



ADOLESCENT GIRLS IN CRISIS: VOICES FROM SOUTH SUDAN





Ihisa, 12, prepares some of the beans the family received from Plan International

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ADOLESCENT GIRLS HAVE IMMENSE VULNERABILITIES IN MANY AREAS OF THEIR LIVES. BUT IT IS CLEAR FROM THE FINDINGS IN THIS REPORT THAT THEY ALSO PLAY A SIGNIFICANT ROLE IN THE EVERYDAY SURVIVAL OF THEIR COMMUNITIES. THEREFORE – IN ADDITION TO ADDRESSING THEIR VULNERABILITIES – ACKNOWLEDGING AND SUPPORTING THEIR RESILIENCE WILL PROVIDE AN IMPORTANT PATH OUT OF THE CURRENT CRISIS IN SOUTH SUDAN.

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ACRONYMS

CEFM	Child Early and Forced Marriage
FGD	Focus Group Discussion
GBV	Gender-Based Violence
KII	Key Informant Interview
NGO	Non-Government Organisation
MHM	Menstrual Hygiene Management
SRHR	Sexual and Reproductive Health Rights

EXECUTIVE SUMMARY

Now half a decade long, the conflict in South Sudan has displaced four million people and placed seven million in need of humanitarian assistance.¹ While all civilians face multiple forms of insecurity, adolescent girls are affected by this protracted crisis in ways that are different both from adolescent boys and from adult women, and in ways that are often overlooked.

This report explores how adolescent girls within two age brackets (aged 10-14 and 15-19) understand the unique impact the crisis has upon them. It seeks to amplify their voices and perceptions of the crisis, and presents their views on how the humanitarian sector might respond.



Nyiel writing in her notepad in Baratuku resettlement camp.

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Drawing on data from research conducted with adolescent girls and their communities in multiple sites in South Sudan and Uganda during 2017, this research finds that the following issues are core concerns for adolescent girls:

KEY FINDINGS

PHYSICAL INSECURITY

Adolescent girls report the threat of physical violence as their main form of insecurity. Most prevalent in their responses is the threat of gender-based violence (GBV) with child early and forced marriage (CEFM) being the most commonly reported form of GBV. Adolescent girls describe these threats as a continuum of insecurity that stretches from their experiences at home, in the community and in the emergency context.

FOOD INSECURITY

The lack of access to sufficient food is also of concern to adolescent girls in South Sudan with 77 per cent reporting that they do not have enough to eat. Food insecurity influences their capacity to lead healthy lives, concentrate in school, and often requires them to take on extra household labour.

CONTRIBUTIONS TO THE UNPAID AND CARE ECONOMY

Adolescent girls report making a significant contribution to the maintenance and functioning of their communities through unpaid economic and care labour. This is primarily done through work in the household, which intensifies during emergencies or parental absence and can have a negative impact on their education and life journeys.

HEALTHCARE

Alarming 26 per cent of adolescent girls in South Sudan reported having considered ending their own lives at least once in the last twelve months and there is little to no evidence that there is any professional support for mental health issues. Adolescent girls have only sporadic access to a doctor or hospital for physical health needs and many find the costs of medicine or treatment prohibitive.

The research has identified more positive factors also and South Sudanese adolescent girls believe that their capacity to navigate the crisis is enhanced through:

FAMILY COHESION

Adolescent girls report that the presence of a mother and father enhances their likelihood of security. This was reported in terms of providing protection from violence committed by extended family and community members, having greater household resources when the family unit is intact, and in terms of emotional well-being.

ACCESS TO EDUCATION

Adolescent girls repeatedly identify access to education as a major protective mechanism in their lives. They report that education improves future opportunities and possibilities for an independent livelihood (and as such is a barrier against forced marriage). They further note it offers a safe space to develop networks outside of the family.

RESILIENCE

While adolescent girls experience extreme insecurities, they demonstrate the agency to positively shape their worlds. By building protective relationships with family, mentors and peer networks, adolescent girls share and deploy the resources, skills, and knowledge that they have acquired to provide for their own and others' well-being.

KEY RECOMMENDATIONS

RECOMMENDATIONS FOR ALL

- Invest in and deliver specific programmes targeting the unique needs of adolescent girls.
- Fund and deliver age sensitive longer-term programming that addresses harmful practices and seeks to positively shape gender equality in humanitarian settings.
- Support initiatives that build family and community support for autonomous decision-making for adolescent girls.
- Promote attitudinal and behavioural change that recognises, and does not devalue, the rights of adolescent girls.
- Build leadership skills to support adolescent girls' enhanced participation in decision-making.

DONORS AND POLICY MAKERS

- Prioritise funding for specialised protection programmes for adolescent girls that include access to age-appropriate safe spaces.
- Prioritise funding for initiatives that address the multiple and overlapping drivers of CEFM. These should address the immediate drivers of CEFM and put in place longer term prevention and mitigation measures.
- Prioritise funding for programmes that address the barriers to education including high school fees, the lack of school resources (books, pens, etc), teacher recruitment and training, and the protection of school buildings and infrastructure.
- Prioritise funding for the provision of adolescent girl-friendly information and services, particularly around sexual and reproductive health rights.
- Set targets for humanitarian and development funding in regards to the inclusion of adolescent girls in all humanitarian activity.
- Incorporate mechanisms across all investments to assess and understand the impact on adolescent girls.

PRACTITIONERS

- Allow adolescent girls to shape programme design and implementation process, including ensuring accountability mechanisms are accessible to adolescent girls.
- Ensure humanitarian interventions set clear targets and include specific indicators in programme monitoring and evaluation frameworks that assess the outcome of the programme for adolescent girls.
- Ensure that adolescent mothers and married adolescents are included in adolescent-targeted initiatives and general programming.
- Conduct gender analysis for all areas of programming that incorporates differentials for adolescent girls and listens to their voices and perspectives.
- Ensure education interventions incorporate and address the barriers for girls' participation. These include systemic barriers such as quality of education and the burden of household labour as well as practical barriers such as a lack of appropriate sanitation facilities and the financial cost of school fees and materials.

1. INTRODUCTION

Understanding the ways in which adolescent girls experience and navigate the crisis in South Sudan provides a foundation for the humanitarian sector to partner with them in addressing their concerns and increasing their capacities. The following report seeks to promote this understanding, focusing not just on the areas of insecurity for adolescent girls, but also on the positive ways in which they respond to their circumstances and in doing so strive towards a safer community for themselves and those around them.

Girl outside the abandoned headteacher's office at their former primary school, Pibor, Jonglei.
(©Plan International)



1.1 THE SOUTH SUDAN CONTEXT

The Republic of South Sudan achieved its independence from Sudan in 2011 after more than two decades of civil war. At least 1.5 million people are thought to have lost their lives in the 22 years of war with Sudan.² Following independence, the young nation has experienced internal conflict, with the current fighting reaching into its fifth year.

South Sudan therefore remains a protracted and complex crisis fuelled by several intersecting and mutually reinforcing factors. In 2017, there were spikes in armed conflict, affecting the Greater Equatoria region, Western Bahr El Ghazal and the capital city Juba, as well as continued fighting in the Greater Upper Nile region. Accompanying the increased risks to civilians, the UN estimates that almost two million women and girls throughout South Sudan are at risk of gender-based violence in 2018 (GBV).³ Furthermore, 28 aid workers were killed in 2017, increasing the challenges associated with aid delivery and humanitarian action. At the time of writing, a new round of peace talks had been initiated following a December 2017 ceasefire agreement.

The country's current demographics reflect this history with approximately 51 per cent of the population under the age of 18,⁴ and two-thirds under the age of 30.⁵ As a consequence of the fighting, one in three South Sudanese have experienced internal or external displacement, with levels of displacement reaching four million in 2017 and many amongst these have experienced multiple episodes of displacement.⁶ Of the four million displaced, over half (2.4 million) are under the age of 18, and 2.5 million are seeking refuge in neighbouring countries.⁷

Conflict and displacement as well as drought and a deteriorating economy have generated a food crisis, which is expected to worsen in 2018.⁸ For the first six months of 2017, parts of Unity State were officially declared to be in a state of famine. In January 2018, UNICEF reported that 250,000 children were "at risk of imminent death" due to severe malnutrition⁹ and in February the UN declared that 5.1 million people, almost half of the population,¹⁰ were severely food insecure.

Furthermore – as this report demonstrates - gender inequalities play a significant role in the crisis. Entrenched socio-cultural norms and practices put women and girls at greater risk of food insecurity than men and boys. Girls, particularly in rural areas and in disadvantaged states, show lower educational attainment than boys, and are at high risk of CEFM (Child, Early and Forced Marriage), which compounds food insecurity. According to

the 2018 *Humanitarian Needs Overview*, the 1,324 cases of sexual and gender-based violence that were reported in the first half of 2017 only hint at the aggression that largely goes unreported and unchecked.¹¹ This chiefly affect women and girls, who represent 95 per cent of the reported cases, while 19 per cent are children.

As this brief introduction demonstrates, the protracted crisis in South Sudan is the product of layered and long-standing issues. In such contexts, response to any individual threat or vulnerability can be undermined by the enveloping and overlapping impacts of others. With such a deeply entrenched conflict, addressing both the immediate needs of the population and the long-term causes of crisis is a major global challenge requiring a co-ordinated, sustained and cross-cutting approach.

1.2 RESEARCH QUESTIONS AND GOALS

This report focuses upon the experiences, voices and opportunities of South Sudanese adolescent girls trapped in this crisis. It is designed to understand how the humanitarian sector can better listen to, learn from, and partner with adolescent girls who face interconnected insecurities in protracted emergencies, and seeks to answer three major questions:

01 How do adolescent girls understand and experience insecurity?

02 How do adolescent girls navigate insecurity?

03 What are their needs and what opportunities exist to support adolescent girls in protracted crisis situations?

In asking these three questions, the goal of this research is to amplify the voices of adolescent girls. It seeks to present findings on the issues of significance to them, to better understand the coping mechanisms they deploy in response to the crisis, to identify how their capacities support their community, and to understand their priorities for their short and long-term futures.

Finally, the report translates the research findings into recommendations for donors, practitioners and policymakers.

1.3 RESEARCH HYPOTHESES

This research project tests several interconnected hypotheses, which have been developed based upon existing desk research and comparable case studies:

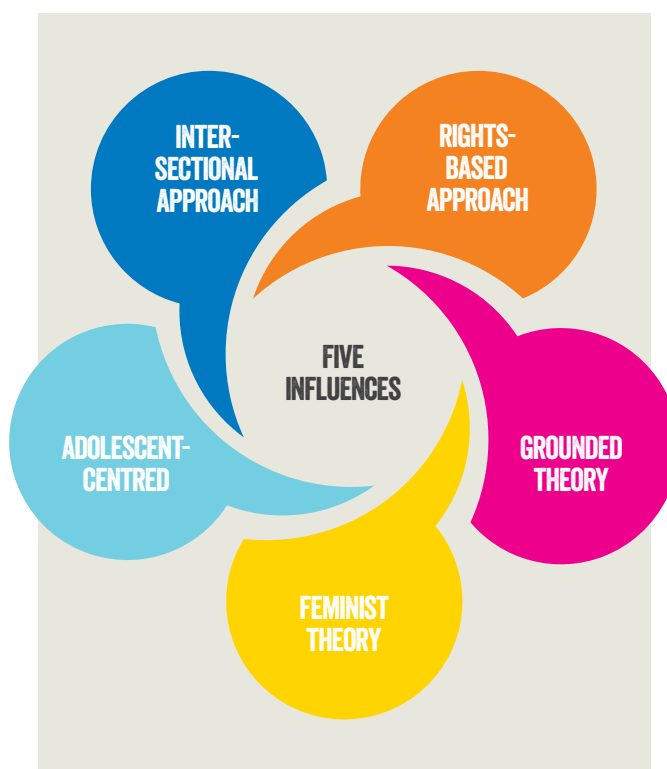
- The research hypothesises that adolescent girls experience crises in unique ways.
- It suggests that adolescent girls develop coping mechanisms, strategies and capacities that can positively shape their own security and contribute to their communities. In this sense, the research is seeking to test a claim that adolescent girls have the agency (i.e. knowledge, capacities and skills) to shape their lives and surroundings.
- The research seeks to test the idea that adolescent girls not only have a rational and demonstrated understanding of the context in which they live but are also well-placed to influence the understanding and priorities of the humanitarian sector.

1.4 METHODOLOGY

In order to test these hypotheses, the project places the voices of adolescent girls at the centre of its methodology. To achieve this, the methodology adopted in this research has five features (see Figure 1):

- 01** It uses a grounded theory approach, which draws upon the voices and experiences of adolescent girls to establish the knowledge base for this project.
- 02** It adopts a feminist methodology, which positions the advancement of the rights and empowerment of girls as central to the research process.
- 03** It is adolescent-centred in its efforts to amplify and legitimate the knowledge of young people.
- 04** Where the data permits, the research adopts an intersectional approach that recognises diversity in the adolescent experience of crisis. In so doing, it identifies where experiences are consistent across adolescent girls, and where and why some experiences may vary.
- 05** Finally, the research uses a rights-based approach with a focus upon the rights of the child. In particular, this report highlights Article 12 of the UN Convention on the Rights of the Child (1989) that speaks of children's right to have their voices heard in decisions regarding them.

FIGURE 1: FIVE INFLUENCES ON THE RESEARCH METHODOLOGY



This approach allows adolescent girls both a blank slate and a safe space to speak about their lives in a peer community. In doing so, it also makes adolescents authoritative in discussions regarding their own welfare and in understanding their social, political and economic contexts. It therefore seeks to place adolescent girls as both the source of knowledge *and* the primary analyst of their lives and experiences.

1.4.1 Data Collection

This report uses data collected in 2017 in ten sites in South Sudan and Uganda (see Figure 2).

In the South Sudan sites, Plan International contracted Forcier Consulting to collect data in July 2017 at five sites: Juba, Nimule, Torit, Yei, and Lainya. In Uganda, data collection was undertaken in November 2017 by Plan Uganda in five sites: Ayilo, Baratuku, Bidi Bidi, Nyumanzi, and Rhino Camp.

The geographic locations were selected in order to access a greater intersectional sample of adolescent girls and test the importance of location in shaping adolescent girls' experiences of crisis. Data collection in Uganda provided an opportunity to hear how adolescent girls compared their experiences in Uganda to those in South Sudan.



Mary, 18, learning at school in Nimule, South Sudan.
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FIGURE 2: SITES OF DATA COLLECTION



As demonstrated throughout the report, location can play a significant role in determining access to resources and the humanitarian sector, the likelihood of family separation, and the experience of physical security. Areas of significant variation are identified throughout the report.

During data collection and analysis, adolescent girls and adolescent boys were divided into two age brackets: 10-14 and 15-19 years of age. The purpose of this was to further analyse the intersection of age and gender in the experiences of adolescents. This is particularly important for issues such as CEFM, access to education, and adolescent pregnancy, where the experiences of each age bracket may be significantly different and age dependent.

Quantitative Research

Data collection adopted a mixed method approach including using a quantitative household survey with adolescent girls. The survey took place in South Sudan sites only, where between 48 and 51 surveys were conducted in each of the five sites with a total of 249 respondents. Respondents were randomly selected, and data collectors visited every third house in the community where safety permitted. The findings of this survey are reflected in the quantitative data presented in this report.

Qualitative Research

A total of 28 single sex focus group discussions (FGDs) of eight to ten participants were conducted with adolescent girls and boys in the ten sites across South Sudan and Uganda (see Table 1). The purpose of these groups was to provide greater contextual depth, allow open-ended questions and answers, and free-flowing discussions to take place. The FGDs allowed consensus-building around responses to certain issues or, alternatively, highlighted differences of views and experiences. The inclusion of single-sex FGDs with adolescent boys had three purposes: to cross-reference responses with accounts of the experiences of adolescent girls; to determine similarities and differences in the experiences of girls and boys; and as part of an inclusive, community approach to data collection.

A total of 32 key informant interviews (KIIs) were conducted with adolescent girls, community leaders, members of civil society organisations and non-governmental organisations. These interviews produced greater contextual depth, allowed follow-up questions to be asked, and provided opportunities for respondents to speak freely.

TABLE 1: NUMBER OF KEY INFORMANT INTERVIEWS AND FOCUS GROUP DISCUSSIONS BY LOCATION

SITE	AGIRLS 10-14	AGIRLS 15-19	ABOYS 10-14	ABOYS 15-19	P&G	C/NGO	COMMUNITY LEADER	LOCAL AUTHORITY
South Sudan								
Juba	FGD	FGD	FGD	FGD		KII (2)	KII (2)	KII
Lianya	FGD	FGD		FGD	FGD	KII (2)	KII (2)	KII
Nimule	FGD	FGD	FGD	FGD	FGD	KII (2)	KII (2)	KII
Torit	FGD	FGD	FGD	FGD	FGD	KII (2)	KII (2)	KII
Yei	FGD	FGD	FGD	FGD	FGD	KII (2)	KII (2)	KII
Uganda								
Ayilo	KII (2)	KII						
Baratuku	KII (2)	FGD						
Bidi Bidi	FGD	FGD						
Nyumanzi	FGD	KII						
Rhino Camp		FGD KII						
TOTAL	7 FGDs 4 KIIs	8 FGDs 3 KIIs	4 FGDs	5 FGDs	4 FGDs	10 KIIs	10 KIIs	5 KIIs

AGirls 10-14/15-19: Adolescent girls; ABoys 10-14/15-19: Adolescent boys; P&G: Parents and guardians; C/NGO: Community or non-governmental organisations

Sample Questions

The survey consisted of seven modules, which covered the following topics:

- 01 **EDUCATION**
- 02 **RESPONDENT'S HOUSEHOLD AND FAMILY SITUATION**
- 03 **ECONOMIC OPPORTUNITIES**
- 04 **RESPONDENT'S EXPERIENCES IN RELATION TO THE CRISIS**
- 06 **MENTAL HEALTH ISSUES**
- 07 **RESPONDENT'S EXPERIENCES WITH REGARDS TO EXISTING HUMANITARIAN RESPONSES**
- 08 **QUESTIONS FOR PARENTS AND GUARDIANS**

The questions and topics of the KIIs and FGDs were shaped to reflect the respondent group. Questions to adolescents sought to encourage responses regarding their own experiences and the experiences of their peer group on topics including education, household and family experiences, engagement with the humanitarian community, experiences of violence, and economic and food security. Girls were encouraged to speak openly and freely about their fears and hopes for the present and the future, and what changes they wanted to see in their community. Adult respondents were asked about their knowledge of the experiences of adolescent girls and asked to describe their attitudes towards issues such as CEFM, girls' education and roles in the household. This data provided important cultural context, and helped to corroborate or challenge the views of adolescents.

1.4.2 Data Analysis

Data analysis was undertaken by a research team based at Monash University's Gender, Peace and Security research centre. This team worked in partnership with Plan International HQ, Plan International Australia and Plan offices in South Sudan and Uganda to design the research question, methodology, and hypotheses. Following data collection, the researchers analysed the data and prepared the research findings and report.

It is important to note that this research project is not designed to establish prevalence with regards to any particular issue, for example GBV, or to provide either a quantitative-based or objective account of adolescent girls' experiences in general.

Consistent with the methodology, the goal of the data analysis has been to draw out and amplify the voices of adolescent girls in the research findings. Consequently, the findings in this project are subjective – adolescent girls do not have a single view or set of experiences in crisis contexts. However, the project does highlight areas of commonality and difference, which provides a rich understanding of how adolescent girls experience crisis. In this sense, the project uses the quantitative survey findings to provide an account of the broad experiences of adolescent girls. It further uses the qualitative research to contextualise the issues raised in the survey in the lives and experiences of adolescent girls.

1.4.3 Research Ethics

Attention was given to the ethical concerns of working with adolescent girls. In both South Sudan and Uganda local permission was obtained to conduct the research. In conducting the data collection priority was given to the creation of safe spaces for adolescent girls within focus groups discussions. There was a strong emphasis, when engaging with adolescent girls, for data collectors to be young and female to generate a sense of comfort and understanding. Data collectors were attentive to issues that might trigger distress, and the data collection tools were designed to limit the likelihood of exposing girls to discomfort. Referral mechanisms were in place for those that experienced distress and required follow-up support.

The relevant ethical protocols for both Plan International and Monash University were followed. All data collectors were working under Plan International's Child Safeguarding Policy and the research scope and data analysis had the approval of the Monash University's Human Research Ethics Committee. Principles of confidentiality, anonymity

and informed consent were applied, with parents being asked for consent for girls' participation and girls subsequently asked for their assent.

1.4.4 Limitations of the Data

There were substantial limitations to data collection. During the data collection period, fighting remained persistent in several parts of South Sudan, which made access to potential respondents difficult. Forcier (the data collection agency) reported that due to insecurity in Lainya, data collection was not conducted outside of the town centre. In addition, although data collection tools were designed in English, data collection was conducted in local languages and the findings translated back into English before analysis, which creates opportunities for both questions and responses to lose some nuance or meanings.

1.5 LITERATURE REVIEW

This report seeks to bridge knowledge gaps in our understanding of the impact of protracted emergencies on civilians by linking together the protracted crisis context and an understanding of the unique experiences of adolescent girls. In doing so, it draws upon a number of existing reports and research programmes within the sector that examine the role of gender and age upon those living in a crisis context.

1.5.1 A Focus upon Adolescent Girls

There is widespread recognition of the role that gender plays in determining the experiences of those affected by crisis.¹² Increasingly there have been efforts across the breadth of international humanitarian action to disaggregate data and findings by sex, and – as importantly - to deploy that data for the purposes of gender-sensitive programming.¹³ To this end, the United Nations Office for the Co-ordination of Humanitarian Affairs (UNOCHA) encourages both a “meaningful gender analysis, including the collection of sex and age disaggregated data” and “gender responsive information products that capture the differential impacts [of crisis] on women and men of all ages and backgrounds.”¹⁴ Consequently, there is an emerging body of research and programming analysis which examines the gendered experiences of crisis.¹⁵ This reporting brings to the fore gendered experiences of vulnerability, violence and access to survival resources in times of crisis for women.

In addition, there has been an emerging consideration of age. This is particularly highlighted in child protection, though it is yet to proliferate



Atong washes her hands using tippy tap in Baratuku camp.

(©Plan International / Rose+Sjölander)

across most humanitarian standards. Efforts to mainstream an age-based analysis brings into focus the unique experiences and inflated vulnerability of the very young and very old in crisis contexts.¹⁶ For example, in the case of young people, it highlights their over-representation among communities displaced by conflict and crisis.¹⁷ The UNHCR notes that over half of the 65.6 million forcibly displaced people worldwide are under the age of 18, placing stress upon their access to education and healthcare and increasing their vulnerability to trafficking and other forms of violence.¹⁸ In doing so, this draws upon the work performed by child-focused agencies and recognises the relational experiences of civilian populations in crises.

It should also be noted that there is emerging research within the sector that focuses specifically upon adolescent girls. In particular, the Women's Refugee Commission (WRC) has undertaken initiatives to influence programming for adolescent girls around issues including displacement, CEFM, SRHR and disability.¹⁹ Similarly, the Population Council has undertaken reporting and thematic reviews focusing on adolescent girls, though this is not specific to the crisis context.²⁰ The UNFPA has similarly produced a number of reports examining adolescent marriage, pregnancy and motherhood²¹ as well as the impact of disaster and conflict upon adolescent girls.²² Finally, Plan International has undertaken numerous studies which focus upon young people and, particularly, adolescent girls. These include studies on adolescent girls in disaster and climate change, safety in urban centers, sexual and reproductive health rights and adolescent girls' needs in humanitarian settings.²³

The growth in focus upon adolescent girls builds an evidence base around the unique vulnerabilities and issues that they face, as well as providing the sector with a layered and deeper understanding of the impact of crisis upon civilian populations.

However, while we are seeing a focus upon age and gender – and encouragingly some focused research on adolescent girls themselves - the sector still has some way to go in ensuring comprehensive engagement with the experiences of adolescent girls.²⁴ While the rhetoric is often in place, the attending methodology, analysis and findings remain superficial.²⁵ In general crisis reporting, where sex-disaggregated data and analysis exists, it often conflates 'women and girls' or 'young people' together. For example, the aforementioned 2018 *Humanitarian Needs Overview* presents findings regarding women, children and 'women and children' broadly. Similarly, age disaggregated data may speak broadly of children, adolescents or youth, and data may not be disaggregated by sex. While these broad categorisations may serve different needs, this can obscure the sometimes-stark variations in experience and capacity that both age and gender bring to different civilian constituencies. Therefore, there remain opportunities to further examine the intersections between gender and age, particularly in the crisis context.

1. INTRODUCTION

With this in mind, the report's focus upon adolescent girls in protracted crisis contexts – in particular in South Sudan - is a nascent area of focus for the humanitarian sector and remains under-researched. Care International has published *The Girl Has No Rights* (2014) and *Inequality and Injustice* (2016). These reports focus upon GBV, particularly its impact on girls. The former, importantly, includes a GBV baseline survey (dated October-November 2013) just prior to the outbreak of the current civil conflict while the latter reports shortly after the 2016 crisis. In 2016, UNICEF published *Promoting Positive Environments for Women and Girls: Guidelines for Women and Girls friendly spaces in South Sudan* which provides guidance for supporting the development of safe spaces. In November 2017, the International Rescue Committee published *No Safe Place* which provides quantitative data on the extent of non-partner and intimate partner violence in South Sudan. This report speaks particularly to the continuum of violence that women and girls have experienced throughout the history of the protracted crisis.

As outlined in the methodology section above, this report does not only examine the issues facing adolescent girls in the protracted crisis in South Sudan, it explicitly seeks their views and understanding of their situations. Such an approach enables the narrative of the crisis to be constructed primarily by adolescent girls themselves. As suggested above, adolescent girls often do not see the crisis or their own situation in the same way as adults or sector professionals. This methodology encourages us to think outside traditional thematic approaches and priorities, and allows adolescent girls to express their experiences and needs themselves. This provides an entry point to re-shape power relations between adolescent girls and the humanitarian sector. It allows humanitarian sector staff to position themselves as supporters rather than directors of girls' needs - recognising their demonstrated capacities and resilience in crisis contexts, and reinforcing rights-based approaches to humanitarian response.

1.5.2 The Protracted Crisis Context

The protracted crisis context is one where multiple crises layer upon, and interconnect with one another over a sustained period of time. The longevity of crises often reflect and reinforce poor governance and public administration structures, degraded or unsustainable livelihood systems, and intervention (or lack thereof) by external actors including states, international organisations and the humanitarian sector.²⁶

The protracted crisis context uniquely impacts adolescent girls in a number of ways:

- First, for adolescent girls, the crisis can last throughout their formative years. Ongoing disruption to nutrition, education, or knowledge building around issues such as sexual and reproductive health can have life-long effects.²⁷
- Second, the longevity of the crisis increases their vulnerabilities in unique ways. For instance, protracted economic insecurity can make girls especially vulnerable to trafficking, sexual exploitation and CEFM.²⁸
- Third, the layering of multiple crises requires an understanding of the exacerbating and intersectional effects that uniquely impact adolescent girls. For instance, there are clear connections between food insecurity, CEFM and disruptions to the right to education.²⁹ These patterns need to be identified and understood in programmatic responses.

2. RESEARCH FINDINGS

*Dorcas, 16, in Nimule, South Sudan.
(©Plan International / Mackenzie Knowles-Coursin)*

This section of the report presents the research findings and is structured around the three research questions outlined in section 2.2.

First, the report details the core sites of insecurity that have been identified by South Sudanese adolescent girls. Second, a cross-sectional analysis of these issues is undertaken to identify the sites and themes of resilience shown by adolescent girls: in particular, this section looks at the positive and negative coping mechanisms they have adopted as they navigate their way through the current crisis. It also highlights the capacities they have developed to shape the security and well-being of themselves and their communities.

These research findings then provide the basis for the recommendations and conclusions drawn in section 4.



2.1 SITES OF INSECURITY

South Sudanese adolescent girls were able to clearly articulate the threats facing their lives and communities. As detailed below, they report several areas where they feel their own security and well-being is significantly compromised.

For adolescent girls, these concerns intersect with – and shape – one another. They also move seamlessly between their home life and experiences in the community. For instance, adolescent girls recognise that their family context (particularly the presence, or absence, of their parents in their lives) will likely shape their prospects of physical and economic security, and their future opportunities. It will therefore have an impact not just on their home life but also on the experiences and treatment they receive in the community.

2.1.1 Experiences of Violence

“We will be beaten by unknown people. Because the security is not good at night. People can easily be killed or shot dead at night time.”

ADOLESCENT GIRL, 10-14 YEARS, JUBA

“[I] do not like living in the area because of the insecurity – there are gun shots and killings in the area as a result of the conflict.”

ADOLESCENT GIRL, 10-14 YEARS, YEI

“[R]ape is an issue in the community [as] a result of conflict.”

ADOLESCENT GIRL, 15-19 YEARS, TORIT

Adolescent girls report that the fear of physical violence is their main source of insecurity. In both FGDs and interviews, all adolescent girls acknowledged the persistent threat of violence in their daily lives. This is unsurprising, as the conflict in South Sudan has been characterised by rampant cruelty, including extreme levels of violence against women and girls.³⁰ In explaining the nature of this threat, adolescent girls describe a continuum of violence, which has become normalised in both the home and community. In FGDs and interviews they describe home lives that are permeated by physical and psychological violence, and public spaces that are hostile and insecure to them as a result of communal violence and the impact of conflict. This situation leaves adolescent girls with few safe spaces in which to retreat.³¹

The threat of GBV - including physical violence, sexual violence, and CEFM - was the form of

violence that concerned adolescent girls most. In FGDs, adolescent girls of all ages identified a number of driving forces behind the GBV experienced in South Sudan and Uganda. These included individual, interpersonal, communal and societal factors that combine to compound and exacerbate their vulnerabilities. They emphasise that this is further heightened by conflict, displacement, economic and food insecurity, and the rise of violent crime.

Child, early and forced marriage

“Forced marriage is common these days in Nimule due to the conflict. People could not manage to go to farms and cultivate because of insecurity in the country”

PARENT, NIMULE

“Girls are treated differently because they are considered a source of income in the family”

ADOLESCENT GIRL, 15-19 YEARS, NIMULE

CEFM is by far the most common form of GBV that respondents cite. Both adolescent girls themselves, as well as parents and other community members, spoke of the use of CEFM as a coping mechanism for crisis, including as a response to economic and food insecurity. None of the adults interviewed for this project described early marriage as a positive experience or in the best interests of adolescent girls. However, all respondents saw it as a means of coping with the crisis.

The drivers of CEFM are seemingly drawn from every aspect of an adolescent girl's life, with respondents linking their own vulnerability to a variety of factors. These include ingrained cultural practices, such as the payment of a bride price and the practice of polygamy,³² the economic security of their families, the marriage prospects of their brothers, family separation and the loss of parents, and the lack of educational and livelihood opportunities. These drivers are seen as overlapping and reinforcing, with many adolescent girls expressing a sense of hopelessness about trying to overcome these multiple challenges. Adolescent girls noted that while parents might acknowledge that marriage was not ideal for them, this concern was insignificant in the face of the practical limitations and pressures for families to continue the practice of CEFM.

A lack of comprehensive prevalence studies and available data on marriage rates makes it difficult to determine whether the rate of CEFM has increased as a result of the current economic and food crises.

A 2017 report found that the median age of the first marriage for women in Juba was 18, while it was 16 in both the rural area of Rumbek and the Juba Protection of Civilians camp, suggesting that the risk of CEFM increases in both rural and displacement contexts.³³ Respondents highlight that girls are often viewed as an asset or potential source of income for their families. This suggests that as resources become more scarce, the risks of CEFM increase. Overwhelmingly adolescent girls link their vulnerability to CEFM to the economic situation of their families and, in some instances, actively seek to mitigate this risk through engaging in small scale livelihood activities, taking on even more household labour or attempting to show their value through educational performance.

In two cases, respondents in the focus group discussions in Uganda highlighted that girls were being taken back to South Sudan to get married, often as the second or third wife, with economic gain going to their families. In some instances, community members report that girls were forced into marriage at a young age in order to fund the marriage of their brothers or uncles;³⁴ one adolescent girl in Uganda expressed her fear that, as her older brother was about to get married, she would be forced to marry to enable her parents to recoup the bride price.

“My friend from here was taken back to Sudan and gotten married to a man with two wives because of money and they did it in silence.”

ADOLESCENT GIRL, 16 YEARS, NYUMANZI

Community-based and conflict-related sexual violence

Community-based and conflict-related sexual violence are highlighted by respondents as an ongoing threat. In particular, all respondents noted that they did not feel safe walking around their communities at night, citing primarily a fear of sexual violence.

In South Sudan, 17 respondents in FGDs noted a particular sense of insecurity that they feel around soldiers or those in uniform while this issue was not raised by adolescent girls in Uganda. In addition to the presence of armed men, adolescent girls identify the breakdown of the rule of law, scarcity of resources, the normalisation of violence and the degradation of protective mechanisms (such as the presence of parents and attendance at school) as contributing to their vulnerability.

Whilst this study was not designed to examine prevalence, responses indicate that the threat of

sexual violence is a major concern for adolescent girls. This is consistent with research elsewhere that found that 33 per cent of adolescent women and girls (aged between 15 and 64) in South Sudan have experienced sexual violence at the hands of a non-partner, where many instances were connected to displacement, abduction or a raid.³⁵

“Soldiers force girls to get married to them if not you will lose your family.”

ADOLESCENT GIRL, 15-19 YEARS, LAINYA

“In the community, the soldiers are threatening to rape girls, forced the girls to marry them.”

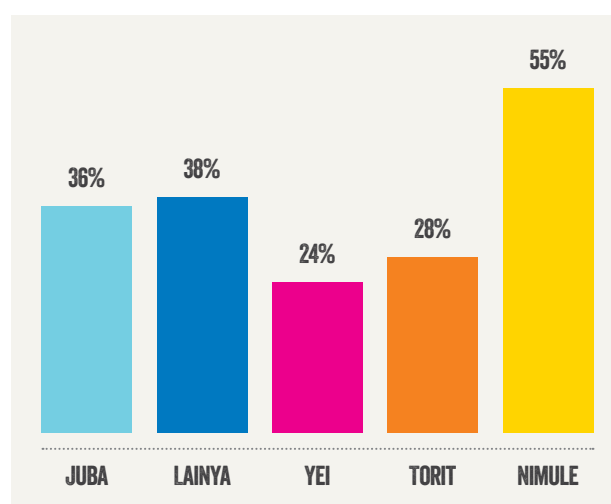
ADOLESCENT GIRL, 15-19 YEARS, NIMULE

Abduction and other conflict-related violence

Alarming, 33 per cent of adolescent girls surveyed state that they had been injured as a result of the conflict and 13 per cent of those surveyed state that they had been abducted at some point during the conflict. Among survey respondents 36 per cent had endured the loss of at least one close family member, either a parent or sibling, as a result of conflict-related violence. This varies by location, as shown below in Figure 3, with Nimule the highest at 55 per cent. This may be accounted for by the deteriorating security situation in the Equatorias, which is marked by ethnic clashes, land disputes and cattle raids. As the Juba-Nimule road is the only route to Uganda, it has become a flashpoint in the conflict.³⁶

As discussed in the next section, family separation is a major source of insecurity for adolescent girls.

FIGURE 3: RESPONDENTS HAVING ENDURED LOSS OF CLOSE FAMILY MEMBER DUE TO CONFLICT (N=249)



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Adolescent girl drinks water pumped from well.
(©Plan International)

Location remains a significant indicator across all forms of conflict-related violence and physical insecurity. Adolescent girls overwhelmingly report being safer in Uganda, where they have fled from the conflict, compared with South Sudan.

Across the sites in South Sudan, adolescent girls exhibited consistent concern about kidnappings, sexual violence, and criminal activities such as looting. There was particular apprehension about the high number of soldiers roaming the streets and the presence of active gun-fighting and violence. This was highlighted in Juba, where adolescent girls report a fear of sexual and physical violence, and adolescent boys express a fear of forced recruitment, robbery, arbitrary arrest, and physical violence committed by soldiers.

In Lainya, adolescent girls are not just concerned about physical assault, but they are concerned that they will be killed in deliberate or incidental attacks, particularly when they need to travel long distances to collect fresh water, firewood and access healthcare. Here, adolescent girls feel vulnerable to opposition soldiers living in bushlands. In Nimule, one respondent spoke of the Nimule-to-Juba road as being a particularly dangerous site for all civilians, including adolescents. Adolescent girls and boys in Yei report that the fear of being attacked prevents them from attending school as the walk is too dangerous.

"[P]eople do not feel safe walking around town because there are not a lot of people left and a lot of instances of killing"

ADOLESCENT GIRL, 10-14 YEARS, LAINYA

"[I] do not feel safe walking around during the day because girls often become victims of rape in the area."

ADOLESCENT GIRL, 15-19 YEARS, NIMULE

"[I] am scared of the gunshots and do not feel safe going to school."

ADOLESCENT GIRL, 15-19 YEARS, YEI

Overwhelmingly adolescent girls report feeling much safer physically in public spaces in Uganda. Focus group discussions with adolescent girls in all sites across Uganda report that the majority of adolescent girls prefer living in the camps for reasons including good neighbours, the presence of relative peace in the community, and good leaders. The primary reason for feeling safe was the presence of people in the community and the overall lack of fighting. Adolescent girls taking part in a FGD in Bidi Bidi told researchers that since arriving in Uganda they felt their community was peaceful and they "no longer hear gunshots" and "feel safe going to school or to the borehole with friends."

Family violence

Adolescent girls report a widespread awareness of other girls who have experienced family violence. This was often described in terms of “mistreatment” and predominantly referenced physical and emotional forms of violence, intimidation or coercion. To avoid triggering distress in interviews and FGDs, girls were not asked directly about their own experiences of family violence but instead asked if they were aware of such experiences amongst girls in their communities.

Adolescent girls reported that family violence was more likely when parents are absent. In FGDs, adolescent girls reported violence at the hands of extended (as opposed to immediate) family. In particular, adolescent girls spoke of step-mothers (in the case of absent fathers), aunts and grandmothers as being perpetrators of family violence. This suggests a gendered nature to the violence where it is extended female relatives and guardians who are named as perpetrators. Interestingly, adolescent girls in FGDs or interviews did not raise instances of family violence perpetrated by male family members – including husbands or fathers.

This is inconsistent with findings elsewhere which describe male-perpetrated family violence as widespread throughout South Sudan. For instance, Murphy et al found that “men and women noted that physical violence against girls in the home was a common form of violence” and occurred at the hands of parents, uncles and brothers.³⁷ They also found that the prevalence rate of intimate partner violence against women in South Sudan is amongst the highest in the world.³⁸

Alternatively, adolescent girls taking part in this research highlighted that the absence of their father from the home creates a number of vulnerabilities in their lives in addition to physical violence. This includes loss of income, capacity to access resources such as humanitarian aid, and loss of familial property due to inheritance issues.

“[M]any girls have become orphans and are forced to live with relatives who, in most cases, mistreat them – others get trapped into joining bad groups.”

LOCAL LEADER, JUBA

“[C]hildren have lost their parents during the war and [are] forced to live with relatives who mistreat them – beat them, do not feed them, do not enrol them in school.”

ADOLESCENT BOY, 15-19 YEARS, JUBA

“[I know] children being mistreated because the mother is far away.”

ADOLESCENT GIRLS, 15-19 YEARS, BIDI BIDI

“[M]any children are abused or mistreated because they live with their stepmothers as a result of the conflict.”

ADOLESCENT GIRL AGED 16, AYILO

“[I] worry that [I am] not on good terms with family members who will be angry with [me].”

ADOLESCENT GIRL 15-19 YEARS, BARATUKU

2.1.2 Family Separation

Family cohesion is a core determining factor for adolescent girls when describing their sense of security and vulnerability. Adolescent girls who live with their mother and father report being more secure than those who do not.³⁹ This was particularly noticeable in Uganda where adolescent girls were more likely to report absent or deceased parents.

“[I am] worried about [my] parents that [I] left behind.”

ADOLESCENT GIRLS, 15-19 YEARS, BIDI BIDI

“[I] wonder if [I] will be able to achieve [my] goals with father there to support [me].”

ADOLESCENT GIRL, AGED 17, RHINO CAMP

A majority of adolescent girls participating in the FGDs noted that orphans and those separated from their parents are likely to experience insecurity on a number of fronts: they are less likely to attend school due to the inability to pay school fees, they feel more vulnerable to violence, neglect, and overwork at the hands of extended family or guardians, and are more likely to report adverse health issues.

Where there is no extended family, or that family is unable or unwilling to care for them, respondents note that adolescent girls become heads-of-households, quitting school to provide for other siblings. In some cases, adolescent girls are forced by the extended family to get married. A 16 year old girl in Nyumanzi reports: “[I] know of children who have been abused or mistreated recently: heavy work, defilement, denial of education ... many children are orphans with no one to take care of them.”

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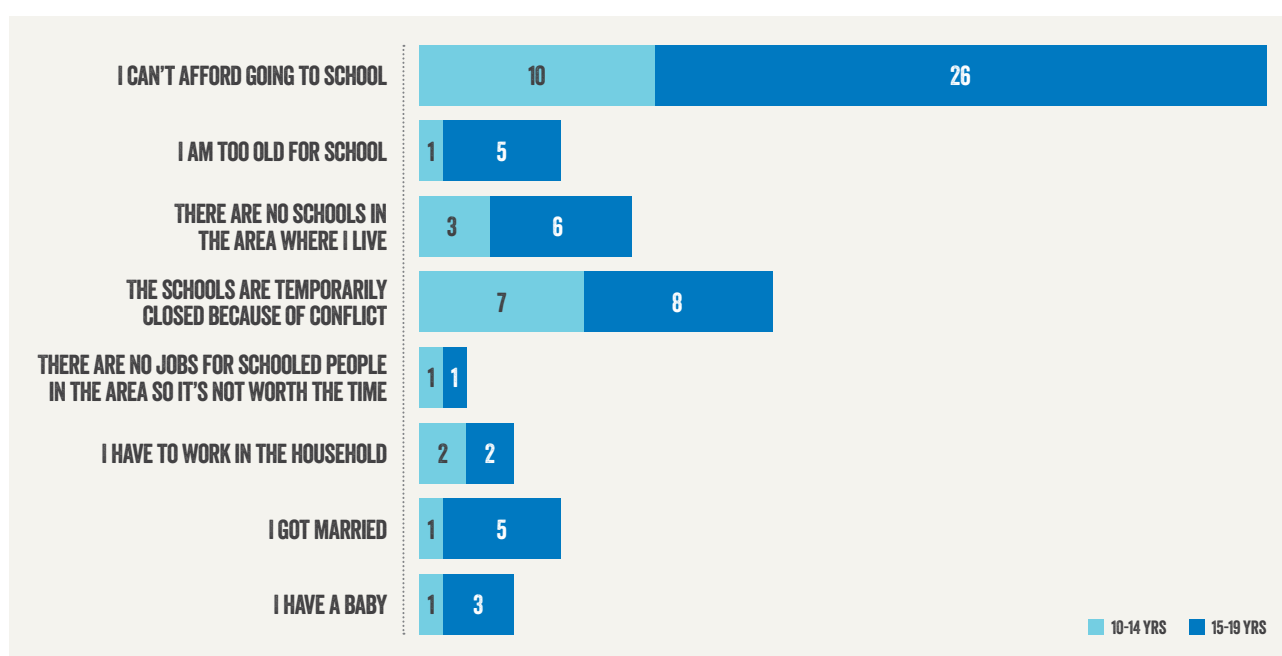
2.1.3 Education

Access to education in South Sudan is tenuous. Displaced children are those in greatest need of access to educational services.⁴⁰ Experiences of education are gendered with adolescent girls' access being undermined by both their perceived value as wives and by the reliance of their families on their contribution to household and care labour.

The impact of the conflict in South Sudan on access to education is significant and widespread. In a system already constrained by a lack of teachers and resources, approximately half

of the adolescent girls that participated in the FGDs reported that schools in their area had been destroyed or closed down as a result of the ongoing conflict. The closure of schools due to conflict was the second most common reason given by survey respondents as to why they were not enrolled in school, lack of money being the first (see Figure 4). Across South Sudan it has been reported that 11 per cent of primary schools that opened at the start of 2017 had closed by October-November and 30 per cent of primary schools had been attacked since the civil conflict began.⁴¹

FIGURE 4: FREQUENCY OF REASONS GIVEN FOR NON-ENROLMENT IN SCHOOL: SOUTH SUDAN (N=82)



In addition, many teachers, particularly in rural areas, have been displaced due to the conflict, causing a shortage of qualified teachers.⁴² This exacerbates school closures and creates a lack of faith in the quality of the schooling system. In some instances, community volunteers have been recruited to fulfil the role of teachers. However, the community often view them as poorly trained and not having the skills required to provide a quality education. Several adult respondents pointed to the impact of not having a good teacher-training programme to provide a sustainable pipeline of teachers or to mitigate the loss of professional teachers as a result of displacement caused by the conflict.

The recent economic crisis has added further strain on access to education for adolescent girls. In the FGDs over half of the adolescent girls reported that

they either cannot afford the fees for school or are unable to fund basic items such as uniform, school books and materials such as pencils. Of those surveyed, the majority response by far on why they were not enrolled in school was that they could not afford it (see Figure 3 above). Hunger is also emerging as a barrier to education, with adolescent girls highlighting that it was a barrier to enrollment in both Torit and Yei in South Sudan. Although it is difficult to discern a direct relationship between enrolment rates and the provision of food, many respondents in the FGDs point to this as a factor that would enable their attendance.

Attitudes of parents surveyed are predominantly favorable towards girls' education with 87 per cent of parents agreeing or strongly agreeing that a girl should have the same chance to go to school as a boy.

However, this is not reflected in the rates of school attendance. Only 16 per cent of females over the age of 15 in South Sudan are able to read and write, and in 2013 just 730 girls were enrolled in their last year of high school (from a population of 12 million).⁴³

While there may be communal support for girls to attend school, as outlined above, there nonetheless remain numerous barriers for girls in accessing education.

Significantly, education is highlighted as one of the main areas of security for adolescent girls. When asked about their hopes for the future, the majority of respondents discussed areas of study they would like to pursue as well as future careers based upon their education. Importantly, adolescent girls are very aware of the precarious nature of their access to education with many stressing their efforts to achieve good grades so that their parents would allow them to continue to attend school. Respondents in Uganda, when asked about the most significant change in their lives since leaving South Sudan, spoke both of their ability to attend school and the quality of schooling available to them.

“Some schools closed due to insecurity. Some students ran away for their safety. Some teachers ran away for their safety. School properties were looted. [There are] delays in payment of teachers’ salaries.”

YEI, COMMUNITY LEADER

“My children used to study, but not anymore because the school tuition is very high, and I can’t manage anymore. I have decided that they stay home this year as I look for money.”

PARENT, JUBA

“A girl who didn’t have school fees was advised by friends to have relationships with men in order to get school fees.”

ADOLESCENT GIRL, 10-14 YEARS, JUBA

2.1.4 Economic Insecurity and Livelihoods

Adolescent girls acknowledge the role of the ongoing crisis in their families’, and their own, economic insecurity. Displacement, family separation, overcrowding in camps, lack of employment, and the price inflation of food and basic goods were all recognised by adolescent girls in the FGDs as causes for the current economic crisis. For adolescent girls, the crisis context bears

directly upon their family’s capacity to provide those goods that are essential to their security.

“[It is] hard to grow up here due to lack of food in the families and lack of money – due to the economic crisis in the country, things are expensive in the market.”

ADOLESCENT GIRLS, 10-14 YEARS, JUBA

“[S]ome girls cannot afford to buy medicines even if they are available.”

NGO WORKER, JUBA

“[M]y friends cannot attend school because of a lack of money.”

ADOLESCENT GIRL, 15-19 YEARS, YEI

“[I] feel like [I] should leave school in order to make money to take care of [my] family.”

ADOLESCENT GIRL, 15-19 YEARS, BIDI BIDI

At home, all adolescent girls report that their family’s economic insecurity has a direct and negative impact upon many aspects of their lives. This includes their access to sufficient food, as outlined below with regards to food security and nutrition; in particular the family’s capacity to pay for school fees and school resources, including books, dominates adolescent girls’ responses when considering the greatest challenges confronting them during the economic crisis.

The family’s ability to provide sufficient clothes, shoes, menstrual hygiene products, and access to medications are also affected by their economic situation. Additionally, as discussed in section 1.2.2 economic insecurity is one of the key drivers for CEFM where the receipt of bride price provides a negative coping strategy for families in economic difficulties. In fact, adolescent girls describe how they are viewed as a source of potential income and a default safety net for their families.

According to respondents, adolescent girls are often the last in the family to access resources but the first who are called upon to increase and manage the family’s resources. An overwhelming majority of adolescent girls describe a burden of household labour. Both adolescent boys and girls agree that girls, rather than boys, are given the majority of domestic work. One adolescent boy in Yei (aged 10-14) notes that: “[My female] friends do not go to school [in order to] help their sick parents with the domestic work.”

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They further note that when the crisis intensifies, adolescent girls' domestic workloads increase significantly. In times of crisis adolescent girls actively seek out food, firewood, and water for their families, often walking long distances and through insecure areas. At home, their responsibilities include cooking, cleaning and caring for siblings and older family members.

There were fewer reports of adolescent girls engaging in formal paid employment outside of the home. However, there are frequent references to adolescent girls engaging in informal, small scale livelihood activities and they are often present in the marketplace selling items such as tea, firewood and bread. In Torit, particularly, several respondents state that adolescent girls work to support funeral services. In some cases, this work is undertaken on the initiative of girls who have been made responsible for raising the money for their school fees.

Troublingly, in Juba, Torit and Nimule at least one community leader and/or parent noted that adolescent girls were involved in the commercial and survival sex industries. One respondent (Community Leader, Juba) notes: "young girls are selling themselves for money because they have quite a lot of needs which their parents can no longer afford."

All members of the community acknowledge the negative impact that paid and unpaid labour has upon girls' education with many reporting that adolescent girls do not attend school due to household obligations. Despite their significant contribution of time, resources and emotional labour to the household's coping capacity, they are rarely included in decision-making on household finances, or distribution of resources amongst the family.

"My friends do not attend school because they are given too much work at home."

ADOLESCENT GIRL, 15-19, YEI

"The biggest challenge in my life right now is being overworked at home."

ADOLESCENT GIRL, AGED 14, AYILO

"My friends do not attend school because they are busy with domestic work"

ADOLESCENT GIRL 10-14, YEI

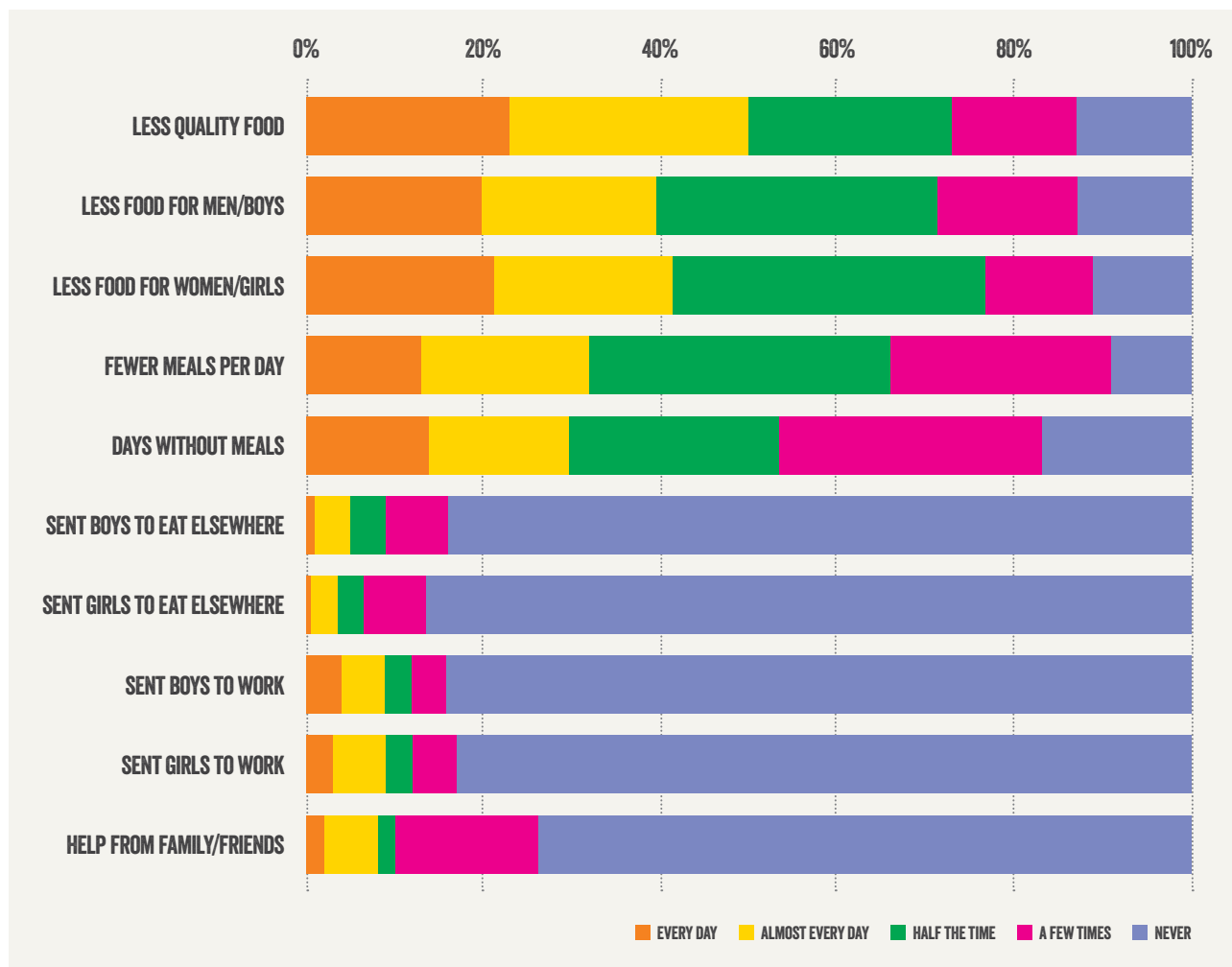
"[I] worry the most about not having enough time to revise because [I] have to do a lot of house chores [and] may end up failing [my] exams because [I] am overworked."

ADOLESCENT GIRL, AGED 17, BARATUKU

2.1.5 Food Security and Nutrition

All adolescent girls in the FGDs demonstrated concern with what many described as their growing food insecurity. Recent assessments show that just over five million people in South Sudan are considered to be severely food insecure.⁴⁴ Food security has been significantly affected by the ongoing conflict and displacement, and the disruption of both subsistence activities and livelihood opportunities. In conjunction, the devaluation of the South Sudanese Pound and the significant decrease in global oil prices has spurred an economic crisis and led to a dramatic increase in food prices.⁴⁵

FIGURE 5: HOUSEHOLD COPING STRATEGIES AND FREQUENCY APPLIED IN RESPONSE TO FOOD INSECURITY (N=249)*



*Graph excludes those that responded 'don't know'

Reflecting this deteriorating situation across the country, only 23 per cent (n=59) of survey respondents reported that they always have enough to eat, with 72 per cent (n=186) experiencing an occasional lack of food and 5 per cent (n=13) reporting never having enough to eat. In the survey (see Figure 5), adolescent girls reported that they were only slightly more likely to be denied food compared to male family members. The most likely coping mechanism for families with regards to food insecurity was to eat food of a lesser quality and to eat less frequently (see Figure 5). Almost all adolescent girls in the focus group discussions spoke of having to go to bed hungry. Coping strategies and efforts to mitigate these food insecurities are divided: in Uganda adolescent girls spoke of borrowing from extended family and their neighbours when there was a shortage of food. In contrast, in South Sudan adolescent girls predominantly highlight their engagement in small business activities such as collecting and selling firewood.

"Before the conflict, we eat three times a day but nowadays we are eating once in a day due to money problems."

ADOLESCENT GIRL, 10-14 YEARS, NIMULE

"Yes, sometimes we have to go to sleep hungry. To cope when there is not enough I am taking porridge, doing small business in order to get money for buying food."

ADOLESCENT GIRL, 15-19 YEARS, YEI

"I first borrow from my neighbour when I get my ration I pay back."

ADOLESCENT GIRL, 15-19 YEARS, BIDI BIDI

Girl with dignity kit distributed by Plan International in Nimule.
(©Plan International)



2.1.6 Engagements with the Humanitarian Community

Overall adolescent girls are not consulted by the humanitarian community and not engaged in the design and decision-making of interventions in their communities. This was largely true even for interventions aimed at either women and girls or adolescent girls specifically.

“My parents should be supported with income generating activities so that they can pay [my] school fees.”

ADOLESCENT GIRL, 16 YEARS, AYILO

“Government and other humanitarian Organizations should support education. Introduction of school feeding programmes. Money should be given to girls so that they can buy their essential needs.”

LOCAL AUTHORITY, YEI

There is a difference in experience and engagement with the humanitarian community and access to services for adolescent girls in South Sudan when compared with those in the Ugandan sites. In Uganda, adolescent girls were more likely to be able to reference specific programmes or initiatives that were active in their community and could describe successful past interventions. They also highlighted services that were available to them and spoke of the difference this has made to their lives.

The most common type of humanitarian support requested by survey respondents in South Sudan was livelihood initiatives, highlighting the significant impact of the economic crisis and food insecurity. Behind livelihoods initiatives, support is requested in areas related to education (especially the payment of school fees), and food distribution (particularly school food programmes). In the focus group discussions several adolescent girls identified social and community-based activities that they believe would benefit them in their communities, highlighting drama clubs, adolescent girls’ leadership initiatives, programmes to develop skills in manufacturing re-useable sanitary items and sports activities such as netball and soccer.

2.1.7 Healthcare

“The difficulties [with accessing healthcare] are drugs are too expensive to buy due to high inflation. Lack of parental care. Lack of ambulance service. Blocked roads due to insecurity.”

NGO, YEI

“It is hard because of weakness in the body, drugs are very expensive, hospital is very far.”

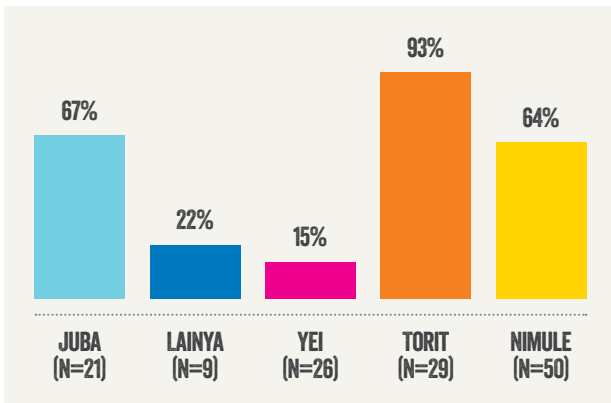
ADOLESCENT GIRL 10-14 YEARS, YEI

“Yes, they are willing [to access healthcare services]; girls who are not willing are probably hiding something; for example, pregnancy.”

COMMUNITY LEADER, JUBA

Access to healthcare has been limited in South Sudan due to underdeveloped infrastructure and has further deteriorated following the outbreak of the conflict in 2013. The Ministry of Health had estimated that almost half of the country’s medical facilities have been destroyed, many clinics and hospitals have been looted of their equipment and others have been deliberately targeted by armed groups.⁴⁶ Consequently, in a number of counties, respondents reported limited access to doctors and/or hospitals (see Figure 6). In addition, limited access to transport for the majority of the population and minimal access to ambulance services further complicate access to healthcare.

FIGURE 6: ACCESS TO A DOCTOR OR HOSPITAL BY COUNTY (N=135)

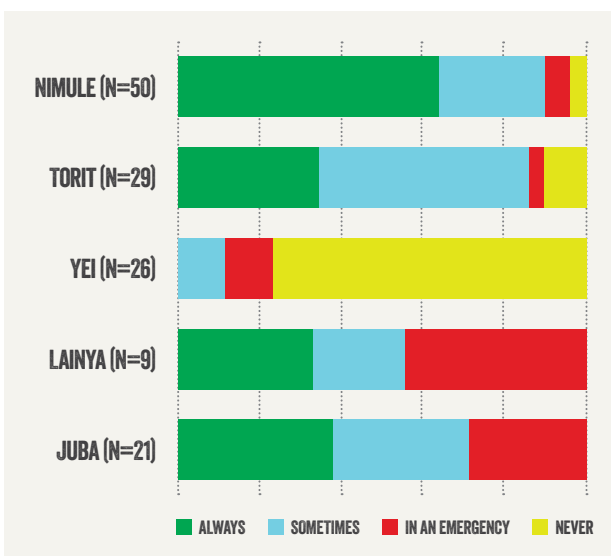


When asked about health and well-being adolescent girls raised both physical and mental health concerns. However, when it came to help-seeking behaviour, they talked primarily about physical health concerns. They noted many barriers to accessing healthcare:

- Economic insecurity creates an inability to afford both the consultation with the doctor (see Figure 7), and more often, the medicine needed for treatment.
- The conflict has hindered the availability of medicine,
- Intense fighting in areas such as Lainya and Nimule has led to the closure of health facilities
- Several adolescent girls reported stigma and negative community attitudes towards those accessing sexual and reproductive health support services.

Any of these factors may deter girls from seeking medical advice.

FIGURE 7: PARENTS' ABILITY TO AFFORD HEALTHCARE FOR SICK CHILDREN, BY COUNTY (N=135)



Mental Health

"The major problems are mental issues: depression, isolation, and trauma. What has caused these is the war because many of them lost their parents during the war, some of their parents were killed right in front of them, and others experienced rape."

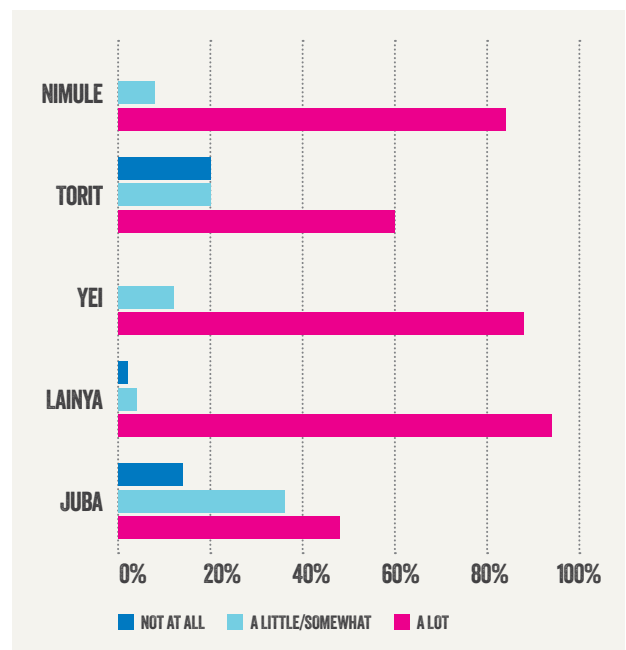
NGO, TORIT

"Yes, the war has caused many girls to have problems with their emotional health, examples of those emotional health are constant worrying about their health, because many of them are victims of rape, constant depression, mental problems and trauma. It is the ongoing war which has caused all of these problems."

NGO, TORIT

Mental health is a significant concern for adolescent girls, with many speaking of the lasting impact that witnessing and experiencing violence has had on them. Of all the adolescent girls surveyed across the five sites in South Sudan, 75 per cent (n=186) stated that the conflict has had a negative effect on their state of mind, and in Lainya this figure rises to 94 per cent (n=45) (see Figure 8).

FIGURE 8: NEGATIVE IMPACT OF CONFLICT ON STATE OF MIND, BY COUNTY (N=186)



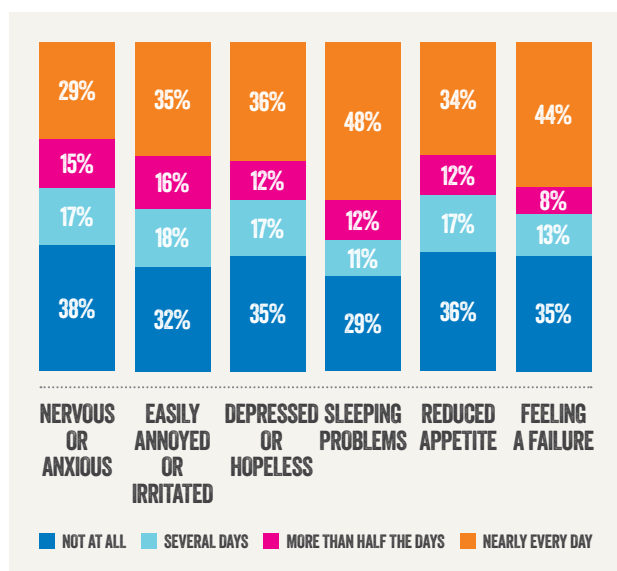
Respondents highlight the trauma and fear caused by the ongoing presence of soldiers, particularly for those that have been affected by violence committed by armed perpetrators. One mother in Juba described how her children now sleep under the bed and are afraid of any noise.

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“Yes, problem of trauma and fear caused by gun shots and the presence of armed soldiers.”

COMMUNITY LEADER, YEI

FIGURE 9: PSYCHOSOCIAL DISTRESS AND MENTAL HEALTH ISSUES EXPERIENCED BY RESPONDENTS IN PAST TWO WEEKS (N=249)



In the last twelve months, 26 percent of adolescent girls surveyed in South Sudan stated that they had thought at least once of ending their own life.

Sexual and Reproductive Health Rights (SRHR)

On the whole, adolescent girls show a lack of knowledge on sexual and reproductive health rights (SRHR) but express an interest and desire for information and accessible SRHR services. Many point to peers as their only source of information on SRHR and describe listening in to older girls' conversations as a way of sourcing information. NGO and CSO respondents, who particularly noted the lack of age-appropriate information and resources on pregnancy and menstruation, confirmed this:

“[G]irls in the community lack contraception, safer sex information, education on sexual transmitted diseases and proper clinics to visit.”

NGO REPRESENTATIVE, LAINYA

Rates of adolescent pregnancy in South Sudan are high with 2015 statistics indicating that for adolescent girls aged between 15-19, there is a birth rate of 158 per 1,000 girls.⁴⁷ Adolescent pregnancy brings with it extreme health risks including fistula, HIV infection, and a higher rate of infant and maternal mortality. The maternal mortality rate in



Girls on their way to the river carrying heavy bowls of washing on their heads.
(©Plan International)

South Sudan is one of the highest in the world with 2014 figures showing a rate of 789 per 100,000 live births.⁴⁸ However, it is important to note that there is a dearth of data on adolescent maternal mortality and maternal morbidity rates. As a result of the risk factors highlighted above, these rates are likely to be higher amongst adolescent girls than older women.

There is also a clear link between adolescent pregnancy and CEFM. One respondent noted: “Here in this community, when a girl gets pregnant (unplanned pregnancy), immediately she is chased to the very person who impregnated her ... I call this forced marriage.” Similarly, there is a connection between early pregnancy and access to education. Of those surveyed 85 per cent of adolescent girls who had ever been pregnant were not enrolled in school compared to 29 per cent of those that had never been pregnant.

Menstruation can also undermine the school attendance of adolescent girls with the cost of menstrual hygiene becoming prohibitive as a result of the current economic crisis. FGD participants in South Sudan and Uganda consistently note that the reason they did not have access to sanitary items was due to the cost and the inability of their parents or locally-engaged humanitarian workers to provide it for them. In Juba one FGD respondent reported that “there are a lot of pads in the shops [but] it increased in terms of price: [before] it was 30SSP, but now its 100SSP per packet.” As a result, adolescent girls note that they feel uncomfortable attending school or participating in social activities and the community during menstruation.

“My parents cannot afford to buy me [sanitary items] every month.”

ADOLESCENT GIRL, 10-15 YEARS, NYUMANZI

2.1.8 Security for the Future

Finally, adolescent girls are broadly troubled about their future prospects. This substantially shapes their feelings of insecurity and security and is evident in three issues: education, control over life choices, and overall peace:

- **EDUCATION:** Adolescent girls frequently report that their optimism for the future turns on their capacity to continue their education. All respondents note that education will give adolescent girls greater opportunities for independence, financial security, and the ability to provide for their families and support their communities.
- **CHOICE:** This is directly and significantly connected to their second anxiety about the future - their capacity for autonomous decision-making, especially around education and marriage. Respondents note that without the opportunities and protections that access to education brings, marriage becomes a viable yet negative coping mechanism for girls once they enter the later stages of adolescence.
- **PEACE:** The final source of pessimism for adolescent girls is the future of their country and the prospect of peace. Adolescent girls note that an end to the conflict will be a necessary precursor for a secure future, but many demonstrate scepticism about its likelihood.

"[I am] pessimistic about the future because [I] think things are going to get worse – intense war in the country, rampant sickness among the people, economic crisis, high rate of poverty within the community, poor education system and hospitals."

ADOLESCENT GIRL, 10-14 YEARS, TORIT

2.2 SITES OF RESILIENCE

As evidenced above, adolescent girls who have been displaced by the current crisis in South Sudan are experiencing – and are vulnerable to – complex and intersecting forms of insecurity.

However, in designing responses to the current crisis it is also important to acknowledge the resilience adolescent girls show through their own survival and through their responses to the issues facing them. Adolescent girls have adopted a range of positive and negative coping mechanisms that facilitate their navigation through the crisis. The positive coping mechanisms include relying upon familial relationships, building peer networks and identifying mentors, and adopting an optimistic outlook.

- **FAMILY:** The immediate family is the most significant site of support for adolescent girls. Adolescent girls cope with the burdens, challenges and insecurities facing them by turning to their parents, particularly their mothers. However, it is important to note that adolescent girls also identified the family as being – sometimes simultaneously – a threat to their physical and emotional safety.
- **COMMUNITY AND EXTENDED FAMILY:** Adolescent girls spoke widely about having open and supportive relationships with their mothers, but many also mentioned female school teachers as being an important source of emotional support and advice. Orphaned or unaccompanied adolescent girls turn to extended family for support. In such cases, adolescent girls report relying upon extended family for food, shelter and financial support but rarely spoke of extended family as providing emotional support. A few adolescent girls note the role that spirituality and the church plays as a coping mechanism and supportive community for them.
- **PEER NETWORKS:** In some cases, adolescent girls turn to their peer group for support. In this sense, the capacity to attend school is a significant coping mechanism for adolescent girls as it can provide a safe space to develop non-familial relationships. Adolescent girls report relying upon peer networks for emotional support, knowledge exchange and the sharing of resources. For instance, as noted in section 3.2.7 adolescent girls say that their primary source of SRHR education comes from other girls at school. Some adolescent girls note that they share clothes and pens to support their peer group to attend school. Others stated that they share class notes with those girls unable to attend school. There is also clearly an appetite amongst adolescent girls for wider and more formally mediated peer networks and safe spaces.⁴⁹ It is frequently reported in the interviews and FGDs that adolescent girls deal with abuse and issues facing them by remaining silent. Many reported that they would "feel better" if they had a community with whom they could share relatable experiences, receive advice, and share knowledge on socially marginalised or specific issues such as SRHR or MHM.

"[G]irls are not supposed to talk in front of elders – some of their issues never get addressed because of this, stopping them from participating in the community in the way boys can."

NGO MEMBER, JUBA

2. RESEARCH FINDINGS



Girls collect water in bowls from the river.
(©Plan International / Charles Lomodong)

Finally, it is worth noting that for some adolescent girls, optimism appears to be a positive coping mechanism. As noted in section 3.2.8, both adolescent girls and adult respondents were broadly pessimistic about their future. However, approximately 40 per cent of the adolescent girls who took part in the focus group discussions communicated their hope for a better and more secure future. While conscious of the limitations of their context, some adolescent girls have great ambitions. A focus group discussion of girls aged 15-19 in Rhino Camp (Uganda) elicited a number of responses when asked about how they see their future: two hope to become nurses, one wants to be an accountant, others indicate that they wanted to be a pastor, a pilot, a policewoman, a doctor and five indicated that they wanted to become teachers. Such optimism in the face of current challenges is a characteristic that is often associated with adolescence and demonstrates a source of resilience that is less evident in adult populations.

"...[I] want to become a doctor and achieve a better future once [I] turn 18."

ADOLESCENT GIRL 10-14 YEARS, LAINYA

"[I'm] optimistic about getting good jobs and eventually being able to help others because of the education [I'm] getting."

ADOLESCENT GIRL, 15-19 YEARS, JUBA

"The future will be good, because that time we will be in university. We will have a good job in the future"

ADOLESCENT GIRL 10-14 YEARS, JUBA

"I will create peace in South Sudan. I will become a good professional. I will develop the nation."

ADOLESCENT GIRL, 15-19 YEARS, YEI

Adolescent girls also identified a number of negative coping mechanisms that they voluntarily adopted or had imposed upon them. As discussed throughout the report, these include marriage (see section 3.2.1), increased engagement in paid and unpaid labour (see section 3.2.4) and leaving school (see section 3.2.3).

Both positive and negative coping mechanisms demonstrate the capacity of adolescent girls to shape their worlds and those of their families and communities, where structures and norms allow them to do so. Despite the adverse circumstances they are living under girls demonstrate resourcefulness, imagination, leadership, compassion, sacrifice, consideration of others, skills development and resilience. These are qualities that their community will need as it seeks to map a path out of crisis.

By recognising and acknowledging these qualities, we provide potential entry points for the sector to work with adolescent girls and, together, contribute to efforts to address their core concerns. Such a partnership also allows the sector to build upon the existing (but often ignored) capacity of adolescent girls in order, not just to protect them, but to promote, support and sustain their contributions to recovery and community building.

3. CONCLUSION AND RECOMMENDATIONS



*Lezia, 17, was sold into marriage for the price of 100 cows.
(©Plan International)*



*Anzoo is keen to return to formal education, but for now the remedial class is her school.
(©Plan International / Charles Lomodong)*

3.1 CONCLUDING COMMENTS

The protracted crisis in South Sudan presents adolescent girls with numerous challenges, both now and in the future. This research has found that they are uniquely affected in all areas of the crisis, and in some areas the impact on their lives is disproportionate. Moreover, their experiences are often overlooked or marginalised in both global research and response.

“The research has found that ... adolescent girls have developed coping mechanisms, strategies and capacities that can positively shape their own security and contribute to their communities.”

This report has adopted a grounded, feminist, rights-based, intersectional and adolescent-centric methodology to construct an understanding of the current crisis in South Sudan. In doing so, it has attempted to narrate the crisis from the perspectives of adolescent girls. It has not sought to impose the priorities of the humanitarian sector onto adolescent girls, nor has it explicitly sought a comprehensive or quantitative account of the issues facing South Sudanese girls. Instead, it has sought to amplify the diverse voices of adolescent girls in response to questions regarding what challenges them, how they cope with the crisis, and what their hopes are for the future.

The research has found that – in response to the crisis - adolescent girls have developed coping mechanisms, strategies and capacities that can positively shape their own security and contribute to their communities. It is therefore clear from the findings presented in this report that while adolescent girls have immense vulnerabilities in many areas of their lives, they also are – and will continue to be – significant agents in the everyday survival of their communities. Therefore, in addition to addressing their vulnerabilities, acknowledging and supporting their resilience will provide an important path out of the current crisis.

The recommendations that follow are drawn from the focus group discussions and interviews with adolescent girls. They seek to highlight the priorities identified by girls and to incorporate their suggestions and directions for change. In doing so, they are designed to acknowledge both the vulnerabilities of adolescent girls, and their agency and capacity to positively shape their communities.

3.2 RECOMMENDATIONS

3.2.1 Recommendations for All

- Invest in and deliver specific programmes targeting the unique needs of adolescent girls.
- Fund and deliver age sensitive longer-term programming that addresses harmful practices and seeks to positively shape gender equality in humanitarian settings.
- Support initiatives that build family and community support for autonomous decision-making for adolescent girls.
- ‘Promote the recognition of adolescent girls’ rights, and support attitudinal and behaviour change where girls’ rights are devalued.
- Build leadership skills to support adolescent girls’ enhanced participation in decision-making.

3.2.2 Donors and Policy Makers

- Prioritise funding for specialised protection programmes for adolescent girls that include access to age-appropriate safe spaces.
- Prioritise funding for initiatives that address the multiple and overlapping drivers of CEFM. These should address the immediate drivers of CEFM and put in place longer term prevention and mitigation measures.
- Prioritise funding for programmes that address the barriers to education including high school fees, the lack of school resources (books, pens, etc), teacher recruitment and training and the protection of school buildings and infrastructure.
- Prioritise funding for the provision of adolescent girl-friendly information and services, particularly around sexual and reproductive health rights,
- Set targets for humanitarian and development funding in regards to the inclusion of adolescent girls in all humanitarian activity.
- Incorporate mechanisms across all investments to assess and understand the impact on adolescent girls.

3.2.3 Practitioners

- Allow adolescent girls to shape programme design and implementation processes, including ensuring accountability mechanisms are accessible to adolescent girls.
- Ensure humanitarian interventions set clear targets and include specific indicators in programme monitoring and evaluation frameworks that assess the outcome of the programme for adolescent girls.
- Ensure that adolescent mothers and married adolescents are included in adolescent-targeted initiatives and general programming.
- Conduct gender analysis for all areas of programming that incorporates differentials for adolescent girls and listens to the voices and perspectives of adolescent girls.
- Ensure education interventions incorporate and address the barriers for girls’ participation. These include systemic barriers such as quality of education and the burden of household labour as well as practical barriers such as a lack of appropriate sanitation facilities and the financial cost of school fees and materials.

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Deborah, 12, is a student at primary school supported by Plan International in Nimule. She faces many challenges in life, but her main one is being able to prioritise her education.
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Acknowledgements

This report was written by Katrina Lee-Koo and Hannah Jay. It was commissioned by Plan International and undertaken in partnership with Monash University's Gender, Peace and Security research centre (Monash GPS).

The authors gratefully acknowledge the contribution of the following Plan International Offices: Plan International Australia, Plan International South Sudan, Plan International Uganda, Plan International United Kingdom, Plan International Headquarters. Thanks also to Chrissy Galerakis, Sophie Tanner and Juhi Sonrexa for managing the process. In addition, the authors would like to thank Forcier Consulting and Plan International Uganda for data collection, and Sara Phillips for research assistance.

Finally, the authors would like to thank adolescent girls and boys, their parents and guardians, community leaders and NGO partners who participated in the research. Without their contributions, the research would not have been possible.

Cover photograph: Plan International / Charles Lomodong

Layout: Out of the Blue Creative Communication Solutions - www.outoftheblue.co.za

Editor: Sharon Goulds

No photographs were taken during the course of this research. Girls featured in images in the report are not the same as those that participated in the research.

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