

A SEXUAL AND GENDER-BASED VIOLENCE RAPID ASSESSMENT

Doro Refugee Camp, Upper Nile State, South Sudan

July 2012



BACKGROUND

Since December 2011, approximately 100,000 refugees have fled the State of Blue Nile (BNS) in Sudan and sought shelter in Maban County – Upper Nile State (UNS) – South Sudan as a result of aerial bombardments and armed clashes between the Sudanese Armed Forces (SAF) and the Sudanese People Liberation Movement - North (SPLM-N).

There are four main locations where the refugees are sheltered in the county: (1) in Doro camp (near the village of Bunj) there are 41,787¹ individuals, (2) in Jamam camp (near the village of Jamam) there are 25,176 registered refugees, (3) in Yusuf Batil camp there are 34,112 registered refugees and (4) in the recently opened Gendrassa camp there are 4,484 individuals as of beginning of August 2012².

Sudanese refugees started to settle spontaneously in the area later to become Doro refugee camp as early as October 2011. Since then, new influxes of refugees continued to arrive up to May-June 2012 causing the camp to become more and more congested. As a result, some of these communities settled outside the camp boundaries. In May 2012 approximately 3,000 refugees were relocated from Jamam refugee camp to Doro due to increasingly precarious living conditions in Jamam - water provision much below standards, flooding and a hazardous health situation prompted UNHCR and aid agencies to decide for the relocation of part of Jamam camp.

Doro camp hosts different tribes: Uduk, who are Christian and represent the majority of the camp population (approximately 80%); Engasana (approximately 9%) who are Muslim; and other smaller communities of Muslim religion (Sorgum, Jumjum, Zeriba, Mayak, Darfur)³.

As of beginning of August 2012, two communities, Nuba and Baldugu (approximately 500 and 650 individuals respectively) are living in two “satellite” areas completely detached from the camp. Other communities (new arrivals from Mayak, Zeriba, Jumjum, Engasana) live outside the camp boundaries but in the close premises of the camp.

General protection monitoring being conducted in Doro camp by DRC Protection Unit reveals that the main concerns for the refugee population include food scarcity (delays in food distribution have meant that refugees have to endure more days without receiving food rations), access to water (fighting at water points is one of the main concerns together with distance of water points and long waiting hours), access to natural resources especially firewood and other construction materials (poles, grass etc.), incidents with the host community (disputes concerning firewood collection, thefts of livestock, discrimination).

Such protection issues have exacerbated women’s and girls’ vulnerability, including being at risk of sexual and gender based violence (SGBV).

¹ Level two registration and registration of new arrivals were on going at the time of writing this report, therefore the figure is expected to change.

² UNHCR Population Statistics 08 August 2012

³ At the time of writing this report, UNHCR level 2 registration was not complete, therefore it was not possible to indicate more accurate population break-downs as far as ethnicity is concerned.

In July 2012 DRC Protection Unit conducted a SGBV rapid assessment to better understand the challenges to the safety and security of the female refugee population living in Doro camp and its immediate premises.

Travelling outside Doro camp to collect firewood or to earn an income to meet the family's basic needs has been identified as one of the major risks contributing to insecurity of women and SGBV. Adult women and adolescent girls recounted cases of rape, attempted rape, sexual abuse and harassment. Key findings from the assessment also highlight a high prevalence of intimate partner violence (IPV) and early marriage.

However, incidents of SGBV are mainly discussed and solved through customary mechanisms and issues of SGBV remain generally unspoken due to taboo and fear of stigmatisation. As a consequence, reporting of SGBV cases does rarely occur, as confirmed by health care providers in Doro camp, who have not had any single case of rape reported to them since the beginning of 2012.

Referring to the findings of the rapid assessment, this report analyses the condition of the female refugee population of Doro camp in relation to the risks of SGBV and offers some recommendations to prevent violence against women and girls living in Doro.



SUMMARY OF KEY FINDINGS

1. Sexual and Gender-Based Violence

The risk of being attacked when traveling outside the community has been identified as one of the most significant safety and security concerns faced by women and girls living in Doro. Incidents of SGBV do occur within the camp too, especially during the night time and at water points.

The types of SGBV that appear to be the most recurrent are:

- **Sexual Assault**

Interviews with individual refugees and key informants revealed that sexual abuse⁴ and attempted rape in firewood collection places and sometimes at water points are the most common forms of SGBV encountered by women and girls living in Doro.

- **Rape**

A few respondents and participants of some focus group discussions (FGDs) reported that cases of rape do occur especially when women go to the forest around the camp to collect firewood. However, it should be noted that during both interviews and FGDs women and girls were reluctant to easily and openly disclose information concerning incidents of rape.

- **Sexual harassment**

Findings from almost all FGDs revealed that adolescent girls are particularly exposed to sexual harassment⁵ at water points, along the roads and at the market.

- **Intimate partner violence**

More than half of interview respondents and participants of almost all FGDs admitted that intimate partner violence is a common feature characterizing the lives of most women in Doro. Yet, domestic violence seems to be perceived as a “normal”, and therefore accepted, pattern of behaviour within households.

- **Early marriage**

Findings from both interviews and FGDs confirm that girls get married at the age of 14-15, but sometimes as young as 11-12. A quite clear-cut difference can be noted between the Uduk Christian population and the Muslim population of the camp. While in communities of Muslim culture the parents would mostly arrange for their daughters’ marriage, in communities belonging to the Uduk tribe the decision about marriage generally derives from a free choice of the girls, who decide to get married sometimes even without the consent of their parents. The reasons for this pattern of behaviour can be found in the lack of educational opportunities for girls (secondary education), peer pressure and fixed gender roles.

Single young women, single young mothers or young women whose husbands are not living with them in the camp have been identified as being at most risk of sexual violence. According to both participants of FGDs and individuals interviewed, these groups of women are more likely to be

⁴ Sexual abuse is defined as any unwanted physical intrusion of a sexual nature not resulting in penetration.

⁵ Sexual harassment is defined as any unwelcome and unwanted sexual advance, verbal conduct, behaviour or gesture of a sexual nature.

“disturbed” by men and to resort to potentially dangerous coping-mechanisms to meet the family’s basic needs.

2. General protection concerns & risks of SGBV

- Safe and easy access to services is not guaranteed at all times for all women and girls living in Doro camp. After rains, some areas get flooded, paths to water points, health centres or other services become impassable and women have to take alternative routes across isolated areas or areas where the vegetation is overgrown. This clearly constitutes a risk of SGBV.
- Women and girls belonging to groups of new arrivals that settled outside camp boundaries do not have access to services particularly water, sanitation facilities and shelter. These women are more at risk of sexual violence as they have to travel far to reach water points, they use bushy areas as a toilet and they do not have a safe place to live. Moreover, not being registered and not receiving food and NFIs can cause these women to resort to negative or potentially dangerous coping mechanisms.
- Increasing tensions with host communities over access to resources, especially firewood, mean that refugee women are often victim of physical assault, threatening, theft and extortion.

METHODOLOGY

In July 2012 DRC Protection Unit conducted a rapid assessment among refugee women and girls living in Doro camp. The assessment methodology included focus group discussions (FGDs) with women and girls, individual surveys, key informant interviews and safety audit.

Results of the assessment are drawn from 16 FGDs with adult women, 13 FGDs with adolescent girls, 131 individual interviews, 26 key informant interviews and safety audits in 21 areas within the camp and 2 refugee settlements outside the camp boundaries.

Findings conveyed by this rapid assessment allow to better understand the extent as well as the risks of SGBV affecting women and girls in Doro camp. DRC program for the prevention of SGBV will draw on these findings to design its awareness raising and capacity building activities in a way that responds to the actual safety and security challenges faced by women in Doro.

Focus Group Discussions

FGDs were facilitated in Arabic language, however translation into Uduk language was necessary for the Uduk speaking communities in order to ensure greater involvement of all participants. Participants included women and girls interviewed in same-age groups, namely adult women aged 19 and above and adolescent girls aged 14-18. DRC Protection Unit conducted 16 FGDs with adult women and 13 FGDs with adolescent girls in different areas of the camp. Each FGD was held in a different community with participants belonging to the same community and lasted 1 and a half to 2 hours.

The FGD topic guide was adapted from the FGD tool formulated by the South Sudan GBV Sub-Cluster and contained in the GBV assessment toolkit. The topic guide consisted of four types of questions:

- a. General questions about gender roles in the community;

- b. More specific questions related to safety, security, risks of violence for women, kinds of violence experienced by women, help seeking behaviour and reporting, vulnerable categories more at risk of violence;
- c. A scenario illustrating a case of rape within the camp and questions about the prevalence of such incidents, reporting of such incidents, help seeking behaviour of survivors;
- d. Questions related to reproductive health experiences of women, including traditional practices, marriage, family planning methods, violence against women within the household.

Individual interviews

Individual interviews were conducted with 131 refugees (97 female and 34 male) living in different areas of Doro camp. The questionnaire, which was partly adapted from the individual interview tool designed by the South Sudan GBV sub-cluster, included questions that were consistent with those of the FGD topic guide thus allowing to complement the information collected through the FGDs.

Key informant interviews

Similarly, interviews were held with 26 key informants (9 female and 17 male), namely with local chiefs, teachers, traditional birth attendants, elders and members of community-based committees. The set of questions followed the same pattern as the ones for individual interviews and FGDs.

Safety audit

In order to identify potential risks of SGBV related to the structure of the camp, the assessment was completed by an observational analysis focusing particularly on camp layout, water and sanitation facilities, community structures, movements outside the camp and presence of armed elements. Safety audits were conducted in 21 villages within the camp and 2 areas outside camp boundaries where refugees settled spontaneously. The safety audit tool designed by the South Sudan GBV sub-cluster was used as a template.

FINDINGS

1. Gender-based violence: most recurrent incidents

Physical and Sexual Assault

Incidents of physical and sexual assault happen mostly in firewood collection places outside the camp and sometimes at water points within the camp.

In 11 out of 16 FGDs women reported being physically and sexually assaulted when going to the forest to collect firewood. Incidents include beating, sexual abuse and attempted rape. The same findings can be unfolded from the FGDs with adolescent girls: 8 groups out of 13 mentioned that there are incidents of physical and sexual assault (especially beating and attempted rape) in firewood collection places.

Findings from the individual and key informant interviews confirm that most incidents of physical and sexual assault occur in the forest where women and girls go to collect firewood. 54% of respondents of individual interviews and 46% of key informants reported incidents of violence against women in firewood collection places. Beating accounts for 49% of incidents occurring to women when they go to collect firewood. Attempted rape is the second most reported incident,

accounting for 34% of total incidents happening in firewood collection places. Among the key informants who reported incidents of violence against women at firewood collection places, 33% reported case of physical assault (mainly beating) and 25% reported cases of attempted rape.

As regards the identity of the perpetrators of incidents of violence against women in firewood collection places, 97% of respondents indicated men from the host community as the alleged offenders. All key informants interviewed identified men from the host community as the perpetrators of incidents of violence taking place in the forest where women collect firewood.

Physical and sexual assault take place also at water points. 52% of respondents reported incidents of violence against women at water points. Beating was reported in 24% of cases while sexual abuse accounts for 40% of all incidents taking place at water points. 31% of key informants also reported incidents of violence against women at water points, of which 50% reported cases of sexual abuse and 25% reported cases of attempted rape.

Rape

Incidents of rape were reported by adult women in 6 FGDs and by adolescent girls in 5 FGDs. As recounted by participants of the 11 FGDs reporting cases of rape, most incidents occur in firewood collection places and are committed by men from the host community.

During 3 FGDs (1 with adult women and 2 with adolescent girls), participants said that rape takes place at water points, especially at night. It is well known that areas around water points are frequented by young men who hang around and often try to approach girls and young women going to fetch water. A participant of a FGD with adolescent girls said: *“Sometimes a man asks you to have sex with him, but when you refuse, he ends up taking you by force”*.

Findings from FGDs are consistent with results from individual and key informant interviews. 37% of individuals and 50% of key informants reported that rape occurs when women and girls go to the forest to collect firewood. Incidents of rape also take place when women and girls go to collect water (10% of individuals and 12% of key informants) and when they travel to the market (11% of individuals and 23% of key informants). Rape rarely occurs when women and girls go to latrines (3% of individuals and 12% of key informants).

Rape accounts for the 11% of all incidents of violence happening in firewood collection places. 8 out of 71 individuals identified rape as an incident of violence against women occurring at firewood collection places and all 8 respondents indicated men from the host community as the alleged perpetrators.

It should be noted that rape taking place within the communities or the camp was seldom reported. As brought out by findings of FGDs, cases of rape go unreported for many reasons.

The victims will often refrain from speaking about an incident of rape for fear of being pointed, blamed and “given bad names” by the community. Participants of FGDs with adolescent girls stated that girls would rather not talk about an incident of rape for fear of being beaten or mistreated by the family and obliged to marry the perpetrator. Girls also mentioned that a victim would not report an incident of rape because of shame as the community would mock her, disrespect her and accuse her of misbehaving, which might eventually mean that she would not be able to find a husband.

Another reason why rape is not reported is the fact that cases of rape are dealt with through customary mechanisms. Findings from FGDs revealed that the perpetrator, when his identity is known, will be taken to the local chief to be “punished” (which often also implies being beaten). Cases of rape are resolved within the community with the perpetrator having to pay a fine to the victim’s family or having to marry the victim.

Finally, another barrier for reporting cases of rape is related to the fact that speaking openly about issues of SGBV is a taboo especially for some communities. It is important to mention here that the assessment team encountered more resistance particularly within the culturally Muslim communities as regards to disclosing information about incidents of rape. For instance, almost half of the respondents belonging to Muslim communities answered “I don’t know” when asked in what context in the community rape occurs. Similarly, during FGDs with women and girls from Muslim communities participants tended to say that rape does not affect their own community at all but “maybe” it happens elsewhere in the camp.

Sexual Harassment

Sexual harassment was identified mainly by adolescent girls as one of the types of SGBV affecting them the most. Participants of 11 out of 13 FGDs with adolescent girls stated that girls are often sexually harassed at water points, at the market and on the roads by young men hanging around or sitting idly along the roads.

“When you go to fetch water, a boy would call you aside and tell you that he loves you and that he wants to have sex with you. Sometimes boys can become really nagging to the point that we are afraid of walking alone on the street” a young girl said during a FGD.

Results of individual interviews show that 10% of respondents reported incidents of sexual harassment at water points. The relatively low number of incidents of sexual harassment reported by interviewed individuals can be explained by the fact that most respondents were adults and young adults, while the target of such incidents of sexual harassment are mainly adolescent girls.

It is important to give careful consideration to sexual harassment as one of the major concerns for girls living in Doro camp. Sexual harassment can be viewed as a type of SGBV that can easily degenerate into other serious forms of violence against girls, namely sexual abuse and rape. Therefore, sexual harassment also represents a major risk for the safety and security of girls living in Doro.

Intimate Partner Violence and Marital Rape

Intimate partner violence (including marital rape) is a prevalent form of SGBV affecting women in Doro. Results of individual interviews revealed that 58% of respondents answered positively when asked whether husbands beat their wives in their communities. Beating happens for the following reasons: when a wife does not complete housework (according to 31% of respondents); when a wife disobeys her husband (according to 76% of respondents); when a wife refuses to have sexual intercourse with her husband (according to 31% of interviewed individuals); when a wife asks her husband whether he has other girlfriends (according to 25% of respondents); when a husband

suspects that his wife is unfaithful (according to 41% of interviewed individuals) and when a husband finds out that his wife has been unfaithful (according to 82% of respondents).

Similar results came out from interviews with key informants, with 35% of respondents admitting that beating does occur within households. The main reasons why a husband would beat his wife are the following: finding out that a wife has been unfaithful (73% of respondents), suspecting that a wife is unfaithful (35% of interviewed individuals), a wife disobeying her husband (42% of respondents) and a wife refusing to have sexual intercourse with her husband (19% of respondents).

Domestic violence as a prevailing pattern of behaviour within households is confirmed by findings of FGDs with adult women. Participants of 12 out of 16 FGDs with women said that husbands physically punish their wives and have a right to do so when the wife “makes a mistake” or “does something wrong”. Husbands would also beat their wives when they do not prepare food, when they go out to socialise and come home late, when they do not look after the children and when they do not respect the husband and his family.

During FGDs adult women also asserted that for fear of being beaten or chased away by the husband they would eventually consent to sexual intercourse with their husbands even against their will. Participants of 10 FGDs stated that women have the right to refuse if their husband insists on sex from them, especially when women are sick. However during the discussions it was also acknowledged that a wife will eventually accept to have sexual intercourse with her husband even if she does not want to because she has no power to impose her will and she would not be able to do otherwise. Participants of 9 FGDs also affirmed that when a woman refuses to have sex with her husband for any reason, he has the right to force her. One woman belonging to a Muslim community said: *“We belong to our husbands, we were married with a dowry. They have the right to do whatever they want with us”*.

The prevalence of marital rape as a feature characterizing intimate relationships between husbands and wives is confirmed, although to a lesser extent, by results of both individuals and key informant interviews. 22% of interviewed individuals and 15% of key informants said that husbands force their wives to have sex, while 92% of individuals and 96% of key informants stated that wives have the right to refuse to have sex with their husbands if they are sick.

Early and forced marriage

Findings from interviews and FGDs with both adult women and adolescent girls revealed that early marriage is another prevailing form of SGBV affecting girls across all communities in Doro camp.

According to the results obtained, individuals stated that girls get married below the age of 18 in 81% of interviews conducted, out of which 65% showed that girls usually marry when they are 13 to 15 years old. 2% of those who said that marriage occurs below the age of 18 affirmed that girls get married between the ages of 10 and 12.

The same pattern appears in results coming out of interviews with key informants. 58% of interviewed key informants stated that girls marry below the age of 18. Among them, 47% affirmed that girls get married when they are 13 to 15 years old and 7% said that girls marry between the age of 10 and 12.

Similar findings can be derived from FGDs with women and girls. Participants in all FGDs with adult women admitted that girls get married below the age of 18, mostly between 13 and 15 (according to women in 8 FGDs). Women in 7 FGDs said the earliest age for a girl to marry would be 10-12 years or “when a girl starts developing her breasts”.

Interestingly, adult women from the Uduk communities mentioned that girls at the present time get married earlier compared to how it used to be when they were young. According to their answers, reasons why girls get married early include peer pressure, the desire of having their own family, the fear that nobody will marry them if they become too “old”. Some women declared being opposed to this practice, while others admitted that they would encourage their daughters to get married as soon as their breasts start to develop or as soon as they get their first menstruation so that they would not incur the risk of being sexually abused or raped.

Adolescent girls in all FGDs also stated that girls marry below the age of 18. Participants in 8 FGDs said that girls would normally get married when they are 15 years old.

When asked whether girls can make a free choice regarding whom to marry or whether they will be forced to marry someone chosen by their parents or relatives, adolescent girls in 9 out of 13 FGDs affirmed that girls can freely choose their husband. However, adolescent girls admitted that if a girl is raped and the perpetrator is known, she will be obliged by her family to marry him.

It is also important to note that a difference exists between the Uduk and the Muslim communities as regards making decisions for marriage. One adolescent girl from a Muslim community stated: *“When your father chooses a husband for you, you are obliged to marry that man even if you don’t want to, you will just accept your father’s decision”*. Other girls also said that they would be beaten if they refused to marry the man chosen by their father; girls would eventually “give up” and agree to get married according to the father’s interest. Participants of FGDs with girls belonging to Muslim communities recounted that when girls are “small” (around 5 years old), their parents would choose a husband for them; girls would then be given a ring and as soon as they get their first menstruation they will marry the man chosen by the parents and join his family.

Findings from FGDs with adult women confirmed this pattern. Participants of 10 FGDs stated that girls can freely choose whom they want to marry. However, women from a few Muslim communities admitted that parents make the decision concerning their daughters’ marriage. Women from one Muslim community said that in the past parents would choose a husband for their daughters but this has changed and nowadays parents do not interfere with a girl’s decision as to whom they want to marry.

Results of individual interviews revealed that the decision about whom to marry is taken by girls according to 63% of respondents, by parents according to 26% and by parents and relatives according to 7% of answers.

8% of respondents admitted that there are cases when a girl is forced to get married against her will. For instance, a girl would be obliged to marry someone to abide by her parents’ decision. In other cases, a girl will be forced to get married when she has already been “promised” to a man, when her father does not like the man she has chosen, when she “misbehaves” and when she gets pregnant before marriage.

The same trend results from interviews with key informants: 62% said girls are the ones making the decision about their marriage, while 31% answered that parents would decide whom their daughters

have to marry. Two key informants belonging to Muslim communities declared that in the past parents used to choose a husband for their daughter but not any longer. Only 2 out of 26 key informants interviewed admitted that there are cases when girls are forced to marry even if they do not want to. This happens when girls are obliged to get married to a particular man chosen by their father or when girls are forced to marry to prevent them from “misbehaving”.

Women and girls at most risk of SGBV

Some questions were asked during both FGDs and interviews to understand whether certain categories of women, especially young unaccompanied women or single mothers, might be at more risk of SGBV.

65% of individuals acknowledged that there are unaccompanied women and single mothers in their communities. According to individual respondents, 46% of these women live with or near some of their relatives, while 40% live on their own.

When asked whether this category of women might be more at risk of violence, 19% of respondents answered positively. Those who think that single women or single mother are more at risk of violence gave the following reasons: young women living alone are more prone to being “disturbed” or harassed by men; single women and single mothers cannot rely on anyone to support them and they have to find their own ways to meet the family’s needs. This clearly represents a risk of SGBV as single women can resort to potentially dangerous or negative coping-mechanisms to be able to provide for their families.

Answers coming out of interviews with key informants confirm that in Doro camp there is a considerable amount of single women and single mothers⁶. 77% of key informants answered positively to the question regarding the presence of unaccompanied women and single mothers in their communities. According to the answers of key informants, 40% of the single women live with or near their relatives, while 35% live on their own.

8 out of 26 key informants think that single women and single mothers are more at risk of violence for the following reasons: they can be “disturbed” and raped by men; they encounter difficulties in supporting their families and they might therefore look for alternative but potentially dangerous ways of meeting the family’s basic needs.

Similar answers were given by participants of FGDs with adult women. In 13 out of 16 FGDs women acknowledged the presence of single women and single mothers in Doro camp. In 3 FGDs it was mentioned that they are mainly young women and widows. According to the answers given, these women are more exposed to the risk of being harassed by men. However, according to the participants of 7 FGDs, single women and mothers do not incur any risk as they are normally supported by relatives or the community. Although this shows that communities have strategies to support vulnerable members and mitigate their difficulties, it should also be noted that this could potentially lead to a risk of sexual exploitation.

Even if only 7% of individuals interviewed admitted that there are women who agree to have sexual intercourse in exchange for money or food or items, sexual exploitation is a form of SGBV that

⁶ Data from UNHCR level 2 registration as well as speculations identify women living alone in Doro as wives of SPLM-N soldiers fighting in Blue Nile.

certainly exists in Doro camp, though not disclosed. Adolescent girls in 8 FGDs declared that there are cases when a girl would accept money or gifts from boys in exchange for sex.

2. Help-seeking behaviours of women and girls

As already described above, incidents of rape go mostly unreported for several reasons, among which the most cited ones are shame and the fear of being stigmatised or mistreated by the community and the family, together with the fear of not being able to find a husband.

Interestingly, 82% of individuals interviewed stated they would report a case of violence against women if they heard about it. 85% of them said they would report the case to the local chief, while only 8% would report to the police.

As regards help-seeking behaviours of survivors, when asked whom women victims of violence would seek help from, respondents of individual interviews indicated the following people or actors: local chief (92%), family member (67%), local community committee (60%), police (46%), clinic (39%), friend or neighbour (30%).

The main reasons why survivors would not seek medical assistance include fear of being identified (53% of respondents), not knowing that they should access a health facility for treatment (40%), distance of the health facility (27%).

Similar but not totally the same results come out of FGDs with adult women. Participants of most FGDs said that if they were a victim of an incident of violence, they would tell about it to a family member, a relative or a trustworthy friend. If an incident of rape happened to a woman, she would seek help from the hospital (11 FGDs out of 16) and from the local chief (10 FGDs out of 16). Participants of 4 FGDs said they would seek help from the police. As regards accessing medical assistance, during 10 FGDs women declared they would go to a health centre but they would feel more comfortable to speak with and be visited only by a doctor in a private setting. Participants in 3 FGDs stated they would go to the clinic for treatment of sexually transmitted infections (STIs) if they experienced an incident of rape.

Concerning other forms of support available to survivors of SGBV, during FGDs women said that a victim of violence could find emotional support from fellow women in her community. *"If something like that happens to a woman, the other women visit her at home, bring her coffee and tea, stay with her and advise her so that she does not think too much about what happened"*, a woman said during a FGD. Similar answers were given by other participants in 12 FGDs.

Girls in 9 FGDs also said that they would seek medical assistance in the hospital if they experienced an incident of rape. However, girls would seek support mostly from close friends rather than from family members or the local chief. This is consistent with the tendency for girls not to report cases of rape for fear of being beaten or mistreated by the family and pointed at by the community.

3. Reproductive Health

The forms of SGBV affecting women and girls living in Doro camp are very likely to have important negative implications for their reproductive health.

Some of the causes of poor reproductive health of women and girls can be found in early marriage and early pregnancy, alongside a condition of imbalance of power within household that makes it impossible for women and girls to negotiate healthy and safe sexual practices or to refuse sexual intercourse with their husbands.

Another important reason why women's and girls' reproductive health is at risk is the absence of any family planning method.

Participants in most FGDs with both adult women and adolescent girls declared that they would do nothing in order to control or prevent pregnancy within marriage. Most women said they are willing to "produce as many children as God wishes". A woman said: "*As a woman, you don't have an option, your duty is to bear as many children to your husband as God gives to you*". Another participant stated that if a woman does not conceive children, she will be sent away from her husband.

Girls affirmed that it is not good or permitted to have sexual intercourse before marriage and that they would abstain from having sex in order not to become pregnant before marriage. If that happened, it would bring shame to them and their family. Abstaining from sexual intercourse before marriage can be considered a good practice to preserve girls' reproductive health, yet the fact that girls get married early means that they also become sexually active and therefore likely to get pregnant at a very early age.

Results of individual interviews reveal that 37% of people interviewed had their first child between the age of 15 and 17, while 4% had their first child at 14 or below.

74% of individuals declared that they do not use any method to prevent pregnancy, 15% said they do while 11% said they do not know or they did not answer.

A question was asked during both FGDs and individual interviews in order to know whether unwanted pregnancies result in abortions. Participants of almost all FGDs (both adults and adolescents) declared that if they were pregnant but did not want the child, they would do nothing and keep the child. Only during 2 FGDs participants said they would resort to traditional medicines to induce an abortion. Similarly, 89% of individuals interviewed stated they would do nothing if they were pregnant but did not want to be, while only 3 out of 131 interviewed people said they would use traditional methods to abort.

Women's and girls' reproductive health may possibly also be put at risk by another type of SGBV, namely female genital mutilation (FGM). As it can be inferred from results of interviews and FGDs, FGM is only practised by the Muslim communities present in Doro camp. 62% of interviewed individuals and 56% of key informants belonging to a Muslim community admitted that FGM is a traditional practice present in their community. However, a few respondents also said that FGM used to be done when they were in Blue Nile but since they came to Doro camp, they have stopped practising it. According to the answers obtained, the type of FGM that is practised is the excision of the clitoris and the age for a girl to undergo FGM is from a few months old to 5 years old according to the majority of the respondents. Regarding the method of practising FGM, the majority of answers indicated that it is done by a traditional birth attendant or a traditional healer in their own house. When asked about the reasons for practising FGM, respondents answered that girls need to undergo FGM in order to stay healthy (71% of answers). 67% of individuals also said that their

community performs FGM because it is a traditional practice that belongs to their culture since the past times.

Quite interestingly, half of the respondents declared that they believe FMG should not be practised, mainly because, according to their answers, it negatively affects child delivery, making it more difficult and more painful for women to deliver.

4. Protection concerns and risks of SGBV

Both quantitative and qualitative data collected through the assessment indicated that the safety, health and well-being of women and girls living in Doro camp are affected by several protection concerns.

In terms of camp layout, a few areas of the camp, especially those at the far ends, are not well connected to some facilities, e.g. health facilities, distribution points, water points. Some areas become inaccessible after rains as roads get flooded, meaning that some communities are partially cut off from the rest of the camp. In order to reach water points, or the clinic, or the market, women have to find alternative routes into bushy or isolated areas. Their safety is clearly put at risk not only on a SGBV-perspective, but also on a broader protection perspective as women might be attacked and robbed on their way back from the distribution point or the market for instance.

In terms of safe and easy access to services, the distance between the main distribution point and some communities represents a considerable risk for women and girls, even when the routes are passable.

It should also be reminded that some communities that settled outside the camp boundaries do not have access to some services at all. For instance, women living in these communities have to walk longer distances to reach a water point or they have to use a water point situated in the host community, which is very often a source of conflict. The absence of latrines means that women and girls are obliged to defecate in the open or to look for some bushes where to hide, which clearly puts them at risk. Moreover, the fact that most members of these communities have not received any support (tent/plastic sheeting, food, NFIs etc.) can lead women to resort to potentially negative or dangerous coping mechanisms in order to meet the family's basic needs (risk of sexual exploitation, risk of being attacked when going to the market to sell water, vegetable etc).

Within the camp, another contributing factor to insecurity and potentially to SGBV is the absence of clear mechanisms of control to deter incidents of violence and mitigate the risks for the safety of women and girls. At the time of writing this report, community watch groups were still not fully operational in the camp. As part of the assessment interviews, people were asked whether they knew of the presence of community watch groups in their communities. 70% of individuals and 88% of key informants declared there are no community watch groups in their communities. 27% of individuals and 12% of key informants answered that they did not know whether community watch groups are present or not.

According to results of individual and key informants interviews, the most significant safety and security concerns for women and girls are the risk of being attacked when travelling outside the community (according to 66% of individuals and 62% of key informants) and the fact of not being

able to easily and safely access resources and services (63% of individuals and 5% of key informants)⁷.

Respondents indicated the following as other concerns affecting women's and girls' safety: the risk of being sexually assaulted (19% of individuals and 35% of key informants), violence in the home (14% of individuals and 12% of key informants), going to latrines especially at night, or to the bush when there are no sanitation facilities available (11% of individuals and 4% of key informants).

As for places where women and girls feel unsafe within the camp, it was already explained above that water points are often considered unsafe places because women and girls are at risk of being sexually abused or harassed by young men hanging around. Respondents also reported other incidents occurring at water points, namely fighting, beating, stealing of jerry cans among refugee women and girls queuing up to fetch water.

Findings of both FGDs and interviews clearly show that the main protection concern is the risk of being attacked when going to collect firewood in the forests surrounding the camp. Participants in all FGDs, both adult women and adolescent girls, stated that incidents of violence occurring in firewood collection places include physical assault (mainly beating), stealing of tools and extortion, threatening, and sexual assault (mainly attempted rape). *"Men from Maban chase us away from the bush when we go to collect firewood. Sometimes they take our axes away from us and then ask for money or NFIs to get them back. They don't want us to collect their wood. They say that this land belongs to them not to the refugees and that we have to go away"*, a woman told during a FGDs. Similar accounts were given by many women and girls during the discussions.

As already outlined above, results of interviews with individuals and key informants also confirm that firewood collection places are the most dangerous zones where women and girls are at increased risk of violence. It should also be noted that women and girls are at risk of being attacked not only where they actually cut the wood, but also in the forest on the way to and back from firewood collection places, which are very far from the camp. According to the answers of people interviewed and of participants of FGD, it takes on average 3 to 4 hours to go and come back when women and girls go to collect firewood.

Almost all respondents (in FGDs as well as in individual and key informant interviews) declared that usually women go to collect firewood in groups. Nevertheless, this does not prevent them from being attacked by men from the host community, especially as they tend to scatter in the bush once they reach the firewood collection places.

Conflict between the host community and the refugees over access to natural resources is increasingly becoming an issue of serious concern for the security of the refugee population in Doro. Not only do tensions over firewood collection represent a risk for the safety of refugee women and girls, but in the long run they can also degenerate and become a threat for the peaceful co-existence between host community and refugees as well as for the acceptance of the latter in the territory of South Sudan.

⁷ As a matter of fact, access to natural resources, primarily firewood but also green leaves, grass, poles and other building materials, is conditional on women travelling outside the camp to the forests. Moreover, women often go to the market in Bunj town to sell water and sometimes NFIs in order to earn some money to be able to buy staple food such as sugar and other necessary items for the family (e.g. clothes, shoes etc.).

5. Recommendations

Findings of the SGBV rapid assessment conveyed in this report have shown that women and girls living in Doro camp are exposed to sexual and gender-based violence as well as to other threats to their safety and security.

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 Doro camp take action and coordinate to make Doro a safer place for women and girls. The following recommendations are 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 SGBV.

Camp layout

Roads condition within the camp needs to be improved in order to ensure a safe and easy access to services. In particular, some main roads get flooded when it rains thus forcing women to look for potentially dangerous alternative routes in bushy or isolated areas.

A new distribution area inside the camp could be considered. As the camp has stretched extensively to all directions, the current distribution point is very far from most of communities, which constitutes a risk for women's safety when they come back from food or other distributions.

A solution should be found for those communities that have settled outside the camp boundaries and have very limited or no access to services (especially water and sanitation, education). A relocation of those communities inside the camp boundaries could be taken into consideration, however it should also be noted that many areas in Doro camp are already congested and increasing the population in those areas will put pressure on available services to satisfy the needs of an increased population. A strategy to sensitize the population (those already living there as well as those who will be moved) and to mitigate potential tensions between the communities should be carefully planned. Alternatively, a redefinition of the camp boundaries to include those communities and a negotiation with the local administrative authorities to expand the camp surface could be considered. It should also be noted that at the time of writing this report, refugees who arrived during the May-June influx and who settled outside the camp boundaries had not been registered as refugees and therefore had no access to food and other kind of assistance (particularly, shelter and NFIs). The situation as such is a contributing factor for SGBV, particularly for sexual exploitation, and can put women's and girls' safety at increased risk as they resort to potentially dangerous coping mechanism to meet the family basic needs.

In more general terms, actors should be more proactive and solution-oriented when dealing with influxes of new arrivals in the camp. Not only are newly arrived refugees in need of prompter assistance, but also pressure on the existing population increases as they share their food rations and other items with the new arrivals.

Community services

To contribute to an increased security within the camp, not only for women and girls but also for the entire camp population, the presence and the effectiveness of community watch groups should be

enhanced. Capacity building for members of existing watch groups should be envisioned to increase their understanding on security and protection issues, including SGBV, and to support them with designing strategies to respond to and prevent incidents of violence within the camp. Community watch group members, at least half of whom should be women, should be sensitised on the importance of security for all people in the camp and should be encouraged to take responsibility of ensuring a safer environment in the camp.

In general terms, the social fabric of the camp needs to be improved through increased opportunities for the population as a whole, but especially for the youth, to socialise and make themselves active. Existing youth groups should be re-dynamised and offered vocational trainings as well as regular recreational and sport activities so that they do not spend most of their time hanging around idly in the streets.

Safer Access to resources

The problem of firewood collection with all the negative implications linked to it (conflict with the host community, serious protection concerns and risks for women's safety) should be regarded as a priority for actors working in Doro camp. Formal negotiations with local administrative authorities as well as consultations with representatives from both the host community and the refugees should be initiated to ensure that refugees can safely access firewood without putting pressure on the host community's natural resources. Nonetheless, as refugees would continue to need firewood, a more durable solution is needed to prevent the environmental damage linked to forests being depleted and to prevent further deterioration of the relationship between the two populations. Actors should look into the option of providing fuel-efficient stoves or, more desirably, supporting refugees to initiate the production of locally-designed and locally-made fuel-efficient stoves. It is recommended that an assessment be carried out to find out whether capacities do exist within the refugee population as concerns the production and the usage of fuel-efficient stoves. A rapid survey could be conducted to understand whether women could cook using less resource-consuming methods or whether there are some women who know how to locally make fuel-efficient stoves and could train the other refugees.

As regards access to water, water points need to be a safer place where women and girls do not incur risks for their safety. Members of water management committees should include women as well and they need to be trained in conflict management to resolve disputes among the refugees over access to water points. Members of water management committees should also be trained in issues related to SGBV to prevent incidents of sexual harassment and abuse at water points.

Better reproductive health for women and girls

Health promotion on issues related to female reproductive health should be reinforced focusing mainly but not solely on family planning and prevention of STIs and HIV/AIDS. Moreover, information about available services for survivors of SGBV (referral pathway), in particular about health care, should be made available to women and girls in the camp. Clinical management of rape as well as confidential treatment and emotional support are offered by the clinic managed by MSF-B in Doro camp. Women and girls should be sensitised on the importance of accessing available services for survivors of SGBV.

A more dignified life for women and girls

Although community-based support mechanisms exist within the communities to help survivors of SGBV, safe spaces need to be established where women and girls will be able to report incidents of violence in a safe and confidential way and where survivors of SGBV can receive emotional support. As a matter of fact, in order to guarantee that survivors of SGBV have access to a comprehensive assistance, psychosocial support services should be established including counselling and follow-up⁸.

Among the services to be provided to survivors of SGBV, a strategy for the socio-economic reintegration of women and girls victims of violence needs to be envisioned too. Nonetheless, the creation of social, educational, recreational and economic opportunities for the empowerment of the female refugee population as a whole should also be considered. Through increased educational and income generating opportunities in particular, not only will women be able to fulfil their potentials, but also some risk factors of SGBV could be eliminated thus contributing to the prevention of violence against women and girls in the camp.

A strong recommendation is given to establish secondary education for girls as well as adult education for women, which will help reduce the incidence of early marriage and will empower women to fully and actively participate in the life of their communities.

Access to information and participation in decision-making are still very low for women in the camp. A greater involvement of women at all levels needs therefore to be advocated for.

On a similar note, a greater effort should be made to mainstream gender considerations and protection from SGBV in all sectors of intervention. Not only do women have to be more involved in the actual design and monitoring of all interventions meant to assist them, but they also need to be consulted more on which services should be provided to them and how so to ensure that their safety is not put at risk.



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⁸ At the time of writing this report, there were no psychosocial support services available in Doro camp for survivors of SGBV.

Annex 1

GBV IMS – GBV Classification Tool

The six core types of GBV and their definitions are:

1. **Rape** — non-consensual penetration (however slight) of the vagina, anus or mouth with a penis or other body part. Also includes non-consensual penetration of the vagina or anus with an object. Examples can include but are not limited to: gang rape, marital rape, sodomy, forced oral sex.

This type of GBV does not include attempted rape since no penetration has occurred.

2. **Sexual Assault** — any form of non-consensual sexual contact that does not result in or include penetration. Examples can include but are not limited to: attempted rape, unwanted kissing, unwanted stroking, unwanted touching of breasts, genitalia and buttocks, and female genital cutting / mutilation.

This type of GBV does not include rape since rape involves penetration.

3. **Physical Assault** — physical violence that is not sexual in nature. Examples can include but are not limited to: hitting, slapping, choking, cutting, shoving, burning, shooting or use of any weapons, acid attacks or any other act that results in physical pain, discomfort or injury.

This type of GBV does not include female genital cutting / mutilation, or honor killing.

4. **Forced Marriage** — the marriage of an individual against her or his will.

5. **Denial of Resources, Opportunities or Services** — denial of rightful access to economic resources/assets or livelihood opportunities, education, health or other social services. Examples can include but are not limited to: a widow prevented from receiving an inheritance, earnings taken by an intimate partner or family member, a woman prevented from using contraceptives, a girl prevented from attending school, etc.

This type of GBV does not include reports of general poverty.

6. **Psychological/Emotional Abuse** — infliction of mental or emotional pain or injury. Examples can include but are not limited to: threats of physical or sexual violence, intimidation, humiliation, forced isolation, stalking, verbal harassment, unwanted attention, remarks, gestures or written words of a sexual and/or menacing nature, destruction of cherished things, etc.