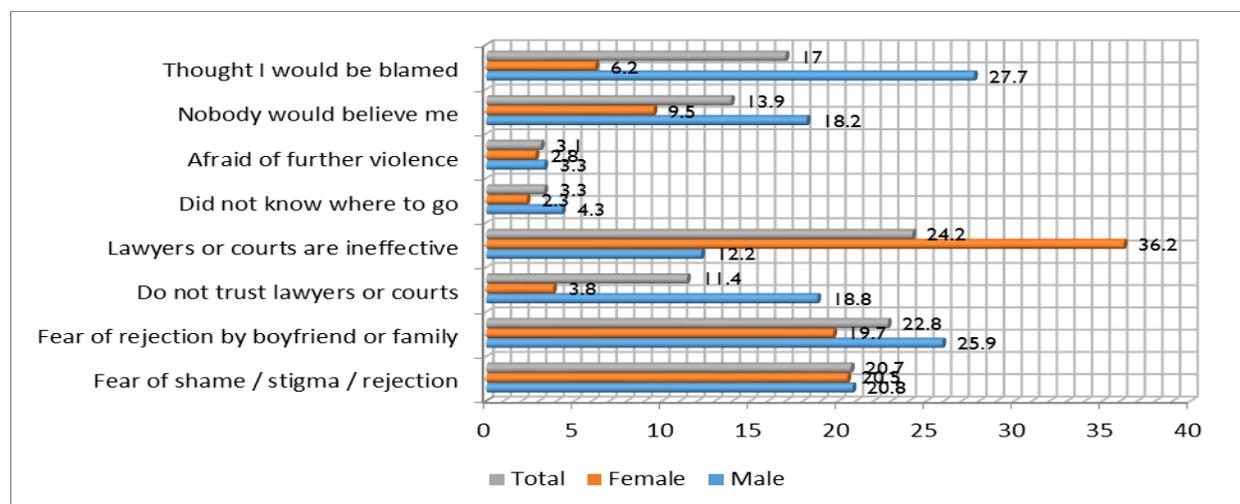


Figure 3.18: Reasons for failure/reluctance to report incidents of physical or sexual violence to lawyers or the courts

Findings in figure 3.45 above indicate that (36.5%) of the female respondents reported that “lawyers or courts are ineffective”, hence their failure/reluctance to report incidents of physical or sexual violence. This result shows that (63.5%) of the female respondents considered the lawyers or courts to be effective. While the baseline value was (53.6%), a figure which includes Wau Shilluk (Upper Nile State),

⁴³ Written evidence from World Vision UK

against which an end of term target of (70%) was set, there has been an increase of (9.9%), and a deficit of only (9.9%) to achieve the end of project period target. Other reasons provided include: It is a taboo; court case processes/lawyers' fees are very expensive; courts are very far; and some of the households prefer to solve their issues at family level than going public, which leads to ridicule from the community. According to one of the FGD respondents, *"sometimes the courts may request for money, which the victims of physical or sexual violence cannot afford – a complainant is required to pay 300 SSP for a case file to be sent to the high court so that investigations may commence. The processes involved in seeking justice are also long and tedious"*. (Male FGD respondent, Juba PoC 3).

Justice for victims and survivors is a human right as well as a moral imperative. The evaluation findings reveal that too many people face barriers in seeking justice and women face additional obstacles due to their gender. These barriers prevent perpetrators - including those in positions of power and authority - from being held accountable and perpetuate the cycle of impunity. Accessing justice is, however, only one of a wide range of needs that must be addressed. For survivors to make an informed decision as to whether to engage with the justice process, these other needs - such as medical and psychological care, and security (both physical and financial) - must also be addressed.

Target beneficiaries' perception of women's involvement in decision making in the Justice system

Slightly more than one third (33.5%) of the respondents reported that women in the project sites are involved in decision making in the justice system (lawyers/community bench court). One FGD participant attributed the failure to seek justice to the fact that there was no female member of the bench court. According to him, *"though plans to involve a woman in the bench court have been there for some time, this has not been realised. Much as women may be involved in the bench court, the fear is that our customs do not allow. In addition, women are also full of sympathy and can easily forgive the culprits"*. (Male FGD participant, Pacong, Rumbek).

Extent to which lawyers and courts in the project sites are effective in providing services to women/girl survivors of violence

More than one third of the respondents (36.8%) reported that services provided lawyers and courts in the project sites are either effective or very effective. A higher proportion of female respondents (39.3%), supported this view as compared to (31.1%) of the male respondents. Findings also show that slightly more than half of the respondents (50.7%) reported that women/girls in the project sites that are survivors of physical or social violence report the incidents to counsellors and social workers. The female respondents who reported that they report such incidents comprised (76.2%).

The main reasons attributed for reluctance or failure of women/girls that are survivors of physical or sexual violence to report such incidents to counsellors and social workers are: fear of shame/stigma/rejection (27.9%), fear of rejection by boyfriend or family (18.9%), and fear of being blamed (18.9%). The results also show that a higher proportion of female respondents were reluctant to report such incidents. Fear of shame/stigma/rejection was reported by (32.2%) of female respondents as compared to (23.6%) of the male respondents; The thought of being blamed was reported by (34.8%) of the female respondents as compared to (2.8%) of the male respondents; and fear of rejection by boyfriend or family was reported by (31.2%) of the female respondents, as compared to (5.4%) of the male respondents. Respondents were allowed to choose multiple answers. As a result, aggregated and totals may add up to more than 100 per cent; in total, n= 398. (Refer to figure 3.19 below).

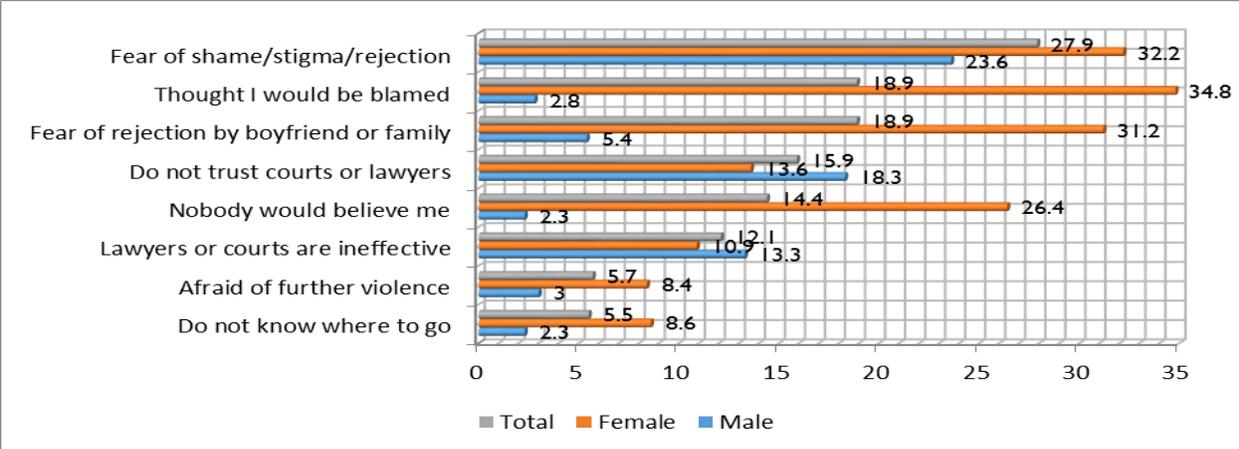


Figure 3.19: Reasons for women/girls’ failure/reluctance to report incidents of physical or social violence to counsellors and social workers

Extent to which counsellors and social workers in the project sites are effective in providing services to women/girl survivors of violence

Slightly less than two thirds (61.9%) of the respondents answered that counsellors and social workers in the project sites are either effective or very effective in providing services to women/girls who are survivors of physical or social violence. Respondents were allowed to choose multiple answers. As a result, aggregated and totals may add up to more than 100 per cent; for males, n= 394; for females, n=390; and in total, n= 784. According to one of the key informants, “The women group provide counselling to the GBV survivors and they doing a good job. We the community leaders on the other hand are very well aware about GBV cases”. (Male Community Leader, Malualbaai, NBeG).

Interventions the male respondents would most like to see done to improve the security of women and girls in the project sites

Almost three quarters of the male respondents (71.9%, n = 283) stated that there are other interventions which could be employed to improve the security of women and girls in their community/PoC. The interventions the male respondents would most like to see employed include: better policing (64.7%), better army (52.5%), and Social and political action (35.0%). Respondents were allowed to choose multiple answers. As a result, aggregated and totals may add up to more than 100 per cent; for males, n= 394; for females, n=390; and in total, n= 784. (Refer to figure 3.20 below).

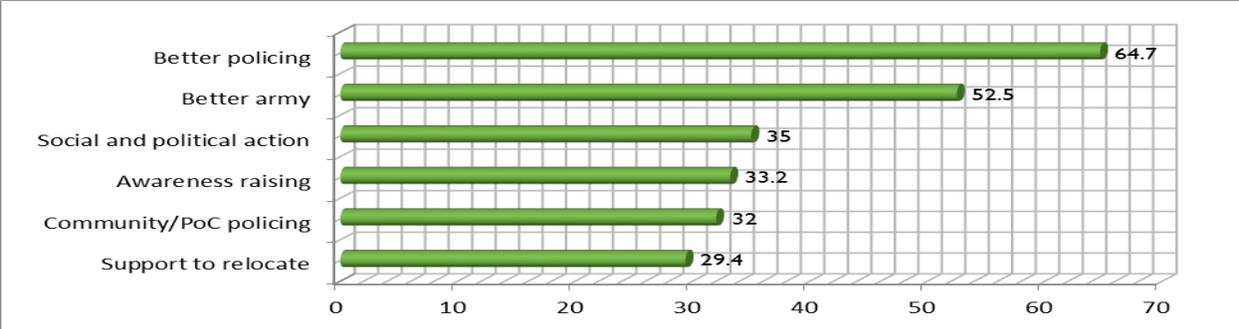


Figure 3.20: Interventions the male respondents would most like to see done to improve the security of women and girls in the project sites

During FGDs, one respondent suggested the following measures to help improve the security of women and girls in PoCs, “the law enforcement officers (UNPOL and N4) should order curfew at night and monitor any human movement of people during these periods. The night clubs that have been opened in the PoC should be closed and people prohibited from watching football matches up to late in the night hours”. (Male FGD respondent, Juba PoC 3).

3.2.6 Participation in Protection and Peace Building Activities

Women’s participation forms one of the four pillars of the Women, Peace and Security (WPS) Agenda, the others being, ‘protection’, ‘prevention’ and ‘relief and recovery’. The WPS Agenda was launched in 2000 with the adoption of UN Security Council Resolution (UNSCR) 1325. Together with subsequent resolutions, UNSCR 1325 stresses the importance of women’s equal and full participation as active agents in the prevention and resolution of conflicts, peacebuilding and peacekeeping.⁴⁴ This section presents findings with respect to target beneficiaries’ participation in protection and peace building activities in the project sites.

Target beneficiaries’ knowledge of existence of WPTs/CBPMs and their participation

More than two thirds (67.1%) of the respondents reported that they had heard of Women Peacekeeping Teams (WPTs)/Community Based Protection Mechanisms (CBPMs). (Refer to table 3.41).

Table 3.41: Target beneficiaries’ knowledge of existence of WPTs/CBPMs

Knowledge of existence of WPTs/CBPMs	Juba PoC 3		Bentiu PoC		NBeG		Rumbek		Total	
	#	%	#	%	#	%	#	%	#	%
Yes	131	65.5	98	50.5	146	72.6	151	79.9	526	67.1
No	69	34.5	96	49.5	55	27.4	38	20.1	258	32.9
<i>n = 784</i>	200	100	194	100	201	100	189	100	784	100

Out of the 526 (67.1%) of the respondents who indicated that they had knowledge of existence of WPTs/CBPMs, more than half (57.2%) of them were of female gender, while those of male gender were (42.8%). (Refer to table 3.42).

Table 3.42: Gender distribution of target beneficiaries’ knowledge of existence of WPTs/CBPMs

Gender distribution of beneficiaries’ knowledge of existence of WPTs/CBPMs	Juba PoC 3		Bentiu PoC		NbeG		Rumbek		Total	
	#	%	#	%	#	%	#	%	#	%
Male	66	42.0	63	42.3	47	41.6	49	45.8	225	42.8
Female	91	58.0	86	57.7	66	58.4	58	54.2	301	57.2
Total	157	100	149	100	113	100	107	100	526	100

The respondents who had heard of WPTs/CBPMs were asked to state whether they held membership to the WPTs/CBPMs. Whereas WPTs were found within the communities and Juba PoC 3, CBPM was limited to Bentiu PoC. Slightly more than one third (36.8%) of the respondents indicated that they were members of WPTs/CBPMs. The household representatives who reported that they were members of WPTs were asked to state whether in the 12 months (1 year), the WPTS had responded to any GBV case in the project site. Whereas (26.4%) of the household representatives reported having at least responded to a case of GBV, (73.6%) of the respondents reported that their WPTs had not attended to such cases.

⁴⁴ UN Security Council, *Resolution 1325* (31 October 2000): <http://www.securitycouncilreport.org/atf/cf/%7B65BFCF9B-6D27-4E9C-8CD3-CF6E4FF96FF9%7D/WPS%20SRES1325%20.pdf>.

One of the respondents reported, “Last Friday, there was an attempted rape case that we handled. Some tried to rape a woman in the market and when we were alerted, we not only rescued her, but also reported to the police who are still handling the case through the Justice System”. (Female FGD participant and member of WPT, Malualbaai, NBeG). Members of the CBPM who reported having responded to a GBV case in their PoC in the past 12 months (1 year) accounted for (23.8%) of the respondents (CBPMs are confined to Bentiu PoC, where the total number of respondents was 209). More than half the respondents (58.3%) reported that WPTs/CBPMs are “very important” or “important” in responding to GBV cases in the project sites. (Refer to figure 3.21 below).

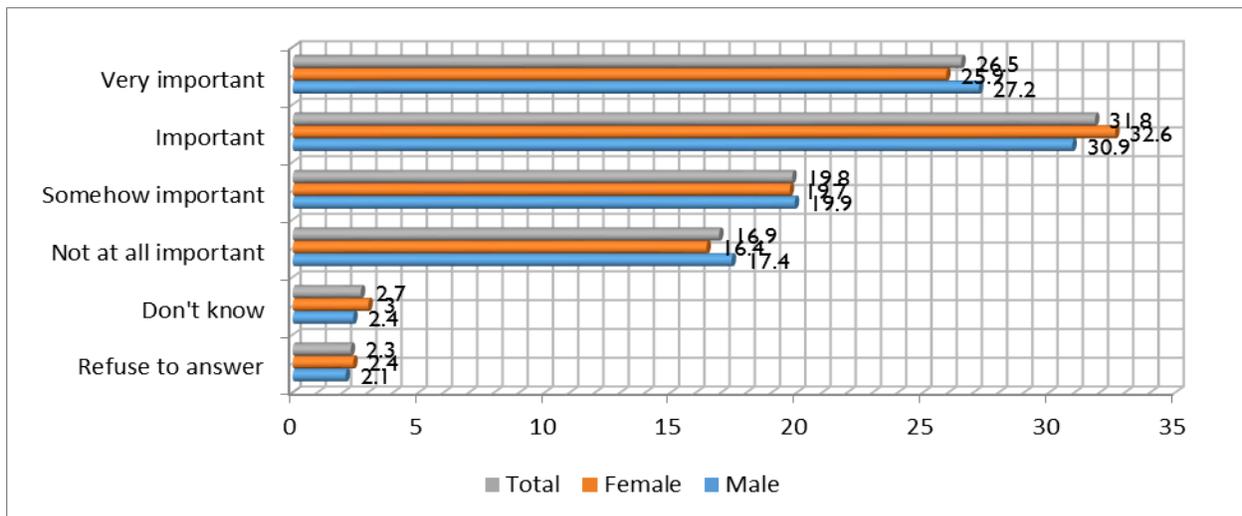


Figure 3.21: Target beneficiaries’ perception of effectiveness of WPTs/CBPMs in responding to GBV cases in the project sites.

3.2.7 Target beneficiaries’ knowledge of NPSS Programmes

This section presents findings related the target beneficiaries’ knowledge of presence of NPSS within the project sites and the programmes being implemented.

Knowledge of presence of NPSS and its programmes

The majority of the respondents (86.4%) reported being aware of an organization called Nonviolent Peaceforce South Sudan and its programs. Findings also reveal that a higher proportion of households within the PoCs were aware of presence of NPSS as compared to those within the communities. (Refer to figure 3.22 below).

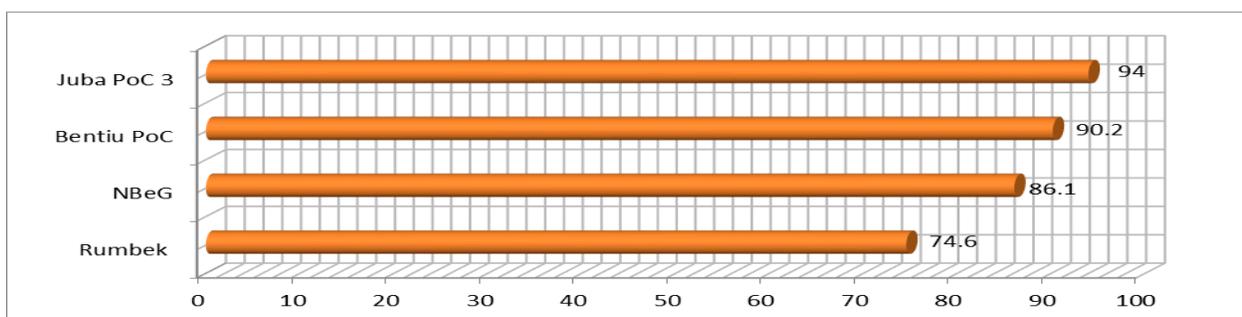


Figure 3.22: Target beneficiaries’ knowledge of NPSS and its programmes

The results also indicate an improvement from the baseline value of (55.9%). Awareness about NPSS was slightly higher among the female respondents (89.3%) as compared to the male respondents (83.5%). The results also show an improvement from the baseline values of (58.2%) for male respondents and (53.5%) for female respondents. (Refer to figure 3.23 below).

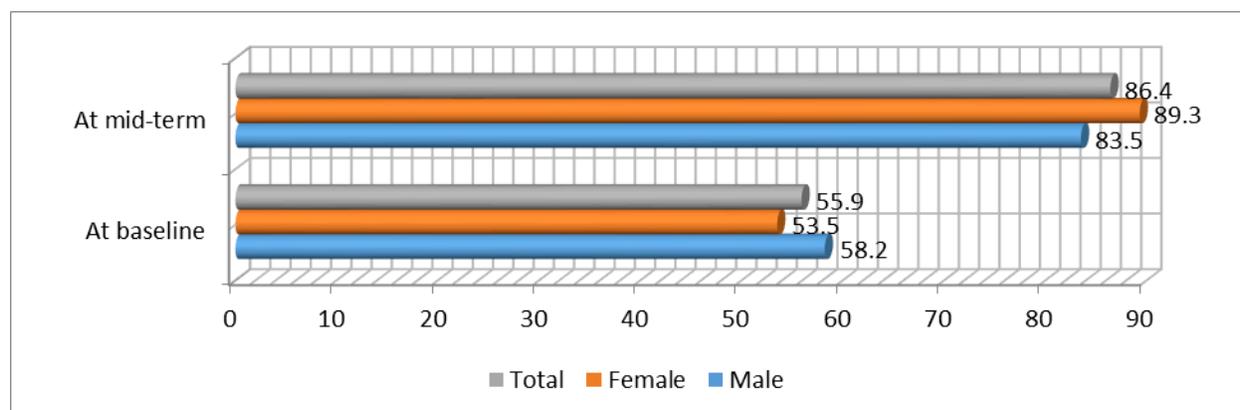


Figure 3.23: Change in target beneficiaries' knowledge of NPSS and its programmes

Activities of NPSS

The activities of NPSS in which most of the respondents reported having participated in are: training (61%), awareness raising/community mobilization (51.4%), and patrolling of risky areas (22.6%). The results also show that a higher proportion of women participated in NPSS activities than men, as reported by (70.5%) of respondents who participated in trainings, as compared to (51.5%) of the male respondents, (71.0%) of female respondents participated in awareness raising/community mobilization as compared to (32.0%) of the male respondents, (23.3%) of the female respondents participated in patrolling of risky areas as compared to (21.8%) of the male respondents. Respondents were allowed to choose multiple answers. As a result, aggregated and totals may add up to more than 100 per cent; in total, n= 478.

Further, the respondents who participated in NPSS activities were asked to mention the NPSS activities that they found most relevant/important to the community. The NPSS activities that were considered most relevant/important to the community are: accompaniment of vulnerable/survivors (38.0%), awareness raising/community mobilization (22.8%), and trainings (15.3%). The results also indicate that that accompaniments of vulnerable/victims were considered more relevant/important in PoCs than within the communities. In Juba PoC 3, accompaniments of vulnerable/survivors were considered relevant/important by (44.5%) of the household representatives, while in Bentiu PoC, (30.3%) were of the same opinion. (Refer to figure 3.43 below).

Table 3.43: Activities of NPSS that were considered most relevant/important to the community

Question	Project Location								Total	
	Juba PoC 3		Bentiu PoC		NBeG		Rumbek			
	#	%	#	%	#	%	#	%	#	%
Counselling and case management	37	18.5	14	7.2	10	5.0	17	9.0	78	10.0
Referring for medical and psych-social services	8	4.0	6	3.1	15	7.5	19	10.0	48	6.1
Accompaniment of vulnerable/victims	89	44.5	127	65.5	61	30.3	21	11.1	298	38.0
Patrolling of risky areas	11	5.5	20	10.3	13	6.5	17	9.0	61	7.8
Awareness raising/community mobilization	17	8.5	16	8.2	79	39.3	67	35.5	179	22.8
Trainings	38	19.0	11	5.7	23	11.4	48	25.4	120	15.3
n = 784	200	100	194	100	201	100	189	100	784	100

Perceived importance of NPSS in improving safety for women in the project sites

NPSS was considered “very important” or “important” in improving safety for women in the project sites by majority of the respondents (91.8%), while only (8.2%) of the respondents stated, “somehow important” or “not important at all”. Whereas the baseline value for “very important” and “important” was (87.6%), the results reveals an increase in the respondents’ perception of contribution of NPSS in improving safety of women by (4.2%). The results also show that majority of the female respondents (97.8%) reported that NPSS was important in improving their safety in the project sites as compared to (87.3%) during the baseline assessment. One of the FGD respondents said, “NPSS assist survivors/victims of violations of acts of violence/GBV by accompanying them to health facilities and during distribution of food and non-food items”. (Female FGD participant, Juba PoC 3).

Should NPSS continue working with the community/PoC in the project locations, (61%) of the respondents indicated that the protection focus should be on trainings, (53.1%) suggested “awareness raising/community mobilization” while (31.8%) suggested “patrolling of risky areas”. Other interventions suggested include: accompaniment of vulnerable/victims (30.0%), counselling and case management (24.5%), child protection activities (13.3%), and referring for medical and psycho-social service (13.1%). Respondents were allowed to choose multiple answers. As a result, aggregated and totals may add up to more than 100 per cent; for males, n= 394; for females, n=390; and in total, n= 784.

3.2.8 Summary of Results as per Project Log - frame

Intervention Logic	Objectively verifiable indicators of achievement	Baseline Value (A)	EoP Target (B)	Mid-Term Value (C)	(+/-) Change (D = C - B) ⁴⁵	Sources and means of verification
Primary Goal: Promote Women’s participation in peace building and protection to reduce the prevalence and impact of conflict and GBV on communities in South Sudan.	PG 1: % increase in Women’s representation in local decision-making structures both formal and informal at project close.	5%	30%	35.2%	5.2%	Base, mid and end line surveys, key informant interviews
	PG 2: % decrease in victimization / prevalence rates of violence and GBV in project sites during project period	35%	60% (14%)	31.7%	-17.7%	HH survey
	PG 3: % increase in perception of women security reported at end line.	42%	60%	45.8%	(14.2%)	HH survey/ Focus group discussions
Specific Objectives						

⁴⁵ Deficit by close of the project period

Specific Objective 1: Increase the safety & security of women and girls at imminent risk of sexual and GBV.	SO 1: % of Women and Girls reporting feeling safer / much safe.	36%	60%	(38.7%)	(21.3%)	HH survey
	SO 2: % of Women and Girls who report the relative importance of NP's contribution to community safety and security	46%	65%	70.3%	+5.3	HH survey
Specific Objective 2: Improve access to and demand for post-incident support services and justice mechanisms for survivors.	% increase in beneficiaries reporting health facilities are providing effective medical and psycho-social services to GBV survivors.	45.5%	60%	47.9%	(12.1%)	HH survey
	% increase in beneficiaries reporting law enforcement and judicial services are providing effective/ fair treatment to GBV survivors.	53.6%	70%	63.5%	(9.9%)	HH survey
	% improved knowledge on issues of women's rights and GBV among trained law enforcement, judicial officials or security actors during project period.	6	60%	-	-	Pre / post training test and feedback
Specific Objective 3: Promote positive social change through awareness raising & outreach activities	% increase in Women / Girls who report an increased shared in household decision making at project close.	46.5%	60%	52.2%	(5.7%)	Base, Mid and End line surveys
Specific Objective 4: Strengthen and develop sustainable community based protection mechanisms with participation of Men and Women to promote peace-building, prevent and respond to GBV.	% increase in number of cases managed by WPTs per year.	0	10%	-	-	WPT case management reports
	% increase in number of cases managed by CBPMs per year.	0	40%	-	-	CBPM case management notes
	% of Male and Female including youth participants demonstrating increased knowledge of key training topics.	0	70%	-	-	Pre/post training tests, training reports, feedback
Specific Objective 5: Promote women's substantive participation in peace and security at the local, state and national levels.	% increase in number of Women and Girls participating in security, protection and peace-building issues in their community across all sites at end line.	0	70%	-	-	Membership files, field reports.

3.3 Findings based on Evaluation Criteria

The project was assessed through the internationally accepted evaluation criteria (programmatic issue), i.e. relevance/appropriateness; efficiency, effectiveness/performance; impact; and exit strategy and sustainability.

3.3.1 Relevance and Appropriateness

This section analyses the extent to which the objectives, implementation strategies, activities and methodologies were adapted to the needs and priorities of the beneficiaries and addressed the intended stakeholders' objectives. The evidence from the evaluation indicates that the strength of the project was its relevancy. GBV is a recognized problems in the project area. The project design as spelt out in the project proposal was clear and very elaborate. The proposal used a logical framework, which clearly spells out the objectives, targets and indicators with related activities. The targets and indicators set were Simple, Measurable, Attainable, Realistic and Time bound (SMART). The project setup was flexible, giving the target beneficiaries the opportunities to be innovative, plan and execute their own activities without having to wait for instructions from the project team. A case in point is where the WPTs planned and carried out their awareness raising activities, hence enhancing ownership of the activities.

The project has been able to deliver results of relevance to the community needs for several reasons. Firstly, project areas and interventions were identified in a participatory manner with the involvement of key stakeholders in the project locations, including community leaders, chiefs, elders, church, women and youth leaders, local authorities, and the police, among others. Targeting of households as well as identifications of solutions to problems identified were also done with the active involvement of the relevant stakeholders. This means that all project activities were demand-driven rather than supply-driven, which implicitly means that they have relevance to the needs of the target beneficiaries. The project was designed in line with the prioritized needs on the target beneficiaries, hence was relevant as it met the immediate basic needs of the vulnerable groups. Through discussions with the beneficiaries of the project and other stakeholders, there is evidence that the project's success was facilitated by its unique approach in the design and implementation of activities in which all the project stakeholders were largely immersed in the project from the initial stages of implementation.

3.3.2 Efficiency

The evaluation assessed the **efficiency** of the project; the extent to which each of the project activities used/did not use resources in the most cost-effective way possible – in reference to established standards/best practices for similar programs. The project interventions are being implemented in a timely manner, and most activities are being completed in accordance with the project proposal and work plan. Partial and largely minor shortcomings are more than made up for by adjustments to unforeseen occurrences. The project relied on the professional work planning and management by the staff who must be commended for working for long hours (hours way beyond usual working time). The financial management was efficient and effective to ensure the implementation of the project.

For instance, NPSS adopted resource-pooling approaches that lowered project costs. The project implementation strategy was adjusted in some ways to accommodate field realities. For instance, the security situation in Kodok/Aburoc became extremely unpredictable in months of March and April 2017 following the Government's solidification of their grip on Wau Shilluk. It is estimated that approximately 10,000 - 15,000 new arrivals have reached Aburoc, with the total population of the IDP settlement estimated at 25,000 – 30,000. Many among the IDP population cited the takeover of Kodok by the government as their trigger for leaving South Sudan and seeking refuge in Sudan⁴⁶. The outbreaks of violent conflicts during the project period led to mass movements of community members while households in the project area hosted others. Lawlessness and insecurity ensured rendering most, if not all project sites in the area inaccessible. The sudden increase in insecurity led to movement restrictions for the project team thereby undermining efficiency. The security situation deteriorated to the extent that the project had to relocate International staff, leaving National staff to continue with project activities, but at a lower scale in Kodok/Aburoc. This scenario had not been foreseen during project design, and as such, adjustments had to be done to address the situation.

3.3.3 Effectiveness/Performance

The evaluation quantitatively and qualitatively assessed the **effectiveness** of the project(s) interventions (the extent to which the project implemented all planned activities/outputs and met/did not meet/exceeded its targets (and document contributing factors)). Most of the targets as per the logical framework's indicators were achieved in terms of the number of people reached over the project period. Achievements include, but are not limited to the following: (a) Increase in women's representation in local decision-making structures both formal and informal at project close; (b) decrease in victimization / prevalence rates of violence and GBV in project sites during project period;

⁴⁶ Kodok/Aburoc Context & Security report – April 2017).

(c) women and girls reporting feeling safer / much safer; (d) percentage of women and girls who report the relative importance of NP's contribution to community safety and security; (e) Increase in beneficiaries reporting law enforcement and judicial services are providing effective / fair treatment to GBV survivors; and (f) Increase in women / girls who report an increased shared in household decision making at project close.

Awareness raising through various trainings has ensured increased knowledge and skills of the community members in GBV response and prevention. The community members are thus able to actively participate in the project activities. The NPSS staff work hand-in-hand with the community members (in groups and individually) during projects implementation. The activities include community mobilization, and assessments aimed at improving future project designs. For instance, the project established WPTs, utilized awareness raising sessions to increase the representative voice of communities to identify key GBV risks and advocate for an adequate response to these risks. The meetings resulted into a greater understanding of the needs, motives and actions on both sides and provided beneficiaries with improved clarity and understanding regarding their own protection needs and adequate, locally owned responses.

3.3.4 Impact

The mid-term evaluation assessed the **impact** of the project interventions. The analysis assessed and documented both: positive/negative and; intended/unintended impact. The project has continued to impact on its primary and secondary beneficiaries positively in a number of ways. The evaluation established that the project is promoting women's role in peace building and GBV prevention through the following interventions: training on gender base violence; peace mobilization throughout the community; making referrals for counselling and guidance for cases of survivors of GBV; and through networking and collaboration (NPSS provides other services to community members jointly with other NGOs and Community Based Organizations, a case in point is crowd control during food distribution).

The project has imparted knowledge and skills to the community on various options that can be employed to prevent / minimize GBV cases (especially increased knowledge and skills on case management, counselling and guidance). As a result of the trainings and other project interventions, the community members are now able to actively participate in activities aimed at preventing GBV cases and building peace between and among themselves, and when need arises; they seek services of such people and institutions as the police, health facilities, religious leaders and the community bench court. The project in the past one-year made tremendous progress in the realization of building stakeholders' capacity and coordination through capacity building for various key stakeholders, including the local leadership, WPTs and CBPMs, strengthening community based structures, such as the community court bench (the administrator of the court acknowledged that he worked closely with NPSS and had even participated in some of their trainings).

3.3.5 Exit Strategy and Sustainability

Sustainability is the main challenge for project implementation under the circumstances prevailing in South Sudan, as well as for programmes providing transitional aid. Sustainability is influenced by many factors, some of an external nature, with few possibilities for the implementing NGOs to influence. According to focus group discussions and key informant participants, NPSS should not only continue with its project interventions in the project sites, but also expand its activities to other areas. Given the challenges of continuity of activities in a fragile environment, the project demonstrated positive evidence on a number of fronts. The evaluation noted the project had been successful in integration with other local institutions with the project beneficiaries transferring knowledge back to their institutions.

By working with and through existing institutions, particularly local leadership structures, opinion leaders and community members, who include volunteers, the project created opportunities for sustainability of interventions. To this end, the project has facilitated the formation of such groups as WPTs. Women's participation in society, the economy and politics should be full and equal seems self-evident.⁴⁷ Gender equality is, and should be, an end in itself. Highly unequal participation is symptomatic of the inequalities that fuel violence against women and girls (VAWG), including sexual violence in conflict. The exclusion of women from decision and policy making has profound consequences for societies. The absence of women from peace processes means those processes are less likely to endure, imperilling post conflict societies and jeopardising international peace and security. For instance, the project team in Upper Nile formed WPTs and is working with women on GBV prevention and community based security tools such as early warning/early response. Whenever the situation is calm, it gives NPSS ample opportunity to engage in programming, especially in peace-building activities with women⁴⁸.

3.4 Best Practices

The evaluation assessed the following best practices: (i) management and coordination; (ii) monitoring and evaluation; (iii) coherence/networking and collaboration; and (iv) cross-cutting issues.

3.4.1 Coordination and Management

NPSS has a well-trained, committed staff, who work under difficult conditions (those in the field making use of very basic facilities). The project implementation within the communities/PoC is directly under the control of the Team Leaders who have immense experience in community development, gender empowerment and peace building. The project has fully developed detailed operational and mentoring plan to guide project implementation. This explains why most of the project activities have been implemented according to plan. The project also engaged and coordinated closely with its external stakeholders thereby creating good rapport with them, which has enhanced scope for sustainability. However, the project faced some insecurity related challenges, hence losing some efficiency. For instance, project interventions were adversely affected when insecurity led to scaling down of some of the project interventions following the relocation of International staff, leaving National staff to carry out the project activities in Kodok/Aburoc temporarily (Upper Nile State).

Partnership and Participation: Besides working closely with humanitarian organizations in the project location, the project uses capacity building and training in the delivery of project outputs thereby enhancing self-awareness for negotiations and raising awareness at the community levels. There are also instances when NPSS has partnered with other agencies in undertaking Internally Displaced Persons (IDPs) verification exercises. In Malakal town, NPSS programming continued to grow as a result of establishment of WPTs in the town and engaging with traditional leaders in the community⁴⁹. The strategy used required the participation of all concerned stakeholders in planning, implementation, monitoring, and benefit sharing, with the various stakeholders.

Project Reporting: Project management has been good and prompt in submitting the required reports. There are developed and institutionalized standards in terms of formats and quality control of documents. The format of these reports is user friendly and provides very specific information on

⁴⁷ Office of the High Commissioner for Human Rights, *Universal Declaration of Human Rights* (1948), Articles 21 and 22: http://www.ohchr.org/EN/UDHR/Documents/UDHR_Translations/eng.pdf.

⁴⁸ Wau Shilluk – Malakal project site - Context and Security Analysis (December 2016).

⁴⁹ Wau Shilluk – Malakal project site - Context and Security Analysis (December 2016).

results and progress made towards project indicators. In practice, the reporting/planning system of the project is very analytic ("learning system"), and highlights activities done, including quantitative details. The purpose of the progress reports (daily activity reports and weekly reports) was very clear among various levels of staff and management units. The evaluation also established that the style and detail presented in the reports are consistent. Besides project reports, the project teams in the various project location write periodical context security reports and case studies.

3.4.2 Monitoring and Evaluation

An appropriate Monitoring and Evaluation (M & E) system is critical for providing key benchmark information, noting project achievements, documenting lessons learnt, identifying areas requiring attention, determining appropriate design changes and identifying areas for improvement. NPSS has an effective M&E framework to track implementation of activities based on a detailed log frame. Specifically, to ensure an effective oversight of the project, consistent monitoring and evaluation played an integral role in the overall project management cycle. The monitoring process is conducted both at field and Head Office level in Juba, led by NPSS staff, and includes inputs from key stakeholders and beneficiary communities. Detailed daily and weekly field and activity reports which include context analysis overviews; beneficiary information, activity and meeting logs as well as any additional relevant project information were regularly collected. Utilising NPSS internal project monitoring framework (PMF), the information is utilized at Head Office level to measure progress against set objectives and work plans, as well as to capture key challenges and lessons learnt. On a regular basis, the data captured in the PMF is analysed for internal and donor reports and forms an integral part into NPSS internal project planning and review process. All information captured at field level is verified through regular field visits conducted by programme development officers, programme managers, monitoring and evaluation staff and management.

3.4.3 Coherence/Networking and Collaboration

NPSS is not only an active member of the National Protection Cluster, GBV sub-cluster and the CP cluster, but also co-chair of the Protection Cluster in Bentiu (Unity State), and as such participates in the GBV protection sub-clusters as well as a number of working groups including and the Monitoring and Reporting Mechanism (MRM). The evaluation team established that the selection of implementing partners was strategic and provided synergistic effects. All the partners, despite working in different sectors, have extensive experience in post/conflict programming. The NPSS team works closely with humanitarian partners to provide guidance and protection support where necessary. While NPSS is the largest international protection NGO in South Sudan, it works closely with a variety of stakeholders from the targeted communities, including community leaders, chiefs, elders, church, women and youth leaders, teachers, cattle keepers, administration, police and local authorities.

Through various project interventions, NPSS facilitated capacity building for women, men, youths and representatives of local authorities. Peace keeping and GBV prevention interventions are conducted in cooperation with humanitarian partners, including Danish Refugee Council (DRC), International Rescue Committee (IRC), Médecins Sans Frontières (MSF) and World Food Programme (WFP), among others. For instance, NPSS supports distribution of food and non-food items implemented by partners such as WFP, Oxfam, INTERSOS and World Vision; and works closely with the available health service providers, having established referral pathways to ensure timely access for beneficiaries requiring medical or nutritional interventions.

In addition, NPSS conducted several community security meetings to identify the hotspots and to disseminate information. As a result of the strong advocacy efforts of NPSS, UNMISS agreed to provide

forces protection for the women who go for firewood collection. Women are facing ongoing challenges however, as UNMISS force protects only patrols a very limited area. This has been raised with the protection cluster to advocate with UNMISS for a wider scope of patrols⁵⁰. However, there are several opportunities that the project can explore to expand its collaboration and coordination with other development partners. In conclusion, the project should continue exploring opportunities and expanding its partnership with other organizations in order to avoid duplication, leverage training already implemented by other development agencies, invite these to offer training, and for two way information sharing.

3.4.4 Cross-cutting considerations

Crosscutting issues like equality, gender, protection, ethical and security considerations were addressed in the project. These are detailed below.

Beneficiary Participation: Beneficiary participation addresses the extent to which the distinct needs, vulnerabilities and capacities of men, women, girls and boys (including adolescents) have been identified and addressed in the project design and implementation. These groups were involved in all processes (including mobilization, planning, training and capacity building, programme implementation, monitoring and evaluation). The project also works with established groups, which are continuously empowered to continue with the activities once the project activities are phased out. The evaluation team noted that there was total involvement of communities (including the vulnerable community members such as the elderly, women, people living with disabilities, orphans and separated children).

Protection Mainstreaming: Protection mainstreaming is an integral part of the work that NPSS carries out in the all the project locations. The lack of large-scale humanitarian organizations engaged in peace building and GBV prevention in the project locations makes effective coordination and planning essential for ensuring do-no harm principles and protection considerations are mainstreamed by all agencies across the project sites. Besides NPSS's key role in planning, the project team also provided vital support during the distribution of food and non-food items, including direct protection assistance and prioritisation of vulnerable groups, reduced tensions through messaging and ensured crowd control to reduce the likelihood of violence and disruption.

3.5 Challenges to effective Project Implementation

3.5.1 Challenges faced by the project team

Despite the many achievements, the project has encountered a number of challenges. This section highlights some of the challenges faced by the project team and the beneficiaries during implementation.

Approvals: Owing to the safety and security concerns in the project area, prior approvals/permissions have to be sought from the local leadership (County Commissioners, Payam Administrators, Chiefs and other local leaders), which at times take long since there are times when some of these people are not readily available and have to be looked for. This concern is beyond the control of the project team.

Inaccessibility to project locations all year round: There were times when the project team was unable to access the project locations (instance in Kodok/Aburoc during the months of March and April, 2017 due to insecurity)⁵¹, thus hampering implementations of activities. However, NPSS' national protection officers remained in the project site, carrying out project activities. Besides periods of

⁵⁰ Juba PoC 3 - UN House Context and Security Analysis Report (November/December, 2016).

⁵¹ Kodok/Aburoc Context & Security Report (April, 2017).

insecurity, during the rainy seasons, heavy flooding makes roads/pathways in the area impassable, while the dry season, transportation though the river is not possible due to the shallow waters (there are instances when the project team has to disembark and literally push the boat through the shallow parts of the river). In addition, the wide spread project sites, especially in NBeG, coupled with the poor state of roads makes the work of the project teams very difficult. A lot of time spent on travelling, hence limiting the time that can effectively be utilised in implementing project activities.

Relatively short project duration: The results of this evaluation indicate that there are some significant challenges that may make the interventions less effective. More pronounced is the relatively short duration (3 years) of the project, coupled with unlimited community expectations (the project period is likely to be so short to realised meaningful impact and ensure project sustainability). The programme staff should thus enhance efforts in seeking support for another phase at the close of the project. From the evaluation, it is clear that some of the critical project benefits may be lost if the project interventions come to a total halt.

3.5.2 Challenges faced by the project beneficiaries

Limited mobile telephone communication: There is limited mobile telephone network in some of the project sites (in particular, Bentiu PoC and some project sites in NBeG), thus inhibiting quick communication among project team members and between the project team and the support team in the Head Office in Juba. The means of communication are thus limited to the use of internet, which is switched off at times.

Fear of imminent attacks: There are times when scheduled activities such as community mobilization, sensitization and capacity building sessions fail to take off in the communities and have to be rescheduled in fear of anticipated attacks by perceived enemies (women groups are the most affected).

Limited livelihood options: The evaluation team observed that there are a relatively large number of idle youths, especially around market centres such as Wanyjok and Akuem, NBeG who spend most of their time playing cards or engaging in petty businesses. This could be occasioned by lack of diversity in livelihood opportunities and lack of skills to enable them to join gainful employment. The idleness could also be a major contributor to the youths engaging in deviant behaviour.

4.0 LESSONS LEARNT

Reviewing good practices in responding to GBV in emergencies points to a number of lessons for future programming – not only in terms of what has worked well, but also in identifying challenges and offering suggestions for what needs to be done differently. While every context is different, a number of implications for policy and practice can be drawn out. Based on the findings of the Project Mid-Term Evaluation, this section aims to provide more detail on some of the key lessons learned during the course of the project.

Working with communities: Working with communities was found to be the most effective means of addressing the issues of safety and GBV prevention at the community level. Interventions of this nature succeed when the main stakeholders are involved. The involvement of the community at different levels of the project life cycle and more importantly through the parents, local leaders, religious leaders, youth and women groups and opinion leaders meant that the project has become a community project. The involvement of the community has increased their vigilance in peace building and GBV prevention. The parents, especially women have particularly been organized into groups such as WPTs and parent

support groups. These groups are a vital means of mobilizing communities around children's protection and wellbeing.

Participation of women in the project implementation: When women are actively engaged in decision making in all phases of the project, it increases their empowerment and authority and it also affects traditional household dynamics. The reliance on women leaders was a good strategy that sought to empower existing leaders as a resource for other women. Women are likely to use their power in transformative ways within social movements that enables the forging of collective identities, consciousness raising and combativeness towards authorities that may continue to influence women's identities and interests within institutions.

The methods employed during the project implementation have not only given the target beneficiaries some level of autonomy through their increased participation in process, they have also contributed to women's empowerment. The leading role played by women in the project has created leadership opportunities for women in a society where men traditionally hold leadership positions. This has led to a positive change in the attitude of the people towards women embracing leadership⁵². The presence of the women in peace building activities has infused gender sensitivity and particularly in the resolution of domestic conflicts arising from humanitarian assistance. The evaluation established that women were more enthusiastic about the project, and especially working in groups (WPTs and CBPMs). Future interventions should therefore place greater emphasis on women for greater results, and for the betterment of the various households in the project location.

Networking and Collaboration: The evaluation findings reveal that partnerships and collaborations are very critical in achieving success for project interventions of this nature. Partnerships and collaborations not only increase ownership of the project, but also help to draw on the experiences of a number of partners with different experiences, competencies and expertise. The project worked very closely with the various stakeholders, including the health service providers, community court bench and both formal and informal community leadership structures. It was emphasized during this evaluation that working with the communities, especially the primary duty bearers as the parents increases acceptability of the project and enhances sustainability. The project worked closely and facilitated the formation of various groups (Women Protection Teams and Youth Groups) that can continue to learn from involving all community members including men to continue dialoguing and implementing community based solutions to GBV prevention and response and safety of the target beneficiaries.

Establishing and Capacity Building of Community Protection Teams: Establishing WPTs and building their capacity has been very instrumental in awareness raising of the community, identifying, referral and accompanying of cases, and preventing violence in the community particularly violence against women and girls. Effective interventions aimed at preventing GBV must engage and be led by the community and build on local prevention systems and structures to ensure solutions are community-owned. Local community structures and community leaders are reported to be key influencers in times of conflict and threats. These groups are critical in shaping the overall attitudes and behaviours of people in their communities, establishing societal norms that either promote or encourage peaceful conflict resolution. NPSS should enhance the establishment of new groups, and strengthening the existing ones through capacity building on peace building and GBV prevention. The need to strengthen links between the elders, youth and women to work together was also found important.

Baseline Data: Prior to commencement of the project implementation, a baseline survey was carried out in March 2016 with the objective of collecting data for purposes of programmatic monitoring and evaluation in order to demonstrate the impact of NPSS' work. The baseline examined indicators that

⁵² FGDs and Key Informant Interviews during the Evaluation.

include: knowledge and attitudes related to gender relations and GBV, incidences and profiles of GBV, and perceptions of, and access to, response services. The baseline indicators assessed informed the project design and implementation, for instance, by providing advice on the final design of the proposal logframe, activities, and objectives.

Periodical assessments: The situation in the various project sites is very dynamic, with many changes occurring, which were unforeseen. This necessitated the undertaking of periodical assessments, whose findings inform adjustments to the project interventions. Project documents show that NPSS undertakes periodical context and security analyses in all the five project sites, whose aim is to identify and analyse current issues and protection concerns of each of the sites. Other assessments undertaken, as revealed by available project documents are: NPSS Monitoring & Evaluation Department undertook an internal assessment of Malakal PoC and Malakal Town in June 2016. The purpose of the assessment was to complement the full baseline assessment, providing a basis for measuring project performance as well as an important tool for the team in the Wau Shilluk – Malakal for developing appropriate, context-specific programming⁵³. In May 2017, NPSS conducted a Community Participatory Risk Assessment and Mapping in Bentiu PoC looking into the general perception of the community in terms of risk and safety both inside and outside the PoC⁵⁴. The assessment revealed the following key issues of concern for the safety and security of target beneficiaries in Bentiu PoC: increased number of IDPs in possession of such deadly weapons as pangas, spears and guns which are used to commit crimes; broken fences along the berm, which serve as entry and exit points for criminals; increasing incidences of gang fighting; illegal taxes levied on women and men carrying firewood, charcoal and other items before the beneficiaries are allowed into the PoC; and increasing incidences of early pregnancy in the PoC, which lead to unsafe abortions⁵⁵.

Service delivery to GBV survivors: In terms of response to GBV, improved access to services for survivors of violence can be achieved not only by increasing the provision of services, but also by ensuring that services are delivered appropriately and are sensitive to survivors' needs and the context. Services such as mobile clinic visits, increasing the capacity of staff to understand, coordinate and refer GBV survivors to relevant services and ensuring confidentiality and cultural sensitivity in the delivery of services have been identified as important features.

Continuous staff and implementing partners' capacity building: Investment in building staff capacity and improving coordination is important to ensure the effective implementation of programmes. Various studies have highlighted the need to invest in continuous specialized and culturally appropriate training to staff (men and women) as well as other relevant service providers (such as the police). Strengthening coordination mechanisms between sectors and programmes, and between institutions and agencies, is necessary to build synergies with other organizations to support programming.

Effective monitoring and evaluation: Monitoring and evaluation mechanisms must be strengthened across GBV programming. Establishing and improving monitoring and evaluation mechanisms would ideally involve GBV implementing organizations incorporating robust monitoring systems and independent evaluations in programme plans and budgets, which would provide findings on the effects of interventions, including baseline and end-line data collection and analysis. The evaluation team observed that this is an area in which NPSS has excelled.

⁵³ NPSS Dutch project baseline assessment Malakal Addendum (June 2016).

⁵⁴ Bentiu Context and Safety Analysis Report (May, 2017).

⁵⁵ Bentiu PoC Context and Security Analysis Report (May, 2017).

5.0 CONCLUSIONS

The “*Promoting Women’s Role in Peace Building and Gender Based Prevention in South Sudan*” project has registered remarkable outcomes as highlighted under the different specific objectives and indicators described in this report. The evaluation results indicate that the project has broadly been a success in achieving the planned activities/interventions. The project brought changes that will have larger impacts in the peace building and GBV prevention process in the project sites. This was facilitated by a clear design that allowed not just networking but strengthening the existing community level structures, which clearly allowed the general involvement of stakeholders. By working with the existing structures both formal and informal, it meant that the project was not reinventing the wheel.

Findings of this evaluation have revealed that local leaders are very instrumental in championing GBV prevention concerns in the community. For instance, to reduce the level of violence in target locations, NPSS continuously engaged clan leaders and community youth leaders in mediations. Facilitation of regular communication between clans enabled NPSS to prevent tensions and mitigate conflict, which is key to peacekeeping. Through GBV assessments in all the project sites, with a specific focus on intra and inter-communal violence, NPSS gathered vital information that was utilised in the development of appropriate response, including developing and/or strengthening relationships with key stakeholders and, where appropriate, organising ad hoc peace forums. In addition, NPSS facilitated the formation of WPTs and continuously built their capacity. Through joint awareness raising campaigns and mentoring, local-level GBV case management was enhanced, and helped promote women’s rights and address GBV concerns.

Evidence from the evaluation also indicate that the project has increased awareness and equipped actors with skills to handle multiple issues of GBV, and general violence against women/girls. A well-functioning local leadership can help to identify women/girls who are vulnerable to GBV and other violations. Therefore, equipping these local leaders and the Community Bench Court with the necessary information related to project interventions would help to prevent acts of GBV before they occur. The project activities were generally implemented as planned and most of its verifiable targets were achieved, impacting positively on the lives of the target beneficiaries in the project location. The relevance, efficiency, effectiveness, impact and sustainability all have room for improvements and hence the recommendations provided below.

6.0 RECOMMENDATIONS

The major concerns for women and girls include the risk of being physically and sexually assaulted when going to collect firewood, the risk of being sexually harassed on the roads or at water points (especially for girls), being beaten and forced to have sexual intercourse by their husbands, getting married early and not being able to make choices about their sexual and reproductive life. This report offers some recommendations whose aim is to ensure that actors working in South Sudan take action and coordinate to make the country a safer place for women and girls. In view of the findings, for future project interventions, the evaluation team therefore makes the following recommendation meant to improve actors’ interventions in order to mitigate the risks for women of being exposed to violence and to eliminate the contributing factors of GBV.

6.1 Overall Recommendation

As the mid-term evaluation findings show, the project has registered successes in the area of GBV prevention. However, there are serious concerns with regard to the sustainability of these interventions at the close of the project in one year’s time. Bearing in mind that three years (coupled with

interruptions to project activities implementation occasioned by insecurity situations that led to relocation of international staff and scaling down of some of the project activities in Kodok/Aburoc) seems too short to register tremendous achievements. The evaluation team thus highly recommends that the programme staff should burn the mid-night oil in search of support for funding for another phase once the project is closed so as to consolidate and scale up the gains achieved and extend these to other communities and locations where issues of concern are prevalent.

6.2 Specific Recommendations

Strengthen parent support groups and encourage male involvement: The parent support groups (PSGs) were found to be a critical element in GBV prevention efforts at the community level. The existing PSGs should also be followed up and continuously supported with trainings in GBV prevention to sustain the momentum gained during the first half of the project period. More importantly, it is important that the PSGs are linked with the existing structures such as the Community Bench Court and local leaders (in the case of communities) and High Court and Community Council of Elders (in the case of Juba PoC 3) so that they become recognized in project interventions.

Active involvement of male beneficiaries in PSGs: Based on the finding that PSGs were found to be a critical element in GBV prevention efforts at the community level, it is important that the involvement of male parents also be strongly considered in future project interventions. For sustained attitudinal change at community level, it is important to enlist the participation of men who are not only the decision makers in households, but also majority abusers of women/girls in their households.

Strengthen referral links and networks: Referral is a key component of GBV preventions and this evaluation has established that the project succeeded in establishing referral networks. To make the referral system more acceptable and hence effective, it is important that other stakeholders are actively involved through roundtable discussions, to have their in-put into the referral arrangements. Stakeholders such as the police, health service providers, the justice system (mainly community court bench), the local leaders as well as other agencies should be involved.

In addition, survivors of GBV need the appropriate care. An increase in response services, such as reproductive health, case management, clinical management of rape, family tracing services, support for community-based protection mechanisms, and psychosocial support, must be scaled up. This requires not only an increase in funding for such services, but trained staff and resources to ensure the services are appropriate and of quality to prevent secondary trauma brought on by the response. A strong Protection Information Management (PIM) system is necessary to ensure ethical standards are upheld and data sharing protocols are enforced.

Involvement of the male youth in project interventions: The evaluation findings reveal that the male youths in the project area are perceived to be responsible for various criminal activities, including armed robberies and rape, which is attributed to idleness, drug abuse and alcoholism⁵⁶. The male youths have potential of playing a leading role in the peace building process, but their engagement in project activities has not been felt. These youths should be educated about peaceful conflict resolution mechanisms, and encouraged to apply these mechanisms in practice. There is a need to increase opportunities for youth to engage in peace building processes alongside community leaders by creating or enhancing community-level mechanisms for civic and social participation.

Relationships with community leadership: The evaluation team noted that due to safety and security concerns, all agencies working in the project area have to seek approvals from the relevant

⁵⁶ Female FGD groups in the various project sites

community leadership structures. It is therefore recommended that the NPSS leadership in the various project locations build and maintain positive working relationships with these authorities, and as much as possible, involving them in the project activities, within the limits of the policy of NPSS.

Networking and Collaboration: Through networking and collaboration, NPSS undertakes certain activities jointly with other NGOs. These include, but are not limited to: community mobilization, needs assessments, capacity building and support implementation of some of the interventions (for instance distribution of food and non-food items), hence cutting down on costs. One of success cases of networking and collaboration is when, occasioned by increasing number of people in Bentiu PoC, a coordinated GBV and Protection Safety Audit was undertaken in Bentiu PoC from 3rd to 11th November, 2016 involving IRC, DRC, United Nations Mission in South Sudan (UNMISS), NPSS and United Nations Human Rights Commission (UNHRC) in Bentiu PoC. The audit explored GBV and protection risks by the community, particularly women and girls. Such joint implementation of project activities to complement each other agencies should be continued to avoid duplication of the same services in the project area by pooling resources and strengthening coordination with other agencies implementing activities to the same target beneficiaries.

Enhanced information sharing: As already pointed out, the situation in the various project sites is very dynamic, with many changes occurring, which were unforeseen, necessitating NPSS, individually or alongside other agencies, to undertake periodical assessments, whose findings inform adjustments to the project interventions. It is highly recommended that NPSS share findings of such assessments, for instance the Participatory Risk Assessment and Mapping result to different Clusters particularly to Protection (to include GBV Sub-Cluster) and Water, Sanitation and Hygiene (WASH) to advocate for strengthened programming to address the risks identified. Such information would be of great value, for instance, to agencies focusing on WASH to address the renovation of bathing facilities in Bentiu PoC, which are made up of plastic sheets into iron sheets and installing strong internal locks both at the bathing facilities and latrines to reduce the risks and vulnerability of women and girls to GBV particularly sexual abuse. In addition, project reports reveal that even though MSF provides health services in Bentiu PoC 24/7, access to such facilities, especially during the night is a challenge due to insecurity on the road between MSF clinic and the PoC/buffer zone⁵⁷. It is thus recommended that such findings be shared with the health actors so as to increase their presence in the PoC at night for emergencies, and work with UNPOL to address the challenges on the road between the PoC and MSF so that people can access the facility in the evening and at night.

Access to justice by survivors of GBV: The valuation findings reveal that survivors of GBV in Southern Sudan face many interlocking barriers to justice: cultural barriers (the marginalized role of women in their families and a social stigma attached to survivors of sexual violence); legal barriers (formal and customary laws, discriminatory judicial processes, and legal procedures that discriminate against women and afford them few legal rights); and systemic barriers (a lack of infrastructure, government resources, and personnel). Together, these barriers make it very difficult for a survivor of GBV in Southern Sudan to seek and obtain justice. The government of Southern Sudan, in collaboration with agencies that focus on addressing issues related to GBV must bring about significant changes in order to provide GBV survivors greater access to justice. These include training police officers to properly and adequately protect survivors of violence, providing training and resources to improve the accessibility and effectiveness of the court system, and reforming the law to stop the practice in the justice system of treating rape and adultery as sub-categories of the same crime.

⁵⁷ Bentiu PoC Context and Analysis Report (November, 2016).

Need for increased funding: Outside the UN bases (Juba PoC 3 and Bentiu PoC), the dangers for displaced women and girls are the most severe. Women and girls face assault when they venture outside of the UN bases for livelihood activities and firewood collection. While they are reluctant to leave the compounds and fear that they will be sexually assaulted by the armed actors outside, they take the risk because they understand that men would be killed if they leave, whereas women would “only” face sexual violence. The evaluation team highly recommends that donors consider providing additional funding to GBV and protection actors to set up safety patrols to accompany women on trips outside of the UN bases for firewood collection or livelihood activities consistent with the *Inter-Agency Standing Committee Guidance on Safe Access to Firewood and Alternative Energy in Humanitarian Settings*.

Even inside the UN bases, South Sudanese women and girls are not safe, due to poor conditions there. As a result of the rapid influx of IDPs into the bases (specifically Bentiu PoC), overcrowding is a major issue and humanitarians have faced significant challenges in constructing basic facilities. For example, there is poor lighting, no physical separation of men’s and women’s latrines, and a lack of locking system on latrine doors. This has led to women and men using common facilities, exposing women and girls to harassment and violence. Girls have also noticed that men have cut small holes in the plastic sheeting around the women’s showers. Humanitarians are supposed to observe minimum safety procedures, but by all accounts, they have overlooked these critical measures that would ensure a modicum of safety, privacy, and dignity. The evaluation team recommends that donors take keen interest in ensuring that the humanitarian programs they fund, across all sectors, are designed and implemented according to the *Inter-Agency Standing Committee Guidelines on GBV Interventions in Humanitarian Settings*.

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Written evidence from World Vision UK

ANNEXES

Annex No.	Content⁵⁸
1	Dutch mid-term evaluation terms of reference
2	Dutch mid-term evaluation work plan
3	List of enumerators
4	Data collection tools
4.1	Female household survey
4.2	Male household survey
4.3	Key Informant Interviews and Focus group discussion guides
5	List of focus group discussions (Groups of participants)
6	List of Key Informant Participants
7	Focus group discussion transcripts
8	Key informant interview transcripts
9	Statistical package for social sciences (SPSS) Data Set

⁵⁸ In a separate folder