Rapid Assessment of Gender and HIV/AIDS:

Juba County and Yei County

October 2006 (Revised)

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Introduction

This report documents the results of a rapid situational and response assessment focusing on the impacts of gender and HIV/AIDS in War Child-Holland target groups–children and youth and their communities.

Assessment Purpose

A gender analysis and assessment of the present HIV/AIDS situation and appraisal of past and current responses to increasing gender equality and combat the spread of HIV/AIDS was conducted in order to:

- identify gender specific needs–both basic and strategic–and experiences of girls and young women and boys and young men for responsive project planning;
- reveal constraining and enabling factors of gender equality;
- expose risk and protective factors related to HIV/AIDS;
- and, make gender sensitive practice and HIV/AIDS content recommendations for War Child-Holland (WCH) program activities.

Assessment Scope

Secondary and primary research conducted between October 9 -31, 2006 addressed the autonomous region of South Sudan in general and Juba County and Yei County in Central Equatoria State specifically. Particular target groups were female and male children (ages 7-14), youth (ages 15-24) and adults (ages 25-49).

Methodology

The steps and methods of a rapid situational and response assessment were followed, consisting of:

1. a desktop study of the most relevant and current secondary sources of information;
2. determination of key gaps in secondary data and/or topics needing local data for verification of secondary sources;
3. creating of research questions and participatory analysis tools;
4. conducting individual and group interviews, focus groups discussions and small-group participatory activities with target groups and key informants;
5. and, synthesizing secondary and primary data findings into a cohesive situation and response report.

All focus groups discussions were arranged with the cooperation of WCH staff in Juba and Yei and held with target populations.

Limitations

There were several limitations in conducting this assessment:

- Time- Due to the short length of time able to devote to the immensely broad topics of gender and HIV/AIDS in two counties (with a combined population of nearly 500,000 people), the findings of this report are brief in their length and depth. However, few similar assessments have been undertaken in South Sudan after the region achieved it autonomous status in 2005 and other assessments have rarely utilized participatory tools for gathering data, making the findings of this report possibly unique and significant. Roughly 10 days were spent gathering data in Juba County and 5 days in Yei County. Interviews and focus group discussions ranged from 20 minutes to 2 hours in length due to the availability of informants. In some cases, longer or follow-up meetings would have yielded more data.

- Transportation- Due to lack of public transportation options in both Juba and Yei, visits to field sites and offices had to be coordinated with WCH staff and drivers and were thus of a limited number given the time limitations already mentioned.

- Insecurity- Both Juba and Yei Counties continue to experience seemingly random violent attacks aimed mostly at the civilian population. During the time of this assessment, villages and vehicles outside Juba Town were ambushed and dozens lost their lives. This insecurity limited field visits to sites within Juba Town and only the closest target communities. WCH mandates that Yei County activities happen within 10 miles of Yei Town so informants from outside this radius had to travel to Yei Town to take part in focus group discussions and interviews, constricting their numbers.

- Unavailability of Secondary Data- Information and statistics are severely limited on the specific topics of gender and HIV/AIDS for the particular counties of Juba and Yei, and for South Sudan in general for that matter. Secondary source documents and statistics largely come from United Nations (UN) agencies.

- Sensitive Nature of Assessment Focus- Given the sexual nature of HIV/AIDS and the cultural dictates of gender roles and expectations, informants needed sometimes to be encouraged to disclose their thoughts and experiences. Due to the brevity of field visits, target populations were unable to establish a long relationship with the consultant/researcher so WCH staff, who have established relationships, assisted in data-gathering activities whenever possible.

- Language- Some interviews, focus group discussions and small-group participatory activities required translation of questions, answers and instructions into local languages and then back into English. This create time constraints–fewer topics could be discussed.

- Unavailability of Juba Staff- Although twice as many days were spent in Juba gathering data, focus activities were held with only two of the four youth groups WCH Juba staff currently work with. Juba staff members were unavailable to assist in this assessment more than half of the ten days due to facilitating workshops, illnesses and other unknown reasons.

Report Content

This report is divided into two parts. Part 1 provides a context for the issues of gender and HIV/AIDS in South Sudan, Central Equatoria State and Juba and Yei Counties. Content is derived mostly from secondary sources. Part 2 contains primary source findings from key informant and group interviews and focus group and participatory activities. The result is a current snapshot of gendered realities and knowledge, attitudes, behaviors, and impacts or HIV/AIDS in target populations. The final section of Part 2 contains a summary of conclusions and recommendations for further action.

Near main market area, Yei Town

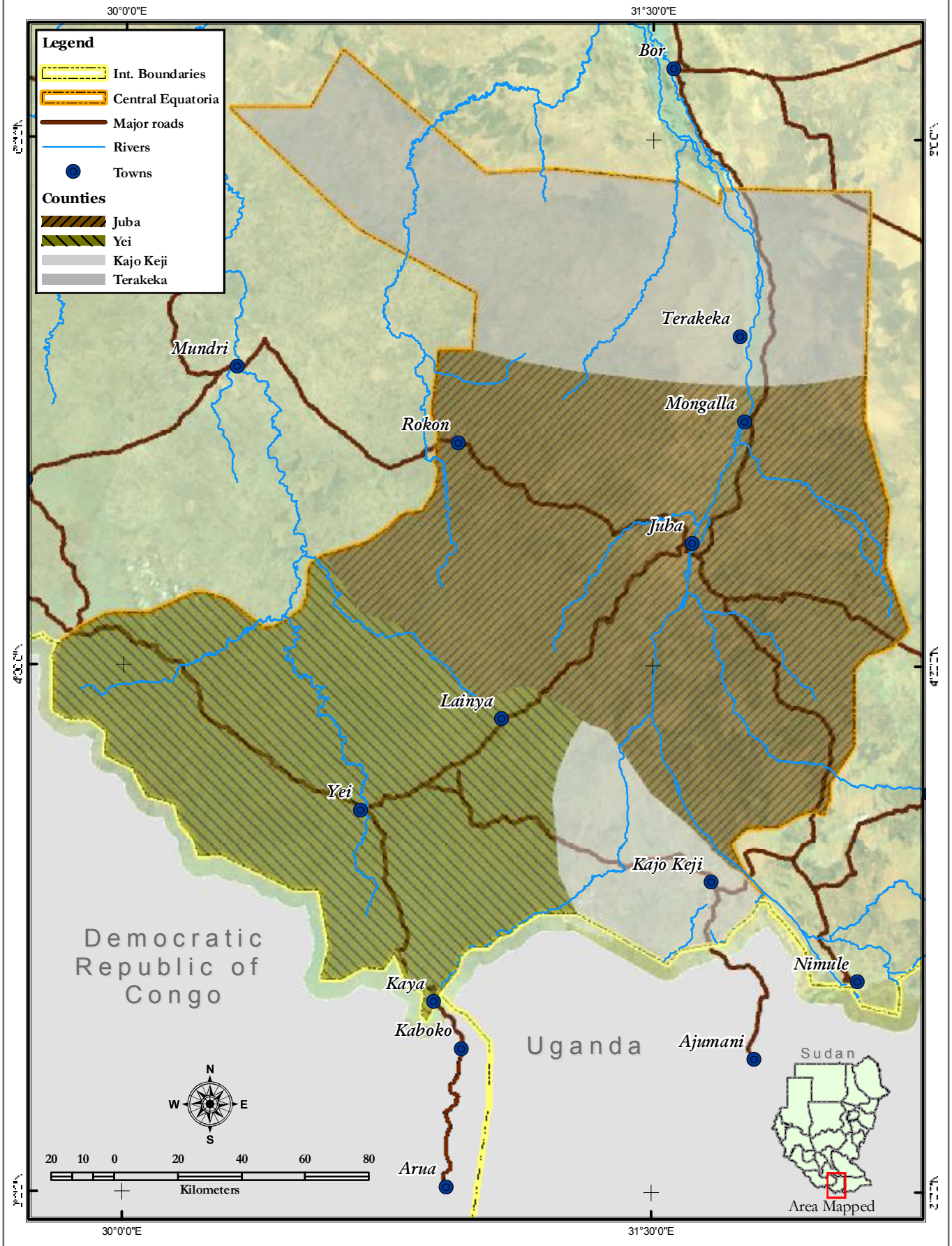
A Note on "Gender"

For the purposes of this assessment and report the term "gender" denotes the roles, expectations, and relationships society has constructed for females and males. "Gender" is not to be read as women or girls. Universally, females and males in any society tend to have different roles and expectations resulting in unequal relationships amongst people and between people and resources. Women and girls usually end up on the short end of this stick however, any unbiased gender assessment must not assume victim-hood for females and victor-hood for males.

Children, Youth and Adults

For the purposes of this assessment and report, children are any persons between the ages of 0-14 years (girls and boys) and youth are any persons between the ages of 15-24 years (young women and young men). Adults are any persons 25 years and older (women and men).

Central Equatoria State, South Sudan



Produced By Scott Sweet, Email: sweet.scott@gmail.com

List of Acronyms

ACORD - Association for Cooperation and Research in Development
ADRA - Adventist Development and Relief Association
AIDS - acquired immunodeficiency syndrome
ARC - American Refugee Committee
ART - anti-retroviral treatment
CAP - Comprehensive Peace Agreement
CAR - Central African Republic
CBO - community-based organization
CDC- Center for Disease Control
CWEP - Christian Women's Empowerment Program
ECS - Episcopal Church of Sudan
EPC- Evangelical Presbyterian Church
EYAPD - Equatoria Youth Association for Peace and Development
FGM/C - female genital mutilation/circumcision
GBV - gender-based violence
GoS - Government of Sudan (North)
GoSS - Government of South Sudan
HAI - HelpAge International
HIV - human immunodeficiency virus
IAS - International Aid Services
IDP - internally displaced person
IGA - income generating activity
KAP - knowledge, attitude, practice
LRA - Lord's Resistance Army
MDG - Millennium Development Goal
NGO - non-governmental organization
NPA - Norwegian People's Aid
PLWHA - people living with HIV/AIDS
PMTCT - preventative mother to child treatment
SCC - Sudan Council of Churches
SD - Sudanese Dinar
SPLA - Sudanese People's Liberation Army
SPLM - Sudanese People's Liberation Movement
STD/I - sexually transmitted disease/infection
UN - United Nations
UNHCR - United Nations High Commissions for Refugees
UNICEF - United Nations Children's Fund
UNMAS - United National Mine Action Service
USD - United States dollar
USH - Ugandan Shilling
UXO - unexploded ordnance
VCT - voluntary counseling and testing
WCH War Child-Holland
WFP - World Food Program
WHO - World Health Organization
WHOPA - Widows, Orphans, People living with HIV/AIDS

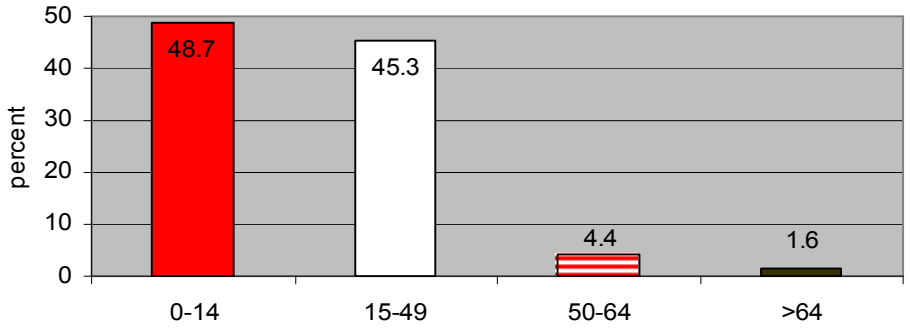
Part 1
CONTEXT

Context: Population

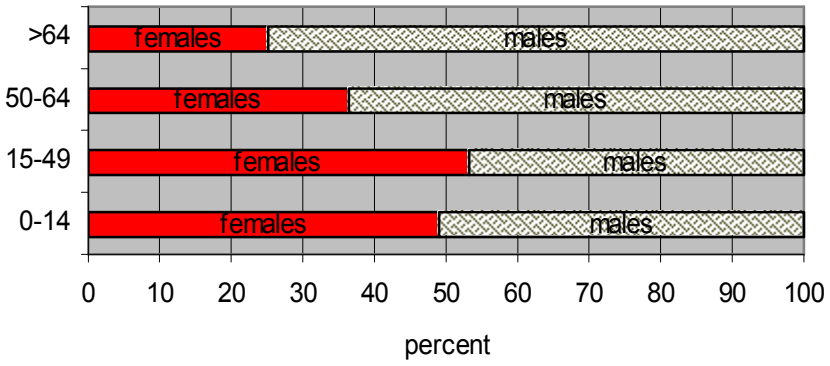
In January 2005, Sudan's government and the Sudanese People's Liberation Movement (SPLM) signed a Comprehensive Peace Agreement (CAP) ending a 22-year civil war that resulted in over 4 million internally displaced persons (IDPs) and 500,000 refugees (not including the Darfur crisis). Decades of conflict has caused the widespread destruction of infrastructure, the breakdown of education and other vital services, a disintegration of the culture. The people of South Sudan are now beginning a new struggle to peacefully rebuild their land and their lives.

The population of South Sudan was estimated at 7.5 million in 2004 and is expected to grow by 4.5 million by 2010 due to returnees—refugees and internally displaced persons (IDPs)–and a high natural growth rate of 3% (NSCSE/UNICEF). After decades of conflict, there is a demographic imbalance in South Sudan. The region has the highest portion of people under 5 years of age in the world at 21% and youth under the age of 18 make up 53% of the population. Females comprise 55% of the population due to the large number of males killed or forced to migrate in search of work (McCauley). Women have a 1 in 9 chance of dieing during childbirth over their lifetimes due to high fertility (6.7 or 50.5 per 1,000) and poor healthcare, leading to a phenomenon of more elderly men than women despite war's impacts on male numbers (NSCSE/UNICEF).

South Sudan Total Population by Age Groups, 2004



South Sudan Population Distribution by Gender per Age Group, 2004

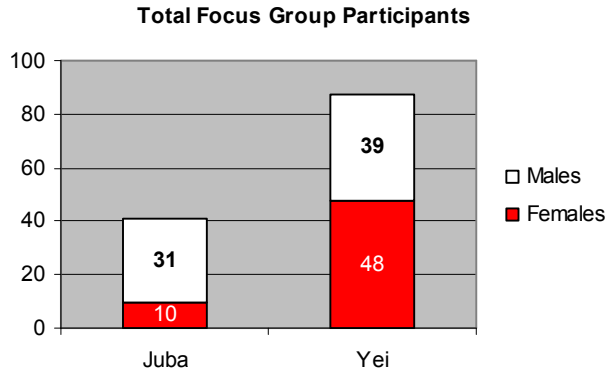


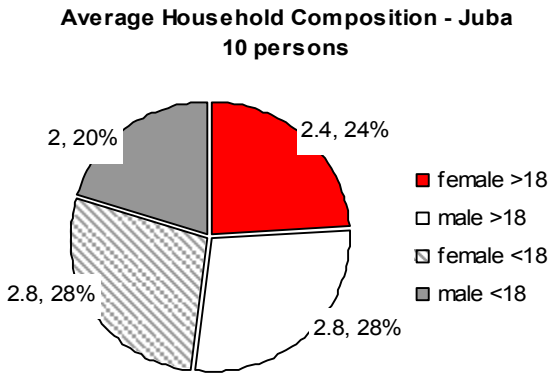
Source: NSCSE /UNICEF

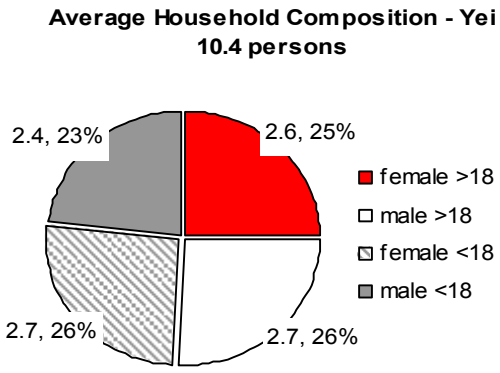
Target Group Demographics

The following demographic data was obtained from focus group participants in Juba and Yei by completing a short, anonymous form at the beginning of meetings. Complete demographic information is not available for all informants.

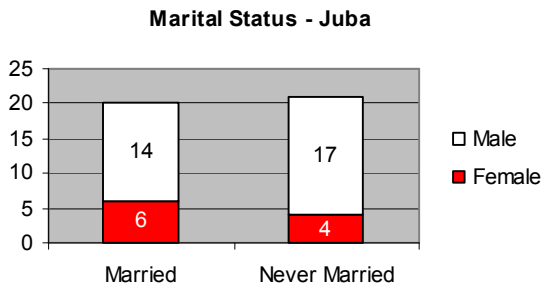
A gender balance was encouraged in attendance, however some groups were by nature predominantly male or female–teachers, village elders, women's groups. (See **Sources and References** page 63) Due to assessment limitations, the total sample size in Juba was small. Thus, Juba results may not be as indicative of the norm as those found for Yei.

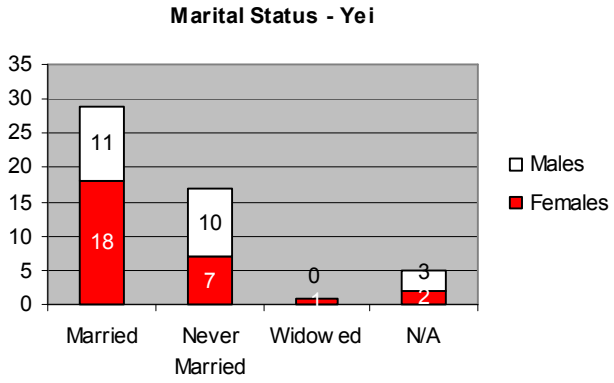




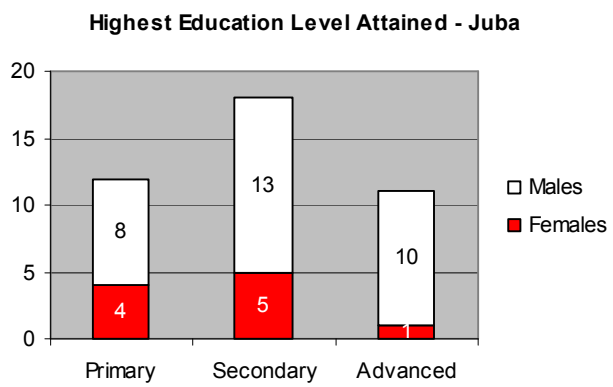


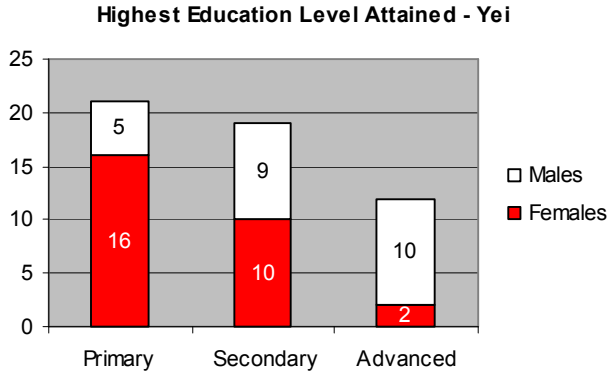
Informants were asked to report their total household size and its composition by age and gender. "Household" was defined as *the family members you live with*. In both Juba and Yei, persons over 18 years make up the majority of household members and females under 18 outnumbered cohort males. Total household size in Yei was slightly larger than Juba. Overall, households were fairly gender balanced.



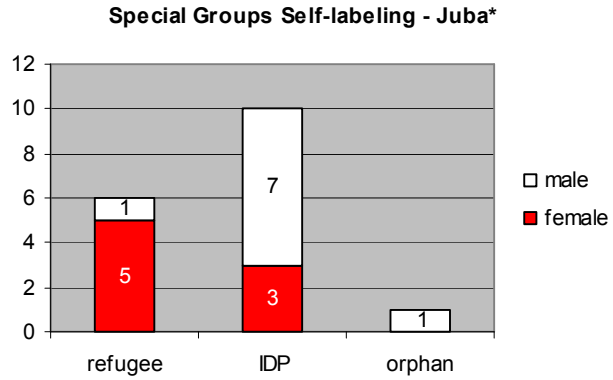


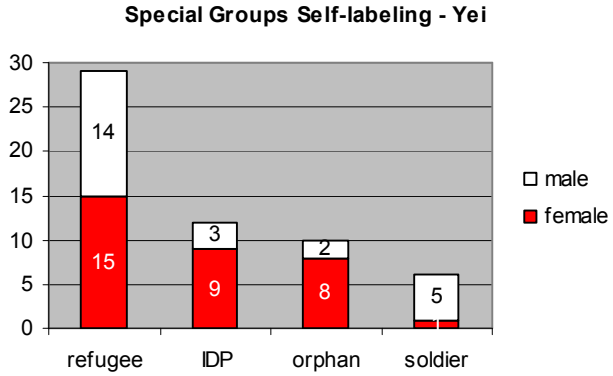
The majority of Juba informants were current or former IDPs, a status possibly affecting rates of marriage. The average age of youth group informants was 23 in Juba and 26 in Yei. Most females were married and unmarried participants were predominantly students.





Yei informant education levels follow the common pattern found in southern Sudan with most females only receiving a primary education before marriage and very few reaching advanced levels unless they are teachers.





Participants were asked if they were currently or had ever been a refugee, IDP, orphan (lost one or both natural parents) or a soldier as these populations may have unique experiences and special needs. Juba informants were mostly current or former IDPs while most Yei participants have left Sudan for nearby Uganda, or Democratic Republic of Congo (DRC) and returned at least once. Refugees and IDPs tended to be more informed about HIV/AIDS than the general public due to past targeted programs sponsored by UN agencies and non-governmental organizations (NGOs) or experiences in other countries with active anti-AIDS and girls education campaigns. All orphans continued to live with at least one parent or had been taken in by extended family members rather than by formal orphanages.

Context: Juba County Overview

Geography and Demographics

Juba County is the largest county in Central Equatoria State. The Nile River traverses the County from south to north. The 2005 estimated population of Juba County was 235,000 with approximately 4% (9,400) of the population being under 1 year of age and 21% (49,350) being under 5 years of age (NSCSE/UNICEF). Juba Town is the headquarters for Southern Sudan. It hosts various regional and state ministry offices as well as the regional offices for the UN and NGOs. Juba's status as a capital city of southern Sudan has raised expectations of increased livelihood opportunities among the population. Therefore increased population movement into Juba have happened in recent years and are expected to continue.

Infrastructure

There is a network of roads connecting Juba Town to other parts of the County and neighboring counties. However, access along some of these routes has been constrained by the threat of mines, road surface quality and continued violent attacks. Some of the roads are also impassable during the wet season. Most, bridges on these roads were destroyed during the war. Presently there are no rail links to Juba, but there is a long-term plan to link Juba by rail to the port of Mombassa in Kenya. There is an international airport in Juba Town and most types of aircraft can land there. Juba Town power and water supplies are limited. Landline telephone assess is scant. Internet capability is largely provided through the UN.

Security

In the past, Juba County was insecure with SPLM/A (army) and Government of Sudan (GoS) forces vying for control. Although there has been relative peace following the signing of the CPA in January 2005, parts of Juba County and Juba Town have been insecure due to Lords Resistance Army (LRA) and unknown militia attacks which threaten road mobility. According to the United Nations Mines Action Service (UNMAS), there are reports of land mines on a number of roads leading in and out of Juba Town. Access to most parts of the region is still restricted due to landmine contamination. Water points, schools and health facilities are also heavily mined.

Internally Displaced and Refugees

The persistent insecurity in Juba County from 1997 to 2002 resulted in the displacement of people from various parts of the area. Over the past four years the number of internally displaced persons (IDPs) living in camps has fluctuated. The majority of the IDPs were from Juba Town and surrounding villages. The number of IDPs living outside the camps is unknown.

Juba County IDP Population

	2003	2004	2005
Number of IDPs	45,528	24,829	27,000

Sources: WFP, *Greater Equatoria Region Annual Needs Assessment*, 2002/03. *Statistics of Returns in Counties of New Sudan Regions (January 2004/March* 2005)

In 2005, over 12,700 IDP returnees to Juba were reported, heightening economic hardships for host families. A large number of the returnees are students coming into Juba town seeking to join the few available education facilities.

Child Soldiers

During 2002, 2,279 children from Juba County were demobilized in the United Nations Children's Fund's (UNICEF's) Child Soldiers Demobilisation Programme. After undergoing a program to reintegrate them into civil society through education, psychosocial support and vocational training, they were then provided with start-up kits and reunited with their families. The number of child soldiers–under 18 years of age–still in the SPLA and other combatant groups is unknown (IMU/OCHA, Juba).

Socio-Economic Status

The livelihood of most communities in Juba County revolves around crop and livestock production. The socio-economic status of households in Juba County has been determined by combining food security measures and local perception surveys. In 1999, 80% of the population was either "very poor" or "poor". Number of livestock owned was a main determinant of wealth. The number of children and wives was also a perceived indicator of wealth possibly due to their free labor which allows agricultural families to produce more. Widespread poverty among the population is attributed to the high level of insecurity and resultant displacement.

Socio-Economic Status: Juba County (1999)

Socio-economic Group	"very poor"	"poor"	"middle"	"better off"
% of population	42	40	11	9
Number of wives per man	0-1	2	2-3	3-4
number of children per man	0-3	8	9-20	>20
number of shoats* per household	2	5	10	20
feddan** cassava cultivated in normal year	1/8	1/4	1/2	1

Source: WFP Monitoring and Assessment 1999/2000 *shoat:-a weaned animal **feddan-4,200square meters or 1.04 acres

Trade

The transport infrastructure, which facilitates trade in and out of Juba County and Town, nearly collapsed after 22 years of civil war that ravaged the region. One of the main dividends of peace is the reconstruction of the major roads leading into Juba Town – mainly the Juba- Yei road linking the County with Western Equatoria and Uganda, and the Juba – Torit – Lokichoggio road linking Juba to Kenya. The World Food Program (WFP) has been involved in repairing and demining these roads since 2005. As a result of the repairs, trade from neighboring states and countries have been on the rise. Trade has increased in Juba County with traders from Yei and Uganda bringing their goods and foodstuffs into Juba Town. Old trade ties between rural areas and Juba Town are also reestablishing (IMU/OCHA, Juba).

Context: Yei County Overview

Geography and Demographics

Yei County is located in the far south of Sudan in Central Equatoria State. The county borders Uganda to the south and the DRC to the west respectively. The population of Yei County was estimated to be 313,190 in 2005 with approximately 4% (12,568) being under 1 year of age and 21% (65,770) under 5 years of age (NSCSE/UNICEF).

Infrastructure

An all-weather road passes through Yei County from Kaya Town on the border with northern Uganda. The WFP has rehabilitated 406km of road along this route such that trucks and trailers can now travel on it, however poor bridges prevent many larger vehicles. WFP repairs have also allowed for daily bus service to Yei. Trade and movement along border crossings is increasing and transport rates are decreasing. Road networks within the county are generally poor due to lack of repair and maintenance. Roads to Kajo Kaji county are in need of de-mining and upgrades. There is one unpaved airstrip about 7km outside of Yei Town.

Security

Landmines are a critical humanitarian concern presenting a real threat to the civilian population in Yei Country. In February 2004, a landmine exploded on a well-used path injuring three girls. Internal roads leading to the most productive areas of the county are believed to have landmines resulting in reduced production and trade with neighboring counties. With the signing of the CAP, IDPs and refugees continue to return from the DRC through some heavily mined payams (county divisions)–sometimes over 50% of land areas–a trend likely to increase. There is a need for landmine and unexploded ordnances (UXO) education, identification and marking of mine fields and increased de-mining activity.

Internally Displaced Persons and Refugees

Since the SPLM/A (Army) capture of Yei County in 1997, scores of people have returned from Uganda and neighboring countries. Fighting forced IDPs into Yei County from areas close to Juba Town and its surrounding villages. IDPs have since settled and largely practice subsistence agriculture. The general improvement in the region's security triggered the return of 826,236 IDPs and refugees to South Sudan from DRC and Central African Republic (CAR) between January 2004 and March 2005. Around 155,203 returned to the Equatoria region, 28,935 to Yei County. Most returnees came from the DRC where they had been living in refugee camps for up to 20 years.

Child Soldiers

During 2002, UNICEF's Child Demobilization program sponsored rehabilitation and reintegration activities—education, psychosocial support, and vocational training—for 531 child soldiers in Yei County. Ex-child solders were provided with start-up kits and reunited with their families.

Socio-economic Status

The Socio-economic status in Yei County is determined by the area under cultivation, number of cattle and shoats owned and the number of people in the household. Most women supplement family income by brewing and selling local beer (IMU/OCHA, Yei).

Socio-Economic Status: Yei County (1999)

Socio-economic Group	"very poor"	"poor"	"average"	"better off"
% of population	10-20%	20-30%	30-40%	20-30%
number of dependents*	0-1	6	6	35-10
number of shoats per household	0-3	1-5	10	15-20
number of cattle per household	-	-	3-5	10
area cultivated in feddans	3	2-3	3-5	3-5

Source: WFP Monitoring and Assessment 1999/2000 *dependents- wives and children

Context: Millennium Development Goals

In the Millenium Declaration of September 2000, member states of the UN set a date of 2015 by when they would meet the Millennium Development Goals (MDGs): eradicate exteme poverty and hunger, achieve universal primary education, promote gender equality and empower women, reduce child mortality, improve maternal health, combat HIV/AIDS, malaria and other diseases, ensure environmental sustainability, and develop a global partnership for development. These goals have been translated into medium-to-long-term economic and human development targets for South Sudan and its individual counties. Due to lack of comparable statistical data on MDG indicators for most of the sectors in southern Sudan, proxy indicators (ASAP) for all sectors were developed.

The prolonged conflict in South Sudan has had a serious impact on its economy and ability to attain the MDGs. The primary focus in the region has been on meeting emergency needs rather than development and reconstruction. Though southern Sudan has lost more than half the period assigned to meet the goals, the SPLM/A endorsed the achievement of the MDGs as integral to the eradication of poverty in post-conflict New Sudan. This commitment was further reinforced by the inclusion of the achievement of the MDGs in the National Constitution of the Government of South Sudan (GoSS). For the purpose of this assessment, the MDGs provide indicators with which the development Juba and Yei Counties can be measured with respect to gender equality (MDGs 2 and 3) and halting and reversing the spread of HIV/AIDS (MDG6).

MDG 2 addresses education with the specific goal of ensuring children everywhere will be able to complete a full course of primary schooling by 2015. The specific indicators include the net enrollment ratio in primary, secondary and tertiary levels; the proportion of pupils starting grade one who reach grade five; and the literacy rates of 15-24 year olds.

MDG 3 targets the elimination of gender disparity in primary and secondary education at all levels no later than 2015. MDG 3 indicators are the ratio of girls to boys in schools and the ratio of literate females to males aged 15-24. **Because access to equal formal educational opportunities is regarded as a prerequisite to attaining greater gender equality, the education situations found in Juba and Yei Counties will be discussed in "Gender" sections of this report.**

MDG 6 aims to halt and reverse the spread of HIV by 2015 for all groups and ages. Specific HIV/AIDS indicators include overall prevalence, knowledge levels, contraceptive prevalence and number of AIDS orphans.

Children in Yei

In general, both Juba County and Yei County have made little progress towards achieving their MD targets with success levels below national African and global figures. Lack of investment in the various sectors, poor infrastructure and insecurity have contributed to the current situation (NSCSE/UNDP).

MDG 2

MD Goal	MDG Targets	MDG Indicators	Proxy Indicators (ASAP 2004)
Achieve universal primary education	Ensure that, by 2015, children everywhere boys and girls alike, will be able to complete a full course of primary schooling	Net enrolment in primary education	• Gross enrolment ratio (GER) in primary education • Total number of primary schools • Number of schools receiving external support (materials, training, development etc)
		-Proportion of pupils starting grade 1 who reach grade 5	• *Number of children enrolled in grade 1 • *Number of schools that go up to grade 5 • Proportion of pupils starting grade 1 who reach grade 5
		- Literacy rates of 15 - 24 year olds	• Teacher pupil ratio in primary schools • Total number of teachers in primary schools • *Total number of trained teachers in primary schools • **Level of parent satisfaction with their schools

Note:* Some of the ASAP proxy indicators have been modified further to make them more responsive to the situation in southern Sudan

MDG 3

MD Goal	MDG Targets	MDG Indicators	Modified Proxy Indicators (ASAP 2004)
Promote Gender equality and empower women	Ensure gender disparity in primary and secondary and secondary education preferably by 2005 and in all levels of education no later than 2015	-Ratio of girls to boys in primary, secondary and tertiary education	◦ Ratio of girls to boys in primary education ◦ Number of girls registered ◦ Total number of girl schools established
		-Ratio of literate females to males among 15-24 year-olds	◦ Number of females in literacy classes ◦ Number of operational women's associations/training centres
		-Share of women in wage employment in the non-agricultural sector	◦ Number of trained female teachers ◦ % of local women working in emergency operations within the community
		-Proportion of seats held by women in national parliament	◦ % of women in National Liberation Council ◦ % of women in Executive Secretariat ◦ % of women in SPLM County Secretariat ◦ % of women in SRRC County Secretariat

MDG 6

MDGoal	MDG Targets	MDG Indicators	Proxy Indicators (ASAP 2004)
Combat HIV/AIDS, malaria and other diseases	Have halted by 2015, and begun to reverse the spread of HIV/AIDS.	-HIV prevalence among 15-24-year old women	• Number of blood transfusions that were tested for HIV, Hep B & C and syphilis • Number of HIV/AIDS voluntary counselling and testing services established
		-Condom use rate and of the contraceptive prevalence rate	• Number of condoms distributed by agencies • Number of people knowledgeable about HIV and how to protect themselves • Number of religious leaders who spread awareness about HIV/AIDS
		-Number of children orphaned by HIV/AIDS	• Number of schools with HIV/AIDS prevention education included in the curriculum

Juba County: Millennium Development Goal Achievement

(Source: IMU/OCHA, Juba)

MDG 2-Education and MDG 3-Gender Equity

Ensuring that children everywhere will be able to complete a full course of primary schooling by 2015 and elimination of gender disparity in primary and secondary education by 2005.

ASAP 2004 Proxy Indicators	2003	2004	2005
Estimated Population-Juba County	84,166	71,666	233,750
Number girls registered in primary schools	17,174 (36% of total enrollment)		17,606 (44.5% of total enrollment)
Number of trained female teachers			365/882/3,406*

* Out of 3,406 teachers, primary and secondary, in Juba County, 882 (26%) are females. 365 (41%) have received some form of training raging from short workshops to diplomas.

MDG 3-Gender Equity continued

Empower women*.

ASAP 2004 Proxy Indicators	2004
Proportion of seats held by women in SPLM/A Leadership Council	0% 0 out of 15
Percent of seats held by women in National Liberation Council	18% 15 out of 85
Percent of seats held by women in National Executive Body	5% 1 out of 21
Proportion of women holding position of County Secretary	2% 1 out of 50

* These statistics cover all of South Sudan.

MDG 6-Combat HIV/AIDS

Halt and begin to reverse the spread of HIV/AIDS.

ASAP 2004 Proxy Indicators	(year)
HIV prevalence rate	3.3% (2003)
Contraceptive use prevalence rate	>1% (2000)
Number of children orphaned by HIV/AIDS	unknown

This data shows that girls enrollment rose almost 10% in two years time in Juba County and there is a relatively high number of trained female teachers. However, population increased by over 160,000 between 2004 and 2005 with little investment in school infrastructure to accommodate more pupils.

Women had representation in the National Liberation Council, as is the case in many post-conflict transitionary political bodies. Sadly, as the GoSS is being formed, women seem to be losing representation in the National Executive Body and high-level County posts.

HIV prevalence rates are predicted to rise with increased mobility and trade resulting from road rehabilitations. Peaceful conditions allow for the return of more displaced persons possibly in need of HIV awareness and education. Behavior-change campaigns encouraging condom use or the introduction of other forms of contraception need to be increased. As HIV cases increase so too will the numbers of AIDS-affected orphans, putting a burden on extended families.

Yei County: Millennium Development Goal Achievement

(Source: IMU/OCHA, Yei)

MDG 2-Education and MDG 3-Gender Equity

Ensuring that children everywhere will be able to complete a full course of primary schooling by 2015 and elimination of gender disparity in primary and secondary education by 2005.

ASAP 2004 Proxy Indicators	2002	2003	2004
Estimated Population-Yei County	306,217	318,825	270,529
Number children enrolled grade 1	5,964	8,596	
Number girls registered in primary schools		10,406	11,945
Number of trained female teachers	32	47	31

MDG 6-Combat HIV/AIDS

Halt and begin to reverse the spread of HIV/AIDS.

ASAP 2004 Proxy Indicators	(year)
HIV prevalence rate	2.7% (2003)
Contraceptive use prevalence rate	>1% (2000)
Number of children orphaned by HIV/AIDS	unknown

The population of Yei County and the number of trained female teachers dropped between 2003 and 2004 due to demarcation of new counties and insecurity. The County's population increased to 313,190 in 2005 with scheduled and spontaneous returns after the signing of the CAP.

Although school enrollment numbers rose for Grade 1, lack of gender disaggregated data leaves us with an incomplete picture of this progress. Primary school registration for girls continues to slowly rise as well.

Yei County has a lower HIV prevalence than that of Juba County, debunking beliefs that populations closer to international borders are necessarily more at risk. Yet, contraceptive rates are no higher than Juba County leading one to believe that Yei citizens are possibly more aware of HIV and its prevention.

Context: Gender Issues

There are several important gender issues that came up frequently in informant interviews and focus group discussions. This section provides brief background information on some of them.

Social Roles

In most countries in the world girls are accorded lower status and enjoy fewer rights, opportunities and benefits compared to boys. South Sudan is a patrilineal society. Boys are given a privileged place in the family and community as they will own and control ancestral property and wealth. Even where poverty is not an issue, culture inhibits equal opportunities for boys and girls. Decision-making on most important issues is vested in men and most practices are largely geared towards preserving the status quo (Umbima). Women and girls are responsible for the home while men and boys care for livestock and the fields. Despite more schools being built, girls are not expected to continue their higher education. Rather they should assist their mothers and get married. Girls are thought of as the "capital" of the family due to the dowry or "bride wealth" they fetch. Although women have little say in public matters, they are strong in self-defense of their human rights when men try to oppress or neglect them. Sexual problems between men and women are the main reasons for domestic arguments and fighting. In the sexual domain, women exert power by being resistant, taking initiatives and putting pressures on their "lazy" husbands (Perner).

Early Marriage

During times of conflict and extreme poverty, early marriage is common for both males and females as marriage is seen as a protective union. Marriages are arranged by elders who are usually men. The father plays the central role in making decisions and conducting negotiations with suitors of his daughter. Women do not play a significant (public) role in the negotiation of dowries or in who should marry their daughters. Although girls fetch a dowry, because they marry out of the family their "value" is less than that of a boy. A girl can be seen as an economic liability and her up bringing as a waste of resources.

Young marriage is preferred for several reasons. Poor families see a girl as an economic burden and her marriage (dowry) as a necessary survival strategy for her family. A "bride price" is usually paid in cows and is due to the girls' family on her wedding day, making a daughter one of the only realistic sources of income in a place where the average citizen lives on approximately 25 cents a day (UNICEF). (The gross national income per capita in South Sudan is $90USD, with 90% of citizens earning less than $1USD per day (NSCSE/UNICEF). The bride should be a virgin as this adds to her dowry value and younger females have more child-bearing years. During times of conflict, people value early marriage more because of fear of death at an early age for both boys and girls. There is also a fear that as girls grow older they are more likely to contract STD/I s which could lead to a loss of suitors. Boys on the other hand seem to be exempted from all fears of STDs. Upper limits of age at marriage carry no social stigma but boys marry early also (although not as early as girls) to ensure they will have children before they die. Marriage offers protection from sexual assault and the (economic and physical) care of a male guardian. It is also used as a strategy to prevent girls from becoming pregnant outside marriage, a social disgrace (Umbima).

By the age of 18, a single woman without children is often stigmatized as 'unmarriageable'. Girls as young as 12 can be forced to wed men many years their senior. Early marriage can have harmful consequences for youth, including health problems, spousal abuse and the denial of education. Once married, girls often do not go back to school. In southern Sudan a teenage girl is far more likely to be a wife than a student. Out of a population of over 7 million people, only 500 girls complete primary school each year. By contrast, one in five adolescent girls is already a mother (UNICEF). The teen birthrate in southern Sudan is 23% (NSCSE/UNICEF).

Child Care

Mothers and girls are solely responsible for child care. From birth, mothers are the main socializing force of both girls and boys and are also perpetuators of gender discrimination. Grandmothers and girl children are frequent baby-sitters. Men are rarely involved in the care of infants and small children. This practice enforces the belief that women have a special biological ability to care for children which men lack. Boys grow up believing that their sisters are different and specially made to carry on the reproductive roles of women (Umbima) Among the different tribal groups of South Sudan, responsibility for caring for orphaned children or those who have lost their primary care givers usually falls within the extended family, often to a maternal relative. However, after such protracted conflict and damage to livelihoods, families and communities are unable to cope with the increasing numbers of orphaned and separated children. This unwelcome burden falls almost entirely on women (McCauley).

Children as an Extension of Life

Sexual reproduction is of the utmost importance as a southern Sudanese person only really exists if he or she has children to continue his or her life after death. Lack of children is a personal catastrophe. Great attention is given to a person's ability to procreate. Thus HIV/AIDS is understood as a threat to life and to a person's chances to reach immortality as the individual is merely a link between past and future generations. Respect and fear of ancestors is common because they are thought to supervise everything including disease and death. A man who dies without leaving behind male children to bear his name experiences 'complete death'. The patrilineal line cannot be safeguarded unless there is sufficient bride-wealth to secure another wife who will be able to conceive boys. This is achieved by conceiving girls who can be married off in return for the cattle and goods that constitute bride-wealth. So an important reason for a man to have wives is to conceive male children, who will perpetuate his existence through future generations. If a man is infertile other men may be asked to secretly "help out" (Perner). The priority for a woman is to have children who will look after her in her old age. A woman has cultural permission to claim assistance from others on behalf of her children, not for herself. A childless woman is much more likely to be neglected by the community. Large families are also deemed to have a better chance of survival than smaller families as there are more people to perform tasks (Fitzgerald).

Polygamy

Most South Sudanese families have a polygamous structure. The number of wives usually varies between 1-3 with only wealthy people having 4-10+ wives. Polygamy helps the husband beget more children and to be sexually active while one of his wives is weaning her child. It also allows women to better care for their infants and space births. Polygamy can put stress on the husband who is expected to be sexually active all the time. The harmony of the household can be disrupted if the husband does not treat all of his wives equally when it comes to sexual relations (Perner). On the one hand, polygamy may hinder a man to look for other women and reduce the risk of getting sexually infected. But more often, the husband or one of the wives will have sexual relations outside of the family putting all members at risk of HIV and other STDs.

Justice

Traditionally, a Sudanese woman who felt unhappy or who was being mistreated by her husband or in-laws could bring the case to a chief or tribunal and protective measures could be taken in her favor. But decades of war eroded this traditional justice system and women's rights in general (Karemera). Violence against women and girls takes many forms. Domestic abuse is the most common form of violence in the family while rape is usually perpetrated by outsiders (frequently soldiers) against girls. In times of insecurity, few people come forward with the names of rapists. When the perpetrator is publicly ousted he may be hanged. However, traditional "punishment" for a male rapist is forced marriage to the victim or a heavy fine. In cases where the rapist was a close relative, he would be ostracized from the community as a way of imposing a life sentence. Healing the severe physical and psychological trauma experienced by rape victims is not a priority in traditional justice systems, and formal legal systems do not exist to prosecute rape (Perner). Customary law regarding marriage and divorce does not favor women. For example, it is rare for a woman to get a divorce in a customary law court. If a man is impotent, arrangements are made for the woman to conceive her husband's progeny with a brother or close male relative. Neither are physical and sexual assault grounds for separation. A husband is expected to discipline his wife by beating her, and a wife is obliged to yield to her husband's sexual desires. Grounds for divorce might be found if the wife can prove that her husband is not looking after her through callous neglect or if he inflicts grievous bodily harm. A husband can sue for divorce on the grounds of repeated adultery, drunkenness and physical violence or wastage of food resources that puts the family at risk of starvation (Fiztgerald). Legal divorce is very rare while males abandoning female partners is common.

Prostitution

Prostitution is common in urban/trading centers (often disguised in tea houses) where girls, boys and women are involved as a means of survival (Perner). This leads to STDs, HIV/AIDS, early pregnancies, miscarriages and sometimes death in childbirth if the female is too young (Umbima). Lack of economic opportunities for women is the root cause. The label "prostitute" connotes being dirty, disrespectful and improper. Condom and alcohol use is also associated with prostitution.

Female Genital Mutilation/Circumcision (FGM/C)

Although a common practice in most East African countries, FGM/C effects less the 2% of girls and women in South Sudan (NSCSE/UNICEF). However, the instruments used to perform such procedures are unsterilized and used on several females at once leading to increased infection and HIV risk. FGM/C can have life-long health implications and stems from a belief that women's body parts are unclean or should in no way resemble a man's.

HIV/AIDS

Given its sexual nature, HIV/AIDS effects men and women in different ways. In Sub-Saharan Africa prevalence rates among females are distinctly higher than those of males. Due to a combination of biological factors relating to the female reproductive tract and social norms which facilitate older men having sexual relations with much younger women (and men in general having more sexual partners than women), HIV infection rates are usually distinctly higher among young women than among young men in areas where heterosexual sex in the primary means of transmission. The only two widely available means of preventing HIV transmission—male condoms and abstinence—are generally available to men independent of their partners' desires and can usually only be practiced by women with male cooperation. The stigma of HIV is often felt more strongly by women, who are often physically, socially and economically more vulnerable than men. Effective mother-to-child preventative transmission often requires the involvement of both mothers and fathers although most of such programs target only women. Infected women must take preventative mother-to-child treatment (PMTCT) drugs or anti-retroviral treatment (ART) medication, but they may be unable to without their partner's consent (WHO).

Education

Girls are more involved in domestic work and farming and preference is given to boys to receive education. Elders believe that school makes a girl independent, lazy, leads to promiscuity or a risk of being raped. Boys also feel that as girls get older they prefer social life to school. The growing incidence of early pregnancy forces girls to drop out and aggravates the situation. A "good" girl (for marriage) is respectful and does not challenge authority. Therefore, an education that encourages children to be inquisitive and independent is seen as "spoiling" girls for their primary roles as mothers and wives. School attendance is equated with girls being out of control, getting pregnant or becoming prostitutes.

Another key factor lowering female education rates is involvement in small scale enterprise to earn money for the family. Girls can be seen selling in markets or working alongside their mothers, often with younger siblings on their backs, instead of in school uniforms learning. War destroyed many educational facilities and latrines are rare. Recent UNICEF surveys found the presence of latrines and availability of clothing greatly increases girls attendance in primary schools. There is a lack of trained female teachers at all levels so female and male students alike lack female role models to identify with or look up to. Girls are accused of hiding from marriage or immoral behavior if they attend school and may be harassed by male staff and students. Such realities prompted the construction of several girls only schools in South Sudan to provide a safe place of learning with less sexual suspicion (UNICEF, Umbima). Both women and men cite education as the key to advancement and economic security. The prevalent female self-image is a sense of inferiority to men in business and the workplace and an inability to compete with men due to a lack of education (Fitzgerald).

Eating

At puberty girls are forbidden to eat certain foods, usually chicken and fish. Different groups believe that these meats will cause miscarriages, make girls urinate in their beds, or cause blindness in expectant mothers. Thus, girls are not allowed to consume protein and iron rich foods when they need them most because of menstruation. Boys are allowed to eat all foods (Umbima).

Organizations

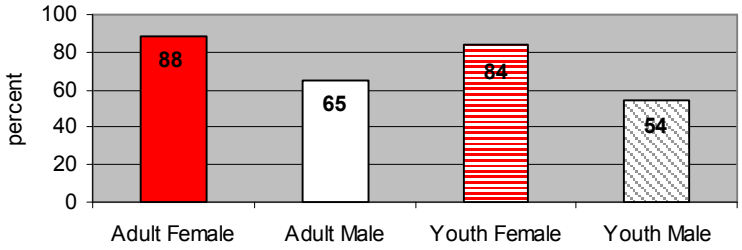
Women have been formally organizing themselves in South Sudan since the 1980's, although the capacity of most women's groups is quite limited. Members are often uneducated, non-literate and lack management skills. In addition, women lack time, energy and resources to contribute to collective women's associations due to their economically dependent status and long list of domestic responsibilities. In general, South Sudanese woman are lacking means and skills to deal with barriers to their development and economic empowerment. They also lack government support to involve them in community development and decision-making systems (Karemera).

Context: Education

There are 24 million girls out of school in Sub-Saharan Africa, 2.5% of them are in Southern Sudan. 1.4 million are considered "school-age" in South Sudan but girls account for only 27% of total school enrollment. 14.6% of boys and 10.1% of girls ages 5-17 enrolled in school do not attend classes more than 3 days a week (UNICEF MICS). Of the 8,655 teachers in South Sudan, 94% are men (IMU/OCHA, Yei).

A large proportion of the schools in South Sudan are 'bush schools', with outdoor classes that offer little or no protection from the wind and rain. Children in these classes usually sit on stones or logs on the ground, while the teacher writes on a blackboard fixed to a tree. Where there is shelter, it is usually made of local materials and often has no walls. Only 10% of the classrooms are permanent buildings made of bricks or concrete. Children in more than half (52%) of the schools do not have access to safe water, and more than two-thirds (68%) of the schools have no latrines. More than two-thirds (68%) of the schools across southern Sudan have no health services nearby. Only 16% of the books required are present in schools to ensure that each pair of pupils can share a book for the four core subjects. There is also a significant shortage of teaching guides (AET/UNICEF).

South Sudan Illiteracy Rates, 2004

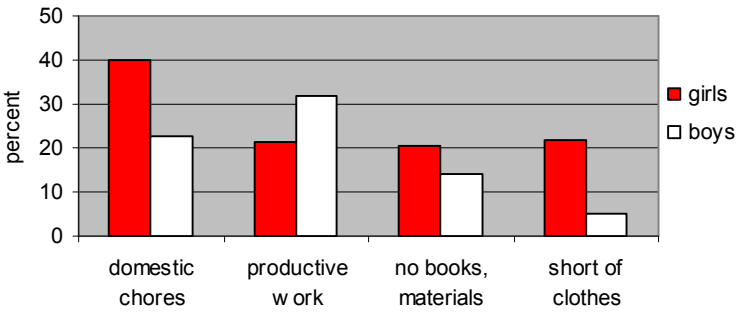


Source: NSCSE/UNICEF

Three out of four adults in South Sudan are illiterate. Only 1 in every 10 women are literate (NSCSE/UNICEF).

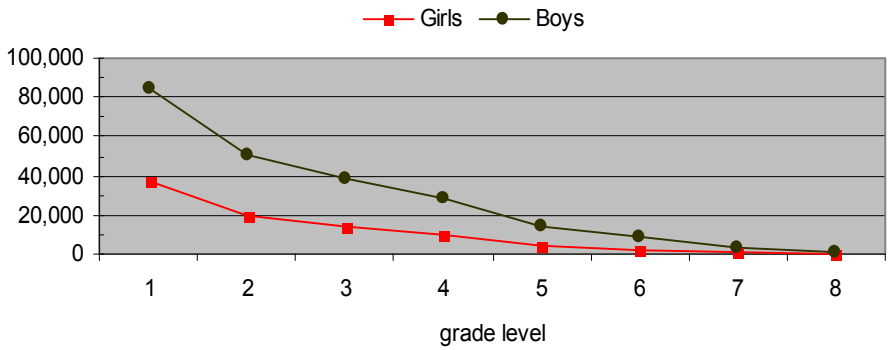
Girls are called to stay home with domestic chores while boys take on productive (out of the house) work instead of attending school. It is unknown to what extent children are forced into work situations or choose them over an education.

Reasons for Dropping Out of School, ages 5-17



Source: UNICEF MICS, 2000

South Sudan Total Primary Enrolment by Gender and Grade



Source: AET/UNICEF, 2003

Although there is a general decline in the enrollment of girls, it is important to note that the rate of decline remains relatively steady in the upper grades. While there is a sharp decline in the enrollment of girls between grades 1 and 2, the number of girls appears to stabilize from grade 5 onwards. These results suggest that if girls compete grade 5, they have a greater relative chance of completing the full eight years of primary school. The greatest declines in both girls and boys enrollment happen between Grades 1 and 2 (ages 7-8) and Grades 4 and 5 (ages 10-11) possibly because children become more able work.

Context: Education

Juba County

The education sector in Juba County is characterized by an inadequate number of schools, overcrowded classrooms, and a shortage of qualified teachers, furniture and school supplies. The few standing schools are in very poor physical condition and in need of major rehabilitation. Most of the teachers in Juba County provide instruction on a voluntary basis, or are paid in-kind by parent associations. Over the past years the gender disparity in Juba County has reduced, with the girl, boy ratio dropping from 1:1.9 in 2003 to 1:1.4 in 2006 (IMU/OCHA Statistical Tables).

Overall student enrollment has increased with more schools catering to displaced children. Data from 2002 indicated that in Juba Town, attendance for females and males (children 6-14 years) was 79% and 75% respectively. The literacy rates among the same age group were 63% for females and 61% for males. There were 159 classrooms, 49 of which were made of brick, 16 of mud, and 42 made of local plants (grass). In addition, 52 classes were conducted outdoors (IMU/OCHA, Juba).

Number of Schools - Juba County, 2006

Total Schools (not pre-schools)	Pre-Schools	Primary Schools	Secondary Schools
120	26	102	18

Enrollment (not Pre-Schools) - Juba County,

Total Enrollment	Boys Enrolled	Girls Enrolled	Girl to Boy Enrollment Ratio
31,732	18,618 (59%)	13,114 (41%)	1:1.4

Teachers - Juba County, 2006

	Female	Male	Total
Pre-School	94	9	103
Primary (2003)	661	696	1357
Secondary	10	81	91
Trained	322 (61% of trained and 42% of total)	207 (39% of trained and 26% of total)	529 (34% of total)

Adult Education - Juba County, 2006 (16 schools)

	Female	Male	Total
students	316	197	513
teachers	10	12	22

Source: MOE

Of the 120 schools in Juba County, 92 are Arabic pattern and the remaining 28 have begun teaching in English pattern, the official language for education in the New Sudan. Twenty-four schools are in IDP camps. Pre-schools have nearly a gender balance with 1,709 males and 1,857 females enrolled.

Pre-school teachers are nearly all female whereas Primary school teachers are fairly gender balanced. It is not surprising that few females are secondary teachers since most girls do not finish primary school in South Sudan and teachers are often hired with a Junior-level education.

About one third (34%) of all teachers in Juba County have received any formal training. Surprisingly, 61% are females and 39% are males. This may reveal a hiring bias—more, and therefore less qualified, teachers are male but females who wish to be hired as a teacher may need to be trained. Informants reported teacher pay as being based mostly on the number of students they instruct and not on their education/training level. Therefore, untrained males may be paid as much as trained females.

More females are accessing adult education, usually English or Arabic classes, and adult education instructors are nearly gender balanced.

Context: Education

Yei County

Yei County has a relatively large number of schools, students and teachers compared to the rest of southern Sudan. The majority of teachers have not received any formal training and the quality of school buildings and equipment is poor. There are 1,194 teachers total in Yei County making for a teacher to pupil ratio of 1:26.

Inability to pay school fees is a pivotal issue amongst most returnees and economically vulnerable populations in all of South Sudan, increasing drop out rates. Returnee children in Yei County from the DRC encounter difficulties in school especially in upper classes as they transition from learning French to learning English. Returnee children from Uganda find the education system in South Sudan rudimentary and the distance to school long. Subsequently, some parents in Yei have opted to return their children to camps in Uganda to continue their education.

Parent-teacher Associations are responsible for the management of schools, construction of the buildings and support of teachers through cash and/or food (IMU/OCHA).

Number of Schools - Yei County 2004

Total Schools*	Pre-Schools	Primary Schools	Secondary Schools
209	61	136	12

Source: IMU/OCHA

Enrollment - Yei County, 2006

Total Enrolment (2006)	Girls Enrolled	Boys Enrolled	Girl to Boy Enrollment Ratio
15,815	6,843 (43%)	8,981 (57%)	1:1.3

Source: MOE

Teachers - Yei County, 2004

	Female	Male	Trained**	Total
Pre-School	97	39	13	136
Primary	57	895	13 female (23%) 113 male (13%)	952
Secondary	5	101	2 degrees 4 diplomas 100 certificate	106

Source: IMU/OCHA

Yei County saw a construction boom in schools between 2003 and 2004 with the addition of 89 schools (102 to 209).

Yei also has a slightly better girl to boy pupil ratio than that of Juba County with girls making up 43% of total enrollment.

Unlike Juba County, Yei has very few female teachers. Only 23% of female teachers and 13% of male teachers at the primary level are trained, resembling the Juba situation of many more untrained male teachers being employed.

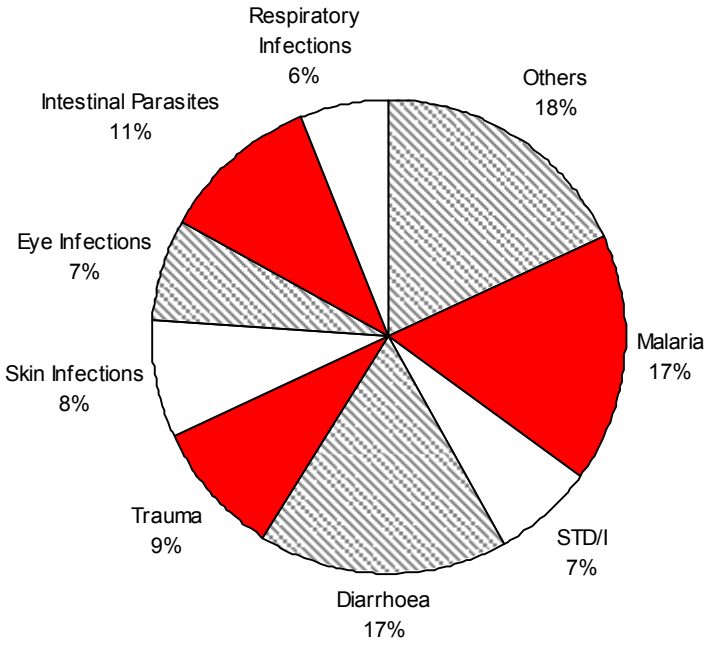
The gender of Pre-school and Secondary trained teachers is unknown but all Secondary teachers in Yei have attained some advanced level of education. Only 5% of secondary teachers are female compared to 12% in Juba County. It is unknown whether Yei County requires Secondary teachers to have advanced qualifications, but if so this would severely limit the pool of eligible female applicants.

Various ailments chronically plague residents of South Sudan. Worldwide, malaria claims more lives than HIV/AIDS and conflict each year, with pregnant women and children under 5 years being most at risk . In southern Sudan, 26% of malaria deaths are children under 5 (MDG).

Poor water quality and sanitation facilities greatly contribute to incidents of intestinal parasites and diarrhea.

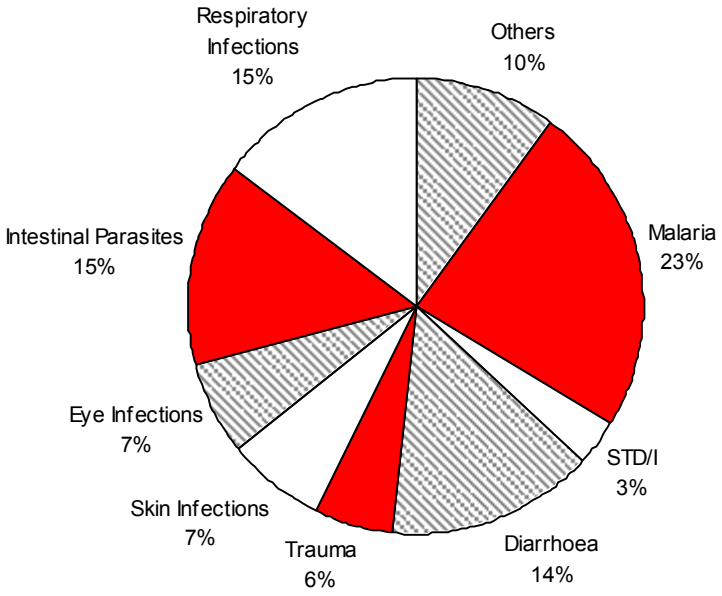
When comparing Juba County and Yei County morbidity, respiratory infections, including tuberculosis (TB) are nearly double in Yei, while STD/I, including HIV, is more than double in Juba.

Causes of Morbidity in Juba County, 2005



Source: UNICEF Health Database, 2005

Causes of Morbidity in Yei County, 2004



Source: UNICEF Health Database, 2004

Malaria accounted for 24% of illness in Juba and 26% of illness in Yei in 2003, but after targeted behavior change campaigns and the increased availability of insecticide-treated bed nets these numbers are dropping.

It is important to note that trauma, physical and psychosocial, affects 17% of the population in the target counties.

Context: Health

Gender differences exist in the healthcare of boys and girls. From birth to 5 years of age, both sexes are the most vulnerable to illness and premature death. The following sampling of UNICEF research from South Sudan in 2000 reveals interesting gender differences with respect to breastfeeding, immunizations, diarrhea, fever, malaria prevention and malnutrition. *At the time of the survey what is now Eastern Equatoria and Central Equatoria were known as only Eastern Equatoria, so data for both States are combined to represent the statistics above. **The survey was also conducted after a three year drought, with high levels of insecurity, flight denials and cattle raiding resulting in high levels of food insecurity.

Sample of Health Issues and Gender Disaggregated Data

Source: UNICEF MICS, 2000

South Sudan	Boys	Girls
Infants who received less than 12 months continuous breastfeeding	20.3%	22.9%

Central and Eastern Equatoria*	Boys	Girls
Infants who were not immunized against Diphtheria, Pertussis and Tetanus (DPT)	41%	47.2%
Infants not immunized against polio	36%	38.7%
Infants not immunized against measles	35.7%	58.5%
Infants not receiving vitamin A in the last 6 months	80.7%	87.8%

Central and Eastern Equatoria	Boys	Girls
Children under 5 who had a diarrhea episode in the last 15 days	43.3%	40.8%
Children under 5 not given and oral rehydration solution/sugar-salt solution during diarrhea	25.1%	48.9%
Children under 5 whose diarrhea was not treated at a health facility	20.1%	44.6%
Children under 5 who were not given more liquid during diarrhea	79.5	67.8
Children who were given less/no food during diarrhea	57.8	44.5

Central and Eastern Equatoria	Boys	Girls
Children under 5 who had a fever last in the last 15 days	64.5	65.2
Children under 5 not provided medicine at a health facility for fever	44.5	35.7
Children under 5 who did not sleep under a bed net	93.5	94.4
Malnutrition: children under 5 whose middle-upper-arm circumference was less than 125mm**	5.5	16.4

Context: Health

Almost all children in southern Sudan are breastfed until at least one year of age. Traditionally, children are breast-feed for up to two years of age. Exclusive breastfeeding for the first six months greatly enhances a child's prospects of survival, as immunity factors in breast milk can help the baby to fight off infections. Breast milk also contains vitamins, minerals, and enzymes which aid the baby's digestion (UNICEF, MICS). Mother-to-child transmission is when an HIV+ woman passes the virus to her baby. This can occur during pregnancy, labor and delivery, or through breastfeeding. Without treatment, around 15-30% of babies born to HIV positive women will become infected with HIV during pregnancy and delivery. A further 5-20% will become infected through breastfeeding (MDG).

UNICEF statistics show:

- More girls than boys are breastfed continuously for 12 months, providing them with more protection against infections but possibly exposing them to HIV longer.
- Girls are consistently less immunized than boys. Recent UNICEF measles immunization campaigns have set out to change the over lack of protection especially in girls.
- Boys tend to have more diarrhea and their care is distinctly different than that of girls. Boys are less likely to be given oral rehydration solutions, more liquids or regular food portions while experiencing diarrhea. This undoubtedly leads to dehydration and its effects as well as other illnesses when the body is deprived of food and water. Yet, twice as many boys as girls are treated for diarrhea at health facilities which leads one to wonder what type of professional treatment is being provided to these boys.
- Boys are girls equally have fevers, but boys are less likely than girls to receive medicine for their fever.
- Nearly all boys and girls sleep under treated bed nets to prevent malaria and other vector-borne diseases.
- And, girls are three times more likely than boys to be malnourished, especially during times of food insecurity.

Children gather at the Rokon IDP Community Center near Juba Town.

Context: HIV/AIDS

Mobility and Vulnerability

Reduced mobility and accessibility of populations in prolonged conflict settings has been considered a protective factor against the spread of HIV, whereas increased mobility is considered a risk factor for the spread of HIV during peacetime. After decades of conflict, South Sudan must seize this opportunity to increase awareness and behavior change, especially along major roads and in trading centers, to prevent the potential rapid increase in HIV prevalence as the region opens up to reconstruction and development. The HIV/AIDS epidemic in South Sudan is believed to have moved into the generalized phase (overall adult prevalence >1%) where infection has gone beyond high-risk groups into the general population (NSCSE/UNICEF).

Vulnerability to HIV/AIDS in southern Sudan is influenced at the individual level by limited knowledge of and misconceptions about HIV/AIDS, its transmission and prevention, and minimal preventative behavioral practices; and at the household and community levels by poverty and common cultural practices such as polygamy, wife inheritance and scarification. The long-standing Sudan conflict, which led to displacement and deterioration of health infrastructure, resulted not only in the disruption of cultural norms but also diminished access to appropriate, quality health care. The recent free trade movement across the borders with countries with higher HIV/AIDS prevalence rates such as Kenya, Uganda and the DRC may heighten the vulnerability of communities close to the border and along trade routes. However, these same countries also have more robust and longer-standing HIV awareness, protection and treatment programs compared to South Sudan.

Prevalence Rates

Baseline research in southern Sudan(2001) showed HIV prevalence rates among youth ages 15-24 to be 2.6% overall, 1.1% in males and 3.1% in females (NSCSE/UNICEF). Prevalence rates among Sudanese in refugee camps in Kenya were 5% for women tested at antenatal clinics and 9% among STI patients. Sudanese refugee camps in Ethiopia saw a 6% prevalence in males under 21 years, a 4% rate in males over 21 years, and 36% in commercial sex worker populations (Richer).

Knowledge, Attitudes and Practices (KAP)

A 2002 Save the Children-US KAP survey found 68.2% of 12-24 year olds aware of HIV/AIDS. Forty-four percent knew a healthy looking individual can transmit HIV while only 84% had heard of condoms as a prevention tool. Among males and females ages 15-24, only 5.9% could correctly identify ways of preventing sexual transmission of HIV and rejected major misconceptions about HIV transmission and prevention. Sex before age 15 was reported by 5.4% of males and females (NSCSE/UNICEF). These numbers have undoubtedly changed over the years with targeted HIV awareness programs, but data is largely unavailable for verification of this assumption. There is currently no national fund disbursed by the GoSS for HIV/AIDS awareness or prevention, but NGOs and CBOs succeeded in training 2,209 school teachers in life-skills-based HIV education who went on to teach it during the 2004-05 academic year (MoE).

Condoms

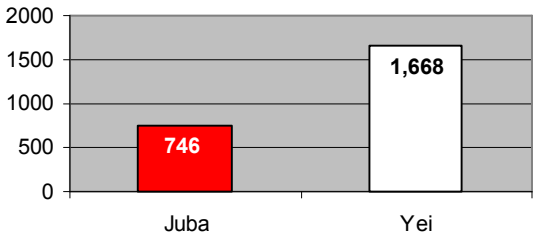
Condoms are rarely used and disliked by both genders. In 2002, Save the Children-US found that less than 1% of males and females reported using a condom the last time they had sex with a non-marital, non-cohabitating sexual partner (NSCSE/UNICEF). Some have even been punished in courts for using condoms as they are linked to prostitution and persons using them are accused of having loose sexual conduct. Both men and women find condoms "suspicious" and think only "cursed" persons would use them. Thus, persons asking for condoms may be socially stigmatized. The church has spread the belief that condoms are not an effective means of preventing STD/I s and their use is not condoned for preventing pregnancy. Other condom use problems include a lack of women's empowerment to negotiate with partners, lack of money to buy them or no supply, and the secretive nature of family planning–it is shameful to not want to procreate (Umbima). The resistance to wearing condoms will not be overcome easily.

Voluntary Counseling and Testing (VCT) and Preventative Mother to Child Treatment Centers (PMCTC): Clients and Services

Detailed data is scarce on HIV/AIDS in Central Equatoria, however UNHCR and other agencies have taken the lead on monitoring the use of VCT and PMTCT centers in Juba and Yei Counties and have determined prevalence rates amongst clients. Although, VCT client prevalence may not correspond to HIV prevalence in the general population as VCT and PMTCT patients may engage in more risky behaviors, may be more aware of HIV risks, or may have better access to services.

Juba County has one VCT while Yei County operates 7 testing centers including two that specialize in PMTCT. The population of Juba in 2005 was estimated to be 235,000 and Yei was 313,190 (IMU/OCHA Statistical Tables). Thus, 0.03% of Juba County residents and 0.05% of Yei County Residents visited a local VCT or PCTCT between January and August 2006.

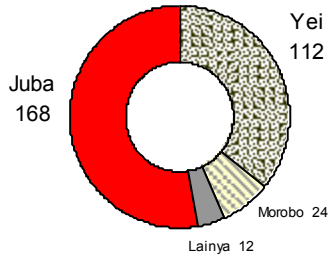
Number of VCT Visits By County
January - August 2006



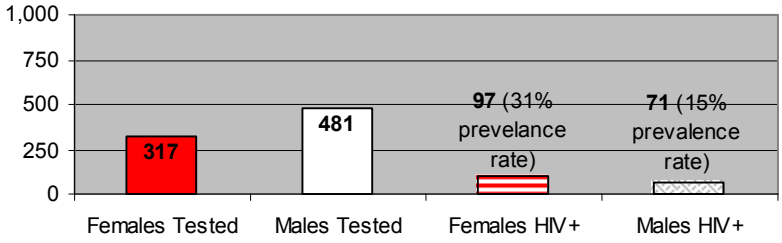
Although Yei County borders Uganda and the DRC, with overall HIV prevalence rates of 4.1% and 4.2% respectively (CIA) and has received more returnees (refugees and IDPs) than Juba County in recent years, there are more cases of HIV amongst Juba VCT clients.

Because Juba County lacks VCT centers and more residents visit Yei VCT and PMTCT centers than do Juba residents, the number of HIV+ persons in Juba is bound to be higher than current statistics show. Juba's status as the capital of southern Sudan with a concentration of soldiers, growing trade, and priority status for road rehabilitation may make its citizens more vulnerable to HIV.

Distribution of HIV+ Cases among VCT Clients
by County in Central Equatoria
January - August 2006



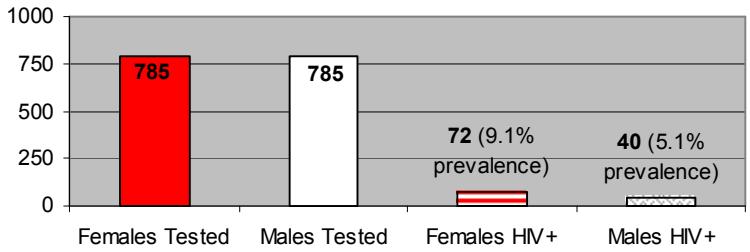
VCT Tested and HIV+ by Gender Juba County
January - August 2006



Although Juba VCT counselors and informants in general believe more women are accessing VCT services, that is not the case. Yet, the female prevalence rate amongst VCT clients is more than double that of males.

Juba County had an overall HIV/AIDS prevalence rate of **20.6%** amongst VCT clients for the first half of 2006.

VCT Tested and HIV+ by Gender
Yei County, January - August 2006

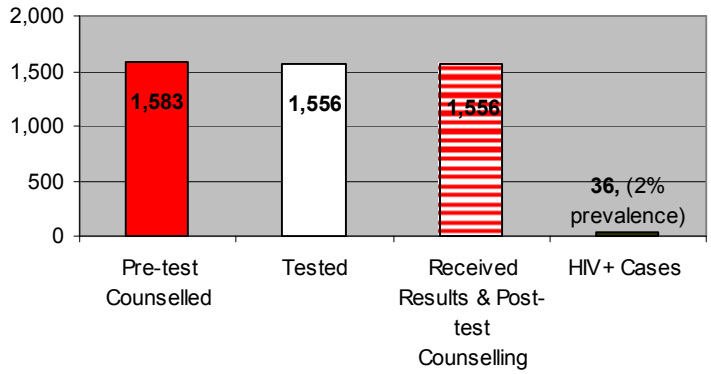


Coincidently, equal numbers of females and males were tested for HIV in Yei County between January and August of 2006. The prevalence rates of female and male VCT clients in Yei are about a third of those in Juba. Yei female prevalence rates are similar to those in Juba being nearly double those of males.

Yei County had an overall HIV/prevalence rate of **7.1%** amongst VCT clients for the first half of 2006.

Source: Yolanda Barbera Lainez, UNHCR South Sudan

Preventative Mother to Child Testing Center Uptake
Yei County January - August 2006



Nearly every women accessing antenatal care is also tested for HIV in Yei County. Testing uptake numbers are high as patients are almost always pre-test counseled and tested on the same day. This effectiveness of services ensured that all 1,556 women who were tested received their results and post-test counseling.

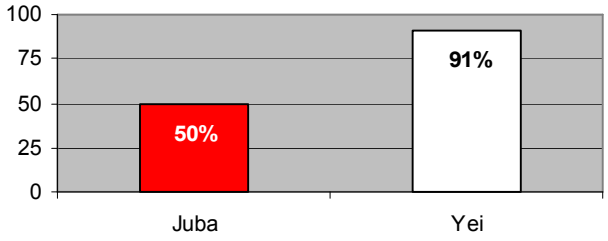
Yei County had an overall HIV/AIDS prevalence rate of **2%** amongst pregnant women for the first half of 2006.

VCT service delivery differs between Juba County and Yei County as evidenced by the number of clients who complete the care series of pre-test counseling, testing and post-test counseling. The lone VCT in Juba County has an abysmal 50% rate of success in seeing clients thru the entire service. This is largely due to the fact that pre-test counseling and testing usually do not happen on the same day. Yei County loses 9% of its clients along the way.

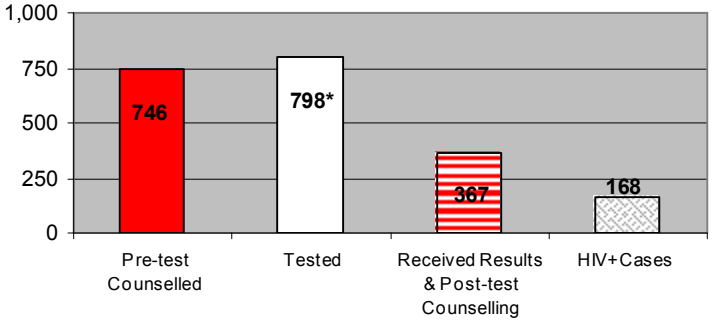
*The Juba VCT laboratory also tests blood for HIV from patients at the Juba Hospital but it is indefinite whether these individuals receive any pre-test counseling or even if they are voluntarily tested. Twenty-one percent of HIV tests are positive at the Juba VCT but it is not known if all 168 cases are ever given post-test counseling and referrals to services and anti-retroviral treatment (ART).

It can be assumed that nearly all HIV+ cases from Yei County VCTs receive their results and post-test counseling and referrals.

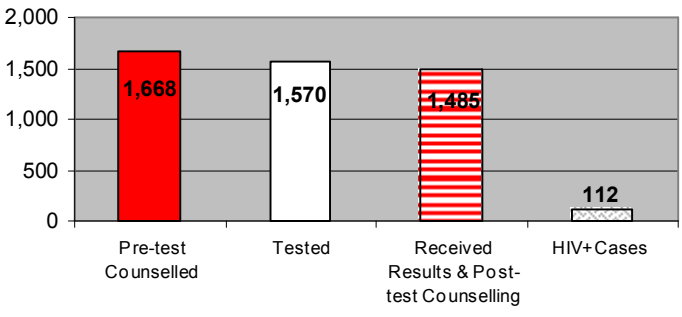
VCT Effectivness: Percentage of Pre-test Counselled Clients Recieveing HIV Status and Post-test Counselling January - August 2006



VCT Center (1) Uptake
Juba County, January - August 2006



VCT Center (7) Uptake
Yei County, January - August 2006



Context: Child Protection Issues

Several child protection issues have connections to HIV/AIDS and impact males and females in different ways.

Separated Children and Youth

Research findings suggest that many southern Sudanese youth who have grown up away from their parents would rather live outside unsupportive family structures and they are increasingly becoming more dependent on each other for support and comfort than on adults. Separation is also often the result of the traditional belief among many South Sudanese tribes that early male separation from the family is part of the process of growing up. Neither adult nor child respondents in research found the actual process of boys leaving home alarming. It is common for young males to leave home to look for a better education or life in the cash economy or refugee camps in neighboring countries, voluntarily separating themselves from their families at a relatively early age. A UNICEF study of street children in Khartoum found that most were young male southerners, many of whom had opted to leave their families in the South in the hope of bettering themselves. There are clear linkages between family separation—voluntary or involuntary—and young peoples' vulnerability to recruitment, abduction, and sexual exploitation possibly leading to HIV. Children who are separated from their original primary care givers are also more likely to leave subsequent care givers due to ill treatment and perceived lack of love and support. HIV/AIDS continues to have a growing impact on household structures as AIDS-affected orphans are taken in by extended family members who are often financially unable to provide for them. Even after children and youth are reunited with family members, inadequate treatment of separated children in many instances leads to re-separation (or to children leaving home to seek a better existence). Separated children living within family units—be they extended family or foster families—are subject to abuse, discrimination and neglect by their care givers, the community and other children. Young people who are HIV+ may not receive proper care or nutrition due to economic situations or ignorance.

Voluntary separation is seen as an attractive option by many young people, especially males. Females often stay in abusive or neglectful situations longer than males or they opt for early marriage as an escape. Both male and female youth are more vulnerable to risky sexual behaviors and rarely attend school when living outside a family unit. According to UNICEF studies, the majority of separated children say they do not want to be re-unified with their families arguing that they had left home where their lives had been worse. Unless improvements could be made at the household level they could see no reason to return. Thus, there is a clear sense of grievance among many children about the way they have been treated at home, denied love and care (McCauley).

Child Labor

Child labor is one of the major problems facing young children in their quest for an education in South Sudan. UNICEF found that 58.3% of boys and 79.6% of girls ages 5-17 help with household chores. And, youth often work outside the home to supplement the family's income–52.6% of boys and 42.8% of girls (UNICEF MICS). High levels of underdevelopment, poverty and population growth force children and youth to work to help provide for basic needs. After decades of conflict, the population in South Sudan has not seen education as a means to a better standard of living. Girls of school going age spend most of their time at home undertaking household chores: washing, cooking, cleaning and caring for younger siblings. Boys too are effected when they spend much of their time looking after livestock or assisting in workshops. If children and youth are not in school it is also much less likely they will receive HIV/AIDS education.

Child Soldiers

The recruitment or use of children under the age of 18 in armed conflict is contrary to international law and contrary to Sudan's CPA of 2005. As of 2000, 782 children were known to have been conscripted into the army and at least 134 children and 143 women were abducted by fighting forces in southern Sudan (UNICEF MICS). Since 2001, an estimated 20,000 children from the SPLA have been disarmed, demobilized and returned to their families and communities with UNICEF support. Of these, 900 were disarmed after the signing of the agreement. The CPA made provision for the demobilization or removal of all child soldiers—defined as all children below the age of 18 who are part of any kind of regular or irregular armed force or armed group in any capacity, including but not limited to cooks, porters, messengers, those recruited for sexual purposes and forced marriage, and those accompanying such groups, other than purely as family members—associated with the Armed Forces and other militarized groups. It does not, therefore, only refer to a child who is carrying or has carried arms (NSCSE/UNDP). However, there are an estimated 2,000 children still associated with the SPLA, mainly in non-combat roles and in hard-to-reach areas. A significant minority are girls whose circumstances and needs often differ from those of boys and require special consideration (UNICEF Demobilization).

Part 2
Situations and Responses

The **Gender and HIV/AIDS Situations** in Juba and Yei Counties were determined from primary data gathered via key informant interviews , focus group discussions and participatory small-group activities.

The **Gender and HIV/AIDS Responses** in Juba and Yei Counties were determined from primary data gathered via key informant interviews and observations.

Participatory Focus Group Activities for Gender Analysis

One of the four focus group discussions included participatory, small-groups activities aimed at revealing gender roles and expectations. The group was made up of youth ages 17-32, 4 males and 2 females. The following are the results of these activities:

GENDER CLOCKS (Completed in groups of females and males)

Purpose: To reveal the length of, activities in, resources and places accessed during a typical day.

Male's Typical Day

6:30am-8:30	wake up and get self ready for day, have tea
9:00am-2:30pm	work or school
2:30pm-4:00pm	return to family and relax, play football or attend singing practice
7:00pm	eat, relax, watch television
10:00pm	go to sleep

Female's Typical Day

4:00am-8:30	wake up, clean family compound, prepare tea, help younger siblings get ready for school, get self ready for school, have tea
9:00am-2:30pm	work or school
2:30pm-10:00pm	return to family, cook food, serve family members, church singing practice and/or homework
10:00pm	go to sleep

Results:

- The female's typical day is about 17 hours long while the typical male day is 15.5 hours.
- The male's day is largely taken up with independent activities, self-care and relaxing. Males spend 7.5 hours engaged in leisurely activities.
- Nine hours of the female's day is spent caring for others in the family through reproductive activities that provide for basic needs.
- Both males and females work or attend school for 6 hours of the typical day.
- Males and females came together during meal times, and at church activities and possibly at school.
- Males worked in offices doing administrative work while females did reproductive work outside of the home, cleaning and cooking at offices.
- The female's day has her at home 10 of the 17 hours while males are at home 8 of the 15.5 hours or half of the time. Males also spend more time accessing media.
- Males appear to have more time to devote to socializing or school work whereas females had to leave school assignments until the end of the day after household chores were completed.
- Females eat last, after other family members are served.

GENDER EXPECTATIONS: "Forbidden" things (Completed in groups of females and males. Males describe men and boys and females describe women and girls.)

Purpose: To reveal gender socialization by describing and discussing places, activities and behaviors considered inappropriate for the gender.

Places, Activities and Behaviors Forbidden for Men and Boys	Places, Activities and Behaviors Forbidden for Women and Girls
plastering walls of house interior	building houses
cooking	burial
cleaning	preparing charcoal
fetching water	cutting trees
babysitting	fishing
weeding crops	playing football
should not be present during childbirth	should not go to the football stadium
should not participate in local women's groups or women's unions	should not do to dancing places at night (clubs and discos)

Results:

- Males are socialized to not take part in any reproductive activities that meet basic needs: cooking, cleaning, fetching water, child care etc. They believe females are naturally more suited for these activities. Males are called "greedy" if they cook food because they are assumed to be taking it for themselves and they are "taking" this task from the females.
- It seems obvious that males would not be present when females are giving birth, but any connection to childcare is also considered forbidden.
- Interestingly, men are not to construct the interior of homes, but they build exterior walls, reinforcing the belief that women's place is *within* the home.
- Males also are the primary agriculturalists. They take the lead on planting and harvesting activities, overseeing the start and finish of the planting cycle, but it is the females who maintain crops and do all weeding through the growing seasons. Weeding requires consistent care whereas planting and harvesting are done at only certain times of the year, thus adding to the female's long list of daily/weekly duties.
- Males firmly believe that they should not participate in women's groups or union activities. This could be a blessing, providing females a chance to gather independently. Yet, lack of men's participation or understanding of women's group's aims could lead to poor success rates or even conflict.
- Females are socialized to offer support to males in most activities such as house building and burials. They provide food and water and attend ceremonies only.
- The gender division of labor is strictly defined: males prepare charcoal, but females use it and sell it; males cut trees, but females cut grass.
- Activities that take females away from the home are not appropriate. Females can go to the market for fish, but going fishing takes too much time away from domestic duties. Concern for a female's safety is often mentioned as she is thought to be vulnerable–to physical harm and social judgment–outside the home. A male's safety is not a concern.
- The home is the female's domain while most outdoor areas and entertainment locations–stadiums and night clubs–are the domains of men. There is a positive social reaction to males who are athletic and play football or who are social and frequent dancing places. But if females visit stadiums or discos their reputations would be severely tarnished. Females informants state, "Only prostitutes go to these places."
- In short, males were not to go where mostly females go and and females are to stay clear of mostly male places.

Juba Situation: Gender

Sex Before Marriage

According to informants, traditionally, females married between the ages of 18-23 and males between 20-26. Today, it is common for youth ages 16-18 to be involved with several sexual partners (possibly at the same time) and have sex frequently (more than once a week). Young people are forced to marry "early" (by family members, village elders, church leaders) only if the girl becomes pregnant or if they are caught having sex. "When there is an accident they must marry." Female informants expressed that it is better to have a longer relationship with the person you will marry so you can get to know each other well and the parents will know the boy and girl well, but this is uncommon. A relationship of 2 years before marriage is ideal but not the norm.

Youth Freedoms

Male elders feel that girls want to have "too much freedom" which prompts them to go to school and get pregnant before marriage. Elders believe that both boys are girls are *choosing* to get married earlier these days, before they are mature, to defy their parents. In other words, when young couples choose to have sex outside of marriage they are risking early pregnancy. Then, if a girl becomes pregnant before marriage elder males "counsel" the couple to marry. (Informants told of a 15 year old girl who had recently been urged to marry her 22 year old male partner when she became pregnant.) Male elders also cited several grievances they had against youth: not listening to parents, using alcohol, and not continuing in school; yet they saw these behaviors as justified. "The youth do not receive their basic needs from their parents so they do not feel they need to listen to them." Males especially will choose to leave home for more freedom and to meet their basic needs. This is less of an option for females who have fewer marketable skills and who risk their reputations for future marriage by behaving too independently.

Polygamy

The average elder male informant has 2 wives. "It takes time to have more wives," stated one husband. " I married my first wife in 1965, the second in 1973 and the third in 1980." Typically each wife will have 5-8 children–although the extended family household may have up to 15 children living in it at any given time– and she lives in her own house often several kilometers from other wives but all on the husband's ancestral lands. Having children secures a woman's place in the polygamous household system. If a husband dies and there are no children, the wife is to return to her family with a soiled reputation. If a woman has had children before the husband's death, she, the children, the home and all possessions become the property of a male family member through inheritance. The children belong to the husband's clan, not the mother. Only in situations where the husband is suspected of dieing from AIDS or when the wife is beyond child-bearing years are sometimes widows not inherited. Some widows choose to not be inherited but in this act they are often also choosing a life of dire poverty and little community support.

Dowry

Previously, dowry was only in-kind–usually livestock–but now a bride price can be paid in currency as well as cattle, sheep, and goats. Poorer families may resort to giving ducks and chickens, but this is ridiculed in villages. The education level of a female does not guarantee her family a higher dowry but it is beginning to be used as a bargaining chip with the suitor's father. The highest dowries are for "respectable" girls who have never been pregnant and are not too young–females are supposed to be mature enough to bear children and be skilled enough in domestic duties to be considered marriageable. Fathers seek out the highest offers in exchange for their daughters. Informants feel that in most households there is no perceived preference for giving birth to a girl or a boy as both contribute to the family. "If you have all girls or all boys, that is God's problem." It is boys from poor families or orphan males who are pitied the most because they can offer the least for dowry. Male informants told of one orphan male who recently offered 15,000SD ($75USD) as dowry–a laughably low price.

Teacher's Point of View

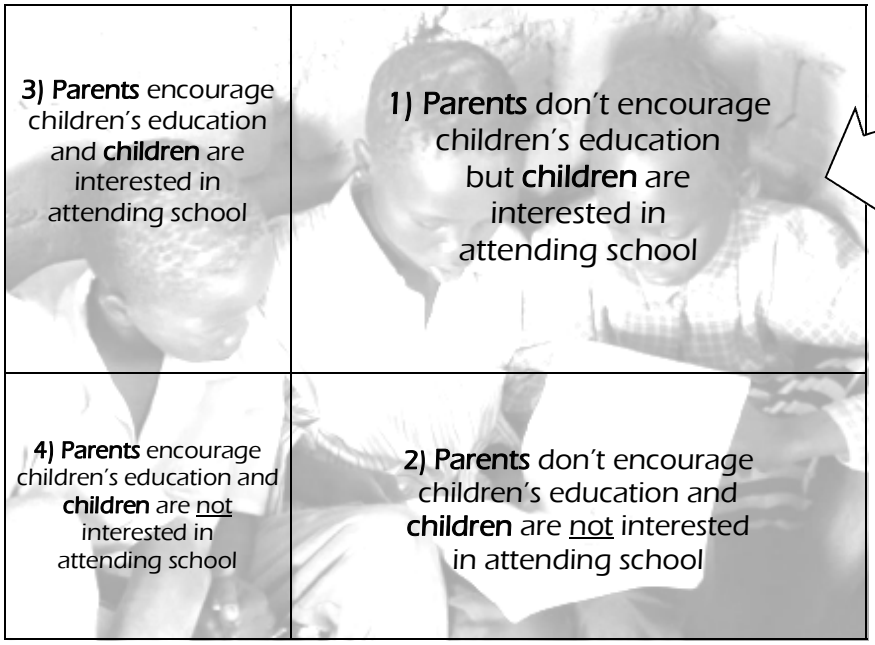
Teachers from St. Kizito's Basic (Primary) School feel the biggest challenge girls face to getting and education is being part of large-extended families who do not value education or cannot afford the fees for both the girls and boys. Private schools in and around Juba have fees double or triple those of public schools. St. Kizito's fees start at 4,500SD ($23USD) per term for P1 students and rise by 5,000SD per grade level up to 8,000SD ($40USD) for P8, not including exam fees. (Strangely, Kindergarten costs 7,500SD (36USD) per student per term.)

Juba Situation: Gender

With an enrollment of 834 girls and 981 boys at St. Kizito's, the gender balance is nearly even.

"Parents do not encourage children to go to school and students would rather stay away and work to make money. Both parents and students feel school is a waste of time." Even when parents pay school fees, student interest is low and attendance is fair at best. Some teachers feet that the children decide for themselves against going to school– girls would rather sell in the markets and boys would rather work in the fields. Others firmly feel that a family's level of poverty determines the children's' educational level, poorer families are less educated.

Male and female teachers feel that parents and students fall into one of four categories (size of boxes and numbers correspond to number of parents and children perceived to feel this way):



Therefore, parent's encouragement of children attending school is the biggest determinant of sustained enrollment and regular attendance.

Juba Women's Union

The Juba Women's Union is an umbrella organization offering technical support and funding to community-level women's groups in Juba County. Their priority areas include training women in income generating activities (IGAs), usually agriculture-based, and spreading awareness messages about gender-based violence (GBV), early marriage, early pregnancy, and school dropouts. Women's co-ops engaged in IGAs are usually the recipients of gender issue messages, however men and other community members are also invited to sensitization workshops. The biggest challenge the Women's Union has is lack of funding to support their women's groups as raising their member's economic status is seen as the first step in opening their eyes to their rights. "Now that the women are not moving [i.e. not displaced] and earning more we can make them more aware of their rights. Most women still think beating is an expression of love," says Jennifer Kujang. The Women's Union has also targeted school-age girls for AIDS awareness workshops. They feel girls' school attendance is being greatly affected by decisions many girls are making without enough information or future planning. As part of the AIDS workshops, the Women's Union also discusses the consequences of early marriage and pregnancy. Women and girls are also target audiences for local radio and television programs. To date, the Union has not specifically targeted men but they aim to work with the military and police to sensitize them to gender-based issues as well as include more men and boys in their IGAs.

Juba One Girls School

Juba Town has 4 girls-only schools, 2 primary and 2 secondary. The Juba One Girls School is separated by a chain-link fence from the Juba One Boys School in the center of Juba Town. According to the Girls' Head Mistress, Martha Gideon, there is a total enrollment 1,015 (2/3 the boys enrollment), ages 9-20 years who attend grades P1-P8. Normally primary schools are for students ages 7-14 but because the majority of Juba One's female students have had to leave school, sometimes for several years, girls are admitted at the level they left off at. With small, dark classroom and desks made for smaller children, many classes are overcrowded. Some older students feel embarrassed (or are made to feel this way) to be in the same class as much younger girls, so their attendance suffers and they tend to drop out again. According to Mrs. Gideon, attendance is best at the beginning of each term and then it dwindles. "Many families are still unsettled and many parents do not understand why a girl should be educated." Some students must also travel a long distance (several miles) on foot or by canoe from villages along the Nile River each day to make it to school before 8:30am. Girls who live with extended family relatives are most at risk for dropping out because their guardians are more indifferent to their education and treat them poorly compared to their biological children. Besides parental attitudes and non-payment of school fees, early pregnancy (as young as 14 years) has become a problem at the school. "Parents need to be enlightened to they can counsel the girls better" because pregnant students are not allowed to stay in school.

Sex education is not found in the health/science curriculum, but organizations such as HelpAge International and the Girl Scouts/Guides have provided HIV/AIDS awareness programs targeting P7 and P8 students. Other agencies such as UNICEF have provided sports equipment in the past, the World Food Program (WFP) supplies food, and Petronas Petroleum visits P7 and P8 classes twice a week with their mobile library. These incentives are meant to encourage girls to stay in school and to make education look more attractive in the parent's eyes. Juba One has 87 girls enrolled in P8 and 140 in P1, thus 57 are lost along the way.

With an average of 130 students per grade level and only 24 teachers, there is a poor teacher to student ratio (1:42). Three-quarters of the teachers are untrained. Eleven teachers are female and three specifically teach English, the new government mandated language of instruction. Teacher training is provided by the government and the NGO Wilden Trust and is focused on shifting from Arabic to English. The Ministry of Education has already developed materials in English for several subjects for grades P1-P3, however these materials express definite gender bias (reflecting cultural norms) in the examples and pictures. Teachers pay is determined by the number of students in their class and managed by the Parent's Council. Parents control the finances for the school and are responsible for the upkeep of the property, yet few turn up at management and planning meetings and most of the funds are allocated to special events rather than salaries or scholastic materials–reflecting the low value education has in the general public's eyes.

Agency for Cooperation and Research in Development (ACORD)

ACORD has implemented gender awareness trainings and women's participation in decision-making programs in Juba County. Gender Training modules are presented to all community groups ACORD works with regardless of the project sector and focus on understanding the differences between sex and gender, gender expectations and restrictions within the culture and program assessment for increased gender equality. According to Gender Program Officer Jane Kiden, "Before women were very shy and would just sit and listen to the men. Now they are talking and even active" in decision-making roles within village structures via popular elections. Participation in agricultural work was formerly divided along gender lines. Now both women and men work in equal numbers in the fields, but still divide some tasks. The greatest challenge ACORD has faced is men's and women's perceptions of themselves and each other. " Men see women as second class citizens. Men limited the mobility of women and were reluctant to have them leave the villages for trainings. We brought the women out of their normal settings to allow them freedom to speak. There is a general belief that men come first. Women are afraid at first when they leave their native settings but when they become more involved their shyness diminishes." ACORD has targeted 10 villages along the Nile River and IDP camps near Juba. Community groups are required to have a gender balance to attend gender awareness and project planning workshops, most of which are conducted as part of income-generating support programs. Although IGA Cooperatives are predominantly women (usually IDPs, heads of household, or caring for orphans and PLWHA), males family members and village elders also attend trainings.

ACORD was one the first NGOs to implement HIV/AIDS awareness at the village level. They found most people aware of what AIDS was but in denial that it existed in the area. They began with enlightenment trainings which motivated people to ask more questions and seek services from organizations and agencies. Now ACORD partners with the Adventist Development and Relief Association (ADRA), the Sudan Council of Churches (SCC), the Association of PLWHA and WFP to provide families with HIV+ members with monthly food rations as well as supporting the VCT center with condoms and counselor training. They utilize the local radio stations and local television to broadcast awareness and prevention messages, and support the Anti-AIDS Student Association with funding, materials, and training to do awareness activities in primary and secondary schools.

Equatoria Youth Association for Peace and Development (EYAPD)

There are several youth associations operating in Juba Town/County whose membership is usually secondary or advanced educated youth who have left the area (due to conflict) and returned. The Equatoria Youth Association and the Anti-AIDS Youth Association have become the main implementing partners of HIV/AIDS education in schools with the technical assistance and monetary support of various NGOs. The Equatoria Youth Association for Peace and Development (EYAPD) implements AIDS education workshops as part of their community peacebulding work. EYAPD has been operating for 3 years out of Juba Town.

According to members, their main aim is to mobilize communities through local leadership to find the root causes of their problems and discuss possible solutions rather than resorting to violence and discrimination. HIV/AIDS has surfaced as a problem affecting communities but there was a need for education before community action plans for prevention and care of people living with HIV/AIDS (PLWHA) could be developed. "We found we must educate those who never left Sudan and the youth and children" because they were the most ignorant of the problem and ways to solve it. EYAPD has also addressed school enrollment problems by sensitizing parents to the value of education and by opening 4 pre-schools for children ages 3-5. Rose Christopher and Phillip Khamis Peter are two members who volunteer their time to teach youngsters 8-12 Monday-Friday in the pre-schools which have equal numbers of boys and girls. There is no fee to send children to their program. The hope is parents will see the importance of education for both girls and boys. So far, all pre-school graduates have went on to enroll in P1 classes. "We want to see our students complete P5."

Radio Juba

Nearly every youth group and organization utilizes the local radio and/or television stations in Juba County to broadcast and receive HIV/AIDS and gender-issue information.

Juba Response: Gender and HIV/AIDS

Lucy Gordon is in charge of the English Division of Radio Juba which produces forum programs for youth, women and families aired several times a week. The content for programs comes almost entirely from Government Ministry offices, NGOs, youth, women's and church associations and community representatives. Forum programs provide information (usually from healthcare and professional experts) and feature testimonials from victims of gender-based violence, school dropouts, those who have experienced early marriage or early pregnancy or recovering alcohol abusers. "It was difficult to get people to talk about their problems at first, but testimonials have the most impact." Radio programs also focus on taboo subjects related to changing sexual behavior or harmful cultural practices that increase the risk of HIV. Despite the sensitive nature of many of their shows, Radio Juba producers say the public has given them mostly positive feedback and community participation has increased. The biggest challenge is getting messages translated into Arabic in order to reach a larger audience.

Radio Juba produces jingles, songs, and dramas based on factual situations—wife inheritance, alcohol use and HIV/AIDS, poverty and education. They also try to cover the impact issues have on other counties in South Sudan. From 1996-2000 the station hosted a "Child's Right to Expression" annual event where youth were trained to produce original radio programs. This program has been discontinued due to lack of funds but youth groups are encouraged to bring their ideas and scripts to the radio station. They would also like to add call-in segments to their forum programs when landline telephones become more common. There is a need to move beyond awareness and begin to advise people on behaviors interactively.

HIV Awareness and Knowledge

Nearly all youth are knowledgeable of what HIV and AIDS are (what the acronyms standd for and that HIV could lead to AIDS) as well as several STDs and their symptoms. AIDS prevention and education messages come from school, newspapers, radio, TV, workshops, books, and the church. Despite the many sources of information, youth, particularly IDPs, hold several misconceptions about HIV/AIDS. Some youth believe that young people can not contract HIV but they aware of a risk to infants during pregnancy and childbirth. (Male informants are especially unsure of the risk to infants and ask many questions—Will all babies born to HIV+ mothers will also be positive? What if the woman is not HIV+ when she becomes pregnant but contracts the disease during pregnancy? Can the baby be cured after birth?) Female informants claim that pregnant women receive AIDS information as part of pre-natal and antenatal care visits but they too are unsure of the risks to infants. Some youth informants believe it is possible to contract HIV from mosquito bites or from buying food, sharing food or eating food prepared by someone with AIDS. All youth agree that one could not get HIV/AIDS from witch craft or other supernatural means, but 3/24 did feel that witchcraft could possibly cure someone who was HIV+. No other possible cures are known.

There have been many awareness and "enlightenment" campaigns brought to the communities of informants, so "when groups come around talking about HIV/AIDS the people say they already know about it and its modes of transmission. They claim they are aware and know but they are only in denial and not acting on their knowledge. Only a few have changed their behaviors." School programs have been the most effective and see the highest attendance, but community awareness events have low attendance. Youth unanimously feel that that younger people were more aware and informed of HIV/AIDS than their parents or older generations are.

Male elders firmly feel that AIDS comes from outside Sudan and they cannot know who may have AIDS "because [they] lack medical knowledge." Adult males over age 35 believed AIDS has been brought to South Sudan by sex workers from Kenya, Uganda and Somalia, so if these people can be stopped from entering the country AIDS can also be stopped. "AIDS traveled from Yei to Rumbek to Juba," states the village chief. Adult males, more than any other group of informants, seem the least knowledgeable of individual behaviors leading to HIV transmission. They also feel that the government is unable to organize services because they too lack knowledge about HIV, and clinics and schools do not provide HIV information. This directly contradicts what female and youth informants state, revealing a high level of misinformation and ignorance in the adult male population.

Condom Use

Youth informants feel that some adults use condoms, but their use is very unpopular with young people. Females are more opposed to their use than males. Girls say they would be insulted if their partner suggested using a condom, implying that she was "dirty" or a "prostitute". Males on the other hand question why the females are so against condom use to prevent pregnancy, because pregnancy before marriage is to be avoided at all costs to maintain the reputation (or value) of the female. Girls rely on knowing their menstrual cycle and tell their partners when the best time to have sex is and not get pregnant, but both males and females say this is not a very reliable system. Youth seem to worry more about pregnancy than sexually transmitted diseases. "We want to enjoy ourselves. We do not want the [sexual] freedom to end." Getting pregnant before marriage is seen as "more trouble" and more of a reason to wear a condom than prevention of diseases.

Both males and females seem to fear being with or becoming a HIV+ women more than being with or becoming an HIV+ man. Males are thought to be untrusting of female partners when they suggest wearing a condom, and inherited wives are looked at cautiously as they are suspected of having HIV. Females seem to want to prove their purity by refusing condoms and do not seem concerned that their male partners may be HIV+. According to one female, "We don't worry about sex because we know the person we are with well. You need to know them and trust them to have sex with them."

In one youth focus group, informants were also spilt on condom use as a means of prevention. Some feel that those who protect themselves with condoms during sex could not get HIV while others believe that condoms are only good for preventing STD infections (syphilis, gonorrhea) and not very effective against HIV. All youth agree that the only prevention method that could be trusted 100% was abstinence, but this is rarely practiced. Church counselors and parents often give only moral advice on sexual behavior and even spread fearful messages about condom use. The only formal sex education youth receive is from parts of HIV/AIDS awareness speeches in school.

Community Reaction to HIV+ People

Youth informants feel that most HIV+ people are confronted and counseled by family and friends once their status is known. However, the family and community feel a great loss at the news, as if the person is already dead. HIV+ people may be kept inside the house most of the time and may eat meals alone. Some "ignorant" community members (usually older generations) see HIV+ citizens as "dangerous" people who should be avoided or ostracized. Other informants say when a person is HIV+, the family and community's reaction is dependent upon whether they were a "good person" or a "bad person" prior to the diagnosis. A "bad" (disrespectful, inappropriately behaved) person's status is quickly revealed by community members as an example of what might happen to "bad" people. A "good" person's status on the other hand may be kept a secret by the community. This secrecy-out-of-loyalty reaction implies that an HIV+ person is usually negatively stigmatized, so friends and family want to shield "good people" from this fate. Sadly, the risky behavior of these secret cases may go unchanged. The HIV+ status of males tends to be kept a secret more often and for a longer time than the HIV+ status of females. Males, more than females, continue to have unprotected sex with their partner(s) and/or wife/wive(s) after diagnosis.

In one focus group, 14/18 participants said they would not tell anyone if they found out they were HIV+ out of a general fear of being treated differently. Four said they would tell people so they could access services (food and medical treatment programs) and educate others.

Recognizing HIV/AIDS

In one IDP community, youth say they know of 9 people who have died of AIDS. Five of these people were tested at the VCT and disclosed their status early on where as the others began to exhibit symptoms which made family and community members believe they died of AIDS. In a village near Juba, informants are aware of 3 men, 3 women and 1 youth under 18 who have died due to AIDS and one male who is currently taking ART. One of these cases was a man believed to have contracted HIV (sexually) while working as a VCT laboratory assistant and counselor, thus obviously knowledgeable of ways to prevent HIV. When asked how one would know a person was HIV+ if they did not tell you, informants listed many symptoms including weight loss, sweating, changes in hair texture, hair growing on the tongue, diarrhea, TB, rashes, burning skin, fever and painful urination. No one stated a change in social (depression, isolation) or sexual behavior (begin practicing abstinence) as an observable clue that someone was HIV+.

HIV Risks

Youth informants feel that males were more at risk of HIV if they had access to money (to spend on alcohol or prostitutes), use or abuse alcohol, rape (especially soldiers), or have many sexual partners. Females are thought to be more at risk if they need money (turning to prostitution), use alcohol, dress in tight or revealing clothing, go "outside the boundary" and sleep with men other than their husbands, or give birth. Many cultural practices are also thought to put people at risk for HIV: wife inheritance, engagement practices of cutting and joining wrists (Dinka), scarring, removing teeth, removing tonsils (usually children with chronic cough) and wife sharing (brother-in-law does his "duty" if the husband is gone for a long period of time).

Alcohol and Drug Use

Alcohol use seems to be restricted to males (men and boys) with no age restriction on buying. Previously most drank only local beer but now more are able to afford imported beers. Local beer costs between 100-400SD and it is consumed almost anywhere rather than being restricted to bars. Alcohol use is thought to cause "a lot of violence" mostly within the family and sometimes between males and it is linked to careless sexual behaviors.

Locally grown opium is available but it's sale and use is done in secret. Seeds from a flower known as *makeiere*, from Yei are also popular to ingest for an intoxicating feeling. Drug use is predominately a male activity as well but informants did not link it to HIV risk as much as alcohol use.

Juba Response: HIV/AIDS

Juba VCT

There is only one HIV/AIDS VCT center in Juba (and no PMTCT center) were clients are provided individual pre-test counseling, HIV testing and post-test counseling and referral for support. Although located in a large building near a main intersection in Juba Town, the VCT staff does not feel there is a stigma attached to coming for testing because the building houses a general lab that people access for many reasons—testing and information. HIV tests can also be requested at the hospital but all blood is tested at the VCT and it is unknown whether hospital patients voluntary undergo testing or if they receive any pre- or post-test counseling.

According to counseling staff (2 females and 2 males), the Juba VCT counsels mostly female clients ages 20-45. They usually complain of pains and/or suspect their current of late husband of being HIV+. Male clients often report engaging in risky (out of marriage) sexual behavior before being tested. If a married man is found to be HIV+ he is encouraged to bring his wife in for testing, but this rarely happens. Instead the VCT counselors visit the wife (or wives) and disclose their husband's status. (The confidentially practices of the Juba VCT are questionable in this and other respects.) Sometimes this backfires and women are so shocked they talk of suicide. Other times they accept the news solemnly and come to the VCT for testing themselves.

When a client comes to the VCT they are pre-test counseled for 15-20 minutes about HIV in general and their sexual practices. They are then asked if they will undergo testing. Currently, there are no printed materials given to VCT clients. The HIV test itself is done the same day as the counseling, but not by the counselor. Instead, laboratory specialists on the second floor of the complex conduct the testing and instruct clients to return in 24 hours for their results. Lab personnel also test blood specimens from the hospital so they may not have all results within 24 hours. This delay leads to a big drop in the number of clients receiving their test results and post-test counseling and referrals. Some never come back for their results, and some may come up to a month later when their status may have changed. Those who are too sick are given their results at home when counselors do field visits or relatives are allowed to get the results for them—breeching confidentiality agreements.

The VCT does not run follow-up support programs but it does refer clients to monthly group counseling sessions led by the PLWHA Association and supported by the Sudan Council of Churches (SCC). ACORD and HelpAge International provide school fees and basic needs support to extended family members who care for orphans of AIDS victims.

The greatest asset of the Juba VCT center is its status as the only antiretroviral treatment (ART) facility in the county. According to counselors, "The ART has helped bring more men in for testing and people come from different counties for it now." Numbers of VCT clients (and HIV+ cases) are expected to rise as the roads open up. But for HIV numbers to truly decrease there needs to be behavior change. "Condom use is very low and abstinence and faithfulness do not happen." ARTs are provided free of charge from WHO and UNAIDS who plan to expand VCT and ART services to other health and non-health facilities in the county and region in 2006-07.

The World Health Organization (WHO)

WHO has been a key partner in supporting the National AIDS Program/Ministry of Health with the scaling up of VCT and ART services in southern Sudan. According to Dr. Okumu, between February and September 2006, WHO supplied ART to 121 PLWHA at one of four treatment centers in South Sudan (in Juba, Wau, Malakal and Kajo Keji). Seventy-six PLWHA received ART in Juba Town.

Sudan Council of Churches (SCC)

Many southern Sudanese are highly religious, and the church is a powerful tool for spreading messages about AIDS. The SCC was formed in 1989 and is comprised of six member churches: the Roman Catholic Church, Episcopal Church of Sudan, Sudan Interior Church, Africa Inland Church, Prespyterian Church of Sudan and the Sudan Pentecostal Church. The SCC has a long list of activities and accomplishments related to AIDS awareness including hosting workshops and training of trainers, forming AIDS awareness teams at the community level, providing counseling, supporting PLWHA Associations, supporting and forming anti-AIDS youth clubs, creating educational materials and translating them into local languages, building resource centers, utilizing media (radio, television and newspapers), sensitizing local leaders, performing street theater and composing songs, and contributing to the development of the New Sudan AIDS Policy.

Nelson King is the HIV/AIDS Youth Officer for SCC. He says the church has had to accept that AIDS is a danger to youth, but it is still difficult for some church leaders to talk openly about sex. "What AIDS is doing to the people is just like a sin. The priests are preaching about sin, so also the priests have to preach about AIDS, because the two of them kill. Sins kill the soul and AIDS kills the body." Pastors and priests often hear of relationship issues and health problems linked to HIV/AIDS so now they are directing their congregations to VCT centers and other supportive organizations. SCC works closely with church leaders to encourage them to speak of AIDS in their sermons and youth groups. But when it comes to condom use or changing possibly harmful cultural practices, SCC has faced "hatred" in communities. "We tell church leaders to teach but not encourage the use of condoms. We concentrate on counseling youth on their moral lifestyles because condoms are not 100%. Condoms are 99% safe and 1% dangerous, " says King–a fear-based message most youth seem to have embraced.

SCC has recently started targeting adult men and school-age girls for AIDS awareness. They have sponsored girls only anti-AIDS clubs in churches and are encouraging more men to utilize VCT and ART services. King acknowledges that men often keep their HIV status secret. "There is a psychological impact on a person's manhood if they are HIV+. Men want to produce [children] to extend their family line. They often deny their sickness."

HelpAge International (HAI)

NGOs and community-based organizations (CBOs) focus much attention on HIV/AIDS awareness targeting youth and women. HepAge International fills a gap by targeting older caretakers of PLWHA and/or AIDS orphans as well as supporting PLWHA in caring for themselves. They commonly work with widow heads of households, ages 30-40 typically with 5-9 dependent children who have lost their husbands during the war or to HIV and who are now also infected. Many are too poor or ill to support their families on their own so the children are taken care of by older female extended family members. HAI (with support from UNICEF) provides monthly workshops and refresher sessions (1 day for usually 15 particpants) on how to care for PLWHA for HIV+ persons and their caretakers. They also provide caretakers of orphans with food assistance and money to cover their children's school fees.

According to HIV/AIDS Officer Saturnino Lado, "The biggest challenge is people's ignorance. They live in hiding." HAI counselors get the names of HIV+ people from the Juba VCT Center and from the Association for PLWHA to provide them information on trainings and to give them counseling. They also visit people who are highly suspected of being HIV+ in communities and encourage then to be tested at the VCT Center, especially urging widows and caregivers to have orphan children tested. "There is hope now because ART is available here and children below 10 are given different drugs." But even with ART availability, HAI has found that most males, especially those in the military hide their status and are reluctant to be tested for HIV. "Many soldiers think, 'I am finished so I am going to finish others'." Since there has been little demobilization, counselors have attempted to spread awareness and offer counseling in the barracks. But, they cannot openly target soldiers because "most commanders are not open to it" or they are too disorganized to support a program. HAI has been able to reach much of the population through the churches (via SCC) because of their great influence over behavior. "People know us well and now they ask for our help both in Juba and Yei."

Juba 0rphanage

The number of HIV orphans is unknown in South Sudan. Most orphanages do not test children and youth for HIV and do not know why their parents have died or left. The Juba Orphanage, as well as two orphanages in Yei County, were visited in order to gather information on orphans in general and the services that are provided to them.

Juba Town has one orphanage run by the government and supported by NGOs and the Catholic Church. There are

currently 82 children and youth (58 girls and 24 boys) ages 4 months to 21 years living at the orphanage. All school-age children are enrolled in public schools with their fees covered by NGOs and the Catholic Church, and 5 secondary school drop outs are enrolled in vocational training programs. Two of the orphans are mentally challenged and receive basic education at the orphanage. Children and youth are brought to the orphanage by extended family members who cannot afford to care for them or by neighbors when the parents have left. In several cases, the mother has died and the father has left (to seek work or because he is a soldier). Sometimes both parents have died or abandoned the children. It is unknown if the parents of orphans were HIV+ and the children and youth are not tested for HIV when they come to the orphanage.

When the orphanage takes in children, it is assumed they will be reclaimed or return to their families, but this is rarely the case. According to the Assistant Director, Samuel Juma, the orphanage established an adoption program in 2004 in order to cope with rising numbers of children under their care. Non-family members sign a written agreement promising to keep a child until the parents come for them. These foster parents assume sole responsibility for caring for the child and receive no monetary assistance. To date 25 orphans, mostly boys, have been adopted from the Juba Orphanage.

The orphanage is a well-kept brick building with a fenced play area, toys and entertainment (television, books) for the children. There are 9 social workers, 2 nurses, 3 cooks, 2 watchmen and several babysitters and cleaners supporting the children and youth. About one third of the social workers have received some sort of training in child development and care, the nurses are trained, but the babysitters are untrained and sometimes volunteer.

Participatory Focus Group Activities for Gender Analysis

Four of the five focus group discussions included participatory, small-groups activities aimed at revealing gender roles, gender expectations, socialization systems, priority gender issues, and constraining and enabling forces of increased gender equality. The following are the results of these activities:

GENDER CLOCKS (Completed in groups of females and males)

Purpose: To reveal the length of, activities in, resources and places accessed during a typical day.

Male's Typical Day

6-6:30 am	wake up, personal cleanliness
6:30-7am	tea break
7-7:30am	walk to work
7:30-11am	work
11-11:40am	breakfast
11:40-1pm	work
1-2pm	lunch
2-5pm	work
5-5:30pm	walk home
5:30-6pm	rest and relaxation
6-6:15pm	bathing
6:15-7:30pm	touring with/to friends
7:30-8pm	supper
8-10 pm	plans for following day (teachers)
10pm	go to sleep

Female's Typical Day

5am	wake up
5-6:30am	sweep compound fetch water
6:30-7:30am	prepare food serve breakfast
7:30-8:30am	wash plates cleaning
8:30-9:30am	to market to buy food
9:30am-12noon	get charcoal prepare lunch
12-1pm	serve/eat lunch wash plates
1-5pm	go to learn/school
5-5:30pm	walk home
5:30-7pm	cook supper bathe children
7-8pm	eat supper
8pm or 9pm	prayers and sleep

Results:

- The female's typical day is about 17 hours long while the typical male day is 16 hours.
- The male's day is largely taken up with productive work activities, self-care and relaxing. Males spend most of their day away from home at work and 3 hours engaged in leisurely activities.
- Ten hours of the female's day is spent caring for others in the family through reproductive activities that provide for basic needs.
- Females attend mostly adult education programs in the afternoon, spending 4 hours on self-improvement.
- Males and females come together only during meal times.
- Males work is waging earning while females did not work outside the home. Females spend all but 4.5 hours in and around home, while males are home only about 5 hours a day.
- Males have designated times of the day to socialize with others in the workplace, during breaks and meals, and after work. Females can socialize with others at the market and while in school, although their attention must be focused on the primary tasks of buying food or learning.
- Male teachers continue to work while at home otherwise males are finished laboring when they leave the formal workplace.
- The female's day is largely spent preparing food, mostly during morning hours.
- Females report going to sleep before males, but the time is determined by male's and children's needs. Sometimes females do not sleep until after 10pm.

GENDER EXPECTATIONS: "Good" Traits (Completed in groups of females and males. Males described men and boys and females described women and girls.)

Purpose: To reveal the qualities of a "good" woman, man, girl and boy that participants have been socialized to and discuss expectations and realities of the opposite gender. Points marked with an (*) denote traits discussed most in the large, mixed-gender group.

Qualities of a "Good" Man

decent
tolerant
honest*
cooperative
gentle*
knowledgeable
faithful
loving
caring
responsible*
respectful*
open
accountable
supportive
manager
transparent/direct*
social*
just

Qualities of a "Good" Boy

helpful
social
respectful
obedient
concerned*
attentive
honest
energetic
caring
knowledgeable*
God-fearing
morally upright
decision makers*
assertive*

Discussion Results:

- Men are supposed to be honest, especially with their partners, but they are not socially punished for dishonesty. In cases of adultery they are blamed less than females. A male has more freedom to behave how he sees fit because few will discipline him except male elders and possibly an employer.
- A good man should be gentle in how he approaches issues and in how he talks with others. He should also look like a gentleman in his clothing and appearance.
- A good man should be responsible in earning income, dressing decent, not being a drunkard, and acting as the head of the family.
- A man should be respectful to elders but because he is the head of the household, he does not need to be respectful to his partner(s) or children.
- Men should be "transparent" or direct in their speech. They should get to the point. (This trait is not always welcome or rewarded in females.)
- It is important to be social with others so that in times of need you can lean on the community for support.
- Boys should be concerned about themselves first and then their family.
- Boys are expected to be know right from wrong. They should be ethical and intelligent and should contribute to family decisions and discussions.
- Boys are "in-training" to become decision-makers and act assertively within the family. These qualities are not listed under 'good men's traits' because it is assumed that men already exhibit these skill as leaders of the family.
- Not all fathers are loving and many are quite harsh to both girls and boys. Many men only see girls in the short-term, as a way to make money, whereas boys are an investment in the future as they will care for the family property. Fathers devalue girls and say paying for their education or other things is a "waste of resources" and "nonsense" because they will only leave the family. Fathers minimize the position and potential of girls, particularly if they are poor.

Yei Situation: Gender

Qualities of a "Good" Woman	Qualities of a "Good" Girl
respect the husband at home	educated*
educated*	respectful
hard-working	smart
popular/social and kind to all*	self-reliant*
Should not drink alcohol	popular/social*
faithful to husband's needs*	God-fearing
smart	example to others
be an example to children	not be involved in immoral things*

Discussion Results:

- Ideally a good woman should have some level of formal education, but due to lack of opportunities (because of war, displacement or family decisions) she should at least be knowledgeable to the point she can solve problems and wisely use resources. Even adult women without schooling should attend adult education programs or vocational training when they are available. Formal schooling will be a future expectation of all females now that there is peace.
- Women should be social in order to be liked in the community and have support during tough times, but they should not be kind to everyone. If a person is "corrupt" then she should not extend kindness to them but rather set an example for the children. She should not be submissive and helpful to everyone, only those whom she expects her children to emulate.
- A good woman is expected to be faithful to her husband's needs of food and household comforts, including sex.
- Women should also be "transparent" or direct with her husband. Male infromants knew of several women who speak their minds and have clearer agreements than men in private settings, but publicly they are gossiped about and told to not talk so much. It is necessary to have more women speaking out so they can be recognized for leadership positions. "Low development" was blamed on a lack of female leaders in church and government. Males suppress women by speaking ill of them to silence them. Yet, women are expected to ignore this and not let this stop them from gaining skills to support their families.
- Women ought to marry and have 4-6 children. Some felt there should be no limit of procreation because it depends on the family's standard of living. Families are criticized by the community and mothers especially feel embarrassed when they cannot provide for their children who seek food from other families. Males stated that large families (who can meet their needs) are more "popular" and respected in the community.
- A good girls is expected to go to school. Families of prospective suitors no longer want a "goal keeper"–someone who is just sitting at the house waiting for the man's instructions and support. A girl should be knowledgeable and skilled.
- Girls ought to be self-reliant in that they can solve problems and be resourceful, but not be independent.
- Like the rest of the family members, girls too should be social as it helps in finding a marriage partner. Boys and men "research" potential wives by first asking about a girl's behavior in the community. Girls who are well-known and participate in community, school and church activities get more or better marriage offers than "isolated" girls.
- Immoral behavior for a girl includes dressing improperly (tight, short clothing) dancing or drinking alcohol. (No sexual behaviors were mentioned.)
- A girl should get married in her 30s if she is to be educated and between 22-25 if she does not continue her education beyond secondary school. However, if a girl seeks an advanced degree she should expect to find fewer males to marry because they are intimidated by her independence and skills. She may also be thought of as a promiscuous person if she attends university. Males believe that once a woman becomes educated or a manager she will no longer cook and care for a husband. Education causes women to adopt men's free behavior and this makes males feel disrespected. Males believe a woman's public life is different from her private life. She can act the boss or educated in public but must assume a traditional wifely role in private. This leads to marriage conflicts for highly educated women. Girls mature (physically) faster than boys so they can marry earlier. Few girls go back to school after marriage due to having a child, because it is their husband's decision, or social embarrassment.
- Both girls and boys can go to their mothers and sometimes boys can go to their fathers, but a girl cannot go straight to her father. In the past, boys received all of their "traditional" training from male family members, now they are socialized mostly by mothers.

GENDER EXPECTATIONS: "Bad" Traits (Completed in groups of females and males. Males describe men and boys and females describe women and girls.)

Purpose: To reveal gender socialization by describing and discussing places, activities and behaviors considered inappropriate for the gender.

Places, Activities and Behaviors Forbidden for Men and Boys	Places, Activities and Behaviors Forbidden for Women and Girls
enter the kitchen and cook	dancing at night at a disco/nightclub
fetch water	putting on short or mini skirts or tight clothing
smear the house (walls)	drinking any kind of alcohol
eat with women	going to the video center/watching films in public places
bathe children	sleeping at local lodges
pick weeds in the garden (OK to plant and harvesting depends on the crop)	eating food alone is selfish
buy food items at the market	cheating on your husband during his absence
grind grains/prepare food	unnecessary movement
unmarried men cannot sleep with females (in the family) in the same room	gossiping
grown man is not to enter his parent's house any time (fear of stealing or inappropriate when have own house)	sitting among so many men
places where women deliver babies	misunderstanding (parents, husband)
sleep in the corner of the house/bed	fighting/quarreling
	to eat certain traditional foods (after giving birth)
	pregnant woman are not supposed to fetch water at night
	smoking
	build
	ride bicycle (especially in the village)

Discussion Results:

- Males felt that females get offended when males try to do "female" tasks such as shopping for food in the market. Females believed that males were checking up on them or making a silent comment that they were unable to do their gendered tasks adequately. On the other hand, males are very concerned with appearing too womanly. Only if a male is unmarried would it be acceptable for him to cook and clean.
- Men are superior over women at home and but to maintain this authority they must be able to make good, fast decisions. It is alright for a female to be a male's superior in the workplace but that would reverse in the home. Males are the protectors. They even sleep nearer a door so that they can jump out of bed quicker in defense if need be.
- Males are expected to sever support ties with parents after marriage such that they are not to enter the parents home again or be suspected of stealing.
- Much of forbidden female behavior involves protecting their sexual purity or reputations. There was much discussion amongst females over clothing and how it can attract unwanted attention. Females are socialized to limit their movement (away from the house) so as to not attract the sexual attention of males.
- When asked what one thing males and females wish they could change on their list, females suggested that workshops be held to socialize girls to behaviors that would garner less unwelcome interest (rather than changing those who are harassing them). Males felt that all of these expectations could be "easily changed with education because education creates new understanding and a new culture...it makes people equal."

LOCAL PROBLEM IMPACTS ON GENDERS (Completed in mixed groups containing males and females.)

Purpose: To arrive at a list of top problems affecting the community and families and explore the gendered effects.

Main Problems Affecting Families and Communities	Key Effects on Males	Key Effects on Females	Effects on Both Genders
Lack of Education	cannot accept change quick tempers	causes misunderstandings in couples mishandle house resources forced to accept traditional taboos	increased poverty early marriage
Lack of Hygiene, Sanitation		women are left/divorced by husbands if they do not keep clean	disease spreads easily increased mortality rates contamination of food, water bad smells
Community Insecurity	men killed loss of property leave family and take care of self	women raped young girls forced into marriage many widows	abductions families, couples separated culture is broken more risky sexual behaviors poor services in rural areas lack of trust
Poor Transportation and Roads	often must repair roads	may die if problems during child birth	increased accidents no goods in market communications difficulties
Lack of Income Generating Skills	become a drunkard will become a rapist cannot afford to marry become idle	can lead to divorce (husband leaves wife) Children cannot go to school (often girls) encourages girls to marry early promotes prostitution rape of young girls	encourages misunderstandings may steal
War Trauma	does not stay home, moves often forced to join the liberation drug abuse to cope poor performance in work aggressive	early marriage no skills (all are tailors and must compete)	no access to school, drop out poor performance at school poor responsibility poor health broken families, scattered poor development
Family, Gender Violence	frustration poor coping	experience violence	divorce lack of parental care children cannot develop if parents are separated anger arguments
Couples don't Communicate, Cooperate	create misunderstandings	misunderstands statements experiences violence	anger divorce poor management of family unable to make family plans
Low Economy	theft of property	prostitution to get money	low education levels family starvation poor dressing stealing

Results:

- The most common effects males experience from community problems are related to their sense of manhood, authority and control being threatened. When men become frustrated with their circumstances they often resort to violence or they flee the situation. Women often are on the receiving end of violence and divorce leaves them abandoned, vulnerable and stigmatized. All problems led to conflicts and misunderstandings at the family and marital level possibly leading to GBV or divorce.

Yei Situation: Gender

FUTURE DREAMS (Completed in groups of females and males)
Purpose: To reveal gender-specific values, perceptions of local problems and possible gendered issues preventing development.
Steps:
1 **Group Brainstorming** What are your dreams for the future, for yourself, your family, the community and the country?
2 **Group Discussion and Consensus** Choose your top three dreams that would cause the most positive impacts. What obstacles exist now that impede these dreams?

Males' Future Dreams:	Males' Prioritized Top 3 & Perceived Obstacles	Females' Future Dreams:	Females' Prioritized Top 3 & Perceived Obstacles
◊ free education ◊ good tarmac roads ◊ good hospitals and free ◊ peace and stability ◊ separation from the North ◊ low level of death rate ◊ more employment opportunities ◊ reduced land disputes ◊ rate of vulnerable diseases (HIV/AIDS, STDs) reduced ◊ unity among people ◊ we wish to be rich ◊ we wish to sleep and live in good houses ◊ good governance ◊ culture modifications ◊ reduced competition and nepotism ◊ good agricultural skills ◊ know your rights (human rights) ◊ reduce women's oppression ◊ more trees planted (restoration, reforestation) ◊ high standard of living at low costs ◊ development in our country	**Free Education** no support from NGOs poverty wars & conflicts poor government policies and low payments too many children **Peace and Stability** Too many ethnic groups in Yei land disputes/conflicts impacts of war (people are hostile) disunity amongst different ethnic groups **Rate of Vulnerable Diseases (HIV/AIDS, STDs) reduced** negative attitudes towards use of condoms forced marriages wife inheritance polygamy bad cultural practices (ear piercing, circumcision, bleeding for sickness) lack of awareness rape cases during war poverty leads to prostitution location of Yei Town	◊ free education ◊ independence ◊ no robbery ◊ bear children ◊ no poverty ◊ low level of death rate ◊ more developments ◊ reduction of HIV/AIDS ◊ peace and stability ◊ human rights ◊ no domestic violence ◊ unity and cooperation ◊ orphan solution ◊ provision of business skills to women	**Free Education** the government should give good payments to the teachers **Peace and Stability** unity and cooperation setting of good governance in society **Provision of Business Skills to Women** the NGOs should come to the community to provide business skills and funds

Results:
- This activity revealed that both males and females value and prioritize (free) education and peace and stability and see them as necessary prerequisites for all other development dreams to come true. It is important to note that informants felt the only way education can make a big impact is if it is free and they saw lack of government investment in education as the main obstacle. Peace and stability was a only possible if tribalism was reduced and there is a feeling that some ethnic groups are "naturally hostile".
- This was the only activity in which male informants felt reducing HIV and STDs was a priority issue for development reflecting the high awareness level of these particular male informants who also felt men needed to play a key role in changing behaviors.
- Women believed their empowerment lie not only in education but in acquiring business skills. Women know how to plant and make but they have not been given the opportunity to become knowledgeable and skilled entrepreneurs.
- Both males and females appear dependent on NGOs or government to reach their dreams, lacking confidence and experience in setting and achieving goals. This activity alone was challenging for female participants who are rarely asked to analyze their current situations or plan for their futures.

Yei Situation: Gender

Yei County Education

According to Simon Lodiro, Acting Director of Yei County Education, the current priority issue is training new teachers and upgrading the skills of current teachers. The NGO ACROSS is providing a 9-month primary education certificate course to never-before teachers to prepare them for the classroom. And JRS offers 1 week trainings for teachers during their term breaks three times a year focused on subject content and lesson planning. The teacher training and enhancement program is not targeting females specifically.

All schools in Yei are mixed gender with the exception of one secondary girls-only school. (Sadly, when visiting this school, which has an enrollment of 227 ages 14 and up, the campus had suffered severe damages from a recent storm which had taken the roofs off two buildings. A new campus was under construction but construction had ceased with the pull-out of UN funding so new buildings lacking roofs, too.) A minimum school fee of 11,000USH ($6USD) has been established by the government for P1-P7, but schools can charge higher to meet costs of paying teachers. Uniforms are separate with an average cost of 9,000USH ($5USD) A teacher's pay is dependent upon how many students she or he teaches. Parents are more apt to send students (especially girls) to classes held in a permanent structure, so most schools in Yei Town are very full despite lacking sanitary facilities (clean drinking water and latrines). Thus, the girls-only secondary school is currently in limbo with dwindling numbers of students gathering under a loan tree in the school yard. UNHCR and JRS have built 6 permanent schools in the county so far but funding is not certain to continue. Unlike most schools in Juba, WFP provided food to only two schools in Yei County during 2005 and has since discontinued this program.

The average primary school in Yei County has 769 boys enrolled compared to 537girls. During the war, most families could not afford to send many children to school so girls often stayed home, but now that there is peace the County has seen girls' enrollment rise. The County Education office does yearly outreach to sensitize the community to the importance of sending their daughters to school. Most girls drop out or do not attend school regularly because of family poverty, early pregnancy or marriage (starting at age 13), lack of good clothing ("boys are not ashamed") and/or lack of parental encouragement or permission.

Yei County Pre-Schools

According to Leila Mary, Yei County Pre-School Focal Point, there are currently about 40 pre-schools operating in the County. All are community-based rather than supported by the government and most are physically attached to government primary schools or churches. Classes average 70 children ages 3-6 with a ratio of 2.3 boys per girl. Pre-schools in towns or payam centers—Yei, Tore,Wotogo, Lusu and Mogwo—usually charge fees of 18,000 USH per term (3 times a year) per child with uniforms and shoes costing additional. Fees mainly cover costs of paying teachers. Fees are sometimes charged in villages as well but teachers in rural areas usually volunteer their time. School materials are provided by the church or shared with primary schools in towns, but most villages lack any instructional or recreational/creative materials. Confusion arose recently when a Government Minister gave a speech announcing that pre-school should be free so now parents are refusing to pay fees in some areas.

Ms. Mary cites the biggest challenge to pre-school success is lack of parent sensitization to the value of teaching young children. "Parents are starting to see the value in sending their children to primary school but they do not see the value in pre-school. But we have many returnees from Uganda where pre-schools are common so the enrollment numbers are slowly rising." Another major difficulty is teachers not coming to work when they are not paid. "Town parents promptly pay but not all village parents pay." Most teachers are hired with a Junior or Senior level education and some have had 1-week to 1-month of training via workshops provided by International Aid Services (IAS).

American Refugee Committee (ARC)

ARC is in the beginning stages of establishing a gender-based violence (GBV) program in Yei targeting survivors specifically and the community in general. They began with sensitization training for police and health care workers in order to provide timely and appropriate support to victims. Service providers are now better prepared to cooperate and divide up responsibilities. Community awareness of GBV and women's rights is now stepping up as well and reaching more male-dominated audiences. ARC's has taken a livelihoods approach to supporting GBV survivors by providing vocational and business skills training to strengthen women's economic potential. Victims of GBV in the home are usually referred to ARC by service providers and local women's groups. The program is too new to determine whether it's approach will reduce GBV incidents however, it appears to be operating on the assumption that increasing the earning potential of the family will reduce tensions that lead to attacks. Sensitizing women and girls to their rights and to see GBV as a problem that needs to change has been a challenge.

WOMEN"S EMPOWERMENT SCHEMES

There are several women's empowerment groups operating in Yei. Two church-affiliated centers have been established to support empowerment via skills enhancement and income generating activities.

Evangelical Presbyterian Church (EPC)

The Christian Women's Empowerment Program (CWEP) was spearheaded by the Evangelical Presbyterian Church in 1998. Now, a multi-denominational network of church-based women's groups, CWEP boasts a membership of over 2,000 in Yei and the surrounding areas. With profits made from a guesthouse they run in Yei Town, the organization offers small loans to women's groups to invest in capital for income generation. Each women's group decides what sort of project they will attempt—bricklaying, fish farming, agricultural activities, shea butter production, poultry raising to name a few—and after counseling their plans are approved for loans of 30,000USH ($17USD) and upwards. Groups labor together and repay loans, plus 5% interest, in small monthly installments. The women have not received direct training in new vocational, accounting, or marketing skills. Rather they are supported by monitoring activities throughout the duration of their loans. In this sense, they are quite dependent upon CWEP, especially if their scheme fails. Besides economic assistance, the organization has invited a partner organization from Uganda for occasional training of trainers awareness workshops that have touched on HIV/AIDS and gender equality.

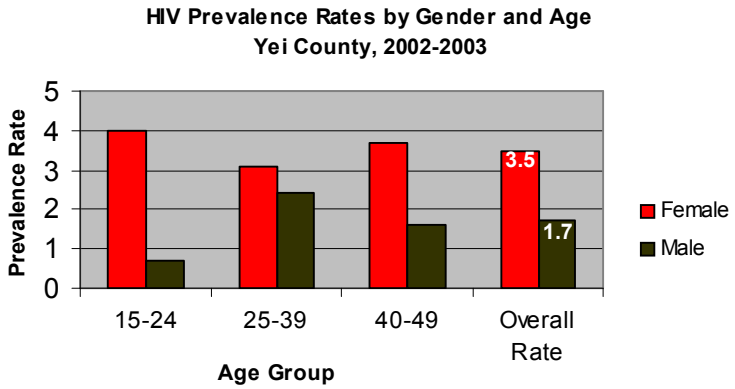
Episcopal Church of Sudan (ECS)

The Episcopal Church of Sudan (ECS) is also addressing women's empowerment solely through economic means. They have established a Vocational Training Center which includes a "Women's Empowerment Program". Fifty women of various ages are currently participating in various sewing, handicraft and baking activities on site or out of their homes on a paid-per-piece basis. The majority of these women were lacking most of the skills needed to produce the crafts before joining, so co-operatives were established in which more skilled members can assist the others and the group shares in the total profits. Whereas the products and labor generated through CWEP's loans have had direct benefits on participants, ECS's women seem to be producing products they and others in the community have little use for such as woven baskets, beaded jewelry, stamped stationary, cookies and cakes. (The managers themselves admit their participants do not even wear the clothing they sew leaving a delightful shop stocked full of items only foreign residents and visitors—of which there are few in Yei—would be interested in.) The women are also dependent upon ECS for supplies and equipment to complete their work. The organization hopes to establish a shop in Juba or the airports to boost profits. ECS also runs a 1 year vocational trades program in mechanics, building (masonry) and carpentry that is open to women. Eight of the 70 currently enrolled are female. To date the programs have not included any awareness on HIV/AIDS or gender-related issues such as domestic violence.

Probably the most successful ESC program is their micro-enterprise scheme with 784 female members. Similar to other IGA cooperative schemes, ESC saw a need to provide women (mostly widows and heads of the household) with small loans to infuse agricultural and cottage industry projects. "Banking services are non-existent in the rural areas so we filled in that gap," says Simon Buka, the program's manager. All groups are run under churches but there is a strict 'no men allowed' policy. Originally loans were given to church groups composed of both men and women, but the women saw no benefits and had no control over the spending. The foreign donor soon dictated that only women could be beneficiaries of loans and should receive basic training. The training may be too basic though, containing no accounting, business plan development or marketing skills. Buka laughs stating that the women cannot understand those things and only need 3 hours of training to know how to repay loans in monthly installments.

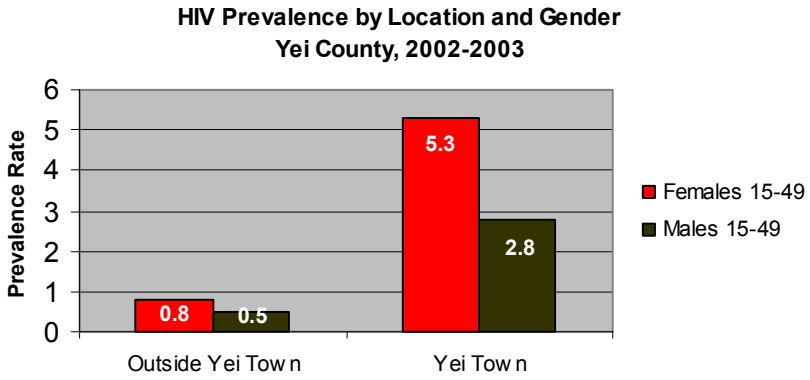
Yei Situation: HIV/AIDS

In November 2002 and April 2003, a joint team from the Center for Disease Control (CDC) and the American Refugee Committee (ARC) conducted behavioral and biological surveillance surveys for HIV and other STDs in Yei County consisting of two stage household surveys in Yei Town and the surrounding 20km outside of Yei Town as well as with pregnant women at antenatal clinics in Yei Town. Results show an overall prevalence rate of 3.5 in females and 1.7 in males with females ages 15-24 having the highest HIV prevalence at 4%.



Source: Reinhard Kaiser, CDC-USA

Women were nearly 7 times and men 6 times more likely to be HIV+ in Yei Town. Here HIV was two times more common among women than men, and four times more common among women ages 15-25 than in men of this age group—similar to other African countries where women have earlier ages of sexual debut than men and are likely to be younger than their partners. The HIV prevalence of pregnant women was 3% for Yei Town. Half of the survey respondents were internally displaced and one third reported they had left Sudan at some time, however there was no strong correlation between displacement status and HIV prevalence (Kaiser et al.).



Source: Reinhard Kaiser, CDC-USA

The median age at first sex was approximately 17.5 years for males and 16.5 years for females in Yei County, which is lower than the median of 18.2 and 17.5 years respectively reported in other Sub-Saharan countries. Condom use during high risk sex (defined as sexual intercourse with someone other than a regular partner in the past 12 months) ranged from 0-8.3% for females and 17.6-38.7% for males, also overall lower than the median of 21 and 38 respectively reported in other Sub-Saharan countries (Kaiser et al.).

HIV/AIDS IMPACTS ON GENDERS (Completed in mixed groups containing males and females.)

Purpose: To reveal the HIV/AIDS effects on each gender.

Key Effects on Males	Key Effects on Females	Effects on Both Genders
forced to inherit wives fewer know status fewer visit VCT feel traumatized if HIV+ and go wild keep silent about status continue producing children receive mixed messages about condom use (church v. organizations)	forced to marry male relatives feel more stigma receive more health and prevention information when visit clinics without men widows more VCT visits stop producing children husbands disappear, leave families receive antenatal care, medicine	death PLWHA feel isolated orphans feel lack of support underdevelopment are afraid to know status receive support/employment by joining groups economy suffers lack correct information

Condom Use

To date, NGOs have taken the lead on promoting the use of condoms both for HIV/AIDS prevention and for family planning in Yei County. Both males and females chuckled at the mention of family planning, saying it doesn't happen. Condom use for family planning is equated with "zero production" rather than spacing births. The rigid culture says it is the man's decision when he will have sex, so if a woman refuses intercourse or gives a condom to a man to wear she is likely to be beaten and/or forced to have sex. Even when a couple agrees to use condoms for family planning purposes, relatives pressure them to bear more children since so many people were lost during the war. "We have so much space," states a male informant, "We need to fill it." Women receive both family planning and HIV/AIDS information and counseling at pre-natal clinics but because their husbands do not accompany them, lack of male awareness and acceptance results in low rates of condom use for either family planning or STD prevention.

Male informants believe that condoms are used mostly by youth, 25-50% of the time. Others argued that some young unmarried men, mostly students use condoms 75% of the time. Women do not buy condoms and other modern family planning methods are not available to them. In one focus group, five females were in favor of condom use and 4 were against it. Arguing for condom use, female informants feel that if the husband cannot abstain and be faithful (within the marriage) he should wear a condom, but negotiating with males to wear condoms is rare. Those females against condom use say it reduces pleasure in sex play and "women want to produce [children]." The majority of males interviewed would not be offended if a female partner asked them to wear a condom. In fact, it is the females who take offense at condom use, believing their male partner is insulting them, implying they are a prostitute if he wants to wear a condom. Young men object to this and express their frustrations. "I want to care for her and protect her, but she refuses [condoms]." Some female informants were also confused about the purpose of condoms asking if they were for family planning or for HIV prevention. In general, couples do not talk openly about condom use for either HIV/STD prevention or family planning.

Some males fear condom use for HIV/AIDS prevention. "Some believe condoms are a ticking time bomb" and stories abound of men leaving condoms inside women or of condoms breaking and leading to sickness and death (not necessarily from HIV/AIDS). "People are more aware of syphilis and other STDs than they are of HIV," while AIDS is still largely plagued with myths and rumors. Males, more so than females, feel they receive conflicting messages about condom use. "The church says condoms are not 100% safe but organizations say we must protect ourselves by using condoms."

Impact of Leadership on HIV/AIDS

Focus groups cite elders, church leaders, village leaders and holders of key posts in the government at payam and boma levels as the most influential when it comes to shaping the opinions and controlling the behaviors of community members. However, common people seem to fall into one of two categories: those who believe the leadership and those who do not. "It is *after* meetings that we disagree." Over time some community members have seen the leaders produce little results leading to confusion and dissent. When local leaders have been sensitized to the problem of HIV/AIDS and are encouraged to discuss it or preach about it they often do. "But only those concerned with the [AIDS] program listen to their message." Leaders at various levels seem to be losing their legitimacy especially with more educated citizens. Their influence is still strong over the poorer, more isolated populations who are also the least aware of the risks of HIV/AIDS.

Awareness and Education

In one focus group, 11 out of 15 (73%) participants knew at least one person who is HIV+ or has died from AIDS–8 women and 6 men, half married, half never married and 3 under the age of 18. Focus group participants were generally well-informed about HIV/AIDS–modes of transmission, risky behaviors, prevention techniques, services available–stating that information comes from NGOs (especially ARC and ZOA Refugee Care), the Yei County AIDS Commission, radio programs, health care facilities and the church. However, informants felt that females overall were more informed about HIV/AIDS and other STDs than males. Females go to health facilities and prenatal clinics where they are counseled and provided print materials. Men rarely go to clinics with women or children. Females are more frequently targeted by NGO's and CBO's AIDS programs as well. Women are usually in the villages when community gatherings are announced and attend awareness events more than men. And, women are usually accompanied by their children so young people are also exposed to anti-AIDS messages with their mothers. A group of 16 school-age children (ages 7-14) belonging to Women, Orphans, People living with HIV/AIDS (WOPAH) said they learn about HIV/AIDS in school (from NGO and CBO groups and not as part of the regular curriculum), from the radio and in church (as part of the sermon and from choir leaders). Adult members of WOPAH also educate them about harmful cultural practices involving cutting but they do not discuss sexual behavior and transmission with the children. Some informants believed that certain tribes in other African countries cannot contract AIDS because they are naturally immune.

"Men say they are too busy" or they are not specifically targeted in workplaces, churches, or other environs where they spend their time. With the exception of male youth (ages 15-35) male informants seemed the most unaware of HIV risks. For example, one older male focus group member was very concerned that AIDS was spreading in the community and wanted to know what could be done but he saw no use for condoms and proudly announced that he has never worn one. Males are also expected to produce many children and may feel ashamed to admit having an illness related to their sexuality and sense of masculinity. This is perhaps one reason why females who are HIV+ are discarded by current husbands or refused marriage through wife inheritance. If they cannot bear healthy children then they are greatly devalued and even seen as dangerous. But because women are also mothers and the chief care givers, they tend to sacrifice themselves to society's stigma in order to openly seek assistance for their families, especially after being abandoned by husbands.

Informants say that the most successful approach to increasing HIV/AIDS awareness amongst men involves radio programs. "Radio is meant for men. The women may hear it but they are too busy working to listen to the messages" stated one female informant. In particular, a recent radio program about the connections between alcohol use and HIV struck a cord with male listeners when peer educators heard adult men reciting facts about HIV they had learned from the program. "Before that program the same men had no interest in our [AIDS] message."

Mobility

Males have much more freedom of mobility so they may seek treatment for HIV elsewhere, leave for long periods of time or never return if they are HIV+. Females are far less mobile and are watched more closely so their health condition is much easier to observe. Although, there are some new, predominantly female professions–selling dried fish and second-hand clothing–that are allowing for women to travel longer distances and be away from their husbands and families for longer than a day. This new mobility has yet to prove itself as either a risk or protective factor for females contracting HIV.

Risks of Transmission

The majority of participants in all focus groups were aware of the major modes of HIV transmission: sex, blood transfusions, mother-to -child and via drug use. However they were much more concerned with curbing risky cultural practices related to HIV. Obvious blood letting activities such as cutting, bleeding (as a means of healing sickness), circumcision (males and females) and scarring were frequently referred to as "bad" cultural practices. Just as often, the social custom of wife inheritance was cited as putting both men and women at risk. The HIV status of the widow/wife is usually unknown and widows are not openly encouraged to be tested for the virus. Men feel forced to marry the widow but in some cases refuse due to her unknown status. Informants largely believed that men bring AIDS to the family, especially soldiers. When condoms are absent or refused people are left to protect themselves from HIV by 1) being faithful (especially in polygamous families) 2) abstaining (if unmarried) and/or 3) visiting the VCT to periodically check one's HIV status. Much faith is putting in the household policy of "zero grazing" or not having sex outside of marriage, women with the one husband and men only with his wife or wives.

Yei Situation: HIV/AIDS

Orphans

WOPHA

There are no statistics currently available on the number of orphans due to AIDS in South Sudan. Members of The Yei CBO WOPHA believe that most orphans have lost their fathers (during the war or to illnesses such as AIDS). In such a case, or when a child loses both parents, 90% are taken in by extended family members or become part of stepfamilies. The one orphanage in Yei Town can accommodate few children so they are forced to choose only the most vulnerable (youngest, in ill-health). Informants say there is little shame attached to taking one's children to an orphanage when one cannot provide for them. WOPHA's support for orphans mostly involves assisting extended family members with school fees and food provisions. A family's food security level is a main determinant of the level of care children receive.

> *"Just yesterday I went to see an old woman who was caring for her grandchildren. Their father died and then the mother , both from AIDS, so the grandmother took them. Now she is sick and cannot get out of bed. She does not have food and she could not pay the school fees so the children have scattered. One older boy went to his paternal uncle to ask for money but he has not returned. Our organization is paying the school fees and providing some food to this family."* –WOPHA member

The organization has not encouraged the testing of children for HIV and does not know the status of their child members to date.

Orphanages

The two orphanages in the Yei Town area are in radically different settings and situations. The Judah Orphanage in Yei Town was started by the community in 2001 and currently receives only community-based donations to operate. Atayi Charity is the lone social worker on the small, rented compound. She oversees 11 children (4 girls) ranging in age from 6-14 years. All of the children have tested negative for HIV. Due to lack of space and food, the orphanage cannot accommodate more children. They have gathered street children in the past, but most of whom leave on their own accord. Children are usually brought to the orphanage by extended family members who choose to no longer care for them or are financially unable to. Sometimes family members come to visit the children but none have ever reclaimed them and no children have been adopted. All attend nearby Christ the King Catholic Pre-school or Primary School with their fees paid and uniforms provided with community funds. In addition to Ms. Charity there is one cook—who sleeps with the children at night—one cleaner and a priest who run the institution. Atayi has received some training from Oxfam but the cook and others are untrained in child care/development skills.

The barren rooms of Judah Orphanage lack play materials or academic supplies. In contrast, the 113 children at the Evangelical Presbyterian Church (EPC) Orphanage enjoy a comfortable setting with new buildings in a large compound about 5 miles from Yei Town. This missionary-run institution currently cares for 113 children ranging in age from less than a month old (twins) to 17 and more girls than boys. Most children are brought by extended families who cannot care for them or have neglected them. According to the orphanage manager, Mindy Chu, "Many just do not want to care for them and some say they will come for them after they are educated" but to date no family has come to reclaim a child they have left at the orphanage. ECP runs a P1-P7 primary school for the orphans and other local children on the compound as well as a clinic, church, dormitory and space for creative and sport activities. Sixty staff (75% female) including teachers, housemothers, cooks, cleaners, maintenance and administration support the children. Teachers are trained in Uganda for 3months -1 year and educational materials are also from Uganda. Local staff has not been trained. All of the orphans at EPC have been tested and all are negative for HIV.

Alcohol and Drug Use

VCT and HIV peer counselors as well as the majority of informants feel there is a strong connection between alcohol use and HIV. Local beer is widely available–in shops, the market, bars and from homes–and affordable at 200USH ($0.11USD) per glass. Few people can afford to drink imported beer regularly. The vast majority of women brew and sell beer for a steady source of income. All ages of males and some adult females drink to be social or to cope with problems. Counselors say HIV+ people often feel they contracted the virus while under the influence of alcohol.

Three main drugs are available in Yei Town: locally grown opium, *marungi* from Uganda and *shisha* from Egypt. Opium and *shisha* are smoked while *marungi* is chewed. Drugs are used mostly by men with only *shisha* being openly sold and smoked. Opium abuse seems to be a leftover habit from the war as mostly ex-soldiers use it to deal with continuing trauma. Intravenous drugs are not common in Yei, however alcohol and drug users often partake to the point that they can no longer practice good judgment concerning safe sexual behavior and may become violent.

Male focus group participants in Yei

VCT Reluctance

Youth were open to visiting VCT centers but many suspicions surround the services, causing reluctance amongst males. Young men felt discouraged by stories of others not receiving test results or getting inconsistent results (first HIV + then - then + then -...). Some males believe the tests are unreliable and there is poor pre-test counseling that scares youth into not getting tested or returning for results. Several informants know youth who left the VCT Center after pre-test counseling because they were afraid to be tested and see the results. Others said that VCT counselors tell the community who is HIV+ without the consent of the client. Some believe that some of the VCT counselors misdiagnose clients with TB, malaria or typhoid because they are afraid to tell clients they are actually HIV+ or they are unable to diagnose properly because they are poorly trained. In either case, it is felt that counselors and doctors are allowing HIV+ patients to believe they are sick for other reasons.

Disclosure and Stigma

When asked, "If you found out you were HIV+, would you keep your status a secret or tell others?" Some female informants had fatalistic answers. "I would keep it to myself because I will die whether I tell or not." However, some males and females felt the opposite stating, "I know there is support and if I tell people I can get help (drugs, food, counseling). I could educate others." A female's status is more difficult to keep a secret whereas HIV+ males usually do not tell their wives/partners. Consequently, HIV+ females experience more stigma in the family and community than HIV+ males. It was widely felt that HIV+ females come forward with their status more often in order to access health care and support to go on living for their children, whereas HIV+ males break down and struggle to cope with the diagnosis. According to one female informant, "If a woman is HIV+ she tells her husband and he will disappear. If a man is HIV+ and tells his wife the woman usually go to test."

Anti-retroviral Treatment (ART)

About a quarter of informants knew of ART drugs being available at the Yei Hospital. Half knew ART could be gotten in Uganda. The remaining informants had no knowledge of ART being available to them. Females were more aware of treatment options than males and were knowledgeable of medicines available to pregnant women and infants. Some female informants were confused about ART for infants and wondered why a medicine can reduce or "cure" AIDS in infants could not also cure the disease in adults.

Yei HIV/AIDS Voluntary Counseling and Testing (VCT) Centers

Visits were conducted at 2 of Yei County's 7 HIV/AIDS VCT Centers, St. Bakhita and the Yei Hospital. According to St. Bakhita's Administrator, Jamba Charles, the Center—one of two PMCTC—has seen a prevalence rate of 2% in pregnant clients. Mothers are provided services two days a week and regular VCT services are provided to the general public the rest of the week. All clients receive pre-test counseling, testing and post-test counseling individually from one of three counselors (2 female and 1 male). The counselors work on a volunteer basis but receive training and incentive pay from ARC. Almost all clients agree to be tested after initial counseling which includes general prenatal health information for pregnant mothers. "The women [with positive test results] usually accept it calmly, but they may face harassment or violence from men at home. One woman, from a prominent family, who had a positive test, was even left by her husband," says Charles. All HIV+ clients are referred to the hospital for treatment and to the local Friendship Club of PLWHA. Through this organization people receive on-going support in the form of counseling, assistance with accessing medication and food rations, all from ARC. Medication is provided by Norwegian People's Aid (NPA) at the Yei Hospital. St. Bakhita sees 40-50 clients a month although youth numbers are low.

There seems to be little stigma attached to visiting either St. Bakhita's or the Yei Hospital for HIV testing, although one can remain more anonymous at the hospital as it's VCT is located in the main laboratory which tests blood for various purposes. This may be why Yei Hospital reports testing more youth clients and more young couples. Yei Hospital has been providing VCT services for 4 years. Its 3 counselors (2 female and 1 male) counsel and test an average of 100 clients per month. The first question all clients are asked in pre-test counseling is their reason for wanting an HIV test. Most youth/students who visit the Hospital's VCT state they are either not feeling well and/or have engaged in risky behavior and want to know their status, and couples visit wanting to know their status before marriage or having children. Older clients often admit to sexual relations outside of marriage or concerns over a late husband's death possibly due to AIDS. The entire process—pre-test counseling, testing, disclosure of results and post-test counseling and referrals—is completed by counselors and takes about 45 minutes with the testing itself taking no longer than 15 minutes. Youth informant claims of some VCT clients receiving inconclusive results were corroborated by VCT counselors who knew of at least one case that was referred to doctors for further testing.

Counselors say in the past the Hospital was seeing 9-10 clients with positive results per month but awareness programs have helped lower the cases to 4-6 per month. If I client is HIV+ they are told of the drugs and social support available to them to help prolong their lives. Pregnant women are given a protective tape used during childbirth and a serum to administer to the baby shortly after birth to reduce the chances of transmission. Other HIV+ people are given ART drugs in take 1 daily, 1 month supplies they can refill at the Hospital. All HIV treatment drugs are provided free of charge from NPA.

Anti-retroviral Treatment (ART)

The biggest challenge NGOs and CBOs face to increase male HIV/AIDS awareness is lack of or belief in a lack of ART locally. Groups such as WOPHA and their youth-based PLWHA spin-off organization, The Friendship Club, frequently counsel HIV+ males who feel hopeless questioning, "Why should I tell [my status]? What help will I get?" The true availability of ART in Yei Town is unclear based on interviews. According to ARC and VCT counselors , ART drugs provided by NPA are available at the Yei Hospital. Yet, church groups, WOPHA and ARC assist HIV+ people from Yei County with transportation to Arua, Uganda every 2 months for ART. To date, WHO has not provided ART to Yei as it does in Juba and other locations in South Sudan. If people are unaware of ART availability that is free of charge locally and cannot afford to travel to Juba or Uganda they may be "traumatized and go wild"–engage in risky behavior, commit suicide, become depressed or disappear.

American Refugee Committee (ARC)

ARC has several programs related to HIV/AIDS in Yei. A 2002, survey of 1,034 residents, including pregnant mothers and STI patients, found an overall HIV/AIDS prevalence rate of 2.7 for the county prompting awareness programs in 2003. Today they have 4 trained peer educators in each payam of Yei County, some specifically targeting in-school youth, out-of-school youth and women. They also operate a mobile video unit that brings County health workers and peer educators into communities to provide information, show STI/HIV films, answer questions and distribute fact sheets. These mobile events have led to increased VCT visits.

ARC also distributes condoms via health facilities and some kiosks in Yei Town. Originally the church objected to this and refused to participate in any ARC activities arguing that condom distribution encouraged promiscuity and "reduced production" of children. Church leaders were especially concerned about the morality of young people.

But after ARC hosted awareness workshops for traditional, government and church leadership, religious leaders are now open to discussing the problem and have become a driving force behind reducing social stigma related to HIV/AIDS. ARC now does follow-up and refresher trainings with leaders twice a year at the payam and boma (village) levels. They have seen attitudes change as leaders at all levels now acknowledge HIV/AIDS as a challenge to development, condom use is up (evidenced by monthly inventory/restocking counts), VCT uptake has risen and STI treatments have also increased. No research has been done on what ages and genders are buying condoms. ARC directly supports, through funding and/or training, 14 VCT sites in Yei County and surrounding counties, an inter-church AIDS awareness team, The Friendship Club, WOPHA and other community-based groups. All focus groups cited ARC as a main source of HIV/AIDS information and support in Yei County. The organization is limited by poor roads in more remote locations and by having to translate awareness messages into many local languages.

Population Services International (PSI)

PSI is known throughout Africa for addressing HIV/AIDS and malaria prevention with social marketing techniques. However, the organization is not implementing HIV/AIDS activities currently in Yei (or Juba). Instead, their efforts are focused on malaria prevention targeting pregnant women and children–those most at risk. PSI has erected several signs around Yei and Juba advertising the use of insecticide treated bed nets priced at less than $1USD and they frequently air radio spots on major stations in English and local languages. As PSI-Sudan expands in the south it may be a valuable partner for youth and community groups, which it implements its projects through.

Malteaser International

A free-service TB care clinic has been established by Malteser International in Yei Town. Typically, there is a high correlation between TB cases and HIV+ status, with TB acting as an opportunistic disease in HIV+ persons. "HIV is already an epidemic so we know TB numbers will possibly be high, state administrative staff. Beginning in May 2006, all TB patients are counseled and tested for HIV directly at the clinic or at a VCT center. Some TB patients are reluctant to be tested for HIV due to the (belief in) lack of locally available ART and most cannot afford to travel to Juba of Uganda. Although they are monitoring about 50 patients over 6-months of TB treatment, Malteaser currently has no conclusive data on HIV prevalence rates amongst TB patients. The clinic sees most TB cases in people ages 15-40 and in slightly more males than females. The organization is also active in training health workers in TB and HIV counseling, care and community education skills.

Yei County Division of Youth and Sports

Yei County has established a Division of Youth and Sports, however the office is struggling. Efforts are focused on forming teams and setting up football, netball (volleyball) and basketball matches for youth in schools and groups at the county and payam levels. Activities draw mostly male participants and organizers say it is difficult to get girls to participate despite having gender-segregated teams. Targeted recruitment of girls has not been done. Participation in general is currently low. Teams depend on equipment provided by NGOs and their playing field has recently been turned into a parking area. Despite these hurdles, the staff has received training on youth HIV/AIDS outreach (awareness, effects, prevention) and are willing to hold workshops for youth if funded. They see this as a need they can address as more youth return each week from Uganda.

Widows, Orphans, People living with HIV/AIDS (WOPHA)

WOPHA is one community/youth group currently supported by War Child-Holland whose purpose is to improve the quality of life of widows, orphans and people living with HIV/AIDS specifically and to "support the vulnerable society" in general. After 4 years WOPHA has 86 members, many women. In order to carry out it's mission the organization knits sweaters, does brick laying and tailoring. Profits enable them to facilitate HIV/AIDS awareness activities in communities and support PLWHA group activities aimed at uncovering attitudes and shaping positive responses.

One female member of WOPHA who is HIV+ credits the group with helping her get ART treatments in Uganda. The EPC provides free transport to Aura, Uganda—a one day journey from Yei Town—when the roads are passable. There, patients receive 2 months worth of free ART at a facility in partnership with ARC and are provided free lodging. After several months of treatment, the woman feels stronger and can go about her daily life more normally. She has also started giving her testimony at community meetings to spread awareness and dispel fears surrounding HIV/AIDS especially now that medication is available. "Testimony makes people believe. HIV+ people are not afraid to speak because they have been counseled and receive support. Their testimony has increased VCT uptake," asserts one female WOPHA leader. It is unknown whether the medication dispensed in Uganda is the same or comparable to that given out at the Yei Hospital.

WOPHA members: *Widows and PLWHA knit sweaters to earns funds to support target groups.*

Returnee members from DRC sing HIV awareness songs at a WOPHA meeting in Yei.

Conclusions and Recommendations

- **Gender-** The typical female's day is longer than a males and is consumed with reproductive activities that provide for the family's basic needs. Males have far more free time, spend more time away from home and have better access to media messages. Improvement in water and sanitation can positively affect a females' workload, (and school attendance and family health) as much of her day involves fetching water and then cooking, cleaning and bathing children in it. A female's value–determined by the patriarchal society but it is also upheld by women–is set several ways. Her bride price is paid mostly in livestock, and her security within the household is determined by the number of children she has. Girls are bought and sold and widows are inherited along with property. A woman's value as a wife declines if she attains an advanced education. HIV+ women and women beyond child-bearing years have little worth. Females and males believe that the way a females dresses or if she goes to discos or bars she is asking for unwanted sexual attention. Boys are treated as young adults within the family while girls are devalued as "temporary servants". Girls are socialized to always be concerned about their "moral behavior", to limit their movements, and not be in men's places. Boys only fear appearing womanly. Mothers are the main socializing force in the family. Fathers are largely absent from parenting unless it involves use of family resources, so they are the final say on who will attend school and when a girl or boy will marry. Males are not involved directly of supportively in women's groups or unions, possibly a reason why they are under-skilled and ineffective on larger scales.

  Recommendations: Females are most easily accessed at home, in villages, at markets, in heath centers at churches and in vocational and educational programs. Messages and activities should target these areas for optimal female attendance. Females have very little if any "free time", but they are most available in the afternoons from 1-4pm and will be accompanied by small children. Males can be reached at workplaces, schools, churches and entertainment complexes (sports stadiums , bars, dance clubs, marketplaces). Fathers must be targeted to improve girls participation in school and other enriching activities. Mothers and fathers should be made aware of gender discrimination they perpetuate. Girls and boys need to be sensitized to the differences between sex (biological differences) and gender (socially constructed differences that can be changed). Encourage males to join organized sports activities where AIV/AIDS and gender messages can reach them.

- **HIV/AIDS-** HIV is found in twice as many women as men. Juba has more cases of HIV, a lower level of overall knowledge of HIV/AIDS than Yei. Detailed data from Yei shows that HIV prevalence is highest amongst females ages 15-24 and males ages 25-39, reflecting age differences in relationships. Yei informants are more open to condom use than Juba informants, but both locations report receiving mixed messages from the church and organizations about HIV prevention. Condom use is low and abstinence and faithfulness are practiced by more females than males. Females oppose condom use mostly because they associate condoms with prostitution and they are more trusting of male partners. Males are less trusting of a female's sexual purity and they do not see a need to wear condoms. Males are less concerned about risky behaviors (several sexual partners, alcohol use) because these behaviors are socially acceptable and manly. Males and females are taught that family planning means zero procreation rather than birth spacing, so condoms are rarely used for birth control. Having children is the essence of both femininity and masculinity so preventing children and not having sex is nonsense. Sex before marriage is common and pregnancy out of marriage is more feared than STD/Is including HIV. The strict culture socializes males to be the authority in almost all domains. When a male lacks knowledge his authority is undermined and he disregards information (about HIV) from his inferiors–women and children. To reach the adult male population and be taken seriously, HIV-AIDS messages must come from authority figures men respect and trust. Informant groups frequently cited the cultural practices of polygamy and wife inheritance as putting people at risk for HIV. However, these practices also sustain a welfare system for the most vulnerable, (women and children), the subsistence economy, and ensure more offspring per man. Cultural practices involving cutting were also often mentioned as risky behaviors and may be more easily changed because they are less sexual and less linked to deeply ingrained gender roles. Informants are most knowledgeable of HIV risks from cultural practices and sexual behaviors and less knowledgeable of mother-to child and drug use transmission. Adult women are the most informed about HIV followed by male youth, then female youth, then finally adult males. Family and community reactions to HIV+ persons are more negative than positive. Males keep their status a secret whereas females disclose more often and earlier. HIV+ women are more socially stigmatized, are victims of GBV and are often abandoned by their husbands. Female adults are the least reluctant to visit VCT centers and male adults are the most reluctant. Youth of both genders have suspicions about the accuracy of HIV tests and are not satisfied with VCT counseling services. Only about half of all informants were aware of locally available ART, but all had heard of AIDS treatment.

  Recommendations: Youth VCT complaints and condom use reluctance should be addressed. Males need to be more aware of the risks attached to their sexual behaviors and females need to be less trusting of male partners for the sake of individual health. The least targeted group is adult males who need more information and encouragement of healthy

behaviors as part of being a man. Adult males need to be targeted for PLWHA groups and services and psychological counseling most. Youth should be targeted most for sexual health behavior change with special attention to gendered differences in perceptions, behavior and choices . HIV+ females are most vulnerable to poverty so they need support in income generation. Male alcohol use in relation to risky sexual behaviors and gender-based violence and sex needs to be addressed. Local ART availability needs to be advertised.

◊ **Education-** South Sudan has a young population so investing in education (infrastructure, teacher training, materials) is of paramount importance. Concerted efforts need to be made to sensitize older, less/uneducated generations to the importance of education as a pillar for development and prosperity. The majority of parents do not encourage their children's education and children cannot attend school without their fees paid. Educated youth who have returned to the area after years of displacement are becoming organization leaders and spokes-persons for community awareness and mobilization programs. As males and females gain more education they begin to reshape the culture and question inequalities and gendered taboos. More educated males are advocating for females rights and responsibilities in private and public life. A family's economic standard of living directly relates to level of education for boys and girls and age at marriage for girls. Contrary to some research findings, target group informants feel that girls are now expected to have some formal education to be "marriageable" but education beyond secondary school greatly limits marriage partners. A girl's education level is only one aspect in determining her dowry as "respectable" girls claim the highest bride prices. Educated girls are thought of as independent, promiscuous, and disrespectful as they question their place in society and become knowledgeable of their rights. The Millennium Development Goals reflect informant views that equal education is the basis for women's empowerment and overall development. Girls' and boys' primary school enrollment drops most between grades 1-2 (typically ages 7-8) and grades 4-5 (ages 10-11). Children are too young for marriage at these ages but not for reproductive (household) and productive (cash earning) work. Informants and research show that child labor–rooted in family poverty–is a leading cause of low school enrollment and poor attendance. School enrollment stabilizes after grade 5, when early pregnancy becomes more of a dropout risk. Education delays age at marriage and age at first pregnancy, but after marriage or pregnancy nearly all formal education ends. The girl to boy ratio is improving with the construction of more girls-only schools. Female teachers are usually found in Pre-schools and Primary schools and are less educated and fewer in number than male teachers.

Recommendations- Target parent associations and work with youth in schools. HIV/AIDS and gender awareness programs should also target out-of school youth. Support youth groups in sensitizing older generations (especially males/ fathers) to the importance of girls education. Provide educational activities for out of school youth. Create gender-sensitive HIV/AIDS materials for schools to use along with teachers guides and provide TOT training. Create incentives for education programs targeting the poorest families to prevent dropouts from needed child labor. Target out-of-school child laborers for HIV messages.

◊ **Peace and Stability-** Development–improving gender equality and controlling the spread of HIV can only continue if peace is sustained. Gender roles often shift or become blurred during conflict and revert to more traditional norms during peacetime. War often exacerbates HIV rates as sexual assault numbers rise and displacement upsets family and community structures that enforce the rules of sexual relations. Improved roads lead to increased mobility and trade during peacetime with the possible negative effects of higher incidents of HIV, alcohol abuse, domestic violence and prostitution, or possible positive effects of higher standards of living, greater school enrollment, more economic opportunities and better services–all contributing factors to gender equality.

Recommendations: Incorporate HIV awareness and gender assessment for project planning into peace building activities.

- **Development Focus-** Gender inequalities have been far less addressed in emergency and development projects in Juba and Yei Counties than HIV/AIDS awareness and prevention. Although gender relations are at the heart of all inequalities and all development projects possibly effect males and females differently, "gender" is still equated with women and women's-only projects. HIV programs are gender-blind with no analysis into the gendered (socially constructed and changeable) circumstances in which males and females act. Both genders feel that for South Sudan to develop there needs to first be (free) education and peace and stability. Only then will women gain more skills to be economically equal and STD/I numbers will decrease. Community problems have had different effects on men and women. War-traumatized males have turned to alcohol abuse, violence and theft and females who lack education have been forced into early, sometimes abusive, marriages and lives of poverty. Several church groups are supporting income generating activities but fail to train recipients in business skills for self-sufficiency.

  Recommendation: Incorporate basic gender sensitization training in all programs and projects starting with capacity building for staff to recognize barriers to gender equality in WCH activities. Focus on conscientizing program participants to the differences between sex and gender and gender roles and expectations in the culture. Utilize participatory tools and develop action plans with participants for making programs gender-sensitive. Conduct gender impact assessments of all future WCH projects and monitor gender indicators, beyond just numbers of male and female participants, by gathering qualitative data.

- **Target Populations-** War Child-Holland's current target populations contain special groups, former refugees, IDPs, orphans, widows, ex-soldiers, PLWHA and victims of GBV to name a few. Each of these groups have unique experiences and needs. Many have been traumatized, lack education, are in poor health, lack income generating skills or engage in HIV risky behaviors. In short, the population of South Sudan continues to live in "emergency mode" rather than in "development mode" with the consequences of sickness, poverty, under-used human potential and early death. Returnees tend to have better coping skills, higher levels of education, more market-able skills and higher HIV/AIDS awareness levels than populations who remained insecure in South Sudan without social services for decades. With continued returns, target populations will grow and their needs deepen. The CAP calls for the demobilization of all child soldiers who may become a new target group with gendered needs to be reintegrated and psychosocially vital. Returnees and orphans often experience economic hardships that also befall host families and resource insecurities lead to the neglect of children's needs and rights. Young males may prove to be a particularly vulnerable group as they are more commonly separated from the family unit. Numbers of independent/street youth populations may rise as youth voluntarily leave home and school out of resentment towards families or extended families who are unable or unwilling to provide them proper care.

  Recommendations: Gender disparities in the healthcare of boys and girls need to be explored further. Several youth groups are already active in HIV/AIDS and education awareness but need more skills in community mobilization for behavior change to move beyond the "enlightenment" stage of community improvement. Use radio to target males, print materials and media (songs, video) to target youth and women, and street performances in markets to target women and out of school youth. Explore viability of programs targeting specific groups.

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FORMAL and INFORMAL INTERVIEWS

Juba

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- Yolanda Barbera Lainez, HIV/AIDS Information System Consultant - UNHCR
- Milagros Leynes, Child Protection Officer - UNHCR
- Community Health Officers - ADRA
- VCT Counselors - Juba HIV/AIDS VCT Center
- Jennifer Kujang and Margaret Michael, members - Juba Women's Union
- Marino Anthony, Project Manager - International rescue Committee (IRC)
- Una McCauley, Child Protection - UNICEF
- Marte Brouby, Child Protection Officer - OCHA
- Victoria Ngali, Child Protection Officer - UNMIS
- Saturnino Lado Lainrence, HIV/AIDS Officer - HAI
- Lucy Gordon, English Division Head - Radio Juba
- Rose Christopher, Phillip Khamis Peter, members - EYAPD
- Nelson King, HIV/AIDS and Youth Officer - SCC
- Martha Gideon, Head Mistress - Juba One Girls Basic (Primary) School
- Samuel Juma, Assistant Director - Juba Orphanage
- Jane Kiden, Gender Officer - ACORD

Yei

- Vincent Onyango, HIV/AIDS Program Coordinator - ARC
- Agnes Kiden, GBV Program Coordinator - ARC
- Lukadi David, Yei County Health Care Representative to PSI-Sudan
- Simon Buku, Women's Micro-enterprise Coordinator - Episcopal Church of Sudan
- Coordinator - Christian Women's Empowerment Program
- Administrator - Malteser International
- VCT Counselors - Yei Hospital
- Leila Mary, Coordinator - Yei County Pre-Schools
- Simon Lidiro, Acting Director - Yei County Education
- Atayi Charity, Social Worker - Judah Orphanage
- Midy Chu, Manager - Evangelical Presbyterian Church Orphanage
- Jamba Charles, Administrator - St. Bahkita VCT/PMTCT
- Coordinators - Yei County Division of Youth and Sports

FOCUS GROUP DISCUSSIONS and GROUP INTERVIEWS

Juba

- Youth/Community Action Workshop Participants (from War Child-Holland Youth Groups)
- St. Kizito Youth Group
- St. Kizito private primary school teachers
- Male elders from Rokon IDP community

Yei

- Network for Education and Empowerment in South Sudan (NEESS) Youth/Community Group
- People's Empowerment Center (PEC) Youth/Community Group
- Community Education Action Program (CEAP) Youth/Community Group
- Widows, Orphans, People living with HIV/AIDS (WOPHA) Women's/Youth/Community Group
- Community Alternatives For Transformation (CAFT) Youth/Community Group

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