



SOUTH SUDAN

Protection Analysis Update

PROTECTION RISKS FACING PERSONS WITH DISABILITIES AND OLDER PERSONS

OCTOBER 2023

EXECUTIVE SUMMARY

The most recent census in 2008 reported that 5% of the population in South Sudan, or approximately 424,000 people, were living with a disability. However, the current number is likely to be much higher, **possibly reaching 1.2 million people, or 16% of the population**, according to the global estimate.ⁱ

Data in South Sudan suggests a **rapid increase in the number of older persons each year, mounting to 5.1% of the total population**ⁱⁱ with this percentage expected to continue to steadily increase.

People with disabilities and older people in South Sudan are often **excluded and face multiple challenges in accessing essential services and protection**.

South Sudan has signed and is in the process of ratifying the UN Convention on the Rights of Persons with Disabilities (UNCPRD), a commitment previously made by the joint government of the South and the North before their separation. However, initial research indicates that the needs of individuals with disabilities are not prioritised in national plans, resulting in widespread discrimination that hinders their involvement in community activities and limits their access to income-generating opportunities, vocational training, and education, compared to those without disabilities.ⁱⁱⁱ

Women with disabilities, in particular, face heightened vulnerability due to gender and disability related disparities in accessing services and social support compared to both men and women without disabilities. An assessment conducted by Humanity & Inclusion (HI) found that 92% of women with disabilities are illiterate, compared to 70% of women without disabilities and 67% of men with disabilities, as well as 64% of men without disabilities. **Overall, 84% of respondents with disabilities were found to be at risk of experiencing violence and abuse due to their marginalized status.**

Decades of civil war have increased the number of older people and persons with disabilities who are being left behind as they are unable to flee due to chronic health conditions and mobility impairments. People who have managed to flee the violence are often faced with barriers accessing protection and health services. Therefore, older people with and without disabilities in South Sudan face higher risks and greater challenges in getting the necessary humanitarian assistance.

The protection risks requiring immediate attention in the period covered by this analysis are:

1. **Discrimination and stigmatization, denial of resources, opportunities, services and/or humanitarian access**
2. **Gender-based violence**
3. **Torture or inhuman, cruel, or degrading treatment**

URGENT ACTIONS NEEDED

Urgent action is needed to address the protection risks directly affecting persons with disabilities and older persons, with particular attention to inclusive strategic intervention planning:

- Address the erosion of livelihoods and purchasing power by the population with multi-sectoral initiatives to mitigate economic impacts on the population, including for persons with disabilities, children, and women, to avoid the worrying increase in child abuse and exploitation and trafficking seen in Railey, Sonrli and Upper Syle during the 2nd quarter of 2023.
- Address institutional, environmental, attitudinal and communication barriers facing persons with disabilities in accessing protection services.
- According to Article 15 of the UNCPRD, State Parties must carry out measures through legislation, administration, and judicial systems to prevent persons with disabilities from being subjected to torture or cruel, inhuman, or degrading treatment or punishment.

CONTEXT

YOUNG POPULATION AND PREVALENCE OF DISABILITIES

South Sudan is a young nation with an average age of 18.8 years. In the absence of an updated census, it is estimated that 1.2 million people, or 16% of the population have disabilities. The most commonly identified disabilities include visual impairments, hearing impairments, and physical disabilities.^{iv} Additionally, the proportion of older people in South Sudan is on the rise, accounting for 5.1% of the population in 2016, an increase from 3.9% in 2008, and an indication that the number is growing each year.^v Notably, most older people in South Sudan reside in impoverished rural areas, where they play a crucial role as caregivers for children whose parents have often perished in the conflict.

The country has a troubled history marked by decades of armed conflict, leading to displacement, economic instability, and increased climate hazards such as flooding and droughts. These factors have further weakened an already fragile state and limited governance capacity, disproportionately impacting older individuals and those with disabilities.

Acknowledging the need for change, the South Sudanese Government signed the UNCRPD in February 2023. However, substantial steps remain, including ratifying the optional protocol, establishing a national monitoring mechanism, and effectively realising and implementing the principles of the UNCRPD.

Moreover, the African Union Policy Framework and the Plan of Action on Ageing has emphasised the need to recognize the rights of older persons and to eliminate all forms of age discrimination to ensure that those rights are protected under appropriate legislation. However, many African countries, including South Sudan still need to take up such initiatives to cater for the protection of older persons.

The UNCRPD defines a person with disability *“as those who have long-term physical, psychosocial, intellectual or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others”*. However, obtaining accurate data on persons with disabilities in South Sudan remains a challenge. The latest reliable data originates from the 2008 census, reflecting a disability prevalence of 5.1%. In the absence of current data, the World Health Organization (WHO) approximates that 16% of any population has a disability. Nonetheless, collaborative insights from various humanitarian and development organisations suggest this estimate might even be higher, given the influence of additional factors such as poverty, conflict, climate shocks, and inadequate healthcare facilities. An anthropological study conducted in Pibor in 2022 by Humanity and Inclusion (HI) underscores the interplay of poverty, prolonged conflict, and societal barriers leading to exclusion and marginalization.^{vi}

BARRIERS TO AN EFFECTIVE SYSTEM TO ENSURE THE RIGHTS OF PERSONS WITH DISABILITY AND OLDER PERSONS

South Sudan has a national disability and inclusion policy and a social protection framework dating back to 2015, outlining the rights of persons with disabilities and older persons. However, it encounters obstacles in policy execution due to gaps in awareness and understanding of the policies and their monitoring. Organizations of Persons with Disabilities (OPDs), in addition to Older People Associations (OPAs), operate across states with varying capacities, engaging in rights advocacy, awareness campaigns, leadership initiatives, and socio-economic and political empowerment. Nonetheless, these efforts often meet an array of barriers, including environmental, attitudinal, physical, and communication hurdles. These include stigma and discrimination, lack of mobility aid to enable movement to far-distanced service locations, especially health facilities, lack of feedback from humanitarian workers on complaints by persons with disabilities, lack of representation in relevant bodies and committees and almost insurmountable challenges for children with disabilities to access education. Furthermore, this survey shows that women and girls with disabilities in Aweil, Yei, and Bentiu face challenges in accessing sexual and reproductive health services.

The South Sudan Humanitarian Country Team (HCT) is dedicated to providing needs-based assistance without discrimination, as outlined in the Protection Strategy and the 2023 Humanitarian Response Plan. The HCT is working to address exclusionary practices in their Cluster response strategies by prioritizing inclusion, recognizing the unique risks faced by different groups due to societal discrimination, power dynamics, vulnerability, age, gender, and disability. Despite these efforts, the specific risks encountered by persons with disabilities and older persons often continue to be inadequately analysed in humanitarian

needs assessments. This leaves them at risk of inadequate access to relief services and forces them to resort to negative coping mechanisms.

For women and girls with disabilities, the intersection of gender inequality and disability makes them especially vulnerable to gender-based violence. In addition, social norms often designate women and girls to be caregivers of people with disabilities, which can reinforce their isolation and further limit their access to social, economic, and material support, increasing their vulnerability to violence and exploitation.

A joint study conducted by HI and IOM in Bentiu in 2023 highlights the limited capacity of the South Sudanese authorities to address the needs and rights of persons with disabilities, compounding the challenges. The gaps in disability disaggregated data also hinder effective assistance, although at times there may be valid reasons for not reporting on specific vulnerabilities when providing mass assistance like awareness raising or information sharing activities. The reported numbers of persons with disabilities benefiting from individualized assistance services through the 5W system are very low. Together with the reliance on the global estimate as the basis for planning, this indicates a need for improved data collection, analysis, and utilization to better support persons with disabilities.

Data from the Protection Cluster's Protection Monitoring System (PMS) collected between October 2022 and March 2023 further emphasizes the severe impact on persons with disabilities. Approximately 76% of key informants consistently report violations of persons with disabilities' ability to access humanitarian aid, especially in crucial areas such as food, shelter, and health services. Moreover, according to the PMS data, they face disproportionate challenges in accessing justice and addressing Housing, Land, and Property issues.

Within communities, support to persons with disabilities predominantly comes from immediate family members, supplemented by support groups offered by religious organizations. Similar assistance models extend to older persons, with church volunteers providing essential support, such as regular visits and cooking their meals. Civil society organizations play a pivotal role, advocating for the rights of the people with disabilities and the vulnerable through food drives and community mobilization. In certain South Sudanese cultures, deeply ingrained discrimination manifests as the denial of inheritance rights to individuals with disabilities and stigmatization within marriage and community life, especially for women, as communities tend to associate disability with the inability to assume responsibilities like other members of the community. This can also be applicable to older persons and especially older widows who are regularly the victims of discrimination and exclusion from property and inheritance rights.

Misconceptions about the origins of disability in highly religious and spiritual settings lead to the belief that disabilities are punishments from God, which result in people sending people with disabilities to traditional or religious leaders who sometimes use exploitative practices, inflict physical harm, and gender-based violence. Conversely, some individuals reportedly favour a charity-based approach, seeking incentives for service engagement due to poverty and limited employment opportunities. Unfortunately, this, coupled with lack of adequate capacity building or empowerment, has on some occasions led to dependency on humanitarian aid.

Voices of individuals with disabilities and older persons remain under-represented in decision-making processes, reflecting a broader lack of disability and age inclusion in policies and humanitarian endeavors. Despite these challenges, positive transformations are emerging from the global level to support local solutions to enhance inclusion of persons with disabilities and older persons. The establishment of the reference group on the inclusion of persons with disabilities in humanitarian action is a notable step, in addition to the development of the Humanitarian Inclusion Standards for older people and people with disabilities, bolstered by the IASC Guidelines^{vii} as global guiding documents. The UN Disability Inclusion Strategy^{viii} further signals the increased importance of ensuring disability inclusion within UN entities. At South Sudan level, the Gender and Inclusion Taskforce is an open platform to ensure that specific considerations related to gender and inclusion of persons with disabilities are part of the humanitarian response.

In conclusion, the context of South Sudan is one of complexity, where demographic trends intersect with a legacy of conflict, climate vulnerabilities, and inadequate infrastructure. The lives of persons with disabilities and older people are intricately woven into this narrative, reflecting the challenges of attaining inclusion and equity. As the nation strives to harness its potential, it must prioritize the rights and needs of its citizens especially those with disabilities across all age groups, catalysing change through informed policy, robust data, analysis, and sustained efforts to break down attitudinal and physical barriers.

PROTECTION RISKS

RISK 1

Discrimination and stigmatization, denial of resources, opportunities, services and/or humanitarian access

Persons with disabilities in South Sudan share a history of exclusion and are generally considered to be non-equal members of society. Today, persons with disabilities still have few opportunities to improve their socioeconomic status, integrate into society, or demand rights and recognition by society and the government, despite recognition of their rights under the Transitional Constitution of South Sudan, 2011, as amended in Article 30. They continue to face significant social and political exclusion and are among the most marginalized in society. Awareness of disability issues among key decision-makers and the public is low, negative social attitudes and structural discrimination prevail, and persons with disabilities have limited access to essential services and employment.^{ix} According to a survey conducted by Ministry of Gender, Child, and Social Welfare in 2011, in Central Equatoria, Eastern Equatoria and Jonglei states, 89% of persons with disabilities are unemployed.^x

The rights of older persons are also recognized in the Constitution but there are still no adequate policies to protect their rights and to ensure that their needs and concerns are adequately addressed,^{xi} and it is also worthy to mention ageism in relation to older people. The WHO defines ageism as the “*stereotypes (how we think), prejudice (how we feel) and discrimination (how we act) towards others or oneself based on age*”. Some older people shared experiences of being regularly discriminated against due to their age, excluded from decision making processes, and often considered to be useless and unable to work.

“Our participation in decision-making processes here in the camp is minimal. We feel we are being discriminated against because of our age.” – Older woman living in an internal displacement camp.

When older men and women are displaced, they lose control of community resources and assets and therefore their role and respect within the community tends to diminish. The intersectionality of old age, disability, and gender, as well as other diversity factors can mean a double burden of discrimination. For example, older persons with a disability may experience multiple layers of discrimination.

“We are not given any respect, support and space in decision making processes. In a recent seed distribution by aid agencies, I was not registered as they said I have no energy to farm.” – Older man living in an internal displacement camp.

Persons with disabilities face multiple and intersectional forms of discrimination in all areas of life, such as chronic poverty, social isolation, heightened risks of being victims of violence, denial of their rights, lack of access to community support services, lack of accessible communication and information, inadequate health care, denial of their legal capacity, lack of opportunities for education and employment, barriers in accessing justice, and attitudinal barriers such as stigmatization. For women and girls with disabilities, discrimination and stigmatization may also reduce their participation in community activities that promote protection, social support, and empowerment. People with intellectual disabilities and psychosocial disabilities are particularly affected and vulnerable to bullying and neglect.

Persons with disabilities and older persons struggle to access healthcare due a multitude of barriers. The long distances and poor road networks and inaccessible infrastructures pose accessibility barriers. In the health centers, the supplies of drugs and assistive devices are inadequate, in addition to which persons with disabilities and older persons report negative attitudes by health workers. Beyond the limited knowledge on older people’s health issues and diseases, there are also communication and information barriers, including lack of sign language, Braille, and easy-to-read information.^{xii}

Marginalization of persons with disabilities at the intersection of gender, age, disability, and belief systems about witchcraft have become more relevant in the context of generalized poverty and competition over scarce resources due to flooding and conflict. Among different aid actors, there is no homogeneity on the level of age and disability inclusion in programs. People with psychosocial and intellectual disabilities, especially older people, are far more under-represented compared to those with other types of impairment. Challenges in accessing humanitarian assistance, including food, shelter, and non-food items (NFIs) were widely reported by new arrivals at Bulukat, in Malakal Town. An estimated 250,000 persons with disabilities reside in displacement camps across South Sudan, grappling with limited access to humanitarian services.^{xiii}

The same access concerns are related to access to humanitarian assistance in general. According to a 2017 Human Rights Watch report, “*displaced persons with disabilities and older people who have sought refuge in the remote bushes of Western Bahr el-Ghazal, Upper Nile, Jonglei, and the Equatorias or on islands in the Sudd, are more likely to encounter difficulties*

accessing humanitarian aid than those who found their way to the Protection of Civilians sites inside UN bases. However, even within these camps, difficulties persist in accessing humanitarian aid".^{xiv} With diminished probability to escape and with no place to hide, persons with disabilities and older people were left behind when conflict broke out in December 2022, and therefore were among the several hundred of people killed.

RISK 2 Gender-based violence

Gender-Based Violence (GBV) remains a persistent and serious concern in South Sudan, encompassing various forms such as rape, sexual assault, domestic violence, forced and early marriage, sexual exploitation and abuse, abduction, discriminatory practices within the legal system, and harmful traditional practices. While GBV affects men, women, boys, and girls, its impact is disproportionately felt by women and girls. For women and girls with disabilities, their gender and disability make them especially vulnerable and at increased risk of violence. They may be isolated in their homes, discriminated against by the community, unable to access services or protect themselves from violence. In South Sudan, the full scope of the GBV prevalence remains uncertain and significantly under-reported. Furthermore, the data available is limited to none regarding violence against women with disabilities, particularly adolescent girls and older women with disabilities, and their support persons. Nevertheless, estimations highlight escalated risks faced by individuals with disabilities, particularly women and girls with disabilities.^{xv}

According to data collected by the GBV – Information Management System in South Sudan in 2016, approximately 98% of reported GBV incidents affected women and girls. Half (51%) are survivors of intimate partner violence are women. A third of women (33%) have experienced sexual violence from a non-partner, primarily during attacks or raids. Almost half (48%) of girls between 15 and 19 are married 'to reduce financial burdens' or to secure much-needed assets for families, which result in higher risks of early pregnancy, complex birth etc. The risk of child marriage remains constant due to conflict, the country's economic situation and harmful social norms. These figures do not disaggregate based on disability. There is also a lack of age-disaggregated data that might highlight certain types of GBV faced by older women - especially older women with disabilities. Young and older women with and without disabilities face multiple and diverse forms of oppression and this increases their risk of exposure to GBV and the barriers to accessing services.

"As a woman with hearing impairment, access to education has been a challenge for me, it's the same with other critical services such as health, employment, and legal services among others due to communication barriers because of lack of sign language interpreter services across South Sudan. Everywhere I go, I must constantly cater for my interpreter because I know that when I go to meetings, training, or public events it is never a need put into consideration, even in human rights spaces here in South Sudan." - Female with disability.

According to the Government of South Sudan in 2015, women and girls with disabilities are particularly vulnerable during armed conflict due to the combined risk factors of gender, age, and disability, facing high risks of violence, harassment, neglect, exploitation, and psychological trauma, and being less likely to have access to critical safety information and to be able to protect themselves or seek protection from imminent danger.^{xvi} Women with disabilities are up to 10 times more likely than women without disabilities to experience sexual and gender-based violence.^{xvii} Between June and September 2021, UNMISS reported at least 21 cases of rape, gang-rape, forced marriage, forced nudity, sexual slavery, and attempted rape. According to UNMISS, the victims included girls as young as 10 years, three pregnant or lactating women, and one child with a psychosocial disability.^{xviii} The reported assaults documented were allegedly perpetrated by army, community-based militias, and non-government armed groups.

In terms of desirability, women with disabilities are considered of "less value" so no one wants to be married to a woman with any kind of disability. They are less likely to disclose or report the attack because of shame, fear of family/community members who are often the perpetrators, or because the subject is still perceived as a taboo. Additionally, they are exposed to early/forced marriage and pregnancy, as in the eyes of the community, marriage helps remove the 'stigma' of disability and financial provisions for girls with disabilities. A lady with disabilities was forced to get married to a man without paying any dowry because of her disability status compared to women without disabilities." - OPD representative.

Young girls with disabilities are likely to experience early pregnancies resulting from sexual abuse. Due to the circumstances of these pregnancies, these girls are frequently abandoned by parents and guardians, leading to a cycle of single motherhood. Persons with disabilities, especially girls and women, are subject to sexual harassment and exploitation. Because of their vulnerability, they stand a higher risk of contracting as well as transmitting sexually transmitted diseases, including HIV/AIDS.

Still, most programmes on HIV/AIDS do not target them. For instance, persons with disabilities have limited access to information, education, counselling services and health care, including ARVs. As a result, the impact of HIV/AIDS on persons with disabilities remains unknown.

“Persons with disabilities are confronted with significant risks of life-threatening complications. Take, for instance, a young girl with a hearing impairment who, during the 2013 conflict, fell victim to sexual assault by multiple unidentified men, subsequently contracting a sexual transmitted disease and HIV/AIDS. Her ordeal caused immense suffering and left her with numerous bodily sores, all while she lacked access to essential healthcare and legal support. Tragically, she harboured the conviction that no one would comprehend her situation or extend care even if she chose to confide in someone. As her health continued to deteriorate, she eventually succumbed to her condition.” - OPD representative.

Women with disabilities in South Sudan face numerous challenges, including limited access to resources and socioeconomic opportunities, lower literacy levels compared to men, lower enrolment in mainstream education, greater poverty, and limited formal employment opportunities. When they do work, it often involves deplorable conditions and lower incomes. They also struggle to access quality healthcare and family planning advice. Traditional gender roles further restrict women and girls with disabilities from accessing education, vocational training, or employment, compared to men and boys with disabilities or women and girls without disabilities. This limitation severely impacts their livelihood opportunities, leaving them vulnerable and dependent.

“A woman in Yei with multiple disabilities suffered targeted violence from armed forces who invaded a village called Goja after one of their colleagues was alleged to have been killed by a villager whom they claimed to be the son to the woman. She was abused sexually by several of these men, who used polythene paper (Kavera) as a condom. She was discovered after several days. She was abandoned in the village due to the gun fire - the family members left her behind.” - OPD representative.

Women and girls with disabilities experience limited or lack of access to humanitarian services, such as safe spaces, psychosocial support, material assistance, and health care. They also face social exclusion and discrimination based on prejudices, stereotypes, culture, and beliefs. These factors have negative impacts on their quality of life, livelihood, social protection, education, and political participation.

RISK 3 Torture or inhuman, cruel, degrading treatment

Since the conflict broke out in December 2013, Human Rights Watch has documented the experiences of people with disabilities and older people who were unable to flee to safety, and killed, tortured, or burned alive in their homes by soldiers and rebels.

“Soldiers...sometimes killed those who were left behind. Even if you were sick or old.” When the chief of Pisak, a town in South Sudan’s Yei River state, said this he was concerned for the safety of five members of his community who were unable to flee from a March government operation against rebels in Yei because they were older or had disabilities.”

According to the Ministry of Gender, Child, and Social Welfare from 2017, a large number of persons with disabilities were reported as having been a victim of violence as a consequence of their disability, with little discrimination being shown for gender. Specifically, men with disabilities surveyed (80.9%, n=165) were almost as likely as females (83.8%, n=119) to report being victims to physical or other types of violence, such as name calling and isolation.

In general, persons with disabilities often face stereotypes that portray them as sick, helpless, dependent, and asexual, especially those with intellectual or psychosocial disabilities are particularly vulnerable to mistreatment from peers, family members, or the community. This can manifest as physical attacks, killings, denial of basic necessities, harassment, emotional abuse, neglect, shackling, and confinement. Unfortunately, such violence often goes unreported and unmonitored, with few programs addressing these violations.

Individuals with multiple disabilities, such as persons with hearing impairments or visual impairments, face even higher risks. Some people with psychosocial disabilities are subjected to confinement, beatings, and isolation. Furthermore, individuals with psychosocial disabilities may suffer other forms of inhuman treatment, such as having hot water poured on them while begging in markets.

The intersection of age and disability can compound these challenges, as older individuals with disabilities may experience various forms of violence and oppression. They may also find it difficult to escape such situations and often rely on family members for help. Female caregivers may face harassment when seeking services or assistance for male family members with disabilities. Chaining and degrading treatment, like serving food on the ground or dirty plates, are also mentioned.

The absence of persons with disabilities and older individuals in community-based protection mechanisms and barrier identification processes also creates gaps in accessing justice when community members mistreat them.

RESPONSE

PROGRESS MADE ON PROTECTION

In recent years, a study conducted by CBM found that OPDs in Juba founded a national umbrella organization. There are emerging practices of OPDs providing inclusion training to humanitarian organisations and some humanitarian actors nominating dedicated focal points for disability inclusion.^{xix} Furthermore, South Sudan has recently signed the UNCRPD, which provides a legal framework for advancing the rights of persons with disabilities. Lastly, the African Union Policy Framework and Plan of Action on Ageing guides the design, implementation, monitoring and evaluation of appropriate policies and programmes for older persons. Therefore, the environment is conducive to continue with advocacy efforts and further implementation of the commitments:

- The South Sudan initial disability action plan of Ministry of Gender, Child and Social Welfare 2020 gave special focus on access to justice.^{xx}
- The 2030 Agenda for Sustainable Development Goals and the commitment of all UN Member States to leave no one behind.

The GBV sub-cluster strategy operates within the framework of national and international laws and policies that prohibit GBV. There are state or site-level GBV Working Groups that coordinate GBV responses, and existing programs and activities that aim to prevent GBV and transform social norms, such as the Communities Care Programme and awareness raising campaigns. GBV programs ensure that persons with disabilities participate in all processes that assess, plan, design, implement, monitor, or evaluate humanitarian programs. A Gender and Inclusion Taskforce Team as a working group to the ICCG, consisting of gender and disability focused actors, offers technical support to the clusters to adopt an intersectional approach to inclusion to inform planning and response. National and state level women-led organizations address gender inequalities, as well as a protocol that recognizes the rights of persons with disabilities to marriage and participation.

ACCESS-RELATED CHALLENGES AND ACTIONS

- **Conflict and Violence:** Ongoing armed conflicts, displacement, and insecurity in South Sudan endanger humanitarian workers and assets, limiting their ability to deliver aid safely.
- **Bureaucratic Impediments:** Administrative barriers and restrictions imposed by authorities, such as delays in visas and permits, hinder the efficient delivery of humanitarian assistance.
- **Physical Constraints:** Poor infrastructure, damaged roads, and impassable routes during the rainy season make it difficult for humanitarian vehicles to access remote areas. Shortages of clean water, fuel, and electricity also affect operations.
- **Lack of Awareness on Inclusion:** Specific needs of diverse at-risk groups, such as people with disabilities and older individuals, are often considered under one group of 'the vulnerable' without an analysis of underlying causal factors. The limited awareness on inclusion and the specific risks is likely to translate to insufficient support for disability, gender and age inclusion in humanitarian settings and requires enhanced efforts to include disability inclusion as part of the existing coordination structures.

CRITICAL GAPS IN FUNDING AND POPULATION REACHED

- Limited resources due to conflicts and instability.
- Coordination structures are still in need of awareness in relation to the needs and barriers of people with disabilities and older persons.
- Accessibility and inclusion are seen as an add on or specific requirements which are not included in budgeting from the on-set due to perceived high costs of technical support for disability and age inclusion.
- Data gaps that hinder advocacy with donors and humanitarian actors.
- Capacity building that requires time, training, and resources. The limited of knowledge and/or use of existing tools, including the IASC guidelines, influence the capacity of actors to build and define key actions for inclusive humanitarian response.
- Disability and age are perceived as crosscutting issues together with other strong areas like gender. Due to the limited capacity and involvement of disability inclusion actors in existing coordination structures, this may run the risk of disability inclusion not being prioritized enough or being siloed outside of the main coordination forums without direct connection to ongoing discussions. This reiterates the need for strengthening existing mechanisms and working groups with appropriate technical support and expertise to avoid siloed ways of working.

RECOMMENDATIONS

The Constitution of South Sudan recognizes the rights of persons with disabilities and older persons in a broader sense and further efforts have been made to address the challenges of an ageing population. South Sudan is one of the member states of the African Policy Framework and Plan of Action on Ageing, which encourages all member states to develop national ageing policies to improve the lives of older people with and without disabilities.

- Generate a strategic plan to guide protection partners in their efforts to collaborate with organizations of persons with disabilities in South Sudan, facilitating the active involvement of individuals with disabilities in identifying barriers and developing a responsive plan. To be addressed and agreed by mid-2024.
- Sensitize existing monitoring checklist toward disability inclusion to overseeing inclusive initiatives and assessing the humanitarian response's effectiveness in addressing the barriers that individuals with disabilities encounter when seeking protection services. By mid-2024.

RISK 1

Discrimination and stigmatization, denial of resources, opportunities, services and/or humanitarian access

GOVERNMENT and PARTIES TO THE CONFLICT

- Build an inclusive strategic intervention at HPC level, including the adoption of minimum standards toward improving disability inclusion action that is influenced by the UNCRPD, with the lead of the Gender and Inclusion Taskforce Team.
- Advocate for enhanced funding and greater flexibility in fund utilization to enable the expansion of disability inclusion efforts, addressing the rising demand effectively.
- Provide financial support for both programs specifically tailored to individuals with disabilities and older persons and mainstreaming disability, age, and gender appropriate inclusion in all planning, encompassing case management, assistive devices, stigma reduction initiatives, peer support programs, and intergenerational projects.

HC and HUMANITARIAN COMMUNITY

- The erosion of livelihood and purchasing power by the population must be met with multi-sectoral initiatives to mitigate economic impacts on the population, including persons with disabilities, children, and women, to avoid a worrying increase in child abuse and exploitation and trafficking in various locations of the country.
- Include disability and ageing as standing agenda items in protection coordination meetings and continue to support and strengthen mainstreaming efforts of intersectionality of the Gender and Inclusion Taskforce.
- Promote meaningful participation of persons with disabilities in humanitarian action, seek advice and collaborate with national and local organizations of persons with disabilities in coordination structures and build their capacities.
- Prioritize the integration of disability inclusion and Mental Health and Psychosocial Support (MHPSS) services into the overarching humanitarian response framework. This involves incorporating MHPSS elements into needs assessments and program planning.
- Encourage the recruitment of persons with disabilities as staff at all levels of humanitarian organizations, including as front-line workers and community mobilizers.
- Enhance age, gender and disability disaggregated data collection and analysis to develop risk mitigating measures and appropriate indicators and use them to monitor the inclusion of persons with disabilities in all phases of humanitarian action. When possible, collect data and information on the risks, barriers and needs of persons with disabilities, particularly in remote regions that are difficult to access.
- Address the attitudinal and other barriers within the humanitarian community and perceptions of disability as an 'additional complexity' in an already complex context, and include it from the onset as part of human diversity.

RISK 2

Gender-based violence

PROTECTION SECTOR AND PARTNERS

- Address institutional, environmental, attitudinal, and communication barriers facing persons with disabilities in all their diversities to access protection responses.

- Adapt modalities of GBV services to address and response to needs of persons with disabilities and GBV actors know how to access support services, for example for interpretation. Local OPDs, in particular women led OPDs, are trained in how to safely identify and refer GBV survivors.
- Ensure that Child Safeguarding Policy training is systematically provided to as many humanitarian workers as possible - especially those in close contact with children - and communities to ensuring that all humanitarian actions are properly implemented to protect all children including children with disabilities from the increasing deliberate or unintentional acts of abuse and exploitation registered in the last quarter.
- Ensure the meaningful participation of older women and persons with disabilities in awareness raising campaigns and other community-based activities.
- Adopt strategies to prevent and address discrimination against older women and support the full inclusion of women from all age groups in empowerment activities and interventions.
- Continue collection of GBV data that is age and disability disaggregated to ensure that data is inclusive of older women with and without disabilities and use the data to inform responses.
- Take into consideration women and girls, men and boys with disabilities and place distribution sites in locations that are accessible to everyone. As necessary, deliver food and non-food items to the homes of persons with disabilities who are unable to reach distribution sites.
- Take into consideration the placing of communal latrine blocks to ensure accessibility to persons with disabilities, ensuring that they are physically accessible and provide clear signage.

RISK 3 Torture or inhuman, cruel, degrading treatment.

Article 15 UNCRPD: State Parties must carry out measures through legislation, administration, and judicial systems to prevent persons with disabilities from being subjected to torture or cruel, inhuman, or degrading treatment or punishment.

HUMANITARIAN ACTORS

- Communicate information on protection, and complaint and feedback mechanisms, in multiple and accessible formats. Involve national and local organizations of persons with disabilities in the designing and dissemination of information among other community-based organizations and volunteers. Take steps to include individuals who are isolated in their homes or in institutions or who rely on support persons for communication.
- Establish a mechanism for monitoring and reporting cases of torture and other cruel, inhuman, or degrading treatment or punishment of persons with disabilities in coordination with health actors. The mechanism should involve persons with disabilities themselves and actors representing them, and should provide legal, medical, and psychosocial assistance to the victims and ensure accountability for the perpetrators.
- Train and sensitize the security forces, health workers, and humanitarian actors on the rights and needs of persons with disabilities, especially women and girls, and on the prohibition and prevention of torture or ill-treatment. This training should include practical guidance on how to communicate with and accommodate persons with different types of disabilities, how to identify and address their protection risks and barriers, and how to refer them to appropriate services.
- Promote the participation and empowerment of persons with disabilities, especially women and girls, in the design, implementation, and evaluation of humanitarian interventions. This can be done by involving them in consultations, assessments, feedback mechanisms, decision-making processes, and advocacy activities. This can also be done by supporting their organizations and networks to raise awareness and influence policies and practices on disability inclusion.
- Ensure that humanitarian assistance is accessible, inclusive, and responsive to the needs and capacities of persons with disabilities, especially women and girls. This can be done by collecting and analyzing sex, age, and disability-disaggregated data, by using inclusive methods and tools for data collection and analysis, such as the Washington Group to the delivery of services and facilities, by providing support to persons with disabilities according to their preferences, by ensuring that information is available in accessible and languages, and by addressing the specific risks and barriers that persons with disabilities face in accessing humanitarian assistance, especially those with intellectual or psychosocial disabilities.

Endnotes

- ⁱ WHO, 2022, <https://www.who.int/publications/i/item/9789240063600>
- ⁱⁱ UNDESA, 2016
- ⁱⁱⁱ Protection of Rights of Older Persons in South Sudan: Towards Enactment of Legislative Framework, 2019, https://www.suddinstitute.org/assets/Publications/5cd019ad53e07_ProtectionOfRightsOfOlderPersonsInSouth_Full.pdf
- ^{iv} <https://www.wfp.org/stories/empowering-people-disabilities-south-sudan>
- ^v Protection of Rights of Older Persons in South Sudan: Towards Enactment of Legislative Framework: https://www.suddinstitute.org/assets/Publications/5cd019ad53e07_ProtectionOfRightsOfOlderPersonsInSouth_Full.pdf
- ^{vi} Social Anthropological Study on Disability in South Sudan: Pibor County, October 2022.
- ^{vii} <https://interagencystandingcommittee.org/iasc-guidelines-on-inclusion-of-persons-with-disabilities-in-humanitarian-action-2019>
- ^{viii} <https://www.un.org/en/content/disabilitystrategy/>
- ^{ix} Forcier et al, 2016, p. 5; CARE, 2016, p. 15; Rieser, 2014, p. 3; MoGCSW 2013, p. 6; MoGCSWHADM, 2013, p. 18
- ^x Forcier et al, 2016, p. 4; Legge, 2017, p. 1
- ^{xi} <https://www.helppage.org/blog/when-older-people-flee-their-homes-from-danger-ageism-is-a-barrier-to-accessing-help/>
- ^{xii} MoGCSWHADM, 2013, p. 10
- ^{xiii} Faehnders, 2018; HRW, 2017
- ^{xiv} HRW, 2017
- ^{xv} <https://publications.iom.int/system/files/pdf/south-sudan-gender-based-kap.pdf>
- ^{xvi} GoSS, 2015, p. 10
- ^{xvii} MoGCSWHADM, 2013, p. 11
- ^{xviii} UNMISS - Attacks on Civilians in Tambura Country June, September 2021.
- ^{xix} Funke, Carolin and Dijkzeul, Dennis, From Commitment to Action: Towards a Disability-Inclusive Humanitarian Response in South Sudan? 2021
- ^{xx} <https://dr.211check.org/wp-content/uploads/2021/07/South-Sudan-National-Disability-Action-Plan-2020.pdf>

Methodology

Under the coordination of a Protection Analysis Update task force the methodological approach included:

- Consultation with Organizations of People with Disabilities, NGOs, and UN agencies (see below).
- Desk reviews of reports from various sources, such as protection monitoring reports, reports on GBV, reports from disability actors, as well as the HNO and HRP. Identifying of gaps and challenges in addressing data and information available linked to the protection needs of persons with disabilities, especially women and girls.

Participating partners: Humanity & Inclusion, HelpAge International, Universal Network for Knowledge Empowerment Agency, Women for Justice and Equality, Hope Restoration South Sudan, Community Humanitarian Inter livelihood and Emergency Focus, Africa Humanitarian Organisation, South Sudan Association of Visually Impaired, Disabled Action Group, South Sudan Women with Disability Network, Agency for Women and Children Development, Aid Link Organization, Community Aid for Refugees and IDPS Empowerment Network.

Limitations

The report does not have precise data on the prevalence of disability in South Sudan due to lack of recent assessments.



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