

IMPACT OF THE COVID-19 PANDEMIC ON WOMEN, PEACE AND SECURITY IN SOUTH SUDAN

RESEARCH REPORT



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CONTENTS

ACRONYMS	ii
FOREWORD	iii
EXECUTIVE SUMMARY	v
1.0 INTRODUCTION	1
1.1 BACKGROUND	1
1.2 POLITICAL CONTEXT	2
1.3 COVID-19 EMERGENCY LEGISLATION AND ENFORCEMENT	4
1.4 HUMANITARIAN RESPONSE DURING COVID-19	5
1.5 OBJECTIVES OF THE STUDY	7
2.0 METHODOLOGY	8
2.1 DATA COLLECTION TECHNIQUE	8
3.0 RESEARCH FINDINGS	9
3.1 LACK OF IMPLEMENTATION OF THE PEACE AGREEMENT	9
3.2 LIMITED WOMEN'S PARTICIPATION IN COVID-19 DECISION MAKING	10
3.3 INCREASED CARE BURDEN FOR WOMEN AND GIRLS	12
3.4 INCREASED VIOLENCE AGAINST WOMEN AND GIRLS	14
3.5 IMPACT ON GIRLS' EDUCATION	16
3.6 PUSHBACK ON WOMEN'S RIGHTS WITH LIMITED FUNDING	18
3.7 LACK OF ACCESS TO REPRODUCTIVE HEALTH SERVICES	19
3.8 MENTAL HEALTH IMPLICATIONS	21
3.9 IMPACT ON WOMEN'S LIVELIHOOD	23
3.10 IMPACT ON WOMEN AND GIRLS UNPAID WORK AND CARE GIVING	25
3.11 ACCESS TO INFORMATION ON COVID-19	26
4.0 RECOMMENDATIONS	29

ACRONYMS

CTSAMVM	Ceasefire and Transitional Security Arrangements Monitoring and Verification Mechanism
DDR	Disarmament Demobilization and Rehabilitation
FGD	Focus Group Discussion
HIV&AIDS	Human Immunodeficiency Virus and Acquired Immunodeficiency Syndrome
ICU	Intensive Care Unit
IDP	Internally Displaced Person
KII	Key Informant Interviews
KTN	Kenya Television Network
MoGEI	Ministry of Gender Education and Instruction
NAP	National Action Plan
OCHA	Office for the Coordination of Humanitarian Affairs
R-ARCSS	Revitalised Agreement on the Resolution of the Conflict in South Sudan
RJMEC	Reconstituted Joint Monitoring and Evaluation Commission
RTGoNU	Revitalised Transitional Government of National Unity
SDG	Sustainable Development Goal
SEA	Sexual Exploitation and Abuse
SSWEA	South Sudan Women Entrepreneurs Association
UN	United Nations
UNDP	United Nations Development Programme
UNSCR	United Nations Security Council Resolution
WHO	World Health Organisation
WPS	Women Peace and Security

FOREWORD

COVID-19 pandemic like most crisis usually impact on women and girls differently. Following the first case of COVID-19 in April 2020 in South Sudan significant impact has been observed that have a direct bearing on women, peace and security in the country. This is within the context of continued conflict, slow rate of the implementation of the revitalized peace agreement and low representation of women in decision making at all levels.

Findings from our previous research in Uganda in partnership with Gender Action for Peace and Security (GAPS) and Womankind Worldwide; and other researches conducted globally indicate the gendered effects of COVID-19 particularly in conflict and post conflict settings. These researches highlighted the ways COVID-19 crises and responses has exacerbated gender inequalities, and disproportionate impact on marginalized groups including young women, LGBTQ women, refugees and IDP women and girls, and women and girls living with disabilities. These perspectives necessitated the need to conduct similar research in South Sudan to better understand how COVID-19 impacts on the women, peace and security needs of women and girls with the goal of providing information for evidence-based response and contribute to safe guiding the participation, protection, prevention and relief and recovery needs of women and girls in South Sudan.

What this research has clearly indicated is the similarities on the impact of COVID-19 on women globally and how the impact of COVID-19 has put more pressure on women and girls living in conflict and post conflict settings, including on institutions and social services such as health. As indicated in the report, COVID-19 put pressure on an already weak health system with poor infrastructure and few health workers and how this translated into inadequate response to COVID-19 and other health services most importantly reproductive health needs of women and girls. For a country with one of the highest maternal deaths globally, such impact becomes very significant.

A fundamental learning from the pandemic is the need for paradigm shift in the management of disasters. The response to COVID-19 by most countries particularly in Africa has been reactive, as most countries prioritized COVID-19 over other health services. There is need to move towards disaster risk reduction and management in the context of natural disasters or crisis such as COVID-19 as we still do not have full knowledge of how long we will have to live with the mutating nature of COVID-19.

We sincerely hope that the different actors in the COVID-19 response in South Sudan and the region will use the findings from this research to inform actions that would not only address COVID-19 impact on women, peace and security but that the findings would direct changes in strategies and policies towards gender responsive, human rights and culturally sensitive disaster risk reduction and management plans and programmes.



EXECUTIVE SUMMARY

The impact of COVID-19 on the social and economic situation and women, peace and security, including the delivery of humanitarian aid to populations in need, was exacerbated by the delay in the implementation of the Revitalised Agreement on the Resolution of the Conflict in South Sudan (R-ARCSS). Basically, the prevailing unstable political impasse compounded the impact of COVID-19. This research on the 'Impact of COVID-19 on Women, Peace and Security in South Sudan' is intended to inform stakeholders' context-specific response around women peace and security that is evidence-based.

The study employed a quantitative methodology where six focus group discussions (FGDs)¹ and 11 key informant interviews (KIs)² were conducted targeting organisations, institutions and individuals working on issues of women, peace and security and other sectors. The respondents included an intersection of participants from women political leaders, government officials, women rights organizations and groups, girls' and youth organizations and groups representing religious and ethnic minorities.

Research findings reveal that despite women's involvement and active role in bringing peace to South Sudan their role has tended to be underestimated or ignored during political negotiations including in the on-going COVID-19 situation. Increased sexual gender-based violence was noted as ambush and rape of women and girls continued portraying a re-occurrence of incidents during the 2016 conflict. The weak health system continues to struggle with responding to COVID-19 as women bear the brunt due to their reproductive health needs including the health care needs of their children which has been affected by the pandemic. The pandemic also increased the burden on the health system by creating additional barriers for women to access quality reproductive health services.

1 *Comprising of: Group 1 - 16female; Group 2 - 13participants (12female, 1male); Group 3 - 16female; Group 4 - 10female; Group 5 - 23female; and Group 6 - 37participants (22female, 15male)*

2 *9 female, 2 male*

COVID-19 led to increased mental health, as 90% of the research respondents reported having suffered depression, stress and anxiety as a result of the isolation caused by the lockdown, the social distancing measures, fear of infection from peers and the loss of social networks. The measures as well as the absence of an economic stimulus package from government for small-scale businesses such as roadside and open-air tea stalls, food vending, consumer goods hawking and agriculture impacted small-scale women entrepreneurs most of whom operate in the informal sector.

Social distancing measures, school closures and overburdened health systems have put an increased demand on women and girls to cater to the basic survival needs of the family and care for the sick and the elderly. Women respondents reported that amidst the challenges posed by COVID-19 they managed to connect with one another through various communication channels like phone calls and via the internet through social media platforms like Facebook and WhatsApp and other platforms like Zoom.

The research recommends that the Government take urgent steps to implement key provisions of the R-ARCSS which will provide South Sudanese with a functioning, unified, and integrated government capable of sustaining effective, transparent, accountable, and responsive measures to curb the transmission of the COVID-19 virus and sustain security.

There is need to guarantee the women's human rights, including sexual and reproductive health and rights in Government's public health and COVID-19 recovery strategies. The Government must also ensure that fundamental rights, including economic, social, and cultural rights as well as civil and political rights, especially of women and girls are protected throughout the re-vitalised peacebuilding process.

The COVID-19 Taskforce must ensure effective and culturally sensitive information is shared using means that reach different categories of women and girls; build the capacity of women in cross border laws and regulations; and advocate for significant public investment in social services so that vulnerable people, especially women and children have sufficient safety nets in the ongoing public-health and humanitarian crises.

In taking all these actions, it is critical to ensure that all measures adopted in response to the pandemic are intersectional and cover the needs of all women, including female refugees, internally displaced women, rural women and women with disabilities.

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1.0

INTRODUCTION

This research presents the advent and the impact of the COVID-19 pandemic on critical political, social and economic issues that have a direct bearing on women, peace and security in South Sudan. The research is intended to inform stakeholders' context-specific response around women peace and security that is evidence-based.

1.1

BACKGROUND

The first COVID-19 case in South Sudan was identified in April 2020 and at that time the country had a population of approximately 11 million people, 7.5 million of whom continued to require humanitarian assistance, while more than 6 million faced famine. At the onset of the COVID-19 pandemic less than half of the healthcare facilities in the 10 States were operating, and of those functioning, many were both understaffed and poorly equipped. In May 2020 South Sudan in its entirety had only 24 intensive care unit (ICU) beds and 14 ventilators- 10 donated by the United Nations Development Programme (UNDP). ³

From April 2020 to September 2021 South Sudan had registered 11, 899 confirmed cases of COVID-19, and with 128 deaths reported to World Health Organisation (WHO). As of September 21, 2021 a total of 100,621 vaccines had been administered to different segments of the public. ⁴ The pandemic emerged in a fragile post-conflict context, characterized by a dire humanitarian situation, heightened insecurity, alarming levels of localized violence, and weak public institutions, infrastructure, laws, policies, and political processes.

³ Office of the High Commission for Refugees. <https://www.ohchr.org/EN/HRBodies/HRC/Pages/NewsDetail.aspx?NewsID=25987&LangID=E>

⁴ WHO <https://covid19.who.int/region/afro/country/ss>

The impact of COVID-19 on the social and economic situation and women, peace and security, including the delivery of humanitarian aid to populations in need, was exacerbated by the delay in the implementation of the Revitalised Agreement on the Resolution of the Conflict in South Sudan (R-ARCSS). Basically, the prevailing unstable political impasse compounded the impact of COVID-19. ⁵

1.2 POLITICAL CONTEXT

In September 2018, the signing of the R-ARCSS between President Salva Kiir and the then Opposition Leader Riek Machar and other stakeholders, provided for permanent adherence to the cease-fire and the creation of structures that meet the Agreement's guarantee of 35 percent women's representation in the Executive arm of government, the Council of Ministers and the pre-transitional institutions. ⁶ Following the signing of the R-ARCSS the Revitalised Transitional Government of National Unity (RTGoNU) was formed in February 2020 and in March 2020 President Salva Kiir appointed a transitional executive of 35 ministers. ⁷ Out of 17 ministers appointed to the cabinet, only four are women. Out of the 10 County Commissioners, only two are women and all five State Advisers are men. Although seven women were appointed Commissioners on the Independent Commissions, all five chairpersons of the commissions are men. The few women appointed so far make up less than 20 percent at the national and state levels. In some states including Warrap, Jonglei, Northern Bahr el-Ghazal and Unity State, women's representation is between 11 percent and 17 percent while at the county level, women make up only 2 percent. ⁸ The appointments fell short

⁵ *Human Rights Watch World Report 2021.* <https://www.hrw.org/world-report/2021/country-chapters/south-sudan>

⁶ *R-ARCSS Article 1.4.4 – 35% women's representation*

⁷ *UN News (2019): UN Chief welcomes South Sudan's Unity government, lauds parties for 'significant achievement.'* <https://news.un.org/en/story/2020/02/1057941>

⁸ *Women's Representation in South Sudan State Governments Misses Mandated 35%* https://www.voanews.com/a/africa_south-sudan-focus_womens-representation-south-sudan-state-governments-misses-mandated-35/6202885.html

of the R-ARCSS agreed 35 percent quota for women across the board.⁹ The requirement that at least 35 percent at all levels of governance should be women was ignored.

Implementation of the R-ARCSS continues to be the only vehicle through which peace and security will be established, and women leaders continue to express concern regarding the delayed implementation of the Agreement, the low inclusion of diverse voices, including women from diverse communities and low representation in the government, national ministries and as state governors. The situation in South Sudan continues to remain dire, with women, men, boys and girls in different parts of the country experiencing violence and displacement.¹⁰ In 2020, for example, after the advent of the pandemic there was conflict in Yei, Lobonok, Mundri, Maridi, and other parts of the Equatoria region with inter-communal fighting, cattle raiding, and revenge attacks and security forces violating human rights, especially of women and girls because of entrenched impunity, and a lack of respect for rule of law, all of which were worsened by the pandemic.

The signatories of the R-ARCSS are mostly able to avoid clashes, but violent events involving non-signatory groups have been reported. While the Ceasefire and Transitional Security Arrangements Monitoring and Verification Mechanism (CTSAMVM) Monitoring Teams are able to investigate clashes between the signatories, they are not able to visit incident sites. Nevertheless, the monitoring mechanism remains committed to investigating the incidents. While these peace processes have so far successfully managed to safeguard the implementation process from violence, the pandemic has forced the Government to divert resources and focus away from implementation priorities. Further, the global economic downturn has resulted in additional resource constraints for the implementation of programmes set out in the R-ARCSS.¹¹

9 *Sudan Tribune (2020) "South Sudan's new cabinet does not meet the 35% women's quota: UN Guterres."* <https://www.sudantribune.com/spip.php?article69101>

10 *NGO Working Group on Women Peace and Security.* <https://www.womenpeacesecurity.org/un-security-council-briefing-south-sudan-jackline-nasiwa-march-2021/>

11 *NGO Working Group on Women Peace and Security* <https://www.womenpeacesecurity.org/region/africa/eastern-africa/south-sudan/>

1.3

COVID-19 EMERGENCY LEGISLATION AND ENFORCEMENT

In March 2020 the Government issued travel restrictions to and from South Sudan, and closed all borders – land, air and water. Only cargo planes, emergency evacuation flights and commercial flights and trucks carrying food, fuel and medical supplies were allowed to move. In April 2020, following the confirmation of the first COVID-19 case, the Government enforced a curfew from 10.00 pm to 6.00 am and a travel ban within the country aimed at controlling the spread of COVID-19. ¹²

The Government also enforced the closure of all schools, religious worshipping institutions, non-essential businesses and social gatherings such as sports events, conferences, weddings, and funerals. Emergency COVID-19 legislations introduced included Republican Order No 08/2020 March, 2020 where the President ordered for the formation of a High-Level Task Force Committee to take extra precautionary measures in combating the spread of COVID-19 that included conducting risk assessment on the recommendations provided by the Ministry of Health; ensuring that quarantine facilities were set up and well equipped with both personnel and medicines. All physical learning in both public and private schools was halted for a period of one month including all health science institutions. ¹³

In March 2020, the COVID-19 Taskforce ordered the closure of the Juba International Airport and all international flights ceased operation. Exceptions included food, cargo flights, emergency aircraft, humanitarian aid operations including medical and relief flights. The order also included the closure of all border crossings for vehicles with the exception of cargo vehicles and fuel tankers. The Taskforce also allocated USD 3 million to cater for the needs of South Sudanese students studying in countries affected by COVID-19.

12 UNHCR <https://help.unhcr.org/southsudan/coronavirus-covid-19-info/>

13 Centre for Human Rights University of Pretoria. COVID-19Response South Sudan. <https://www.chr.up.ac.za/covid19-database/south-sudan>

Later, the President issued further directives under Republican Order No 09/2020 where for a period of 30 days all designated market areas and places were to strictly adhere to personal hygiene and social distancing measures and warned businesses not to inflate the prices of essential goods and commodities. Curfew was enforced from 8.00 pm up to 6.00 am. The NUF were required to stay in their respective camps and strictly adhere to COVID-19 health measures. In order to ensure compliance with the regulations, the President also ordered all security organs and law enforcement agencies to ensure strict implementation of the order. However, women and men with health issues requiring movements and essential workers were granted special permits. Violation of this order was taken as an offence.

Militarism emerged with the enforcement of these COVID-19 emergency legislations that resulted in gross human rights violations. Government forces, including National Security Service officers, resorted to physical violence against those perceived to have broken curfew directives.

1.4

HUMANITARIAN RESPONSE DURING COVID-19

Vulnerability to the pandemic exerted extraordinary pressure on international humanitarian actors to take the necessary steps to assist the Government to counteract the risks linked to COVID-19. During the time of isolation, quarantining, and travel bans, however, the delivery of essential humanitarian aid and medical assistance was severely compromised. In 2020, the pandemic-related restrictions on movement of people and the loss of livelihood opportunities further exacerbated the humanitarian crisis for an estimated 6 million food-insecure people. Even after the short-lived improvement in the security situation in 2019, after the signing of the revitalised peace agreement, it was estimated that over 600,000 internally displaced persons (IDPs) and over 225,000 refugees returned to their communities.¹⁴ This progress slowed down beginning March 2020 with the advent of the pandemic.¹⁵

¹⁴ *Ibid*¹⁵

¹⁵ *Ibid*¹⁵

The 2021 ‘South Sudan Humanitarian Needs Overview’ identified 8.3 million people, including refugees in need of humanitarian assistance across the country. This is an 800,000-person increase in absolute numbers from the 7.5 million people in need in 2020. More than two-thirds of the South Sudanese population and some 300,000 refugees and asylum seekers were in need of some form of humanitarian assistance and protection in 2021, as the country continued to experience the cumulative effects of years of conflict, a surge in sub-national violence, unprecedented flooding and hyper-inflation, compounded by the pandemic. Women and men’s ability to access humanitarian assistance continued to be hampered by violence against humanitarian personnel and assets, bureaucratic impediments, operational interference, and COVID-19 movement restrictions. ¹⁶

Between January and June 2021, humanitarian organizations delivered assistance and services to nearly 4.2 million women, girls, boys and men across the country. This represented 67 per cent of the 6.3 million people targeted through the 2021 Humanitarian Response Plan. Response achievements included more than 3.8 million people reached with food assistance and livelihoods support; 691,000 people who received protection services; over 563,000 people were provided with healthcare; and some 541,000 people assisted with access to safe water and sanitation. Some 664,000 people were reached through camp coordination and camp management services; some 619,000 people received essential household items and emergency shelter; more than 603,000 children, pregnant and breastfeeding women were provided with emergency nutritional assistance; and over 152,000 children were supported with access to education in emergencies.

However, the number of people reached with humanitarian assistance and services varied by geographical location hampered by sub-national violence, violence against humanitarian personnel and assets, bureaucratic impediments, operational interference, and COVID-19 related restrictions on movement ¹⁷. For example, in Lakes, Northern and Western Bahr el

16 UN Office for the Coordination of Humanitarian Affairs. ReliefWeb. <https://reliefweb.int/report/south-sudan/south-sudan-humanitarian-response-plan-2021-march-2021>

17 <https://reliefweb.int/report/south-sudan/2020-south-sudan-humanitarian-response-review>

Ghazal, Unity and Warrap states, more than 80 percent of the targeted people were reached with assistance and services. The lowest number of people reached was in Central and Western Equatoria, and Jonglei, with some 33 percent, 41 percent and 46 percent of the target population reached, respectively. The low reach in the three states was related to recurring violence, subsequent displacement, re-prioritization of activities to scale up response efforts in food-insecure areas, funding shortfalls and limited resources to respond. Humanitarian access incidents, including increasing roadside ambushes and attacks against humanitarian personnel and assets hindered access to women and men, girls and boys in need.¹⁸ The combination of these shocks (devastating flooding and COVID-19 pandemic) led to a substantial increase in vulnerabilities.

1.5

OBJECTIVES OF THE STUDY

1. To assess the impact on COVID-19 pandemic on Women, Peace and Security in South Sudan with a particular focus on the unique needs of women and girls.
2. To determine the gendered impact of COVID-19 across economic sectors, Health sector, women's participation, communication and other formal and informal sectors.

18 OCHA. *Relief Web South Sudan: Humanitarian Response Dashboard (January - June 2021)* <https://reliefweb.int/report/south-sudan/south-sudan-humanitarian-response-dashboard-january-june-2021>

2.0

METHODOLOGY

The research methodology involved desk literature review on the COVID-19 pandemic in South Sudan and its impact on women, peace and security, including on women's participation in decision making at all levels; violence against women and girls; sexual and reproductive health and rights, including access to health care, livelihoods and economic rights.

Six focus group discussions (FGDs)¹⁹ and 11 key informant interviews (KIIs)²⁰ were conducted targeting organisations and institutions and individuals working on issues of women, peace and security and other sectors. The respondents included an intersection of participants from women political leaders, government officials, women rights organizations and groups, girls' and youth organizations and groups representing religious and ethnic minorities.

2.1

DATA COLLECTION TECHNIQUE

Data was collected using qualitative techniques including: personal narratives of key informants; corroborated stories; and focus group discussions. Secondary data from published works, online platforms and unpublished reports was corroborated with data from primary sources.

19 *Comprising of: Group 1 - 16female; Group 2 - 13participants (12female, 1male); Group 3 - 16female; Group 4 - 10female; Group 5 - 23female; and Group 6 - 37participants (22female, 15male)*

20 *9 female, 2male*

3.0

RESEARCH FINDINGS

3.1

LACK OF IMPLEMENTATION OF THE PEACE AGREEMENT

COVID-19 has led to lack of implementation of the Revitalized Peace Agreement. The delay by the RTGoNU partners to agree on a new legislature or to establish the leadership structures, at the state and local government levels has created power vacuums at a time when authority and state presence is most needed to tackle the pandemic. The power vacuums have made it even more difficult to implement strategies that address the alarming levels of localized violence.



While no peace implementation processes have collapsed due to COVID-19, several are facing implementation slowdowns. In particular, implementation processes that require mobilization of civilians and resources at the local level are facing challenges, as the pandemic has debilitated and dispersed citizen agency, especially women's agency that is, limiting connectivity/public gathering and diverted critical resources toward COVID-19 crisis response.²¹ In South Sudan, the cantonment sites are near collapse, and training centers responsible for training 83,000 unified national forces have faced limitations²².

With the dissolution of the cantonment due to lack of food, medicines, shelters among others leaves a gap especially for women to be enrolled in the security sector. In addition, the lack of demobilization has led to increased insecurity around the areas where cantonments are located, this impacts on women and girls' security.

3.2

LIMITED WOMEN'S PARTICIPATION IN COVID-19 DECISION MAKING

COVID-19 exposed the structural fault lines in South Sudan where the devastation wrought by the pandemic was compounded by a legacy of decades of armed conflict that has put human rights and the protection of women and girls under severe strain.

South Sudan adopted its first National Action Plan (NAP) on 1325 in 2015 for the period 2015-2020. The NAP focused on strengthening the participation of women in peace and security efforts and facilitate the creation of an

21 Relief Web. <https://reliefweb.int/sites/reliefweb.int/files/resources/The%20Effect%20of%20COVID-19%20on%20Peace%20Agreement%20Implementation%2C%20PRIO%20Paper%202020.pdf>

22 *Ibid*

enabling environment for their leadership and political participation in conflict resolution and allow for more inclusive, just and sustainable peace, recovery and reconstruction processes, where a gender perspective is integrated into the design and implementation of all policies related to peace and security.

Anne Itto, a South Sudanese scholar and politician points to the fact that despite existence of the NAPs and the active role that women have played at various levels to bring peace to South Sudan their role has tended to be underestimated or ignored during political negotiations including in the on-going COVID-19 situation. ²³ For example, the 15-member National Taskforce for COVID-19 reveals women under representation with only two women representatives yet, this is the body that makes policies on COVID-19 in South Sudan that have a direct bearing on the lives of women as care givers, peace makers and as those that experience gendered impact of COVID.

The lack of inclusion of women in COVID-19 response mechanisms is a reflection of the wider society belief that women's place is in the household, and also a violation of the many human rights instruments including the Revitalized Peace Agreement that advocates for women's participation in decision-making.

23 Anne Itto. 2006. *Guests at the table? The role of women in peace processes cited in Okwii, M. 2019. WOMEN IN LOCAL HUMANITARIAN LEADERSHIP-Exploring Opportunities for and Challenges to Women's Engagement in Locally-led Humanitarian Action*



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3.3

INCREASED CARE BURDEN FOR WOMEN AND GIRLS

The pandemic struck an already vulnerable country with pre-existing gender inequalities and imbalances and has further exacerbated them. For example, some women who make up the majority of frontline health workers, caregivers in homes, community volunteers and mobilisers were overwhelmed with more health and domestic responsibilities and extra burden with the advent of COVID-19. COVID-19 exposed the democratic governance deficits where women and gender inequalities still remain and are heightened.²⁴

24 F Bringi 'The impact of COVID-19 on women and girls in South Sudan' (2020), <https://www.csrfsouthsudan.org/blog/the-impact-of-covid-19-on-womenand-girls-in-south-sudan/>

Participants in the research shared how women have had to provide food for families and also care for the sick and children and ensure children remain in school. These multiple responsibilities add extra burden on women who are culturally viewed as providers of food and care. In the midst of all these women do not take care of their own wellbeing. According to one of the female respondents:



If you don't have any other source of income, you find that being an entrepreneur is a very big challenge, whereby, you're not making sales, so you end up closing up. There are those who decided to venture into selling food items, so that's how they were able to cope. But for some people it was hard and they had to close down, especially those who did not have any other source of income. However, those with alternative source of income persisted.

Female Participant

The above shows the level of pressure women have to undergo in order to ensure they provide for the family. Such pressures also impact on the mental health and wellbeing of women. Many girls have had to do more house work such as fetching water which also exposed them to sexual violence. The social norm that dictates women and girls perform house work is maintained in most societies in South Sudan.

3.4 INCREASED VIOLENCE AGAINST WOMEN AND GIRLS

When conflict initially broke out in South Sudan in 2013, the authorities failed to address serious human rights violations, war crimes and crimes against humanity that were perpetrated, and as a result impunity grew over the years.²⁵



© Ivy Njiokiktjien/Cordaïd

25 Amnesty International. *South Sudan: Crippled justice system and blanket amnesties fuelling impunity for war crimes*. <https://www.amnesty.org/en/latest/press-release/2019/10/south-sudan-crippled-justice-system-and-blanket-amnesties-fuelling-impunity-for-war-crimes/>

Seventy percent of respondents in the research stated that road ambushes and rape by armed men had arisen portraying a re-occurrence of incidents during the 2016 conflict and that alcohol and drug abuse among young people had intensified in communities such as Lemon-Gaba community in Juba Central Equatorial. It was noted that young girls were joining gangs like “Negas” and “Toronto”, and were having unprotected sex which increased the rate of sexually transmitted diseases and infections in Lologo. It was also alleged that mothers were pimping their girls to support their families and early pregnancies had become unquantifiable.

The restrictions on movement in 2020 placed a higher risk on women to GBV, sexual exploitation and abuse (SEA). Girls interviewed expressed concerns of rising sexual violence and child marriage, in particular, due to their being at home and out of school.

Research participants were equally concerned about the increased sexual violence against women all over the country but more specifically at the rural areas, where women are more exposed to gender-based violence due to their daily activities that necessitates them moving around to look for food or fetch fire wood in the face of lack of transport and movement restrictions.



If you go to villages women are still facing it rough there's a lot of gender-based violence and movement restrictions, the fares are very expensive like transportation from one location to another has made it so difficult that women have to resort to walking as you know when you walk many things can happen on the way in the villages within South Sudan.

Female Participant

Sexual and gender-based violence impacts on women's mental health and general wellbeing and their ability to perform their roles effectively. Meanwhile, with the lockdown, more attention is paid to responding to COVID-19 infection rates and less on an already weak justice system. In the context of COVID-19 there were no efforts to ensure access to justice for women and girls' survivors of sexual and gender-based violence.

3.5

IMPACT ON GIRLS' EDUCATION

The impact of COVID-19 lockdown measures on girls' education has been huge and will remain a setback on gender equality and women's empowerment in the long run. Due to long stay at home, many families had to marry out their girls to generate income for the family. In addition, the patriarchal nature of the South Sudan society puts low value on women and girls, so their education is not valued as much as those of male children.



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COVID-19 has affected the girl child in a unique way, since women and girls are perceived as weak and cannot take decisions, most families have decided to marry off the girls. The value the society put on the girl child is not worth investing in her education. Even girls themselves do not value themselves due to socialization. They stay at home and perform household chores. She is also easily convinced to get married and then pregnancy comes, then she can no longer go back to school. If not for COVID-19 lockdown girls will be in school. Basically, I think COVID-19 has really done a lot of harm to girls' education

Female Participant

Many girls also got pregnant due to lack of sexual and reproductive health information that they could have received from school. The stigma associated with pregnancy makes it impossible for girls to consider going back to school.



I have seen a number of young girls getting pregnant especially here in Juba, and that is so alarming. These are girls that we had put all our future up to and you find someone who is 16 years is already having a child. I have interacted with young girls from Lologo 1, two of them got pregnant during the COVID-19 lockdown, because they said the only information that they had was from school but since schools were closed last year, they were unable to have any source of information regarding sexual and reproductive health and how to take care of themselves. So, the only option is to have unsafe sex and two of them got pregnant

Female Participant

It is still unclear how many girls got pregnant during the lockdown and have dropped out of school, an assessment of the impact of COVID-19 on girls' education and the long-term impact on gender equality would provide useful information on how best to respond to the impact of COVID-19 on girls' education.

3.6

PUSHBACK ON WOMEN'S RIGHTS WITH LIMITED FUNDING

Women's rights activists and women human rights defenders in South Sudan have faced pushbacks from legislators when they attempted to raise awareness on domestic and sexual violence, which had intensified during the COVID-19 lockdown that was instituted to curb the spread of the pandemic. This was compounded further by resources challenges as one informant said, "There has been a reduction in funding for women's rights organizations which has crippled the women's rights movement in South Sudan." This also means that the work for promoting women's rights is hugely underfunded impacting the level of advocacy for gender equality and women's empowerment. It also impacts on the personal life of leaders in the women's movement; as one of them shared:



I used to work so hard and at least get something for my kids and the family, support my husband, but now there is no funding. The funding is only on COVID-19 and very few organizations receive this funding so it has really affected me also as an Executive Director and the founder of an organization that had a lot of hope that we could employ people and also pay myself salary. But now I don't have any stipend and economically I cannot do other things. But then I have to depend 80% on my husband

Female Respondent

3.7

LACK OF ACCESS TO REPRODUCTIVE HEALTH SERVICES

COVID-19 revealed the inadequacy of the public health system in South Sudan to respond to the pandemic, like many post conflict countries, the health system is weak with poor infrastructure and few health workers. South Sudan currently has one of the highest maternal mortality ratios in the world at 1,150 deaths per 100,000 live births. “There is still so much to be done to achieve zero maternal deaths. Antenatal care and hospital deliveries should remain accessible for pregnant women during the pandemic,” says Kenyi Friday Lodu, a midwife at the Juba Teaching Hospital, as he expressed concern that COVID-19 could compromise the already poor maternal health in South Sudan.



Before the advent of COVID-19, there were already issues such as personnel shortages and destroyed infrastructure created by the civil war led to a huge number of deaths. During COVID-19, less than 50 percent of the Government's healthcare facilities were operational and out of those operational, majority of them lacked professional healthcare workers and basic equipment.

The pandemic increased the burden on the health system by creating additional barriers for women and girls to access reproductive health services. In particular, these barriers were acutely felt by pregnant women and girls, as majority of the health centres are far and have long queues.

Women living with HIV&AIDS also have challenges. A respondent shared some of the health care challenges women living with HIV&AIDS are faced with.



...transport costs are now very expensive for these people to travel and come to get their ARVs in the hospitals. You find that these people are living a distance far from the health facilities where they have to access the drugs. Then the other thing is access to information about how people living with HIV can be affected by COVID-19. I think that is one of the challenges that we faced from the beginning, because we had unverified information that COVID-19 affects people living with HIV differently.... many people feared going to hospitals for fear that they will contract COVID-19 and the effects would be bad on them given that they are living positively. And then the other thing is the issue of economic crisis that has affected their feeding routines. For instance, they used to have small businesses that would make sure that they have at least two meals in a day, but since most of them were running these local businesses and they didn't have any means to feed the family most of them have resorted to having one meal a day and it's really very difficult for them because when you are on drugs you must eat, and you must have a full course meal. And then, lastly, stigma and discrimination in their communities, which has actually

increased because of COVID-19. Like those days, our clients tell us that you don't live at home like for very many hours and you don't have to listen to all the words, the discriminating words that come from their close family and their neighbours because they are busy doing their businesses and they come very late home. But now it has become very worse when they are living in the house like from morning up to evening and they just have to listen to those discriminating words. So, it has really affected them so badly in terms of their mental health and their psychological health'

Young Woman Respondent

3.8

MENTAL HEALTH IMPLICATIONS

90% of the women respondents reported having suffered depression, stress and anxiety as a result of the isolation caused by the lockdown, the social distancing measures as well as a fear of infection from peers. According to a female respondent:



Psychologically it put us on tension on how one can prevent members of her family in the house from interacting with people outside. There was fear of returning home infected and you take it back to the family. For the visitors we South Sudanese greet by hugging or extending a hand now when a visitor comes home you are not sure if they have washed their hands well and you don't want to embarrass them or make them angry and they never return to your home

Mary Agol John Deng,

National Constitutional Review Commission

Female respondents reported that they had lost their ties and social networks because they were used to doing things together and visiting one another. They felt saddened and it feels like they had lost something physically and mentally. They wished they had someone to talk to.



...people no longer had the ideas of being together, eating together, moving together, having activities together.

Esther Keji,
Student



I have not been able to interact with my friends, like the ones I studied with. But now it's only been phone calls. There have been no travels...normally I travel like to Uganda to go and see some of my relatives, family members and friends, but I last travelled in 2019

Joyce Lawa,
Ministry of Health



I can say that COVID 19 has distanced me from many people that we were always together in Yei, we are really in critical condition because normally we have to stay together and work together, we have to do very many things but now because of this pandemic it has disturbed us. And now we have the fear because we don't know who has this virus. Before we heard the virus has symptoms but now, we hear that the virus has no symptoms. So, it has really made us to have depression because really you don't know what to do. Again, the fear also

determines what we do, even though we want to go and visit family members it is a problem and also travel is restricted. You can't travel like personally for me my mom is in Uganda. I normally go to visit her. She is not in good health but now we are restricted from travelling. You also find that if you want to travel you need to be tested and the testing is really expensive, it requires money, which if you don't have money, you cannot be able to do that

Female Respondent,
Yei, South Sudan

The fear created by the pandemic has impacted women and girls psychologically, as the movement restrictions and lack of adequate information on means of infection, prevention measures and standard operating measures further compounded the problem.

3.9

IMPACT ON WOMEN'S LIVELIHOOD

Majority of women in South Sudan are found in the informal economy where they rely on small businesses for sustenance and for supporting their families. With the lockdown measures, these businesses were impacted as they had to close down. According to one of the female respondents: 'I remember when the first lockdown was put in place we were working from home. Shops were closed when it came to businesses, there were no sales but we were incurring costs in rent. We were not generating income, but work was ongoing, we were working from home, but it was not like that normal way as you can see'.

For others, the lack of business meant that they could not pay school fees for their children, and for women who had rentals, most of the tenants left leaving most of the apartments empty and led to lack of income for women.



Those who were hiring my tukul (hut) have gone back to their country. Then I didn't get money to take my children to school. COVID-19 has also affected us because I have my farm. I used to cultivate it but due to this COVID-19 I didn't go to the village to cultivate in these 2 years (2020/2021).

Female Respondent

Due to lack of income from small businesses many young women resorted to sex work as they need to provide for the family. This alternative means of income has also not been very easy for young women as they are usually harassed or arrested and accused of spreading COVID-19 and/or HIV&AIDS.



I work with young women who are living positively and based on our interactions, many of them said they can no longer operate their tea businesses anymore due to lock down. I remember last year most of them were sent home because their businesses were closed and they were not supposed to operate during the lockdown. But then these are women who fend for their families and it affected them so badly because they were unable to get any income as such two of the young women resorted to sex work because that was the only business they could do to take care of themselves.

Women in the farming sector were also badly affected because farmers who relied on farm workers were unable to get the labour they needed. As one-woman farmer narrated, “...with lockdowns, mobilizing farm labour has been difficult, yet, the large acreage of land we cultivate need people for planting.”

The absence of an economic stimulus package from government for small-scale businesses, impacted small-scale women entrepreneurs most of whom operate in the informal sector. This situation deprived women of much-needed financial capital to thrive and impacted their livelihoods that provide support to their families.

Women were also easily exposed to COVID-19 pandemic due to their nature of businesses such as selling fresh vegetables, or socially important businesses such as tea stalls and continued to operate during the lockdown, yet, the spaces in which they operate are congested and crowded, exposing them to the virus as they continue to sit in close proximity to each other.

Respondents from the South Sudan Women Entrepreneurs Association (SSWEA) reported that as a result of the lockdown, businesses were lost and savings were affected “... *when movement restrictions were announced women working in informal sector – markets and retail shops consumed their capital because there was no income coming in and for those employed salaries were delayed and domestic workers were laid-off*”.

3.10

IMPACT ON WOMEN AND GIRLS UNPAID WORK AND CARE GIVING

Female respondents shared that the numbers of women and girls in South Sudan that were performing domestic and care work had increased compared to men and boys before COVID-19. The world’s economies and maintenance of our daily lives are built on the invisible and unpaid labour of women and girls. Before the crisis started, women did nearly three times as much unpaid care and domestic work as men. Social distancing

measures, school closures and overburdened health systems have put an increased demand on women and girls to cater to the basic survival needs of the family and care for the sick and the elderly ²⁶. Some of the women and girls in the research felt that there was an increase in the amount of household work that they needed to do. *“...during the lockdown everyone was staying at home, schools closed and, in some families, we had relatives who could not travel as the lockdown found them in town...with the many numbers at home daily chores increased”*. Women felt that the reasons that they had more work to do emanated from the fact that there were more family members staying at home as none of them were going to school, to work or being part of any outdoor labour-related activities.

3.11

ACCESS TO INFORMATION ON COVID-19

Due to the nature of the COVID-19 infection and the Standard Operating Procedures put in place to curb infection rates, information about COVID-19 is important to how women and girls cope with the disease.

Research participants reported that they access information from the mainstream television stations like the South Sudan Broadcasting Corporation, KTN News-Kenya and Kenya Broadcasting Corporation. They also access information from social media platforms such as Facebook (the World Health Organisation web page), Ministry of Health web site and WhatsApp groups as their primary sources of information on COVID 19. Though some women said that it was hard to access information shared on social media as not many could afford internet data bundles or have smart phones.

26 https://interactive.unwomen.org/multimedia/explainer/covid19/en/index.html?gclid=Cj0KCQiA-eeMBhCpARIsAAZfxZAXRud4dPBZRxJLDcsTbYv43vyNJ31ppQvljdKXJ8eJg7FTbsOQQAYaAhykEALw_wcB



The Ministry of Health was also providing information via its website, its Facebook page and through radio talk shows, And also capitalized on partners to pass on information to other regions in the country.

Joyce Lawa,
Ministry of Health

Women respondents also reported disinformation by individuals including some doctors on Facebook - spreading propaganda to discourage people from getting vaccinated. Amidst the challenges posed by COVID-19 women managed to connect with one another through various communication channels like phone calls and a few through social media platforms like Facebook and WhatsApp.





Internet is very poor; it is not like overseas. Some of us don't have smart phones, so it [is] hard to interact and engage in some of those activities with our people with this bad network.

Female Correspondent

The pandemic further exacerbated the vulnerability of the women with disabilities, who were unable to receive information on COVID-19



You see it is really difficult for persons with disability, even they cannot afford to get face masks. The information shared is not easily accessible to the blind and deaf. The persons with disability were not considered when information on COVID-19 is shared out

Mary Gideon

Civil Society Commissioner South Sudan

On the other hand, women have taken advantage of information technology to upscale their businesses. Respondents reported that some entrepreneurs resorted to conducting their businesses online using social media platforms like Facebook and WhatsApp. The online platform was fairly effective as few people could afford to access internet. Also, majority of women in the informal sector do not have smart phones for use to reach a wider market online.

4.0

RECOMMENDATIONS

R-ARCSS & COVID-19

1. The Government should take urgent and concrete steps to reactivate the implementation of the key provisions of the R-ARCSS which will provide South Sudanese with a functioning, unified, and integrated government capable of sustaining effective, transparent, accountable, and responsive measures to curb the transmission of the COVID-19 virus and sustain security.

Human Rights

1. Human rights, including sexual and reproductive health and rights, must lie at the heart of the Government's public health and COVID-19 recovery strategies. The Government must ensure that fundamental rights, including economic, social, and cultural rights as well as civil and political rights, especially of women and girls are protected throughout the re-vitalised peacebuilding process. This requires the Government to integrate a rights-based approach that is rooted in the principles of participation, accountability, non-discrimination and equality, empowerment and legality, to tackle the pandemic.
2. While there is a need to restrict some freedom of movement and public assembly during COVID-19 lockdowns, freedom of expression and the right to information must

be respected during this period. This will facilitate the proper flow of information on how to prevent the spread of the virus.

3. Women working for livelihoods at the borders of South Sudan in the ongoing COVID-19 crisis require capacity building to conduct business with information on cross border laws and regulations. Women require financial support for example micro-financing, advocacy and lobbying for market space, tax exemptions or deductions for business owners.
4. There is a need to ensure significant public investment in social services so that vulnerable people, especially women and children have sufficient safety nets in the ongoing public-health and humanitarian crises.

Inclusion & Diversity

1. In taking all these actions, it is critical to ensure that all measures adopted in response to the pandemic are intersectional and cover the needs of all women, including female refugees, internally displaced women, rural women and women with disabilities. Proactively reaching out to women and girls to ensure gender sensitive measures are being integrated into the COVID-19 response to reduce risks faced by women and girls, especially the risk of gender-based violence.
2. The rights to healthcare and the highest attainable standard of living should similarly be guaranteed for all citizens and without discrimination. Further, the Government should endeavour to guarantee the right

to food, education, water, and sanitation, especially for vulnerable women and children. In responding to the pandemic, the Government should ensure that special attention is paid to those most vulnerable and those who are immuno-compromised who may be more susceptible to the transmission of COVID-19 due to pre-existing co-morbidities, including elderly women, women with disabilities, unaccompanied children, and displaced women and children.

REFERENCES

1. African Child Policy Forum. 2020. 'Baseline assessment for the implementation of the East Africa Community Child Policy in the Republic of South Sudan'.
2. Akech J.G. 2020. 'Exacerbated inequalities: Implications of COVID-19 for the socio-economic rights of women and children in South Sudan'. African Human Rights Law Journal, 584-606 <http://dx.doi.org/10.17159/1996-2096/2020/v20n2a10>
3. Rapid Gender Analysis on COVID-19 in South Sudan https://reliefweb.int/sites/reliefweb.int/files/resources/rapid_gender_analysis_on_covid-19-south_sudan.pdf
4. University of Juba. 2020. 'Gender and socio-economic impact assessments of COVID-19 pandemic in Juba Municipality, South Sudan'.



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