

GENDER EQUALITY AND SOCIAL INCLUSION

SOUTH SUDAN

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Introduction

Across South Sudan, girls, women, and persons with disabilities have trouble accessing adequate health care. Care for pregnant women, antenatal and delivery services, and postnatal care for mother and child are limited or restricted, often unintentionally. Care for victims of sexual and gendered based violence is sparse. Accessing reproductive health and feminine hygiene products is often laced with cultural stigma.

Patrilineal cultural practices and approaches that prioritise males as decision-makers often overlook or sideline holistic health approaches that benefit women and girls. The perspective of women, girls, and persons with disabilities is underrepresented in many life spheres. Low levels of education, a lack of employment, and limited access to other income-generating activities further compound why women do not participate in decision-making processes.

The country's ongoing conflict and subsequent displacement further impact health outcomes for women, girls, and persons with disabilities. It affects their awareness of health issues, restrains their ability to access services, misguides policy and programming, and contributes to their increased risks of exposure to sexual and gender-based violence. Girls in South Sudan also face the challenge of child marriage in a society that is often permissive to the practice.

Since the 19th century, there has been an increasing appreciation of the impact social determinants of health. Economic stability, education, the environment, socio-cultural factors, and community context have a significant role on the health of any given population. With these factors in mind, the GESI initiative was implemented in South Sudan to ensure the effective participation of women, girls, and other socially excluded persons, such as persons with disabilities, in health care.

Integration of the project into the public healthcare system in Western Equatoria State, South Sudan, aims to address the challenges women, girls, and persons with disabilities face. The primary goals of the prioritising gender equality and inclusion across health interventions in Western Equatoria project are to ensure equitable access to quality health services for all, support health systems reform, and address the social determinants of health. The project enhanced health access for the most vulnerable by supporting health facilities in five counties of Western Equatoria State namely Yambio, Nzara, Ezo, Tambura, and Nagero. Funding is provided by the Health Pooled Fund (HPF), supported by a consolidated fund from the British Government's Department for International Development (DFID), the Government of Canada, the

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Broadly, the project aims to:

- Address gender inequality and social exclusion and developing practical responses/approaches requires engaging both women and girls and all persons with disabilities, including those with mental disabilities.
- Develop effective responses and approaches through active engagement and participation.
- Integrate women and excluded groups in more 'mainstream' interventions and supporting initiatives to bring about gender inequality and social exclusion changes.
- Ensure that gender equality and social inclusion issues are integral to programme activities and not just mere add-ons.
- Provide women and excluded groups access to health services, engage communities, conduct oversight, and accountability processes differently, and improve understanding of different aspects of exclusion and inequality



¹Social Determinants Of Health: Practical Solutions To Deal With A Well-Recognized Issue, Rüdiger Krecha, retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3209985/pdf/BLT.11.094870.pdf> and, Contagion, Historical Views of Diseases and Epidemics, retrieved from <https://curiosity.lib.harvard.edu/contagion/feature/rudolf-virchow-1821-1902>

Measuring the impact of the Gender Equality and Social Inclusion initiative



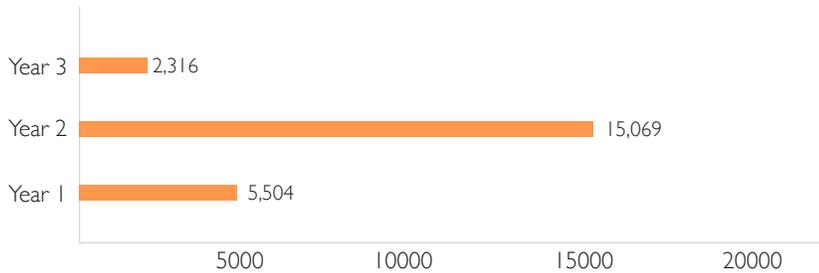
43

health facilities have been modified to support access for persons with disabilities— including those with mental disorders-- and survivors of rape or other SGBV incidents

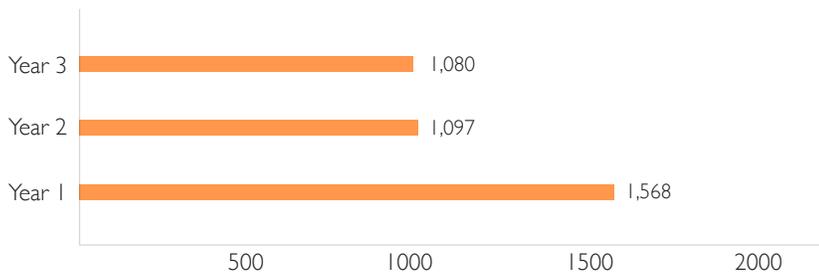
75



health facility committees functioning with a female chair or co-chair



Number of people with disabilities who accessed curative services:



Number of survivors of sexual gender based violence accessing services and support at health facilities



74

health facilities now have staff who have been trained on how to effectively identify and manage mental health illnesses and sexual and gender-based violence



74

skilled birth attendant were trained and assisted
7,493 women in 2019
11,718 women in 2020



234

women recruited to participate in leadership and governance on hospital advisory boards, health facility management committees, and community health worker positions



21

health staff members trained on clinical management of rape and gender based violence

Improving health care facilities to help pregnant women deliver children safely



Many women in remote South Sudan are still losing their lives or babies during home delivery. When women have no access to a health facility or lack awareness or information about safe childbirth, they are at risk.

"It is by the grace of God that my first four children are alive," confides 27-year-old Jivana Charles, a mother of five from Tindoka village.

With no knowledge of where to access safe deliveries at the health facilities, women have no option but to seek a traditional birth attendant during delivery.

"Whenever a woman is due to deliver, a traditional birth attendant is called. They tend to use old razor blades to cut the umbilical cord if the family cannot afford new ones, which causes infection, and can lead to death," Jivana says. "I gave birth to my four children at home under the care of a traditional birth attendant. My second-born baby came out, but the placenta remained inside the birth canal."

She recalls that the traditional birth attendant had to "put in her hand in to remove it forcefully, which almost cost me my life; I could not walk for two weeks."

Unfortunately, in South Sudan, such stories are too familiar. It is a society where men dominate. Getting women involved in community health and development matters requires challenging deeply-entrenched traditional decision-making roles.

The HPF Project excluded women at its inception. In Western Equatoria, all fundamental community structures such as hospital advisory boards, health facility management committees, and community

health workers were dominated by men. However, establishing a GESI department under the auspices of the project focused on recruiting more women into health care decision-making bodies, opening space for women to participate, and taking leadership positions and roles.

Josephine Badista, a mother of five and a vice-chair of the Tindoka Village Health Committee group, explains, "I lost three of my children due to a lack of information and delivering from home. Otherwise, I would be a mother of eight by now."

She feels that if a woman's perspective was represented in previous health care decisions, she could have avoided hard times in the past. Josephine, benefitting from the project and becoming a positive influence on other women, became the health committee's vice-chair because of the World Vision gender project.

Rosetta Emmanuel, a 24-year-old and mother of three, recalls, "Apart from my firstborn, I had my two children from the facility, and I am thankful that information came on time to save our children's lives. She adds, "My mother had lost four children by the time she had me, and I always thought that would be the case for me too, but now I understand why she lost them."



Close maternity services means that Jivana is no longer worried about her safety when she goes into labour. The facility is just a walk from her home.

Establishing the link between teenage pregnancy and early marriage

"I lived a life of self-pity. Sometimes I imagined waking up one morning walking on my own. Other children make fun of my condition, which makes me hate my own life," says 14-year-old Mary.

Mary was born prematurely. A terrible bout of malaria caused her disability when she was only two years old.

"As a father, I did all I could to see my daughter walk again but to no avail. I even sold my motorbike for her treatment, but that did not work," 35-year-old Martin says.

"I feel my child's pain. Every time I carried her to the hospital, she would softly ask, 'Baba, are you tired?' It broke my heart, but there was nothing I could do," Martin adds.

Mary and her family live in Nzara County, a part of Western Equatoria State, 22 kilometres away from Yambio, the capital town.

"Due to my condition, I always require the support of my parents to go to the hospital. When they are away on the farm for the day, I suffer immobility until they return home," Mary explains.

Mary is not alone in this predicament in South Sudan.

"I have been suffering without a mobility tricycle for nine years. As you can see, I have wounds on my legs because of crawling on the ground. I was helpless," points Colletha John, 19 years old, from Nzara County, Ringasi West Boma.

The GESI activities and the HPF Project in Yambio and Nzara counties were able to identify several persons with disabilities. Routine interactions revealed a lack of mobility tricycles could help persons with disabilities access services at the HPF-supported health facilities. With funding support, World Vision bought 20 tricycles and other supportive aids such as crutches and wheelchairs.

During the distribution, persons with disabilities spoke candidly about the Health Pooled Fund support and how much they have been saved through the issuance of tricycles.

"World Vision's visits and support gave me a sense of being visible, valued, and cared for. The tricycle completes my joy. At first, I was scared, but after receiving support, I felt comfortable like I got my legs back," Mary happily proclaims.

Martin adds, "I appreciate World Vision for putting a smile on my daughter's face. I can now walk by her side as she rides on her own to the hospital or wherever she needs to go."

"Thanks be to World Vision and the Health Pooled Fund for saving my life," Colletha joyfully declares. "I will use this tricycle to go to church to thank God who saw my suffering and provided miraculously. I will also use it to move to social gatherings and be with other people with dignity. I used to be confined at home, but now I can move and feel part of the community. I will also use the tricycle to access healthcare whenever I fall sick," she happily says.

Martha and Mariam Niue are also beneficiaries of mobility tricycles. They are aged 14 and 15 respectively and grew up all their lives without tricycles. They are from Yambio Boma in Yambio County. They were both excited about the 'miracle of tricycles'.

"We are few and often left out. World Vision was able to identify our needs and support us," Maria and Mariam proclaim.

They said the tricycles would ease their movements, including accessing health facilities



Being able to move around on her own, Mary can play with friend Benti and other children in her community.

when they fall sick. It was their most unmet need for several years. They said, "We are so grateful to World Vision and Health Pooled Fund for this humanitarian donation to us".

Over the years, Western Equatoria State, like the other parts of South Sudan, was affected by the conflict, leading to many challenges such as access to health facilities, especially for people with disabilities. With funding from the Health Pooled Fund, World Vision supports 75 health facilities in Western Equatoria, addressing the needs of vulnerable and neglected persons.

Aside from providing tricycles and wheelchairs, the Gender Equality and Social Inclusion project constructed, rehabilitated or modified facilities to support access for persons with disabilities. This included building ramps and evaluating how to assist persons with disabilities access health services further. Recipients of mobility tricycles also receive psychosocial support and counselling from World Vision and its partners. The gender equity and social inclusion initiative under Health Pooled Fund has been significant in ensuring that some of the needs of the once-neglected persons are finally being addressed.



Sunday is supported by Christine as she brings her son Given for medication at a nearby health clinic

Women Supporting Women To Make Critical Decisions Concerning Their Health

"I knew nothing about family planning then, that is why at a young age I conceived and dropped out of school in primary eight, but now I know better," shares 20-year-old Jenty Damiano, who is pregnant.

Despite Jenty's calm and quiet disposition, she is a tough and capable advocate for women's health issues. "Every girl or woman deserves to live healthily, and that decision has to be made by them; for that reason, raising awareness in the communities is vital," she says.

"I learned about the different types of family planning in 2018 at the Tindoka primary health care unit from a midwife."

Tindoka's primary health care unit is among the 12 health facilities supported by World Vision with funding from Health Pooled Fund in Yambio County, Western Equatoria State. In partnership with the state Ministry of Health, World Vision organised family planning sessions in schools and community-integrated outreach activities for women and men through focus group discussions with mother-to-mother support groups and male champion groups.

"I was able to join school again," Jenty says. "If it hadn't been for COVID-19, I would have completed senior four (form 4) by now. However,

all hope is not lost because I will still join after delivering my baby."

Now an advocate for women and girls' health, Jenty is also a part of World Vision's trained mother-to-mother support groups, and leads a team in the Tindoka community.

"Ever since I joined the support group, I have been able to reach over 20 young mothers who conceived and dropped out of school."

The support group is also part of the GESI initiative.

"Twelve young mothers are now taking the family planning and have enrolled back to school and conduct one-on-one meetings with mothers to make them aware of the dangers they put their lives in and their children's health due to lack of proper child spacing," Jenty adds.

Christine John, a 30-year-old mother of four is among the many mothers reached in the community during the family planning awareness sessions.

"In the community, the pressure men are put through if his wife takes long to conceive, is unbearable that is why women are just pregnant every other year."

Christine shares, "The only time I stayed long without conceiving was because I was ill. There is a two-year gap between my sons Godwill and Given. With my youngest child Stella, I almost lost her and my life during delivery because I had no energy to push the baby."

Stephen Epiu Leonard, World Vision's HPF Project manager, explains, "The establishment of Mother-to-Mother support groups, as part of the Gender Equity and Social Inclusion in Yambio County, have contributed to general acceptance of women's decisions. Moreover, it improved women's ability to make key decisions about their lives and health."

The number of women participating in mother-to-mother support groups and family activities has risen from 2,978 in 2019 to 4,711 women in 2020, demonstrating the efficacy of the GESI initiatives.

Christine says the initiative had a direct impact on her life.

"One day, as I took my daughter Stella for vaccination, I met Jenty and her team conducting awareness. I joined the group. Since that day, I realised I had the power to decide on my health and children," Christine concludes.



After organising a community awareness session about family planning, Jenty pays a follow up visit to check on how one of the programme participants and her children are doing

Health Consequences Girls Face Because of Child Marriage

“Growing up, we were treated differently from the boys because the only thing our father saw in us was his dowry,” explains Aniiri Moses who is one of eight children to her parents.

“Being a girl, my father considered me an asset. I watched the boys go to school every morning as I stayed home to help mother with the house chores.”

Because of her situation, Aniiri met Moses in 2017. “My husband was 21 when we met, and he was in nursing school, and just three months, I was pregnant.”

Aniiri was only 14 at the time.

“My father gladly gave me out in marriage and got SSP 50,000 (USD 111), just half of the dowry that he demanded from my husband’s people,” she recalls—having no idea of what to do at her age. She says, “I was stressed and sick with malaria throughout my pregnancy. I often wondered if I was going to die during delivery.”

Susan Baito, a midwife in Yambio State Hospital, shares, “Most of these girls face difficulties during deliveries or even lose their lives because their pelvis is contracted or not well developed due to their age. Hence, they end up getting a Caesarean section.”

Susan further adds that a Caesarean section can be more dangerous because mothers develop infected wounds with time and a lack proper care.

“I was so weak during delivery, and the nurses on duty at the time were worried that I would lose my life or that of the baby but thank God for His miracle. It took hours before I gave birth to my firstborn,” Aniiri confides.

Earlier this year, World Vision, with support from the Health Fund and as part of the Gender Equity and Social Inclusion initiative, identified and trained 450 vulnerable adolescents and young mothers, including 14 girls with disabilities, on Adolescence Sexual Reproductive Health Rights. The intervention

helped girls make informed decisions about their reproductive rights on family planning, antenatal care, and immunisation. As the Health Facilities are sparsely distributed, bicycles were provided to the young women to facilitate their movement to access curative health services.

Aniiri’s group meets up every Friday. “Now I am more aware of reproductive and maternal health services needed to keep the girls and their babies during pregnancy and at birth safe. In the group, we raise awareness of Gender-based violence, early marriage, and back-to-school campaigns for girls like me.”

Stephen Leonard, Health Pooled Fund project manager shares, “Half of the 450 girls enrolled in family planning uptake due to the information and knowledge received from the training. They are peer educators who go further to convey the messages to other girls within their various communities.”



Anari is part of a group that meets regularly to learn about reproductive and maternal health



Helping People who are Socially Excluded

“Epilepsy robbed me of my future. It made me a single mother because no man is willing to live with an epileptic-like me,” narrates Jenty John, a 19-year-old mother of one.

Jenty says her first epilepsy attack started when she was 14 at school in 2016. “I had no idea what was happening and how it happened. I just woke up after an hour surrounded by my teachers and classmates all concerned about my condition”.

She went home confused but kept it from her family. She adds, “But at exactly 8pm when we were all ready for supper, the attack happened again. When I woke up, I found my mother and siblings crying not because they thought I was dead, but because they assumed I would be a burden to the family.”

She tried going to school, but she dropped out as the attacks became frequent.

“The children often mocked and threw insults at me. The pressure became too much for me to bear; I stayed home,” she sadly shares.

Jenty felt helpless, alone, and neglected.

“My family isolated me from the community. The children were not allowed to eat and play with me. A man took advantage of my condition and got me pregnant before running away,” she says.

Jenty’s mother, Siama Samuel, works as a prison warden, while her father, Samuel, is a retired civil servant.

“I lost hope in her when her epilepsy worsened. We never knew how to deal with her. Nevertheless, fate has opened better plans for us through World Vision,” Siama says.

The worst part of the experience is that many people in her community do not understand that epilepsy is not a mental illness. Initially, it was what everyone thought she had.

Jenty learned about the Mental Health Department supported by World Vision through the Health Pooled Fund in Yambio State Hospital through a community member. The department was set up after recommendations from the GESI initiative to include people with disabilities and mental health issues.

Over a thousand people with several mental health issues have accessed the services in Nzara and Yambio Counties of South Sudan’s Western Equatoria State since September 2020.

“I started receiving the epilepsy treatment in April 2021. By the following month, the frequency of the attacks was reduced from several times a day to twice a week. I never missed taking the medication”, Jenty shares proudly.

She believes the medication is effective in stopping her violent attacks. Jenty is happy with the improvement. She adds, “I can proudly say that I got my life back. I am excited because I can eat normally and share everything with my family again after years of isolation.” Siama says, “I never thought my daughter would get better and live a normal life again.”

“I appreciate World Vision’s initiative to open such a department to support vulnerable people like us,” Jenty adds.



Jenty found the medical support she needed thanks to the GESI initiative



Conclusion

The Gender Equality and Social Inclusion initiative provides sufficient evidence demonstrating the achievement of providing support to girls, women, and people with disabilities. Health care access and equity are improved and social determinants of health are addressed by:

- i. Creating private spaces for women and girls through the renovation, maintenance, and construction of maternity wards and ensuring confidentiality during the examination of expectant mothers and sexual and gender-based violence survivors.
- ii. Installing solar lights in 18 supported health facilities making night deliveries easier and safer.
- iii. Training community midwives or replacing them with skilled enrolled and registered

midwives. As a result, the number of births attended by a skilled birth attendant increased from 2019 to 2020.

- iv. Constructing staff quarters so that midwives could stay within the health facility. This provides security for the midwives and allows them to be in attendance around the clock.
- v. Increasing sanitation through the construction of latrines.
- vi. Facilitating training of women chairs and co-chairs on their roles and responsibilities. The training empowered women to make better decisions for the plight of women and girls' health.

In addition, the initiative has actively increased the number of women participating in family

planning through mother-to-mother support groups. The project has also met the urgent needs of women and socially excluded persons by providing mobility tricycles and goods such as utensils and foodstuff to ease the burdens wrought on socio-economic challenges (food crises, conflict, poverty, and the Covid 19 pandemic). Perhaps most importantly is the increased visibility and effective participation of women and socially marginalised person. It demonstrates to the community that women can participate at various levels of the health care system and deliver positive results not only for women alone but also for society.





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