IJO - INTERNATIONAL JOURNAL OF HEALTH SCIENCES AND NURSING

(ISSN: 2814-2098)

https://ijojournals.com/

Dr. Angelina Bazugba *

Volume 07 || Issue 09|| September, 2024 ||

Title: Uncovering the Gendered Impact of COVID-19 Pandemic in South Sudan: What Resilience and Recovery measures are needed?

Name of Author: Dr. Angelina Bazugba; Assoc. Professor, School of Social and Economic Studies; and Director of the National Transformational Leadership Institute (NTLI), University of Juba;

Contacts: **P.O Box 82, Juba, South Sudan;**

Abstract

The policy measures introduced following the emergence of COVID-19 pandemic have dramatically disrupted the daily livelihood of low-income female-headed households. Most of them are less-educated, self-employed or employed in informal sectors without social protection or any kind of insurance. As care givers and head of households, the majority are involved in hand-to-mouth businesses, own fewer assets and live in densely populated areas which puts them at high-risk of exposure to the COVID-19 infection.

Literature indicates that social distancing and stay at home policies can contribute to flattening of the curve of infections and reduce pressure on health systems. Yet, such measures are less productive in the absence of alternative sources of income and livelihood. Women and girls are disproportionately affected due to increased burden of unpaid work, gender-based violence, food insecurity, poverty and economic hardship. While there is inadequate health services and densely populated households, COVID-19 has increased water usages by 50 percent. I argue that understanding the gender-differentiated impacts of disease outbreak is fundamental to creating effective and equitable policies and interventions that will leave no one behind. The research calls for clear policies on economic recovery and food distribution, behavioral change, information sharing and continuous inclusion of women in planning and decision-making structures to ensure that their concerns are effectively integrated in the implementation and monitoring of the COVID-19 prevention and response measures.

Key words: Gender, COVID-19; Protection; Participation; Socio- Economic impact; Gender-Based violence, recovery, resilience.

Introduction

The emergence of the Corona Virus Disease 2019 (COVID-19) has not only caused panic across the globe but has resulted to massive utilization of global expert networks and partnerships for laboratory, infection prevention and control, clinical management and mathematical modelling projecting the infection frontier.[1]WHO has also continued to work with networks of researchers and other experts to coordinate global work on surveillance, epidemiology, modelling, diagnostics, clinical care and treatment, and other ways to identify, manage and limit onward transmission of the disease. Correspondingly, the social and economic predicaments of the COVID-19 pandemic, have called for unprecedented measures to be taken by local and national governments including social distancing, restriction of the movement and curfew at night hours, border closures, the confinement of entire cities, regions and countries, as well as the temporary

IJO - INTERNATIONAL JOURNAL OF HEALTH SCIENCES AND NURSING
(ISSN: 2814-2098)
https://ijojournals.com/
Dr. Angelina Bazugba *
Volume 07 || Issue 09|| September, 2024 ||

closure of formal and informal economic activities etc. Such significant measures can dramatically flatten the curve of infections and reduce pressure on health facilities if there is adequate number of hospital beds, ventilators and other health care facilities.[2] South Sudan like other African countries, the Pandemic has served as a wake-up call and an opportunity to improve weak infrastructures, health facilities, transition of the education system to e-learning and improvement of data and statistical capacity in relation to health and civil registration.[3]While such measures are vital, the pandemic's global outreach has already widened inequalities within and between countries, worsened already existing fragilities, and restricted employment and investment prospects.[4] For South Sudan which has been in a cycles of conflict and economic hardship, the emergence of COVID-19 is likely to have increased inequalities between men and women and boys and girls.

By December 20th 2021, the Republic of South Sudan had confirmed 13,831 cases out of which 12,614 cases recovered.[5]With the frail health system and very informal and vulnerable economy, the COVID-19 conclusively, has imposed heavy human, financial, economic, and social costs. Although prevention measures previously adopted by the government had been relaxed with increased flattening of the curve, the emergency of COVID- 19 has significantly impacted citizens' lives, disrupted socio-economic development activities and the implementation of the peace agreement. Consequently, there is increased poverty, street begging, armed robberies, social devastation and non-compliance and negligence of COVID- 19 policies and guidelines. The initial studies conducted by the University of Juba and UNDP (2020) revealed that households were under significant strain due to loss of income. Specifically, women and youth who are mainly involved in informal sectors or self-employed were devastated as a result of lockdown. The closure of businesses had also triggered price hikes for food, medicines, essential household commodities and public transport fare. This paper seeks to explore two major questions: What is the differential impact of COVID-19 upon women and men? What resilience and recovery measures can be put in place to support the marginalised groups to bounce back? Thus, the objectives of the research were to identify the gender and socio-economic impact of the COVID-19 pandemic with a particular focus on the unique needs, capacities, vulnerabilities and opportunities for women, girls, men and boys; identify the gender responsive interventions in place and provide recommendations to that will contribute to policy and programmatic service delivery and recovery across sectors.
The first part of this paper has introduced the study, key questions and research objectives. It goes on providing the socio economic and health context of South Sudan, followed by gender dimensions of COVID-19 pandemic, and the justification for conducting a study. Part two provides the methodology, while part three presents the results and discussion on the vulnerability factors in the South Sudanese context. The last section concludes with policy implications and recommendations.

South Sudan Socio-Economic Development and Health Context

South Sudan continues to encounter a serious humanitarian crisis due to the cumulative effects of years of conflict which has destroyed people's livelihoods. Extreme levels of acute food insecurity persist across the country and nearly more than 6 million (about half of the population)

IJO - INTERNATIONAL JOURNAL OF HEALTH SCIENCES AND NURSING
(ISSN: 2814-2098)
https://ijojournals.com/
Dr. Angelina Bazugba *
Volume 07 || Issue 09|| September, 2024 ||

are facing crisis-level food insecurity, with 1.4 million children under 5 years expected to be acutely malnourished in 2021.[6]Almost 4 million people remain displaced by the humanitarian crisis, with nearly 1.6 million people displaced internally and some 2.2 million refugees in six neighboring countries. Women and children continue to be the most affected. In 2020, communities were hit hard by the triple shock of intensified conflict and sub-national violence, a second consecutive year of major flooding, and the impacts of COVID-19, exacerbating an already dire humanitarian situation. The emergence of the COVID-19 pandemic, intensified a burden to a country with continuing pockets of conflict and fragility, recurrent naturally and human-induced systemic shocks and stress, weak institutions and economic instability.[7] Following the independence in July 2011, the country fell back into conflict in 2013 and 2016 respectively which culminated with the signing of Peace Agreement (R-ARCSS) in September 2018.

Poverty is endemic and widespread with at least 80 percent of the 13.3 million population live below the poverty line (National Bureau of Statistics2010). Women, in particular female headed households make up to 51.6% of the poor.[8] With an economic annual growth rate of 3.2% by 2018/2019 and total fertility rate of 7, the population is predominantly young with the age group under 30 years accounting for about 75%.[i] With a high level of illiteracy 73% for men and 84% for women, the unemployment rate in South Sudan remained unchanged at 11.50% since 2016 (UNOCHA 2016/2017).[ii] Those in non-wage employment in the agriculture sector account for 61 percent of the employed. Only a minority of workers enjoy formal salaried employment (13%) or employment in the tertiary sector (19%).[iii]Poverty levels are expected to remain extremely high, with about 82 percent of the population in South Sudan below the USD1.90 poverty line (2011 purchasing power parity).[iv]The insecurity situation and the decline in global oil prices since 2016 negatively affected the economy, leading to high (50 percent) youth and women unemployment. The next section explains the gender dimensions of COVID-19 pandemic more broadly, but with specific experiences from South Sudan.

The Gendered dimensions of COVID-19 Pandemic

Globally women make up 70% of the workers in health and other social sectors susceptible to COVID- 19 outbreak including hospitals, tourism, air transport, entertainment, cleaning and domestic services. This means that the global pandemic risks an increase in socio-economic inequalities and exposure to the virus from infected patients and the related socioeconomic consequences. The evidence from past epidemics shows that gender-based inequalities affects both women and men´s health, economic status, security and safety in different ways.[v] Although statistics, for example, show that more men than women are affected by COVID-19, if the family is infected, it is the women who will play the double role of caring for men, children, elderly and themselves. Not only does this increase their vulnerability, but it also increases the burden of unpaid care and household chores in which women do 2.5 times more than men do.[9]With the outbreak of COVID-19 in South Sudan, the lockdown measures have resulted in the disruption of community activities and social gatherings (meetings, burials, funerals and weddings), general and tertiary education. Since the country was amidst of restoring peace and

IJO - INTERNATIONAL JOURNAL OF HEALTH SCIENCES AND NURSING
(ISSN: 2814-2098)
https://ijojournals.com/
Dr. Angelina Bazugba *
Volume 07 || Issue 09|| September, 2024 ||

tranquility, absence of such activities has not only slowed down the social cohesion and reconciliation programmes, stirred up insecurity, bitterness, rampant attacks and rebellion as a consequence of economic hardship among communities.

There is an increased need for home-based care of patients and children following the school closures, making women run the risk of losing their jobs and get less paid than before. It aggravates gender gap in employment as women are predominantly employed in informal sectors which are largely on part-time basis or few working hours.

The COVID-19 crisis has aggravated the sufferings of people in South Sudan who were already negatively impacted by the civil conflicts.[10]While it is difficult to assess the toll of the pandemic or determine the costs of health services and the scope of the coverage, given limited testing capacity and the size of population that is still outside in refugee camps or in IDP centres, statistics from the Ministry of Health stated earlier has indicated the current status.[11]The pandemic has disrupted movement within and outside the country and thus negatively impacted on economic activities most of which were depending on in-country and cross-border supply of food produces, and goods and services. The limited availability has resulted into hiking of prices, constrained access to basic services including the health and education system, access to justice, humanitarian operations due to temporary suspension of activities and delays in the supply chains.[12]

South Sudan like other low- and middle-income countries increasingly recognizes the pivotal importance of addressing gender equality and has been mainstreamed at various levels including the Peace Agreement (R-ARCSS) in an effort to contribute to the attainment of Sustainable Development Goals (SDGs) by 2030. Even though, women remain underrepresented across all sectors, and are disadvantaged in terms of access to healthcare and economic resources. Currently, one primary health center serves an average of 50,000 people. Only 40 percent of nutrition treatment centers have access to safe water, a gap that puts more vulnerable people, particularly women, boys and girls, at risk of malnutrition and disease. The life expectancy at birth for both sexes is 56.3 years. Despite improvements in some health outcomes, the majority of women (87%) deliver their babies at home. Only about one in five childbirths involves a skilled health care worker.[13]Family planning uptake is low (contraceptive prevalence rate is 4.5% for all methods and 1.7% for modern methods).[vi]

There are also considerable gender differentials in terms of gender rights, access to human rights and access to justice. Women and girls are particularly vulnerable to conflict-related sexual and gender-based violence. Women, girls, and children make up the majority of IDPs and are in desperate need of humanitarian assistance.[vii]Although the mean HIV prevalence rate was 3% in 2012, statistics show that 56.9% new HIV/AIDS infections is amongst adolescent and youth aged 10-34 years with women and girls constituting 64% of the most affected group.[14]This rate is expected to increase due to the low levels of awareness on HIV/AIDS and prevailing high-risk behaviors such as multiple concurrent sexual partners, polygamy, non-use of condom, and other factors such as low school enrolment and poverty.[viii]

IJO - INTERNATIONAL JOURNAL OF HEALTH SCIENCES AND NURSING
(ISSN: 2814-2098)
https://ijojournals.com/
Dr. Angelina Bazugba *
Volume 07 || Issue 09|| September, 2024 ||

Correspondingly, gender inequality and Sexual Gender-Based Violence (SGBV) are widespread and mostly intensified by cultural norms and insecurity caused by interstate and intra communal conflicts. The 2019 GBV Information Management System data analysis indicates that 54% of the reported incidents were perpetrated by intimate partners.[ix] If cases of intimate partner violence (IPV) were pervasive before the emergence of COVID-19, it is anticipated that there will be an increased trend of similar cases with self-isolation and other stay-at-home measures. UNFPA South Sudan report (2020) shows an increase in the reported incidents of physical assault in the first three months of 2020 following the emergence of COVID-19 pandemic.[x] In comparison to the reports of the same period in 2019, there is an increase of eight per cent of Sexual and Gender Based Violence cases in 2020. Specifically, those in abusive relationships are disproportionately affected due to the time spent in close contact with the abusers. It is also anticipated that at this time, women would also have less contact with the family members and friends who, under normal circumstances, would be able to provide support and protection in the face of any violence.

Sexual exploitation and abuse, especially among girls forced to be out of school due to dowry and COVID-19 is also anticipated to increase during the lockdown in view of the past practices. There remains high rate of teenage pregnancies (300/1,000 for girls aged 15-19), attributable to high rate of child marriage in which 40% of girls are married off under 18 years. With the closure of schools, cases of forced marriages and rape have been reported to be on the increase.[xi] Still, most remain underreported due to inadequate information on referral pathway, fear of revenge from perpetrators, stigma surrounding sexual violence and possible HIV/AIDS transmissions. The existing vulnerabilities of women and girls are anticipated to further multiply and pre-dispose them to serious implications that go beyond the COVID-19 time.

In terms of water, sanitation and health (WASH) facilities, long distance to schools and extra burden from domestic chores especially for adolescent girls, result into high school dropout rate. A large part of the South Sudan population is semi-nomadic and this prevents them from attending formal schooling. With the emergency of COVID-19, the water usages per household and in business places is likely to have increased. Due to economic hardship, basic hygiene and menstruation items could be unlikely prioritized thus, putting most women and girls in a disadvantaged position.

Why gender and socio-economic impact assessment of COVID-19 in South Sudan?

While it can be argued that the COVID-19 pandemic has presented an opportunity for the countries in the region to self-examine their fiscal, economic-policy priorities and build health sectors, the COVID-19 irrefutably, has imposed heavy human, financial, economic, and social costs. The pandemic has impacted South Sudanese citizens' lives, disrupted socio-economic development activities and implementation of the peace agreement.[15]Consequently, there is increased poverty, street begging, armed robberies, social devastation and non-compliance and negligence of COVID- 19 policies and guidelines. Overall, households are under significant strain due to loss of income especially as the majority of those employed in informal sectors

IJO - INTERNATIONAL JOURNAL OF HEALTH SCIENCES AND NURSING
(ISSN: 2814-2098)
https://ijojournals.com/
Dr. Angelina Bazugba *
Volume 07 || Issue 09|| September, 2024 ||

were sent home or lost their jobs. For female heads of households, the lack of alternative livelihood opportunities aggravated their families' sufferings and poverty.

Moreover, the closure of businesses also triggered price hikes for food, medicines, essential household commodities and public transport fares and increased crime rate and insecurity at night. Even though the UoJ and UNDP (2020) study revealed that 68% of the population were aware of the disease, absence of alternative sources of livelihood suggest that it would be difficult for women to observe the regulations and therefore becoming vulnerable to the disease. Women, being the majority and the primary caregivers at home for sick and wounded, to the elderly and children especially after school closures, as well as front liners in hospital, hospitality industry and in markets/informal sectors, are the most predisposed to COVID-19 and other infectious diseases than their male counterparts. At the same time, family care roles/child-rearing responsibilities undercut opportunities and time available for women to engage in livelihoods and employment options. It is within that context that research was carried out to get an in-depth understanding of the gendered impact of COVID 19 pandemic upon women and girls.

Materials and Methods

The research employed both qualitative and quantitative methods involving household survey technique developed and used by the South Sudan National Bureau of Statistics (NBS). All state capitals, border towns and one administrative area were involved. Each town was stratified into blocks or administrative units in accordance with the NBS sampling frame. Then three (3) enumeration areas (EA) were randomly selected in which 50 households were drawn to make a sample of 150 households and 50 businesses. Face to face interviews using semi-structured questionnaires were held with five key informants from government departments and non-governmental institutions (including the Ministries of Health; Water and Irrigation; Interior; Humanitarian and Disaster Management; Gender, Child and Social Welfare; Agriculture, Industry and the Chamber of Commerce, key organizations responsible for relief services including WHO and World Food Program me (WFP). The selection was based on their significant roles and services the agencies provide in the communities.[16]The study included a rapid market survey to assess the supply chains and existing prices of food items, cooking energy and the transport fares which had significantly increased during the lockdown. A total of 1050 respondents and business owners were involved in the study. A data collection tool, Kobo Collect, was used to support the CAPI/Tablets online questionnaire administration. The data was then subjected to descriptive statistical analysis using the Statistical Package for Social Sciences (SPSS) software.

Results of Gender Analysis and Policy Implications

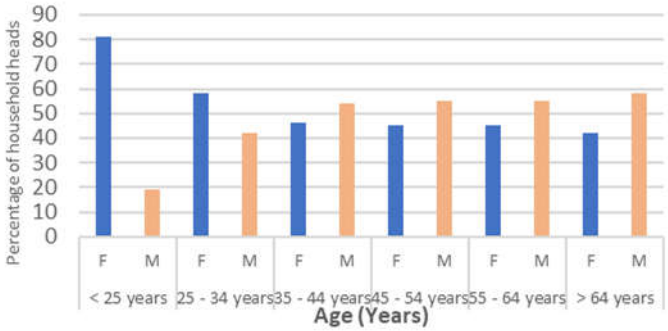
To understand the gendered impact of COVID-19, the following section analyses the demographic features, education, social status, occupation of respondents, coping strategies and consequences.

IJO - INTERNATIONAL JOURNAL OF HEALTH SCIENCES AND NURSING
(ISSN: 2814-2098)
https://ijojournals.com/
Dr. Angelina Bazugba *
Volume 07 || Issue 09|| September, 2024 ||

Demographic features

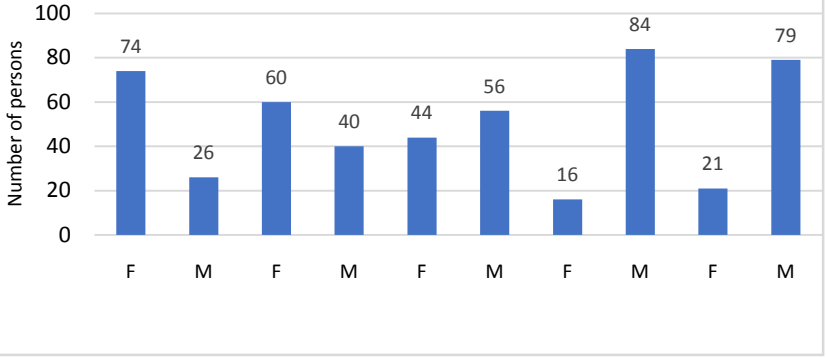
Of the interviewed population, 57 percent of the household heads were between 25-44 years old while 81 percent of the households aged less than 25 years were female. Few respondents (5 percent) are more than 64 years old. While WHO (2020) reports indicate that elderly persons are more susceptible to COVID-19 infection, the risk of succumbing to disease increases among young people in the presence of underlying conditions such as cardiovascular disease, diabetes, tuberculosis and HIV/AIDS whose prevalence rate is 3 percent.[17]Statistics show that 56.9% new HIV/AIDS infection is amongst adolescent and youth aged 10-34 years in which women and girls constitute 64% of the most affected group. Almost 100 percent of the female heads of household under 25 years were either single, divorced, separated or widow.

Fig 1: Distribution of households by gender and age



More women 74 percent compared to men 26 percent had no basic school education or dropped out of school. Higher rates of illiteracy were observed in the northern states like Northern Bahr el Ghazal state, Lakes state and Upper Nile compared to the Equatoria region which is bordering Kenya and Uganda. (Fig 2). Whereas, the school enrollment rate is almost the same for girls and boys, findings indicate that the drop-out rate is higher among girls due to negative customs and practices that include child marriages, early pregnancies and economic hardship.[18] As a consequence, the number of girls enrolled in secondary schools, technical/vocational institutes and University continues to be low. For instance, Akec (2021) found that there are 38,746 students enrolled in 14 institutions of higher education, of whom females constitute 26%.[19]In the field of STEM, there were only 3,000 (24%) female out of 13,000 students enrolled. High illiteracy level among women increases their exposure and risk to COVID-19 infections due to limited knowledge and ability to access and synthesize information. Although information has been disseminated through mobile networks, radio, TV and posters, translation of radio programmes and TV messages to local languages is vital to

Fig 2: Percentage distributions of household heads by education level and gender



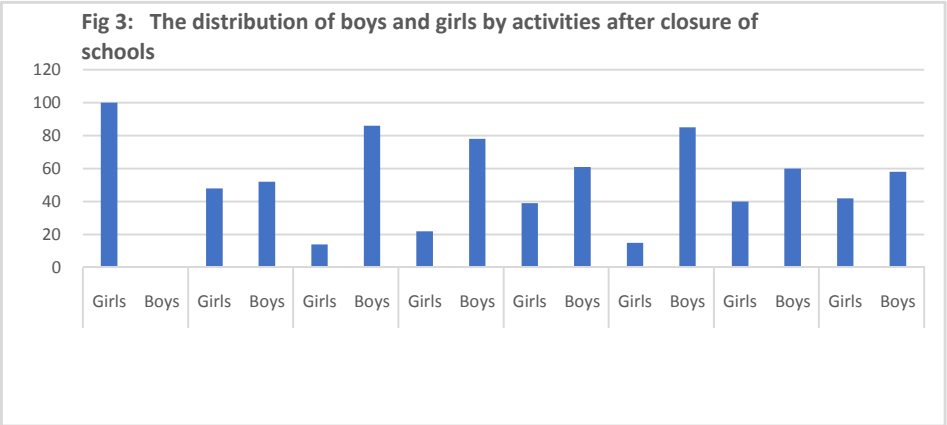
IJO - INTERNATIONAL JOURNAL OF HEALTH SCIENCES AND NURSING
(ISSN: 2814-2098)
https://ijojournals.com/
Dr. Angelina Bazugba *
Volume 07 || Issue 09|| September, 2024 ||

reach out more women and girls. This is because 32 percent of household heads do not own mobile phones and out of these 61 percent are females.

The study shows that 53 percent of the households were headed by female and there was increased care burden and economic downturn in response to policy measures established. Women make up the majority of care providers in health and social sectors. The increased brunt of unpaid care work is in line with findings from ILO (2018) that shows globally, women perform 76.2 percent of total hours of unpaid care work, more than three times as much as men.[20]With the outbreak of COVID-19, the need to care for patients at home and care for children following the closure of schools and learning institutions have increased the burden on women and girls. For example, while not all diseases are associated with COVID-19, the study found that 2 out of every 5 households visited had at least one sick person over the past 2 weeks. As part of preventive measures, most hospitals do not admit patients unless otherwise the person is in critical condition. Even though women and men have different exposure to COVID-19, they are at high risk of contracting COVID-19 due to their roles as primary care givers, nurses, housekeepers, waitress, cleaners and food vendors. Specifically, those involved in domestic care, government and private hospitals and clinics face higher likelihood of exposure to coronavirus and fatigue due to long working hours with minimal pay or delayed salaries.

The gendered impact of COVID-19 on education

Following the closure of learning institutions in March 2020, many pupils and students found themselves at homes, contrary to their parents' expectations. The country was caught by surprise and unprepared to embark on online teaching. Neither could parents keep their children engaged with learning activities. In the absence of improved technology and affordable internet services, most students particularly boys were idle at home with more time spent on playing, watching TV or visiting their friends. Girls in particular, (100 percent) were supporting their families with household chores, cooking and caring for the young ones, while others supported family businesses and income generating activities. Only 17 percent of the children were found studying, out of which 15 percent were girls and85 percent boys. Proportionately more boys were found to be idle at home. The ministry of education could have developed programmes to be taught through media, social media or online to keep pupils engaged.



IJO - INTERNATIONAL JOURNAL OF HEALTH SCIENCES AND NURSING
(ISSN: 2814-2098)
https://ijojournals.com/
Dr. Angelina Bazugba *
Volume 07 || Issue 09|| September, 2024 ||

Poverty and inadequate access to basic health services

Prolonged conflict and climatic shocks in South Sudan, have increased rate of unemployment, dependency and poverty from 51% in 2009 to 82% in 2016.[xii]Most households are densely populated with an average number of 10 and 5 persons per households in urban and rural areas respectively. In the Protection of Civilians sites (POCs) in Juba, Bentiu and Malakal, the number of internally displaced persons sharing tents were more than what was observed in the urban setting. On average, women heads of households have limited ownership and inadequate housing space compared to men heads of households. Some of them live in poor structures with shared facilities that might expose them to infections. Maintaining social distance in densely populated/crowded households, temporary shelters or home with poor housing infra structures remains a daunting task as sharing of public spaces and facilities like living room, kitchen, bathrooms and bedrooms is a common practice. In the absence of quarantine centers, home care and treatment of patients endure, which increase care burden to women and girls most of whom have inadequate skills on prevention and handling patients with COVID-19 disease.

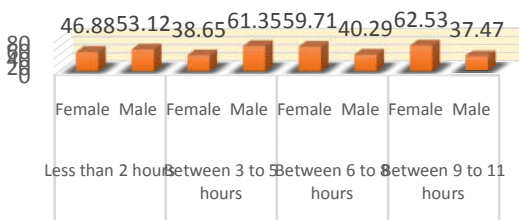
Generally, 98.77 percent of respondents are aware of the COVID-19 pandemic and had been encouraged to seek medical assistance in case of any symptoms. Yet, over 16.8 percent of the households involved in the study had at least one sick person two weeks before the study, but could not visit a clinic or go to the hospital due to lack of money (70.4 percent), negligence(17 percent), fear of contracting COVID-19 while in the hospital (5.7 percent), lack of transport (2.5 percent), no functioning health facilities (1.3 percent) and other reasons (3.1 percent). In Nzara and Wanjok, the towns with active cross border businesses had the highest number of sick persons (40 percent) who did not visit any health facilities. Inability to seek medical attention could potentially undercut the ability to detect and identify cases of COVID-19 in time resulting to increased community transmission.

On the other hand, absence of resources may hamper their ability to seek medical attention or pay for medical bills. Financial constraints, delays in vaccine transportation and delivery were reported to interrupt service delivery to women/mothers and children.

The distribution of household heads by gender and the hours spent at home per day during official working hours

Neither has attention been paid to the Ministry of Health's guidelines that include staying at home (Fig 4), social distancing and wearing of masks. Seemingly, the stay at home preventative measureis less observed by most families whose work is from 'hand to mouth'

Fig 4. Number of hours stay at home segregated by gender

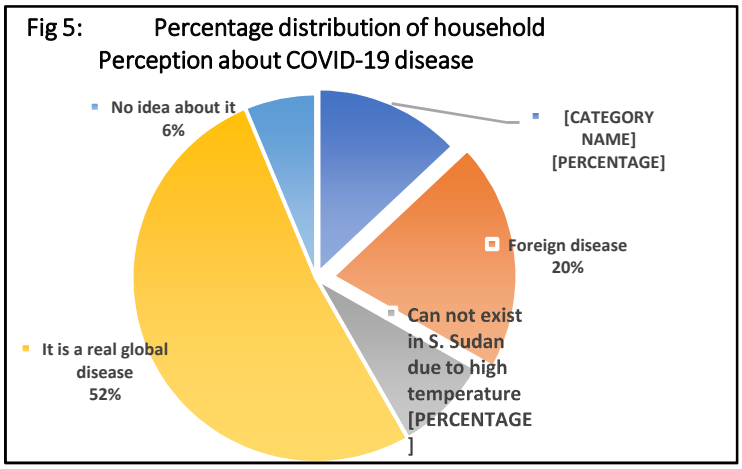


IJO - INTERNATIONAL JOURNAL OF HEALTH SCIENCES AND NURSING
(ISSN: 2814-2098)
https://ijojournals.com/
Dr. Angelina Bazugba *
Volume 07 || Issue 09|| September, 2024 ||

particularly in the absence of an alternative source of livelihood. The majority (35 percent) can stay home for 6 to 8 hours of which women make 60 percent. While it can be argued that going out is critical for sustenance of families whose main sources of livelihood were affected by COVID-19 measures, support and information on prevention and response ought to be provided to reduce risk of disease and community transmission.

Perception, Norms and Practices against spread of COVID-19

Difficult living conditions, prevalence of certain myths and beliefs were found to limit the containment measures and application of MOH guidelines and regulations. Over 67 percent of the households approved preventive measures taken by the government, but the rest had different opinions about the disease. The majority of respondents interviewed said that the COVID -19 is a global pandemic, some said it is foreign disease, while others stated that such disease cannot exist in South Sudan because of higher temperature. See Fig 5



Meanwhile there are numerous social norms and practices that might contribute to the spread of COVID-19. These include the group gathering by the road side while playing cards (largely among men), handshake habit, overcrowded homes due to high dependence, gathering in tea places, churches, communal eating habits, gathering for marriage, funeral or watching sports and games, spitting, hugging, churches or religious groups gatherings, kissing and skepticism about existence of COVID-19 disease. Figure 6 shows the distribution of households by social norms and practices that could encourage the spread of COVID-19.

IJO - INTERNATIONAL JOURNAL OF HEALTH SCIENCES AND NURSING
(ISSN: 2814-2098)
https://ijojournals.com/

Dr. Angelina Bazugba *

Volume 07 || Issue 09|| September, 2024 ||

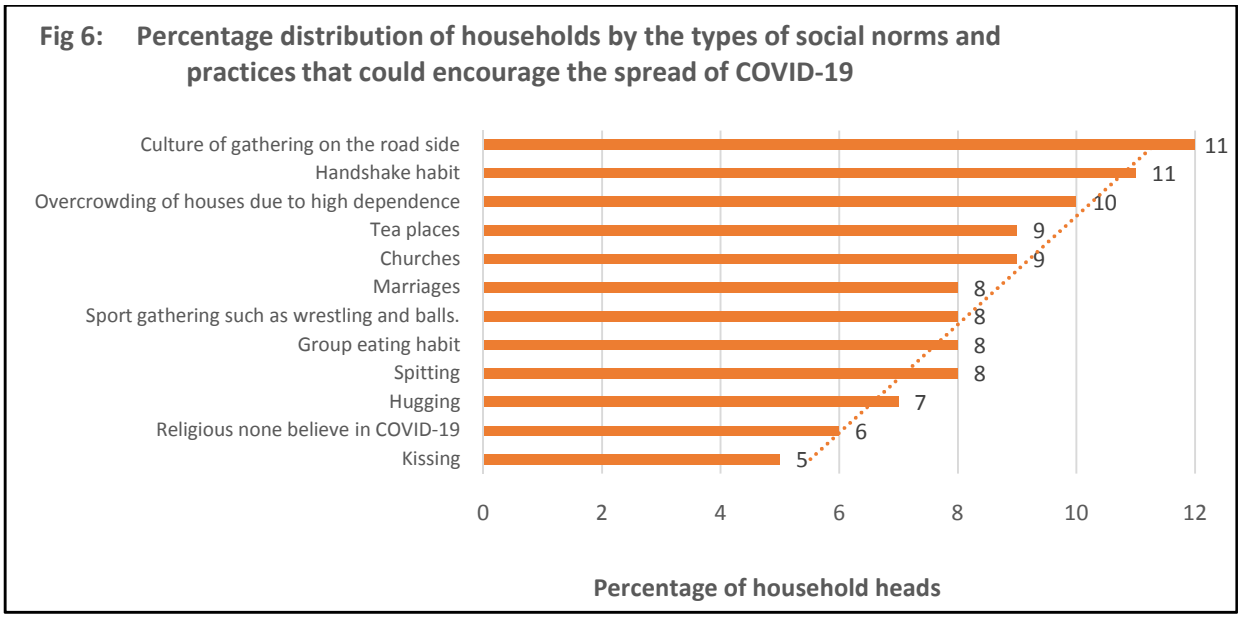


Fig 6: Percentage distribution of households by the types of social norms and practices that could encourage the spread of COVID-19

Access to and control of resources and alternative sources of income: Although women have been doing petty businesses, the lockdown measures have allowed them to venture into more micro enterprises to sustain their families. About 69 percent of women are operating in the market and along the roadsides by vending fruits, vegetables, porridge, tea, and take away food. The tea selling business is on a daily basis despite the announcement of COVID-19 measures. In the absence of salary payment for government workers, the burden of caring for households has almost shifted to women. About 92 percent of them are the main source of livelihood, thus making it almost impossible to stop their petty businesses. Such situation has been reported in other African countries for instance, Angola, Ethiopia and Zambia, where there is already an increase in inflation by at least 5 percent, mainly due to disruptions in the supply of food and energy, the bulk of which are imported.[21-22]

In border towns, and across borders women were found selling vegetables, while the majority of men (99 percent) illegally cross borders to sell consumable goods such as sugar, sorghum, onions, oil, garlic and salt. The cross-border restrictions have increased prices of basic food commodities, limited movement and separated families whose children were studying in the neighboring countries. Moreover, the illegal border crossing without testing for COVID-19 puts the women at risk of contracting the virus.

In terms of ownership of resources, findings indicate that about 83 percent off male headed households do not own assets like buildings, shops or other businesses in which they can use as a collateral. Control and ownership of assets is a condition employed by financial institutions to lend women the money. Only, 60 percent of the respondents live in their own houses, 26.31 percent live in rented houses and the rest live in either Protection of Civilians, IDP or in Refugee camps.

IJO - INTERNATIONAL JOURNAL OF HEALTH SCIENCES AND NURSING
(ISSN: 2814-2098)
https://ijojournals.com/
Dr. Angelina Bazugba *
Volume 07 || Issue 09|| September, 2024 ||

Increased Income Insecurity and dependency: The economic instability, retrenchment, closure of big businesses and some formal employment including schools and non-governmental organisations, have affected more than 52 percent of households. This is similar to most parts of the African continent, where the pandemic has triggered expansionary fiscal spending, doubling the already wide fiscal deficits, and its economic consequences has triggered expansionary fiscal policy responses across all categories of economies.[23]

Most men who are the main breadwinners and female headed households whose living conditions were already worse due to prolonged conflict, have continued to experience suffering due to reduced household income per day to less than USD 1.70.[24]Findings further indicate that about 36 percent of the households have a monthly income of less than 5,000 SSP; and the majority (61 percent) of those families are headed by female. This amount is significantly low compared to the current cost of living and consumer prices.[xiii]The average daily expenditure per household in South Sudan is 979.00 SSP, an equivalent of 1.60 USD. Since the average number of persons in the household in South Sudan is eight, it suggests that each individual lives on 38 cents per day. This figure is significantly low compared to the international poverty line of USD $1.90 per day purchasing power parity poverty line and is in line with what the National Bureau of Statistics and World Bank (2019) estimates indicating that 82% of the population lives below $1.90 per day. To cope with life, most households have embarked on small income generating activities which too, were impacted negatively by the stay at home and partial lockdown policies announced in April 2020; or sought more than one informal job and a few (42 percent) sought relief assistance or support from relatives and friends.

Deteriorating food security for vulnerable and single-headed families: The COVID-19 and the difficult economic situation have increased the number of people who are unable to afford regular meals, a single meal or a balanced diet. To understand the magnitude of the problem, the survey explored the household needs, food items, water, cooking energy and access to market. Findings indicate that there is food insecurity among women which increases with age. Unlike older women, young women can venture into multiple income generating activities.[25-26]In male headed households, men had a role of searching and bring food home, while women and girls prepared and cooked the food. In case of food aid, women are responsible in collecting but distribution and decision-making on the usage is done by men who sometime sell the food in the market at higher prices. While it can be argued that the intention is to get money to meet other family obligations, the practice undercut the number of meals and nutrients uptake among women and children. Of the household reached, 53 percent afforded one meal per day between February and April 2020 while only 26 percent afforded two to three meals. Shortage of food and poor nutrition can easily predispose them to the COVID-19 infection. This finding is in line with UNOCHA (2020) showing that about half of the population were food insecure prior to the emergence of COVID-19. States in dire need of food Aid include Northern and Western Bahr el Ghazal, Upper Nile state and Western Equatoria. Only 33 percent of households had food reserves that can last from two to four weeks. The extended lockdown might be detrimental and harmful particularly for children and women who are lactating.

IJO - INTERNATIONAL JOURNAL OF HEALTH SCIENCES AND NURSING
(ISSN: 2814-2098)
https://ijojournals.com/
Dr. Angelina Bazugba *
Volume 07 || Issue 09|| September, 2024 ||

Inadequate Water, Sanitation and Safety: The emergence of COVID-19 has increased the water usage by 50 percent making a household of 8 persons use at least 240 litters of water per day. Water is used for frequently washing of hands, clothes, drinking and cooking. Still the problem of availability and access to clean and safe water perseveres. More than 72 percent of households in the urban areas use water from water tanks, donkey carriers and boreholes. Specifically, in Juba Municipality, households depend on mobile water tanks (water tankers) as their main source of water supply. With increased usage and fuel, prices of water have also increased from 300 to 700 SSP per drum of 250 litters. With exceptional to Wau town where men and boys deliver water by using donkey carters, the burden of searching and fetching water is upon women and girls who also fetch water from boreholes or line up in long queues.

Women and girls use about 80 percent of the household water (an average of 48 liters per person) for bathing, washing clothes, cleaning of utensils, cooking and drinking while men and boys use 20 percent of the household water (an average of 12 liters) per person each day, for bathing, washing clothes, and drinking. At the household level, women control the usage of water for domestic purposes, while men and local authorities control the water points and bore holes. There is increased cost of living as a result of increased prices of fuel, water and government taxes. Subsequently, care of patients, general hygiene including women's menstrual hygiene is affected. In rural areas and in the PoC, over 85 percent of the respondents claimed that some water points, toilets and bathing facilities design and locations are less accessible, secured and unsafe for girls, women, people living with disability. Walking long distances and line up in long queues are likely to encounter sexual and gender-based violence as they become an easy target for sexual harassment particularly during late or night hours.

Information dissemination and Knowledge gap: Generally, information about the COVID-19 prevention and response has been disseminated widely. Findings show that over 70% of the population have received information about COVID-19 which was shared through mobile networks, radio, TV and posters. These medium of communication were effective but more timely, accurate and simplified messages on the disease is needed. Absence of information implies that women will remain ill prepared and inexperienced to join the campaign. Understanding the gender-differentiated impacts of disease outbreak is fundamental to creating effective, equitable policies and intervention mechanisms that will leave no one behind. Since social norms are already underplaying women's presence in decision-making roles as well as from information channels, it is unlikely that the majority of women have adequate access to internet and advanced technology globally. This has a direct impact on women´s ability to get informed, adapt to the COVID-19 crisis and take part in economic recovery programmes as noted elsewhere by UN Women.[2,28]

Increased unemployment and Gender based violence: With increased responsibility of health care workers, only few women have been able to maintain their jobs. The unpaid care work constitutes the main barrier to women's participation in labor markets and is a key determinant of the lower quality of their employment compared to men. As noted elsewhere by ILO (2020) lack of employment and economic hardship can increase dependency, transactional sex and poverty which tend to disempower and subject women to sexual violence. For example, cases of

IJO - INTERNATIONAL JOURNAL OF HEALTH SCIENCES AND NURSING
(ISSN: 2814-2098)
https://ijojournals.com/
Dr. Angelina Bazugba *
Volume 07 || Issue 09|| September, 2024 ||

sexual violence and vulnerability of women in South Sudan have been reported by UNFPA (2020) to be on the rise.[ix]The prolonged closure of schools has created idleness and child pregnancies among girls. Cases of gender-based violence and the weak support available to survivors before and during the lockdown period have been documented.[18, 24]]This is in line with other countries in which statistics indicate that 90% of the recently reported cases of violence are related to the epidemic[26, 29,xiv]

Findings from the study underline existence of fear and anxiety from the extended quarantine, as well as the economic strain put on many families, which may have significantly contributed to the increased violence and abuse. There remains an enabling environment in which women and girls are generally viewed as commodities. Such violence stem from the objectification of women and girls, which is deeply entrenched in the customs and culture of South Sudan society: the local political economy of "bride price."Forced and underage marriages continue to be a hallmark of society, with more than 50 percent of girls married before the age of 18.[xv]This view of women and girls has also contributed to the development of a society in which violence against women is permeating and accountability is missing. Decades of conflict has intensified the already glaring gender inequalities and risks for women and girls. Yet, a culture of silence and limited reporting endure despite the existence of special protection units, one stop centers and mobile courts for survivors seeking formal justice instead of traditional courts.[xvi]

Lack of gender disaggregated data: While the Ministry of Health has been providing data of men and women who have tested positive as well as those who have recovered, there is still a gap of gender-disaggregated information about the crisis and its health impacts, hampering appropriate interventions as they are designed based on assumptions rather than reality. Equally, it is yet to be established how many people are experiencing psychological effect or are traumatized as a result risk associated with home-based care and treatment of patients; and theeconomic impact of discontinuing working in the informal sector as a result of increased care work during the pandemic.

Risk and Challenges

The COVID-19 pandemic emerged at a critical point in time when South Sudan was implementing the revitalized peace agreement (R-ARCSS). While progress has been achieved in terms of formation of national and state governments, the lockdown and deviation of resources to humanitarian and relief work has dramatically slow down the dissemination of R-ARCSS and implementation of other chapters, constrain women's movements, trade, and functioning of markets, leading to significant spillover effects. A relapse to conflict would reverse the gains made in economy recovery, exacerbate the macroeconomic policies and the humanitarian situation and increase domestic violence.[27, 28]South Sudan heavily relies on the oil sector which accounts for about 97 percent of total exports of goods and services, and 45 percent of nominal gross domestic product. There is a need to urgently invest in Agriculture and collect non-oil revenues which is more reliable.

IJO - INTERNATIONAL JOURNAL OF HEALTH SCIENCES AND NURSING
(ISSN: 2814-2098)
https://ijojournals.com/
Dr. Angelina Bazugba *
Volume 07 || Issue 09|| September, 2024 ||

There is also fear of revenge/reprisals, the inevitable stigma associated with being known as a survivor of SGBV or COVID-19. Sensitization and more studies in this area are needed in order to assess the magnitude and support systems needed for survivors of domestic violence especially during the lock- down period.

Conclusion and Recommendations

The analysis has underlined the differential impact of COVID-19 upon women and men in terms lifestyle or health behavior, exposure and effects of COVID-19; and socio-economic and development activities. Overall, there has been significant inflation which includes food and basic energy prices, increased. Equally, exchange rates have fluctuated widely during the pandemic as the country is dependent on exports for internal use and revenue, and the exchange rate regimes in place. The increase in COVID-19 related health expenses, absence of unemployment benefits and tax cuts have affected the young economy which was already impacted by the internal conflict. Such economic changes have a differential impact on women and men, and since most women are employed in informal sectors, their socio-economic and productive fabrics sustaining societies are declining with time. Not only has the situation caused frustration, but has affected business and caused psychological problem. From the study, findings suggest that men are more likely to die of the virus than women, owing ostensibly to the biological and lifestyle factors such as smoking, drinking alcohol and other outdoor engagements that limit their time to stay at home. On the contrary, women spend more time at home because of their various roles and positions in the society as care givers, nurses, heads of households and domestic workers. Women fall predominantly in the self-employed/informal sectors. They have fewer assets, limited access to information and control and ownership of resources; and few alternative livelihood opportunities. Where houses are densely populated, women and girls are at risk of contracting the disease. In the absence of reliable sources of livelihoods, the general public is reluctant to observe the COVID-19 preparedness and response measures.

In the light of the above analysis, the study recommends the following priorities:

- Strict measures and testing should be undertaken at the border points. Although trans-border infections have been largely contained, the country remains at risk given the porous borders between all surrounding countries.
- Provide subsidies and control of sky rocketing prices: The increase in prices of goods and services have left households vulnerable and exposed without any safety net. Urgent support in terms of food distribution and relief to needed.
- The government and partners should strengthen referral pathways and one stop centers for prevention and response of gender-based violence (GBV) to improve reporting and access of services to the survivors of domestic violence;
- Facilitate the development of immediate community-based action plans prevention and response to COVID-19. Women should be included in decision-making processes;
- Relax lockdown measures and enforce the use of protective gears and provision of financial support to small entrepreneurs to facilitate economic stabilization and recovery;

IJO - INTERNATIONAL JOURNAL OF HEALTH SCIENCES AND NURSING
(ISSN: 2814-2098)
https://ijojournals.com/
Dr. Angelina Bazugba *
Volume 07 || Issue 09|| September, 2024 ||

- Undertake mass testing and community awareness campaigns to transform behavioral changes.

Acknowledgement

The author wishes to acknowledge the NTLI at the University of Juba, the respondents from various institutions and UNDP -PaCC for financial support.

REFERENCES

1. Akec, J. (2021). Status of Higher Education and TVET Sector in South Sudan-Gender-Based Analysis of the ST&I Ecosystems. Published by RUFORUM. Available from https://www.ruforum.org/sites/default/files/Reports/Prof.Akec%27s%20Report%20Final.pdf Accessed 05/04/2021.
2. Akpe, S. (2020). *WMO Conflict Insight*, The civil war in South Sudan from 2013-2019, *ISSN: 2628-6998, https://worldmediation.org/conflict-insight*
3. Cone, D. (2019). Still in Danger: Women and Girls Face Sexual Violence in South Sudan Despite Peace Deal. Field report: Refugees International. Available from https://www.refugeesinternational.org/reports/2019/10/15/still-danger-women-girls-face-sexual-violence-south-sudan-peace-deal?gclid=Cj0KCQjwmcWDBhCOARIsALgJ2Qdg0U61usiSr_VAukkfz4020k-ghy1BwAXmlt9iDOLR_S3vRgtlm4YaAhzWEALw_wcB Accessed on 13/08/2021.
4. Glassman, A.; Chalkidou, K. and Sullivan, R. (2020). Does One Size Fit All? Realistic Alternatives for COVID-19 Response in Low-Income Countries, Available from https://www.cgdev.org/blog/does-one-size-fit-all-realistic-alternatives-covid- 19-response-low-income-countriesaccessed 20/01/2021.
5. Government of South Sudan- Ministry of Health (2021). Updates on COVID-19 response December 20th 2021. Available from http://moh.gov.ss//covid-19.php
6. ILO (2018). Care work and care jobs for the future of decent work / International Labour Office – Geneva: ILO. Available from https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms_633135.pdf Accessed on 05/04/2021.
7. ILO (2020). Monitor 1st Edition COVID-19 and the world of work: Impact and policy responses 18 March 2020 Available from https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/briefingnote/wcms_738753.pdf Accessed on 25th March 2020.
8. InterAction (2020). The Wider Impacts of Humanitarian Shelter and Settlements Assistance. InterAction, USAID.
9. Iroulo, L. & Boateng, O. (2020). African States Must Localize Coronavirus Response. GIGA Focus Africa No. 3. Available from https://www.ssoar.info/ssoar/bitstream/handle/document/67242/ssoar-2020-iroulo_et_al-African_States_Must_Localise_Coronavirus.pdf?sequence=1&isAllowed=y&lnkname=ssoar-2020-iroulo_et_al-African_States_Must_Localise_Coronavirus.pdf Accessed 15/02/2021.

IJO - INTERNATIONAL JOURNAL OF HEALTH SCIENCES AND NURSING

(ISSN: 2814-2098)

Dr. Angelina Bazugba *

https://ijojournals.com/ *Volume 07 || Issue 09|| September, 2024 ||*

Uncovering the Gendered Impact of COVID-19 Pandemic in South Sudan: What Resilience and Recovery measures are needed?

10. Kimatu, J. (2020). Good News- Antibodies Studies show that Africa has achieved acceptable COVID-19 Resistance, in Kimatu (2020). The effects of the WHO guidelines on COVID-19 and the immune system. Biomedical and Pharmacology journal. (Paper under review).
11. Kothari, S.; Leon, A; and Wesley, C. (2005). Performance matched discretionary accrual measures. Journal of Accounting and Economics. 29:163- 193.
12. Mawejje, J; Finn,Arden Jeremy (2020). *South Sudan Economic Update : Poverty and Vulnerability in a Fragile Environment (English).* Washington, D.C. : World Bank Group. Available from http://documents.worldbank.org/curated/en/893571583937198098/South-Sudan-Economic-Update-Poverty-and-Vulnerability-in-a-Fragile-Environment accessed 09/04/2021 2020
13. Mayai, A. (2020). The Nature and Magnitude of COVID-19 Outbreak in South Sudan (Rep.). Sudd Institute. Retrieved April 14, 2021, from http://www.jstor.org/stable/resrep25123(p. 2-3)
14. Mayai, A., Awolich, A., & Tiitmamer, N. (2020). (Rep.). The Economic Effect of COVID-19 pandemic in South Sudan. Sudd Institute. Retrieved April 14, 2021, from http://www.jstor.org/stable/resrep25124
15. Monga, C. (2020). Economic policies to combine COVID-19 in Africa. Available from https://www.project.syndicate.org Accessed 11/12/2020.
16. Republic of South Sudan- Ministry of Health (ROSS- MOH) (2021). Update on COVID-19 response. Available from http://moh.gov.ss./covid-19.php Accessed on 15/03/2021.
17. Republic of South Sudan, Ministry of Gender, Child and Social Welfare (MGCSW) (2013). National Gender Policy. Juba: South Sudan.
18. Tiitmamer, N. and Awolich, A. (2020). The COVID-19 Pandemic Vulnerability Factors in South Sudan. Policy Brief. Sudd Institute. Available from https://www.suddinstitute.org/assets/Publications/5ec35cdc23465_TheCOVIDPandemicVulnerabilityFactorsInSouthSudan_Full.pdf Accessed 12/03/2021.
19. Tiitmamer, N. and Awolich, A. (2020). The COVID-19 Pandemic Vulnerability Factors in South Sudan. Policy Brief. Sudd Institute. Available from https://www.suddinstitute.org/assets/Publications/5ec35cdc23465_TheCOVIDPandemicVulnerabilityFactorsInSouthSudan_Full.pdf Accessed 12/03/2021.
20. UN Women (2020). The COVID –19, outbreak and Gender: key advocacy points from Asia and Pacific. Available from https://asiapacific.unwomen.org/en/digital-library/publications/2020/03/the-covid-19-outbreak-and-gender Accessed on 11/12/2021.
21. UNDP (2020). Briefing Note: The Economic Impacts of Covid-19 And Gender Inequality. Recommendations for Policymakers.
22. UNFPA (2021). Humanitarian Action 2021 Overview. Available from https://www.unfpa.org/sites/default/files/pub-pdf/PAGES-UNFPA_HAO2021_Report_Updated_6_Dec.pdf Accessed on 12/03/2021
23. United Nations (2020) Shared Responsibility, Global Solidarity: Responding to the socio-economic impacts of COVID-19. Available from https://unsdg.un.org/sites/default/files/2020-03/SG-Report-Socio-Economic-Impact-of-Covid19.pdf Accessed on 12/12/2020

IJO - INTERNATIONAL JOURNAL OF HEALTH SCIENCES AND NURSING
(ISSN: 2814-2098)
https://ijojournals.com/

Dr. Angelina Bazugba *

Volume 07 || Issue 09|| September, 2024 ||

24. United Nations Office of the Coordination of Humanitarian Affairs (UNOCHA) (2019). South Sudan Situation Report, September 16, 2019. Available from https://reliefweb.int/report/south-sudan/south-sudan-situation-report-16-september-2019. Accessed 14/03/2021
25. WHO (2019). Annual Report WHO in South Sudan. Available from https://www.afro.who.int/sites/default/files/2020-09/WHO%20South%20Sudan%20Annual%20Report%202019.pdf Accessed on 20/12/2020
26. WHO (2020). Novel Coronavirus (2019-Ncov) Situation Report-1, 21 January 2020. Available from https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200121-sitrep-1-2019-ncov.pdf?sfvrsn=20a99c10_4 Accessed on 31st March 2020.
27. WIPC and MGCSW (2020). Compiled Report on Women, Peace and Security Training for the Gender Focal Persons in line Ministries and Commissions, August 10th-15th 2020 and September 21st-25th 2020. Held at Royal Palace Hotel, Juba, South Sudan under Technical Assistance from African Women's Development Fund (Awdf).
28. Women Enabled International (2020). COVID-19 at the Intersection of Gender and Disability: Findings of a Global Human Rights Survey. Available from https://womenenabled.org/pdfs/Women%20Enabled%20International%20COVID-19%20at%20the%20Intersection%20of%20Gender%20and%20Disability%20May%202020%20Final.pdf. Accessed on 18/12/2021.
29. World Bank (2020). South Sudan Economic Update: Peace Agreement Spurs Economic Recovery, but Poverty Remains. April 2020 Issue: Juba, South Sudan. Available from https://www.worldbank.org/en/country/southsudan/publication/south-sudan-economic-update-peace-agreement-spurs-economic-recovery-but-poverty-remains Accessed 06/04/2021.

[i] National Bureau of Statistics, World Bank projections (2019 – 2021); Poverty: World Bank projections, 2019.

[ii] https://www.cia.gov/library/publications/the-world-factbook/geos/od.html; http://www.worldbank.org/en/country/southsudan/overview ; http://www.worldometers.info/world-population/south-sudan-population/ ; http://countrymeters.info/en/South_Sudan; https://www.humanitarianresponse.info/en/operations/south-sudan

[iii] See for example Guarcello S., Lyon F. and Rosati (2011) Labour market in South Sudan Country Report December 2011, Understanding Children's Work (UCW) Programme, http://www.ucw-project.org/attachment/30052016798Labour_market_in_South_Sudan.pdf

[iv] The World Bank. South Sudan Country Overview. Oct. 16"', 2019. https://www.worldbank.org/en/country/southsudan/overview13 ILO 2019 in HOR 2019 UNDP. http://hdr.undp.org/en/indicators/43006

[v] UNDP (2020) UNDP COVID-19 Response, Gender offer for gender equitable response and recovery.

[vi] South Sudan health data http://web.worldbank.org

[vii] South Sudan Gender Analysis: A snapshot situation analysis of the differential impact of the humanitarian crisis on women, girls, men and boys in South Sudan - South Sudan | ReliefWeb

[viii] Information available from: http://www.unaids.org/en/resources/presscentre/featurestories/2018/june/south-sudan-raising-the-profile-of-hiv-in-humanitarian-contexts

[ix] UNFPA (2021). Humanitarian Action 2021 Overview Available from https://www.unfpa.org/sites/default/files/pub-pdf/PAGES-UNFPA_HAO2021_Report_Updated_6_Dec.pdf Accessed 12/09/2021

IJO - INTERNATIONAL JOURNAL OF HEALTH SCIENCES AND NURSING

(ISSN: 2814-2098)

https://ijojournals.com/

Dr. Angelina Bazugba *

Volume 07 || Issue 09|| September, 2024 ||

[x] See also UNFPA (2020) Safety elusive for women in South Sudan's protection sites amid pandemic. Available from https://www.friendsofunfpa.org/safety-elusive-for-women-in-south-sudans-protection-sites-amid-pandemic/?gclid=Cj0KCQjwi7yCBhDJARIsAMWFScP6FnCYM_C2gVkZP5AMlY9koZatUnElcoNyvbOPsDpkgbIDybnaVQsaAiUTEALw_wcB

[xi] Unknown Gunmen Rape 125 Women in South Sudan: Aid Agency," Reuters, November 30, 2018, https://www.reuters.com/article/us-southsudan-violence/unknown-gunmen-rape-125-women-in-south-sudan-aid-agency-idUSKCN1NZ24D; "Statement on the Situation in Bentiu, South Sudan," OCHA, UNICEF, and UNFPA, December 3, 2018, https://www.unfpa.org/press/statement-situation-bentiu-south-sudan; Nick Cumming-Bruce, "Sexual Violence on the Rise in South Sudan, U.N. Says," The New York Times, February 15, 2019, https://www.nytimes.com/2019/02/15/world/africa/south-sudan-rape-sexual-violence.html.

[xii] https://blogs.worldbank.org/africacan/how-conflict-and-economic-crises-exacerbate-poverty-in-south Sudan

[xiii] The amount of SSP 5,000 as of 5th April 2021 is equivalent to USD $ 8.2 by using the black market exchange rate of $1= 610SSP

[xiv] UNMISS, Survivors of Sexual Violence in South Sudan Struggle to Access Health Care, 19 May 2020, https://unmiss.unmissions.org/survivors-sexual-violence-south-sudan-struggle-access-health-care.

[xv] See also : Luedke, "The Commodification of Women and Girls in South Sudan ; South Sudan," Girls Not Brides, https://www.girlsnotbrides.org/child-marriage/south-sudan/; UNFPA and MGCSW -Joint Statement Call for action to end gender-based violence and impunity for GBV perpetrators in South Sudan (July 2020).

[xvi] MGCSW (2017) Progress report on the implementation of the UNSCR 1325 on Women Peace and Security in East and Southern Africa: South Sudan Country Report, July 2017;

WIPC (2020) validation workshop report on what South Sudan has achieved after the 20 years of the implementation of the UNSCR 1325 (2000) globally. Prepared by WIPC and Q&A Consultancy Firm, presented on 26th of November 2020 at Quality hotel, Juba.