**Report of the High Commissioner for Human Rights on child, early and forced marriage in humanitarian settings (HRC res. 35/16)**

**Submission by World Vision[[1]](#footnote-1)**

**I. Prevalence of child, early and forced marriage**

***In Somalia,*** 45.3% of women aged 20-24 were married before the age of 18. One in ten Somali marriages occur before the girl is 15 years old, approximately half occurring before the girl reaches the age of 18 (UNICEF).

***South Sudan*** has one of the highest rates of child, early and forced marriage (CEFM), with prevalence varying significantly depending on a number of factors, including ethnic group, cultural traditions, urban vs. rural, residence in Protection for Civilian (POC) sites vs. within host or general communities. National statistics are difficult to calculate, although UNFPA estimates that 52% of girls are married before the age of 18 years. Data collected for the 2017 report *What Works to Prevent Violence Against Women and Girls* in Rumbek Town, Juba non-POC and Juba POC found prevalence rates as high as 85%, 71% and 86% respectively. Figures from Rumbek are likely to be similar to most rural cattle-keeping groups. WV South Sudan data finds prevalence of CEFM in Juba non-POC to be 73%. In Melut and Fashoda, Greater Upper Nile, WV South Sudan found that early marriage and physical abuse constituted the two most common forms of violence against children, while intimate partner violence and CEFM represented the two most common forms of Gender-Based Violence (GBV). In Melut, an average of one suicide attempt and one death due to complications from early pregnancy result per month per 18000 individuals. All cases in Melut and Fashoda were perpetrated by men against girls.

**II. Strengthening data gathering, contextual analysis and analysis of social factors**

Measures to strengthen data gathering include: effort to ensure baseline surveys are conducted and use statistically significant sample sizes and that their findings inform interventions for that particular locality. Analysis is strengthened when data collection is facilitated by an agency with a long-term deep field presence that employs predominantly local national staff familiar with historical trends and contexts. WV South Sudan has worked in most field locations for over 10 years.

**III. Challenges and gaps**

In ***South Sudan,*** many challenges remain, chief among them the entrenched cultural practice of CEFM and limited exposure of communities beyond rural home settings, resulting in many parents and family members having no concept of child marriage as harmful. Even in cases where parents may recognize harm, social pressure to follow tradition can be strong.

The practice of dowry is intrinsically linked to CEFM, wherein a future husband pays a dowry of cattle, small animals or cash to the girl’s family, varying across ethnic groups. An average dowry can be equivalent to 20,000 USD, of which the man must typically pay a down-payment of up to 60%. In a time of economic collapse linked to conflict, sanctions and state fragility, push factors including food insecurity and destroyed livelihoods can lead desperate parents with no income to see CEFM as a critical source of income for the family. This is only compounded when parents cannot afford to pay school fees; they may even see marriage as an early way out of poverty for their girls, particularly where an older, wealthy man seeks a young bride.

There is also a culture of impunity surrounding CEFM, wherein laws to protect women and girls against the practice are not enforced, and traditional courts often rule in favour of CEFM, including as a way to ‘settle’ sexual assault cases. Child marriage is practiced by members of government; the flagrancy of the practice is illustrated by the fact that one of the priority actions for the New Strategic National Action Plan to end child marriage (SNAP) is to remove from power sitting members of Parliament and other government representatives with female wives under the age of 18.

While the statutory legal framework is strong, a pluralistic legal system allows for the legitimate application of customary law in areas which govern family, marital and domestic issues. Customary law is generally informed by strong patriarchal dynamics that exclude women and deny their independent agency in the process. Police are not well-versed in statutory law as it relates to CEFM, while dowry and political connections can influence an outcome, allowing for no legal challenge.

In addition, programming to address the root causes and exacerbating factors of CEFM are almost exclusively provided by NGOs and funded by UN agencies and bilateral donors; there is no significant national budget allocation to the Ministry of Gender, Child and Social Welfare. The majority of government social workers do not receive a salary and there is no formal certification or accreditation system for social workers.

Patriarchal social structures and norms form societies that actively deny women their rights and agency. “Women’s work” is often unpaid and unseen, while GBV overwhelmingly affects women (92%).

Finally, there is an underlying challenge within the humanitarian framework itself. Prevention of harmful traditional practices sits uncomfortably within the humanitarian-development nexus. The South Sudan context of conflict has led to the majority of interventions to be resourced through humanitarian financing, which predicates a ‘life-saving’ focus. Here, ‘prevention’ is explicitly excluded by some donor definitions of ‘life-saving’ or implicitly excluded as a deprioritized intervention in a context with insufficient humanitarian resources: GBV prevention and response work is, in general, the least-funded are of humanitarian intervention; only eight out of the over 100 members of the Office for the Coordination of Humanitarian Affairs (OCHA) GBV Sub-Cluster provide GBV response services. Prevention work requires interventions that tackle social norms that typically predate humanitarian crises and CEFM does not have an exclusive causality linked to forced displacement or the experience of conflict. Addressing it requires multi-year investment in attitude and behaviour change typically left out of humanitarian response architecture, or otherwise deprioritized.

**IV.A Lessons learned**

* While religious leaders represent a critical source of moral authority and can be powerful agents of change, for men aged 18-35 (the majority group of perpetrators of sexual violence) sources of moral authority were male youth leaders, particularly those who starred in the local football club. They seldom attend religious services, and if they do it is mainly out of obligation. Religious leaders revealed that congregation and outreach work mainly involved older adults or families with small children, rather than youth. In a population with a significant cohort of ‘children and youth’, prevention of CEFM requires engagement of less traditional actors to effect normative change.
* Pooled funding mechanisms (e.g. South Sudan Humanitarian Fund) often have inflexible proposal development timeframes and guidelines, forcing the adoption of traditional ideas of influencers
* When targeting community members to train as ‘influencers’ for social norm change, assess sources of most relevant influence or moral authority for potential future perpetrators of CEFM and GBV. Ensure that pooled funding mechanism proposal development processes have enough space and flexibility to facilitate a broader idea of ‘influencer’.
* Link protection efforts directly with emergency education efforts: support families to send their girls to school, remove school fees, incentivize girls’ education through in-kind and cash, ensure gender-sensitive sanitation facilities, improve access to menstrual hygiene items, and prioritize recruitment of female teachers and headmasters.
* Introduce a national marriage certificate that provides proof of age over 18 years and documents the consent of both marrying parties in order to create a bureaucratic barrier to CEFM.

**IV.B Promising practices**

Best practices include: following *WHO Ethical and Safety Guidelines for Researching GBV;* ensuring access to GBV prevention and response services; training police officers, chiefs and traditional authorities, including local adjudicators, on the statutory legal frameworks as it applies to children, family and marriage law; supporting women’s organizations and finding opportunities to engage men as advocates of women’s rights; involving and encouraging perspectives of women and girls throughout the humanitarian cycle ; building basic literacy, numeracy and business skills for women and girls to build self-reliance and independence; building capacity for and local ownership of grassroots advocacy, monitoring and reporting of child protection issues, and rights in communities and congregations.

**V. Impact of exacerbating factors**

Somalia and South Sudan are some of the most fragile states in the world and some of the hardest places for women and children to live. Protracted civil conflicts and cyclical climate-induced shocks (e.g. severe drought) have resulted in fragile federal structures, weak economies, currency inflation and poor infrastructure and have deteriorated livelihoods and left populations displaced and vulnerable. Loss of family land, homes, property, and coping mechanisms also result in increased insecurity, combining to create compelling ‘push’ factors for CEFM. The breakdown of rule of law and order can allow or encourage child marriage, while low birth registration inhibits child protection.

Instability and fragility make data collection difficult. National averages or trends are typically reflective of data from locations accessible to the majority of humanitarian actors (e.g. POCs) or those which can be feasibly surveyed (e.g. towns and village centres).

However, displacement and rural to urban movement (including to Uganda and Kenya), stemming from the conflict have also resulted in greater exposure of communities to different social norms. For example, over a 3-year period, WV South Sudan data from Warrap shows an increase from 50% to 88% of men and 59% to 72% of women who believe women should have an equal role in decision-making within the family and community. This, combined with general exhaustion from decades of violence, may have primed communities for change.

**VI. Addressing the root causes and exacerbating factors**

Identified root causes of CEFM include cultural traditions, social norms and perceived religious obligations. CEFM is rooted in social norms of deeply entrenched gender inequality, power imbalance, and disrespect for women’s and girls’ human rights. Parents may also genuinely feel that their daughters will be safer or better off with a regular male guardian.

In both ***Somalia and South Sudan***, WV engages with communities to promote awareness and effect social norm change related to CEFM and GBV (see Section VIII for further details).

***In South Sudan,*** ratification of the Convention on the Rights of the Child, African Charter on the Rights and Welfare of the Child and Convention on the Elimination of Discrimination Against Women have strengthened the statutory legal framework. These treaties have been domesticated through the adoption of various legal frameworks, including the Transitional Constitution’s Bill of Rights (2011), which defines a child as anyone under 18 years of age, Child Act (2008), and Penal Code (2008). ***In Somalia***, Article 28(5) of the Constitution prohibits marriage if either party has not reached the age of majority.

**VII. Enhancing women’s and girls’ agency**

***In Somalia,*** WV employs Community-Change and Learning through Play project models and hosted the first Partners’ Learning Event on Advancing Localization: the collective process by humanitarian stakeholders to return local actors to the centre of the humanitarian system through equitable partnerships, increased and direct funding, and centrality in coordination. In this environment, the voices of women and girls are more readily recognized and heard, particularly given that local actors are their first and sometimes only point of contact.

From September 2015 to August 2017, WV formed five new children, adolescent and youth (CAY) groups. Of these, 136 male and female adolescents trained as peers to support young people in their communities. 4,615 children are meaningfully participating in actions to support ending violence against children in their communities, and 9 CAY groups are trained to engage in monitoring protection services.

***In South Sudan,*** WV uses affirmative recruitment practices to ensure gender-balanced staffing and encourages women to bring small children to work, particularly when breastfeeding. WV senior field staff will engage extensively with female staff members and their families if necessary to reduce suspicion and encourage familial support.

**VIII. Engaging communities to raise awareness and counter harmful stereotypes**

In ***Somalia and South Sudan*** alike, WV employed Channels of Hope project models for gender & protection, community change, and child protection and advocacy. Channels of Hope programs use a participatory approach to study relevant religious texts and discover interpretations that provide a faith-based foundation to respect women and girls. Faith leaders who participate in the program are then empowered and coached to lead local advocacy within their community.

In ***Somalia,*** from September 2015 to August 2017, 91 faith leaders were trained to hold sessions on protection & gender issues, while 59 functional child protection and advocacy groups were established. WV trained 25 Somali staff from various organizations on advocacy and conducted six community dialogue sessions on GBV, while over 21000 community members – including children’s clubs – participated in discussions of CP issues in their communities. In addition, WV organized an event to commemorate the Day of the African Child, wherein ministers, faith leaders, NGO representatives and children themselves highlighted child protection issues, including child marriage. WV also raised awareness through local TV and news ‘discussion shows’.

***In South Sudan***, WV established and coached community based child protection committees, comprising male and female adult community leaders, representatives from the Parent-Teacher Association, female and male child and youth representatives, and elders or religious leaders. These committees were supported to raise awareness, question traditions, encourage alternatives and lead change within their own communities. Family experienced home visits by WV Protection Monitors and/or Social Workers, who are trained to discuss family strategies to avoid CEFM, grow families’ understanding of the benefits of later marriage, and provide support to girls who experience CEFM. WV also works with youth leaders and groups already existing within the community, including women’s organizations, and seeks to work with men and boys to help them reflect on the status quo and see the benefit of a community that values and supports women and girls to fulfill their potential.

**IX. Providing appropriate protection and accountability mechanisms for women and girls at-risk and victims**

***In Somalia,*** WV and Legal Action Worldwide partnered with the Ministry of Women and Human Rights Development (South West State) to provide technical and financial support for the development of the Child Protection Policy. Within the legal framework, the recent Sexual Offences Bill outlines the legal age of marriage as 18, outlaws CEFM, and outlines the groups that can be prosecuted. WV supported local advocacy partners and NGOs in order to conduct workshops for involved parties to better understand the bill, which has passed through the Cabinet and awaits a Parliamentary vote.

One referral system for protection cases identified in the community has been strengthened by WV in Baidoa. In partnership with INTERSOS, WV built the capacity of 20 (11 male, 9 female) health service providers, case workers, community health workers and other staff so that they could adhere to the Clinical Management of Rape (CMR) protocols. WV provided case management for 55 GBV survivors (47 women, 8 girls) and 49 unaccompanied street and vulnerable children (19 girls, 30 boys). WV trained and monitored 35 foster families and ensured they provided appropriate care and protection to vulnerable children separated from their primary caregivers.

***In South Sudan,*** the legal framework repeatedly outlaws child marriage – in the Transitional Constitution (2011), Child Act (2008) and Penal Code (2008). However, there remain gaps in practice.

WV provides comprehensive GBV response services, and in two locations legal advice for survivors.

**X. Coordination**

***In Somalia*** there are national and regional Child Protection Networks. Other coordination mechanisms include a South Central Child Protection working group, the Puntland Non-State Actors Association (PUNSAA), Puntland Women Network, Puntland Youth Umbrella, and the OCHA Humanitarian Coordination Team.

***In South Sudan***, current prevention and elimination activities take place within CP and GBV sub-clusters of the OCHA humanitarian coordination system. Efforts to raise awareness are coordinated through inter-agency advocacy initiatives across South Sudan (e.g. 16 Days of Activism). Roles and responsibilities of government, civil services, tradition and customary leaders, faith actors, international actors, national NGOs, and communities to end child marriage are very clearly defined in Strategic National Action Plan (SNAP) 2018, but insufficient funding allocation may prevent implementation and full coordination.

**Additional resources**



For questions related to this report, please contact Elena Gaia, Senior Advisor – Policy & Partnerships – Violence against Childre at [elena\_gaia@wvi.org](mailto:elena_gaia@wvi.org)

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1. This submission includes information from Somalia and South Sudan. [↑](#footnote-ref-1)