



A Rapid Gender analysis on COVID-19



Juba-South Sudan, 2020

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Cover photo credit: Betty Kiden Eluzai (*Interview with a student in the times of COVID-19*)

Executive summary

South Sudan is a country with already pre-existing inequalities, gender norms and perceptions of who a man and woman is. The experiences of women and girls in South Sudan are starkly different to that of men and boys and the civil war, poverty and societal norms in the country has put women and girls at a disadvantage to seek out a livelihood, good healthcare, education etc. than their male counterparts.

The COVID-19 outbreak in South Sudan has struck an already vulnerable country with pre-existing differences and has further exacerbated these differences between women, men, girls and boys. For example, women and girls who make up the majority of frontline health workers, carers at home, community volunteers and mobilisers stand to be overwhelmed with more health and domestic responsibilities with the advent of COVID-19.

The restrictions on movement places a higher risk on women to experience Gender Based Violence, Sexual Exploitation and Abuse, because women are confined in their homes or camps with abusers. Therefore it is imperative that the national response plan on COVID-19 is grounded in a strong knowledge of gender dynamics, gender relations, sex and age disaggregated data that takes into account the differing experiences of all vulnerable groups (IDP's women and children, disabled women, women and children in refugee camps), the gendered roles, needs, responsibilities and dynamics.

Due to the outbreak of COVID-19, Ministry of Gender, Ministry of Humanitarian Affairs, Community Empowerment for Progress (CEPO) and Rural Women for Development South Sudan (RWDSS) conducted a rapid gender analysis to find out how COVID-19 affects Women, Men, Girls and Boys and to identify their different needs which seek out a more informed gender response.

The rapid gender analysis found out that there were challenges based on gender differences in how W, M, G and B's experienced the restrictions imposed by the Government of South Sudan to prevent the spread of COVID-19, in how they accessed information, in how labor was divided in households, in how they received support to address GBV, in how they accessed an already strained healthcare system, in how they accessed WASH facilities and in how they were affected by a decrease in livelihood activities etc.

The rapid gender analysis has also incorporated pre-existing data from secondary sources to inform the change that COVID-19 has brought onto communities in South Sudan.

Key findings

- The majority of respondents were aware of how they can prevent COVID-19 (out of 189 respondents, 18 (8 males and 12 females) did not know how to prevent it.
- Women and girls literacy levels are very low and this places them at a disadvantage to receive written texts pertaining to their safety. During the war, it was established that more women and girls were unable to read and thus were unable to extricate themselves from dangerous situations in time. This is the same with COVID-19 where it was expressed that women preferred megaphones as a preferable mode for disseminating key messages about the disease.
- Fake news surrounding COVID-19 was cited as a problem by women who were unsure of what was “real” or not so they could share with friends.
- Despite the mobility restrictions brought on by the lockdown, women who feared the loss of their livelihoods continued to sell goods at markets which placed them at high risk of contracting COVID-19.
- There is a lack of support for women and girls to buy sanitary pads.
- Girls are doing double the housework due to their confinement at home.
- Boys are fearful of the negative impacts that school closures and the lockdown will have on them whilst girls are fearful of being married off because of their prolonged stay at home. Society in South Sudan puts an emphasis on bride price which is paid before marriage and in the event of hardship brought on by the restriction in movement, families can be pressured to force girls into early marriages for financial gain.
- Despite that some of the WASH facilities are deemed safe, they are not constructed to cater for disabled people
- Women respondents gave mixed reviews on the safety and accessibility of WASH facilities. Both primary and secondary data has shown that women are responsible for water fetching and they therefore predominantly walk to these water points which are sometimes deemed to be unsafe.
- Gender Based violence is rarely reported because most respondents did not believe in the justice system-they expressed a lack of trust with law enforcers who they said were violators of rights.
- Other respondents including male and female were unaware of any laws that dealt with gender based violence, early/forced marriages, elderly abuse and property rights.

Introduction

On March 2020, the World Health Organization (WHO) declared the Coronavirus also known as COVID-19, to be a pandemic due to the virus's speed and scale of transmission. In South Sudan, the first case was detected in Juba on April 4th¹ and the second case was detected on April 7th 2020, which posed a significant risk to the country including IDPs in the POCs countrywide. South Sudan is the last country in East Africa to join the list of many other countries affected by the COVID-19 pandemic² and currently, South Sudan hosts more than 250,000 Internally Displaced People (IDPs) in the UN protection sites across the country. A majority of IDP's are women and children who apart are placed to have the higher risk of contracting COVID-19, are also vulnerable to societal ills including psychosocial deprivations, worsening livelihoods, and sexual and gender based violence³.

The COVID-19 pandemic also threatens the strides made to consolidate the peace efforts which led to the inauguration of a new Government of National Unity (T-GNU)⁴. Thus, it is most probable that all the efforts which should have been directed to consolidating the Government of National Unity, will be employed to tackle the COVID-19 pandemic. The pandemic stands to exacerbate the vulnerability of women and girls even more so,

"I will talk about myself, it is difficult for me to stop greeting people without shaking their hands... some people will still give you a hand shake and unconsciously you reciprocate without thinking...then you realize the mistake when it is too late. It will take a while for the culture of not shaking hands to be followed in my society"

an already acute food insecurity situation which can worsen and affect pregnant and breast-feeding women. Statistics reveal that 6.1 million of the population already face severe food insecurity and that nearly 1.3 million people aged between 6-59 months are acutely malnourished in South Sudan. Pregnant and breastfeeding women make up 12 percent of all people in South Sudan requiring feeding⁵. The rate of COVID-19 infections is particularly threatening areas with high-density populations such as camps, contexts with weak provision of health care service, WASH facilities, and social protection settings.

Furthermore, South Sudan is vulnerable to COVID-19 due to its weak healthcare system, which has a severe shortage of health workers and is reeling from the effects of a disastrous six-year civil war. Only 22 percent of health facilities are fully functional which has rendered 3.6 million people without any health access and consequently 40 percent of the population have no access to primary health care services. The minimal health facilities that are operational are managed by international aid organizations and according to the World Health Organization; there is only one doctor per 65,000 people in South Sudan. The health sector is

¹ South Sudan confirms first case of COVID-19 From <https://www.afro.who.int/news/south-sudan-confirms-first-case-covid-19> retrieved on 10/04/2020

² The East African, 2020. South Sudan Confirms Its Fourth COVID-19 Case from <https://allafrica.com/stories/202004110047.html> retrieved on 13/04/2020

³ Relief Emergency, 2020. COVID-19 and the displaced: Addressing the threat of the Novel Coronavirus in Humanitarian Emergencies from <https://www.refugeesinternational.org/reports/2020/3/29/covid-19-and-the-displaced-addressing-the-threat-of-the-novel-coronavirus-in-humanitarian-emergencies> retrieved on 12/04/2020

⁴ On February 22, 2020, South Sudan rivals Salva Kiir and Riek Machar struck a unity deal and formed a coalition government.

⁵ IRIN (2015) Women and Malnutrition the case of South Sudan, <https://reliefweb.int/report/south-sudan/women-and-malnutrition-case-south-sudan>

thus underfunded where the South Sudanese Government only apportions 2 percent of the national budget to the health sector^{6 7}.

Experience from other disease outbreaks shows that women shoulder most if not all of the care burden, which puts them at a risk of being infected more than men. Globally, women make up 70 per cent of workers in the health and social sector and women do three times as much unpaid care work as men⁸. When health systems are overloaded, a greater burden is placed on care in the home and that burden lands largely on women.

Therefore, it is in this context that UN Women, South Sudan in partnership with the Ministry of Gender and Social Welfare, Ministry of Humanitarian Affairs, Community Empowerment for Progress (CEPO) and Rural Women for Development South Sudan (RWDSS) carried out a rapid gender analysis that identified the effects of COVID-19 and how it has affected the lives of women, men, girls and boys. The rapid gender analysis did not focus on exact measures, but rather looked at the relative change of lives since the onset of COVID-19⁹. The rapid gender analysis provides an initial snapshot of the different needs and capabilities of women, men, girls and boys in Juba. From the rapid gender analysis findings, we hope that humanitarian and development actors can continue to build the response to COVID-19 by encapsulating this knowledge on gender dynamics in the communities we serve, in order to assist and support affected populations according to their distinct and specific needs.

Objective

The COVID-19 pandemic is affecting women, girls, boys and men differently; they are facing different risks, which affect them in different ways. It is therefore vital for all actors involved in the response to understand these differences and ensure that services delivered assist all segments of the population and do not leave some at greater risk. Above all, it is vital to recognize the extent to which the outbreak has affected women, girls, men and boys and to thereafter meet these basic distinct needs that will contribute towards addressing COVID-19.

The analysis will also help ensure that the health guidelines being disseminated target the right information platforms/ channels that the different community members have access to. Therefore, the specific objectives of this rapid gender analysis are as follows:

- To understand the unique assistance and protection needs, capacities and coping strategies of women, men, girls and boys of all ages and abilities affected by the crisis.
- To support sectors in the design of programming that addresses the distinct assistance and protection needs, capacities and coping strategies of W/M/G and boys.

⁶ Hylton, S.2020. "The Mothers and Midwives Behind South Sudan's Maternal Mortality Crisis" From <https://www.iwfm.org/reporting/the-mothers-and-midwives-behind-south-sudans-maternal-mortality-crisis/> retrieved on 11/04/2020

⁷ UNICEF-South-Sudan-National-Budget-Brief-2019 from <http://www.mofep-grss.org/wp-content/uploads/2019/09/UNICEF-South-Sudan-National-Budget-Brief-2019.pdf> retrieved on 13/05/2020

⁸ WHO (2019). Gender equity in the health workforce: Analysis of 104 Countries.

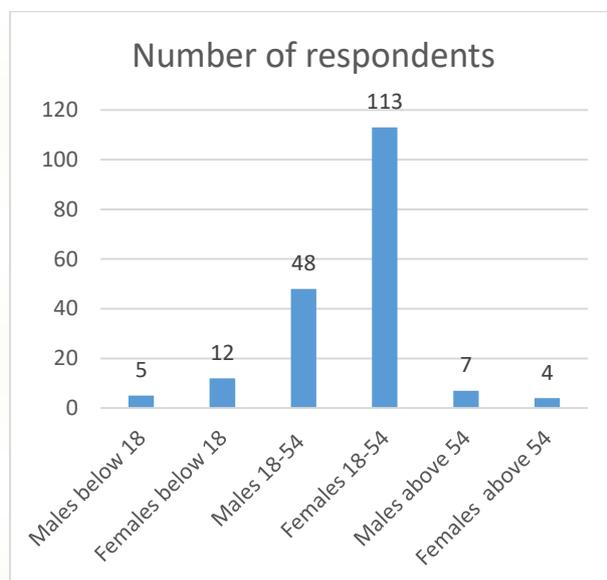
⁹ UN, Women, 2020. ESARO. Gender Rapid Assessment Methodological and other Guidelines

- To identify and realise emerging opportunities to facilitate and promote the participation and leadership of all segments of affected communities, with a particular focus on women and adolescent girls, as well as people from marginalised groups such as the elderly and people with disabilities.

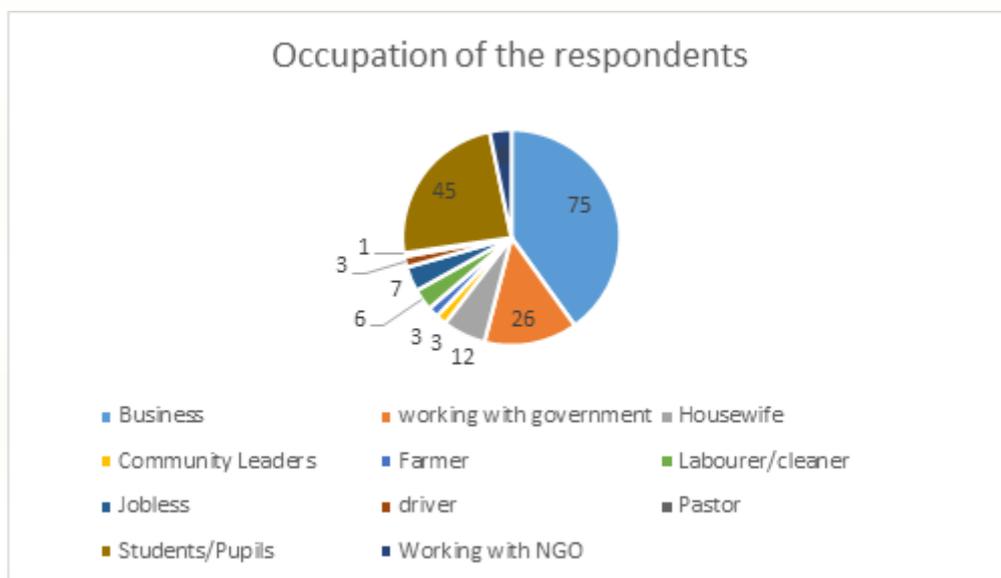
Methodology

The rapid gender analysis took stock of changes experienced at individual and household level because of COVID-19. The Rapid Gender Analysis was informed by primary and secondary sources, which detailed gender roles and relations and how these have changed (if at all) during the COVID-19 crisis¹⁰.

In recognisance of WHO’s health guidelines in the prevention and spread of COVID 19, the rapid gender analysis used a combination of distance methods and the observance of distance between the interviewer and the interviewee during the interviews. The data collection methods included a desk/literature review on existing data on South Sudan found in gender briefs, gender profiles, gender analysis’, reports and articles. The secondary data gathered was supported by telephone interviews as well as face to face interviews that were conducted in Juba. The interviews were conducted in English and local Arabic. The data collection process was between the 1st of April, 2020 and the 5th of May 2020. A total of 189 (with 86 of them being face to face interviews) female and male respondents were interviewed from residential areas around Juba including IDP’s inside and outside protection of civilian sites. The respondents included females and males from three age rages; those that were below 18, those that were between 18-54 and those that were above 54. Females within the age ranges of 18-54 made the larger number of informants in the rapid gender analysis. Respondents included government officials, business persons, students, housewives, farmers and community leaders. See the graphs below for further details of the respondents.



¹⁰ CARE, no date. Gender in Emergencies Guidance Note Preparing a Rapid Gender Analysis <https://insights.careinternational.org.uk/images/documents/rapid-gender-analysis/GIE-Guidance-Note-Rapid-Gender-Analysis.pdf> retrieved on 10/02/2020



The field data collection team included 13 people from the Ministry of Humanitarian Affairs, Ministry of Gender, local women led organization Community Empowerment for Progress Organisation (CEPO), and women focused organization Rural Women for Development South Sudan (RDSS) and UN Women as the technical lead. This initial rapid gender analysis report will be amended as COVID- 19 revolves and as new questions and topics arise.

Limitations of the rapid gender analysis are presented below in bullet form:

- Despite deliberate effort to source telephone numbers from government ministries e.g. Ministry of disability, local organisations and other institutions. It was not very easy to get to telephone numbers for a representation of all the respondents that the study had intended to interview from the onset. Not everyone was willing to share telephone numbers if they had access to them and therefore the analysis' limitations are that other respondents who could have enriched the data further were unreachable.
- At times the telephone network was poor and resulted in the conversations being cut which might have interrupted the rapport that the interviewer had developed with the respondent.
- A majority of the women respondents charged their phones at different shops or at their neighbours' house which costed them a minimum of 50 South Sudanese Pounds. This was one of the reasons why some of the respondents were unwilling to be part of the interviews as they felt that the interview would take too long and deplete their battery for an exercise that they perceived to not benefit them.
- The data collection tool was tested remotely by one individual and not the whole team. The one data collector then shared their input on operationalisation of the tool with the whole team. Instructions of how to use the tool were done remotely and therefore did not enjoy the perks that come with in class or face to face trainings.
- Limited availability of sex and age disaggregated data.
- The time between data collection from both primary and secondary data, data entry and report writing was short and happened along with other competing deadlines as well as logistical challenges.

Demographic Overview

Number of infected people							
Country	Male	Female	Age range	Total	Deaths	Recoveries	Sources
South Sudan	71 percent	28 percent	4 months-71 years with an average of 34.7years	174	0	3	WHO ¹¹

Findings and Analysis

Gender roles and responsibilities

Despite preliminary global data suggesting that men more than women are dying from the disease, due to sex based immunological differences, high rates of cardiovascular diseases and life style choices e.g. smoking; women and girls run a higher risk of being infected and impacted. This is due to the different care giving roles that women and girls play as well as pre-existing gender and intersectional inequalities that exist in society in South Sudan. The COVID-19 pandemic stands to worsen women and girls' already dire situation where women play a disproportionate role in responding to different diseases by being frontline healthcare workers, carers at home and community volunteers and mobilisers^{12 13}.

Key statistics to inform the extent of Gender Based Violence in South Sudan are unavailable but the magnitude of GBV is concerning for women and girls¹⁴. Violence meted out on women and girls during the civil war or in conflict areas was never reported nor documented to display the real magnitude of GBV in South Sudan¹⁵. The COVID-19 outbreak is more than likely going to increase the rates of Sexual Exploitation and Abuse (SEA) as the strategies being employed (such as staying at home, dusk till dawn curfew and non-essential businesses being closed), to combat the COVID-19 outbreak confines women and girls to spaces with their abusers. Some women in other countries have expressed that they would prefer to put themselves at risk of contracting COVID-19 in public, rather than staying at home with a violent and abusive partner¹⁶.

Access to information

In a 2017 study done by Oxfam in South Sudan, radio was the most preferred mode for sourcing information seconded by public meetings. 73 percent of men preferred radio while women, girls and boys preferred

¹¹ WHO, 11 May 2020. Daily COVID-19 outbreak Sitrep 34.

¹² Gender Alert, 2020. IASC Interim Guidance on COVID 19.

¹³ CARE, no date. South Sudan Gender In brief from <https://www.care.org/south-sudan-gender-brief> retrieved on 20/02/2020

¹⁴ Ali, N.M., (2011). "Gender and State building in South Sudan", The United States Institute of Peace from https://www.peacewomen.org/assets/file/SecurityCouncilMonitor/Missions/SouthSudan/special_report_usip_december_2011.pdf retrieved on 03/02/2020

¹⁵ D'Awol, 2008 cited in Ali, 2011, p.9.

¹⁶ UN, Women, 2020. [The First 100 Days of the COVID-19 Outbreak in Asia and the Pacific: A Gender Lens](#)

either to be informed through their involvement in public meetings or by radio¹⁷. However, a gender profile authored by JICA in 2017 stated that women and girls in conflict zones are vulnerable to danger because they do not have access to information due to traditional norms which limits their mobility. During the civil war, sexual violence was used as a weapon of war and without the access to information, women and girls were not able to escape dangerous situations. Furthermore, literacy levels are low amongst women in South Sudan and thus have limited access to information including business information, which can help them grow their businesses¹⁸.

Access to information in the current pandemic of COVID-19 is paramount to ensure that communities are able to receive information on how they can prevent contraction and spread of the disease. As of May, 2020, out of the 189 respondents of the rapid gender analysis only 18 (8 males and 12 females) were not aware of the COVID-19 virus. The rest of the respondents were aware and had heard about the disease as being dangerous and contagious and having originated from China. 36 percent of the respondents, a majority of whom were women (26 percent), heard about the virus from friends, neighbours, schools, and markets; while the rest learned about the virus from campaigns, radio, TV, and megaphones/announcements, with a small percentage learning about it from social media platforms like Facebook. The respondents were able to mention one or two causes of the virus as well as some of the preventive measures they knew. They added that while all the methods of sharing information were useful, the best ways to share information about the COVID-19 virus is through the use of megaphones, to conduct house to house announcements to help spread awareness within the residential areas. In recommending megaphones as one of the key channels of spreading awareness, respondents also cautioned that drivers of the cars where the megaphone is mounted at times drives fast and therefore it makes it difficult for community members to hear the full content of the message. The respondents recommended that the vehicle should make stops in strategic spots to disseminate a complete message before moving to another strategic spot. Other recommended communication channels included; mobile phones text messages, posters, Facebook, risk communicators, local authorities including community leaders, newspapers, radio, and television. They recommended that the prevention message on COVID-19 to be translated into songs and plays in the local language of the communities.

Despite women having expressed that they had knowledge on how to prevent the transmission of COVID-19, they mentioned some of the challenges they were facing in regards to following up on the message that they had heard. Some of the challenges mentioned included; receiving conflicting information about COVID-19 which makes them unsure of which message to believe and share with their friends; they also mentioned that there was a shortage of the key preventative materials e.g. water, soap and masks, that at times they would be very busy with other chores that washing hands was the last thing on their mind. It was expressed that the preventive measures disseminated through messages such as regular washing of hands or constantly touching ones nose with hands, was easily forgettable. Some said they were finding it hard to follow the advice because their source of income was selling goods at markets and they therefore could not afford to employ social distancing measures away from customers. A number of the female respondents also

¹⁷ Oxfam (2017) "South Sudan Gender Analysis", Available online: <https://reliefweb.int/sites/reliefweb.int/files/resources/rr-south-sudan-gender-analysis-060317-en.pdf> retrieved on 19/02/2020

¹⁸ Japanese Cooperation Agency, (2017). "Country Gender Profile-Republic of South Sudan Final Report", from https://www.jica.go.jp/english/our_work/thematic_issues/gender/background/c8h0vm0000anjig6-att/south_sudan_2017.pdf retrieved on 12/01/2020

said they were finding it hard to keep a distance from one another, as one female respondent reiterated; *“I will talk about myself, it is difficult for me to stop greeting people without shaking their hands... some people will still give you a hand shake and unconsciously you reciprocate without thinking...then you realize the mistake when it is too late. It will take a while for the culture of not shaking hands to be followed in my society”*.

Access to education

Another important aspect to information is having the skill to read and write where during the COVID-19 outbreak, many messages have been disseminated in the form of text. South Sudan’s adult literacy rate stands at 26.83 percent, with the male literacy rate being 34.84 percent, against 19.19 percent¹⁹. A World Bank (2012) report estimates that there are 7 girls for every 10 boys in Primary School and 5 girls for every 10 boys in secondary. In addition to this, girls are less likely to register for school and are more likely to drop out of school as compared to boys²⁰. There is fear among some of the communities that sending girls to school will leave them unchaperoned and they therefore would be tainted as a future bride if they go to school with boys. Furthermore, the perception in some of the communities is that educated girls are not respectful of men, which ultimately affects their chance of marriage²¹.

Women’s and girls’ low literacy levels can lead to their lack of information which can lead to other risks such as exposure to diseases. For instance as was revealed in a South Sudan Survey conducted in 2006 that females from the age of 15 to 45 were cognisant of what HIV was but 70 percent did not know any three key forms of prevention against the disease²². Even though 14 years have passed the situation highlights the risks we run if women and girls do not have access to the right information. As stated above, during the civil war, sexual violence was used as a weapon of war and without education, women and girls were unable to read information which would have allowed them to escape certain dangerous situations²³.

An Oxfam study with a sample of 490 people revealed that 64 percent of females and 38 percent males had never been to school. 82 percent of respondents attributed early marriages as the reason why girls do not go to school while increased care work was cited as the second reason. 49 percent of respondents attributed to a lack of fees as the reason why boys do not attend school. Other reasons as to why girls abscond school are cited as fear of GBV, sexual harassment and rape while the boys cited a lack of resources and fear of forced recruitment into armed conflict as the reason²⁴. As expressed earlier, women stated that the best mode of information to transmit messages was through the usage of megaphones and this preliminary and existing data suggests that women are less illiterate than men. It is thus imperative for humanitarian and development actors to remember that women prefer the word of mouth over written text because more women than men cannot read and ultimately get to miss out on critical information that can save their lives.

By 2013, it was only 7 per cent of girls in the country that were completing the eight year primary school cycle and it was only 1.6 per cent of over 420,000 girls between the ages of 14-17 years, who completed

¹⁹ UNESCO. South Sudan. Education and Literacy. Viewed 04 February 2019. <http://www.unesco.org/country/SS>

²⁰ World Bank, 2012. Education in the Republic of South Sudan – Status and Challenges for a New System

²¹ DFID, 2012. Business Case for the Girls Education South Sudan (GESS) Programme.

²² Ibid, p3

²³ Ibid, p6

²⁴ Ibid, p6

primary school and went on to enrol in Secondary school²⁵. It is said that an adolescent girl in South Sudan is three times more likely to die in childbirth than complete primary school.

Adolescent boys in the RGA reported that most of their problems have been idleness due to closure of schools and colleges. In the past during school holidays some of them often than not were able to get short term jobs but this time most of them are indoors and most families cannot afford normal meals making life very difficult for them. One of the adolescent boys lamented; *“Staying at home for more than six months will negatively affect us the youth”*.

On the other hand adolescent girls expressed that the closure of schools and staying home, has made their life unbearable, even worse; *“now we get to do double the work since we are home...especially with the fact that the school opening dates are unknown. I am afraid that COVID - 19 may force me to repeat classes and I am afraid that I might be forced to drop out of school especially when my parents are already struggling to get school fees”*. The girls felt that their staying at home might encourage some of the parents to marry their daughters off as they might prefer it than the girls being idle at home. For the girls who are adamant about getting an education, they fear they might end up being frustrated with the situation especially with the way things are now with COVID-19 *“no one knows what the future holds”*.

School closures are negatively impacting girls who are at a higher risk of being into early marriages which can lead to early pregnancies with complication. As seen above, girls in South Sudan are three times more likely to die in childbirth than complete primary school.

Unequal distribution of care and domestic work

In the past before COVID-19, traditional and religious perceptions about women in South Sudan were attached to gender identities which have rendered and relegated women and girls to being subservient to men. Traditional gender norms put responsibility of household chores, collecting firewood, fetching water, care of children, elderly and the sick on women. These gender roles are even maintained in camps hosting IDP's or refugees where pregnant women are seen queuing to fetch water while their husbands have nothing to do²⁶.

World Vision, Oxfam and Care in 7 states of South Sudan, conducted a gender assessment and one of the strands assessed was that of division of labour. The assessed data revealed that there was unequal division of labour between men, women, girls and boys. Across all the states surveyed, women (85.2 percent) and girls (12.1 percent) bore the majority of cooking at household level. In comparison, men (1.6 percent) and boys (1.1 percent) surveyed in the 7 states were responsible for cooking in their homes. This was due to the traditional structures, which place women as caretakers and thus do the majority of household chores. 69 percent of women and 16.5 percent of girls collect firewood while 9.1 percent of men and 5.4 percent of boys also collect firewood. The stark disparity in collecting firewood responsibilities is influenced by the notion that firewood is associated with cooking and thus should be the responsibility of females. The only time boys collected firewood was for the evening to light a fire while the fathers and boys waited for their

²⁵ Education Management Information System (EMIS) report, 2013.

²⁶ Ibid, p6

evening meal. 67.6 percent of women and 23.7 percent of girls fetched water and 3.0 percent of men and 5.7 percent of boys' fetched water²⁷.

As indicated above, the numbers of women and girls in South Sudan that were doing domestic and care work were higher than those of men and boys before COVID-19. The primary data collected indicated that the workload on women and girls had increased ever since the virus came to South Sudan. Some of the women and girls felt that since COVID-19 there was an increase in the amount of household work that they needed to do. This was not the case for the male respondents (both men and boys) as none of them expressed having had a similar experience. Women felt that the reasons that they had more work to do emanated from the fact that they were more family members staying at home as none of them were going to school, work or being part to any outdoor activities. One of the adolescent girls expressed that: *“There are more activities for me to do now in the house as there are little or no distractions from the house work that I would have in the past, they are no longer there because they are now prohibitions on my having friends over or having extended family members’ visit”*.

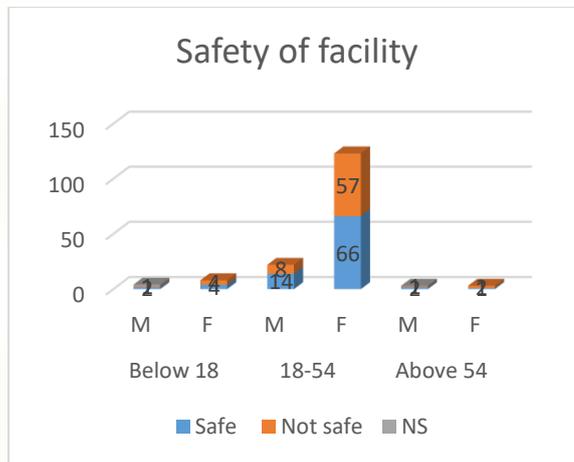
Access to Water, Sanitation and Hygiene services

Respondents from the rapid gender analysis revealed that most of the WASH facilities in Juba and surrounding areas are not constructed to cater for the needs of people with disabilities. There are no considerations on how people with disabilities will access the facilities despite that one of the key prevention messages of COVID-19 is the frequent washing of hands with water and soap. Respondents depend on water tanks provided by the Habesh/Ethiopians with exception of few who said they are fetching water from boreholes and some from the river/stream (Kworojik). Respondents also complained about the difficulty involved in accessing water which they also deem to be expensive to buy (300-350 South Sudanese Pounds/jerry can). Even if they have the water, they complained that it was not enough to cater for frequent handwashing of families. Most families also depend on stocks of unclean water transported on trucks from the River Nile which is also problematic to access at times due to curfews as they limit water proprietors' distribution time. Respondents also spoke about the general challenges that they were having in accessing water and washing their hands that the majority of houses in Juba did not have running water except for those that were living in government houses.

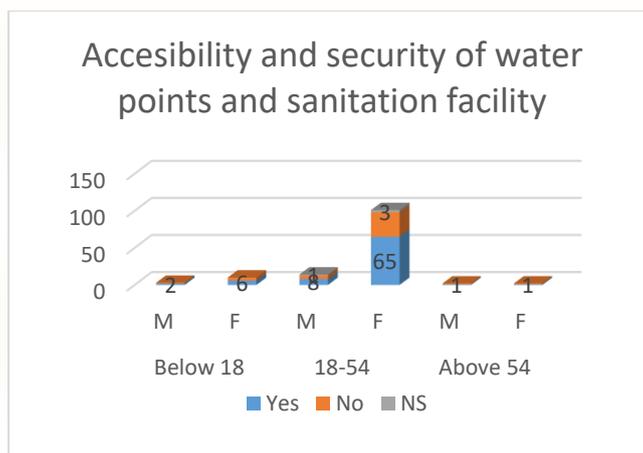
All respondents said water is shared equally and that there is no discrimination based on sex or age. However, women and girls highlighted that they needed more water especially during menstruation and also for clothes washing.

Some of the respondents reported that the WASH facilities are safe and accessible while others reported that facilities were not safe and accessible especially for women, children and other vulnerable groups like older people and persons with disability as shown in the graph below.

²⁷ Fortifying Equality and Economic Diversification (FEED), (2015) Available online: <https://www.wvi.org/africa/publication/improving-livelihoods-south-sudan-through-fortifying-equality-and-economic> retrieved on 10/01/2020



It was also reported that although some water points, toilets and bathing facilities may be deemed safe and are designed in a way that is intended to give people privacy and to feel secure, they still do not cater to those with other vulnerabilities e.g. disabled people.



It was reported that most of the facilities are not built for people with disabilities and no special consideration has been given to people with disabilities and that some facilities are not safe for young girls and women as they are located in unsafe spaces.

The respondents also said that the access, control and responsibility for the use of water falls mostly on mothers (wives) of the households. Cultural practices were also highlighted to continue to affect women’s hygiene and sanitary needs even during COVID-19, especially during menstruation. These included; perceptions that buying or the distribution of pads/dignity kits to women/girls is a waste of money, women and girls during menstruation are considered unclean, that there is generally a lack of support within society when it comes to menstruation, a lack of civic education on how menstruation affects women. A female respondent reiterated that; *“women and girls in some cultures are not allowed to use sanitary pads and they*

are times that girls will have to stay in the bushes for hours or sit in a hole during the menstrual cycle because they do not have access to sanitary pads”.

Access to healthcare

South Sudan has one of the highest maternal mortality deaths and in 2015, the figure stood at 546 deaths per 100,000 deaths that is even very high for sub-Saharan Africa. The health malaise is caused by several factors including little access to medical care and lack of skilled health workers. 40.1 percent of teenagers are married and 51.5 percent of women aged between 20 and 24 were married before they turned 18 and 8.9 percent of girls married before they turned 15²⁸.

A study by Oxfam revealed that the survey sites lacked maternity and paediatric facilities that women and girls give birth without any medical help. The health facilities which sometimes exist, rarely have medicines and are cited to be costly by the communities, which prevents access to healthcare. Data indicated that the population is constantly under threat from war injuries and animal attacks (mostly snakes and scorpions) and that this was prevalent in most of the areas where the study was undertaken. Boys were cited as the most section of the population that are at a higher risk of snakes bites with 45 percent of the respondents confirming this. Malaria is perceived to be the biggest threat to women, girls and young children than that for men and boys. Girls also expressed in focus group discussions that there was lack of pregnancy prevention awareness and contraceptives²⁹.

The pandemic increases the burden on the health system in South Sudan; thus, making additional barriers for all genders to access quality health services. In particular, these barriers are acutely felt by pregnant women and the youth as a majority of the health centres are far, poorly equipped and have long queues. The rapid gender analysis also indicated that those with low income, the elderly, people with disabilities, refugees, adolescents and internally displaced persons, also experience challenges in accessing health care services for the same reasons that limit pregnant women’s access.

While most respondents mentioned the availability of health facilities including clinics, health centers as well as the Juba teaching hospital, they also mentioned that the services were inadequate, poorly equipped with limited functionality due to equipment and personnel. Some female respondents alleged that health care services are not accessible to vulnerable population categories due to distance and limited numbers of facilities and that they were not adolescent friendly.

As regards to safety on delivery and treatment of complications in pregnancy, family planning, sexually transmitted infections most of the respondents felt that there are public institutions including hospitals Primary Health Care Centers (PHCC) offering such services, however the problem is the quality. The female respondents said most of the delivery places have no power, services are not adequate, not clean, far from the needy people, congested with long queues, no equipment and most health workers working there are not paid. However the existing few that are providing good services are private ones which are very expensive and only for those that can afford to go there.

²⁸ Japanese Cooperation Agency, (2017). “Country Gender Profile-Republic of South Sudan Final Report” from https://www.jica.go.jp/english/our_work/thematic_issues/gender/background/c8h0vm0000anigi6-att/south_sudan_2017.pdf retrieved on 20/20/20

²⁹ Ibid, p6

Increased risks for Gender Based Violence

As was noted earlier key statistics to inform the extent gender based violence (GBV) in South Sudan are unavailable but the magnitude of GBV is believed to be concerning for women and girls³⁰. A CARE International report suggests that South Sudan is among the top countries where it is more dangerous or disempowering to grow up as a female³¹. A report from UNICEF in 2016 stated that 65 percent of women and girls in South Sudan have experienced physical and/or sexual violence in their lifetime, and 51 percent suffered intimate partner violence (IPV)³². Access to justice and medical services on GBV related cases is also low with 43 percent of GBV survivors always choosing to keep quiet out of fear³³.

Violence was meted out on women and girls during the civil war or in conflict areas as it was never reported nor documented to showcase the real magnitude of GBV in South Sudan³⁴. However, by end of April 2014 approximately one million people were displaced and 300,000 more had crossed borders to seek refuge in neighbouring countries³⁵.

The women and girls who fled from armed combatants who usually subjected them to sexual violence were even plunged into a more excruciating ordeal where they lacked basic needs such as shelter, protection, healthcare and education. Many were forced to seek refuge in the bush where they were cut-off from everything. In situations where the humanitarian community had access to places where they could reach the refugees, it was cited that internally displaced people's living conditions were below international standards. The density of living spaces for the IDPs was 13 times the recommended minimum which exacerbates significant health, protection and security risks to women and girls³⁶.

There is no formal law that tackles GBV in South Sudan but the penal code criminalises various forms of GBV. The sentence for GBV is between 1 to 7 years or a fine depending on the severity of the case³⁷. The South Sudanese government also has ratified many significant international legal documents and instruments that address GBV³⁸. However, women rarely report sexual violence for fear of being stigmatised but when they do, they first report to traditional judicial structures which are officiated by chiefs and heads of clans. Customary law in this respect dictates that a rape victim should marry the perpetrator and recent research showcases that communities continue to use the traditional justice structures in this respect³⁹.

A study conducted by CARE confirmed the silence of GBV victims who choose not to report to the relevant authorities. In the study 43 percent of respondent survivors did not report out of fear and 57 percent thought it was pointless to report. Focus group participants claimed that rape survivors do not report their cases for fear of being stigmatised by their communities. Indeed, in South Sudan social norms that promote family unity or the fears that a girl's reputation might be tainted to win a husband perpetuates the silence of victims. Their families, who often anticipate bride price offers from potential husbands and their families

³⁰ Ibid,p9

³¹ Care, 2014. The Girl Has No Rights: Gender-Based Violence in South Sudan from <https://insights.careinternational.org.uk/publications/the-girl-has-no-rights-gender-based-violence-in-south-sudan> retrieved on 01/02/2019.

³² UNICEF, 2016. From <https://www.unicef.org/southsudan/gbv.html> retrieved on 04/02/2018

³³ Ibid, p13

³⁴ Ibid

³⁵ Ibid

³⁶ Ibid

³⁷ Ibid,p3

³⁸ Ibid, p6

³⁹ Ibid

often view girls as an economic asset in the rural areas⁴⁰. Prior to the conflict, nearly half of all girls in South Sudan were married before the age of 18⁴¹. Recent research by Oxfam suggests that in some parts of the country, rates of child, early and forced marriage (CEFM) are likely to be much higher⁴². UNICEF reports South Sudan to have the seventh highest prevalence rate of child marriage in the world, with 52 percent of girls being married off before the age of 18 and 9 percent being married off before turning 15⁴³. Child marriage in South Sudan emanates from discriminatory gender norms and attitudes that deem women and girls as inferior, household resource and property as they are commonly valued by the number of cows they would bring in dowry. Within some of the communities in South Sudan child marriages are encouraged as a way of families trying to cope with poverty and families seeking honour. Other factors include the existence of armed conflict and the weak legal frameworks to curb the vice⁴⁴.

In 2013, South Sudan launched the National Gender Policy which was to be adopted by individual states and in November of the same year the legislature ratified the Convention on the Rights of the Child and health services provided by both state governments and non-government services throughout the country⁴⁵.

While a majority of the respondents from the rapid gender analysis attested that there are community's laws and customs on, SGBV, early/forced marriages, elders abuse and property rights that exist some of the adolescent girls felt that most community norms still promote forced marriages and consider young girls to be a source of income.

Female respondents also felt that community laws discriminate against women economically for example widows, they have no right over their late husband's property. There are also laws that discriminate against people with disabilities. Some of the respondents alleged that community leaders were the ones to decide on the punishment for those that go against the laws or customs. Some of the respondents felt that although national laws don't allow early/forced marriages there is still a big problem in South Sudan, as they felt that most of the laws are not enforced and that there are some laws dealing with cases involving abductions and trafficking that are non-existent. Earlier on, girls expressed concern on being out of school and how they feared that they would be forced into marriages because of being confined at home. They was a group of respondents who were both male and female that were not aware of any laws that dealt with sexual gender based violence, early/forced marriages, elderly abuse and property rights.

While a majority of the respondents felt that most people did not report cases some said they are not really sure if cases are being reported or not. Respondents cited the following reasons for cases not being reported; people felt that the action that is taken after the case is reported was insignificant, that it was not so easy for one to get justice in South Sudan especially when the case involves a violation of one's human right, domestic violence or violation is based on gender, most people are afraid of becoming a target after they report. A female respondent expressed that; *"law enforcers violate people's rights every day and we cannot expect or count on the same institution that these officers belong to, to then turn around and fairly deal with our case"*. Some respondents were not aware of any structures that dealt with such cases and for those that

⁴⁰ Ibid, p13

⁴¹ Ministry of Gender, Child and Social Welfare. (2018). Strategic National Action Plan to End Child Marriage. Government of the Republic of South Sudan, Ministry of Gender, Child and Social Welfare

⁴² Oxfam. 2019. Born to be married. Addressing early and forced marriages in Nyal, South Sudan

⁴³ Girls not brides, South Sudan from <https://www.girlsnotbrides.org/child-marriage/south-sudan/> retrieved on 20/04/2020

⁴⁴ DFID, Business Case for the Girls Education South Sudan (GESS) Programme, December 2012

⁴⁵ Ibid, p13

know that they are there they felt that the structures were very weak. Some of the respondents also believed that domestic violence is private and therefore can only be dealt with at the household level without interference from the state.

A recent article published on the New Humanitarian web page also recounts a story of a four months pregnant woman's experience living with an abuser in a camp. She speaks of how the COVID-19 restrictions have left her confined in a camp with an ex-husband whom she says is abusive, often drunk, and increasingly restless as he can no longer work outside the camp. Restrictions on aid workers' movements worries her as this means less intervention of her eminent abuse since her husband is now drinking much more frequently⁴⁶.

Even though the primary and secondary data in the rapid gender did not give a quantifiable number of those that are affected by GBV, the RGA confirmed that GBV is a huge problem and the extent of it cannot be known because most survivors do not report their cases.

Unemployment, economic and livelihood impact

83 percent of South Sudan's population live in the rural areas and 78 percent of the population depends on crop farming, which is dominated by women⁴⁷. Livelihood systems are heavily reliant on mobility and trade but occurrences of natural disasters such as seasonal floods and armed conflict for years have significantly disrupted livelihoods and food security⁴⁸.

Returnees in South Sudan are opting to settle in urban or peri-urban areas as livelihoods shift. Although there is no statistical data to showcase the trends in urban populations, there is clear evidence that the cities and towns are growing rapidly. Most trek into town for better employment opportunities, better access to health and social services, the location of The Sudan People's Liberation Army (SPLA) headquarters in Juba, attracting soldiers and their families, having relatives in town, drought in rural areas and armed attacks⁴⁹.

The labour participation gap between women (15 years and above) and men is 0.9 percent. The average for African countries is 0.8 percent while in South Sudan it is 0.3 percent. However, the number of women in decision-making positions are less—women make up 21.9 percent of firms with female participation in ownership, women make up 9.5 percent of firms with female top managers and women make up 7.1 percent of firms with majority of female ownership⁵⁰.

Half of the traders in markets are women who sell local products such as vegetables, fruits and fish at stalls or on roadsides. Men are engaged in the sale of imported goods while women facilitate in cross-border trade with countries such as Uganda⁵¹.

The participation of women in non-farm economic activities has increased due to urbanisation and the presence of international organisations has shifted perceptions about women and their livelihoods. The

⁴⁶ COVID-19 Brings abuse and other factors to displaced women in South Sudan from <https://www.thenewhumanitarian.org/feature/2020/05/06/coronavirus-south-sudan-women-abuse-gender-violence> retrieved on 6/05/2020

⁴⁷ Ibid 10, p3

⁴⁸ Maxwell, D., Gelsdorf, K. and Santschi, M., (2012). "Livelihoods, basic services and social protection in South Sudan". London: Overseas Development Institute. Available online: https://fic.tufts.edu/wp-content/uploads/SS_EvidencePaper_final-published_July2012.pdf

⁴⁹ Ibid

⁵⁰ World Bank Enterprise Surveys between 2015 and 2017- Estimating Poverty in a Fragile Context -- The High Frequency Survey in South Sudan

⁵¹ Ibid, p6

number of women that are participating in small businesses has increased but Martin (2010, p.4 cited in Maxwell et al, 2012, p.10) believes that despite this increase of women participating in the economy, the majority of women are still subjected to traditionalist view-points which continue to relegate them as caretakers of the house.

The formal sector employs only 13 percent of South Sudan's population while the majority of people are employed through the informal sector. Youth unemployment is high in South Sudan. Unemployment rate for the youth from 15 to 24 years old was almost 20 percent whereas that for adult men and women was 14 percent (men 13 percent, women 15 percent)⁵².

In the COVID-19 era a majority of the older males within the 18-54 age range from the RGA reported that their lives were shattered as a result of the lockdown. The reasons they gave were that parts of the markets that they sell their goods had been closed and only allowed for those who sell food and medicine to remain open. This has had an impact on their income, even those who run farms in their villages or in up country regions have no access to their farms because of restricted movements from towns to other locations. In spite of their income decreasing and their businesses collapsing there is a spike in rentals and cost of food. On top of all this they lamented that they have had to spend extra money to buy soap and water to prevent transmission of the virus. One male respondent said: *"I am tired of being home, I just sit at home and I feel hopeless as I am unable to provide for my family"*. Men expressed the fact that they felt trapped at home and felt that the pandemic had also distorted their social life as they were unable to meet their friends in tea houses and that they were unable to exercise.

Some of the men expressed optimism towards implementation of the revitalized peace agreement, however their hopes had been crushed by the COVID-19 pandemic which has made their problems worse. Most of them are not working due to the lockdown and their income has dropped significantly. They were also fearful of contracting COVID - 19 more especially when they lacked the basic needs of preventing the transmission of the virus, soap and water. Some of the men counted their blessings in spite of everything as they expressed that; *"at least the security situation, in Juba, is calm"*.

Females interviewed within the same age bracket reported that business is dwindling, and that they received less income compared to the previous months before the COVID - 19 pandemic. The others who are housewives say their husbands' finances have reduced- some have lost their livelihoods.

The women also reported that there is a shortage of money to spend for food for their families, there is limited food supply in the market, high prices in both transport and food in the market. Others reported that there are very few income generating activities going on- what is left is only for those who sell food. Even then, there are fewer customers for grocery sellers.

Most single mothers interviewed in this group now find it difficult to get food to feed their families. They cite changes are attributed to closure of most businesses as a result of COVID - 19.

Respondents expressed the fact that women who are running salons and other non food item businesses have been hit the most by this catastrophe. This is because they conduct small daily businesses. There are no customers for salon workers and therefore no money for survival. A few of the salon workers expressed

⁵² Ibid

that their desperation at times forces them to brave being arrested as they still sit outside their salons in hope of a customer coming by.

Inclusion of women and girls voices

Women's participation is enshrined as a right in the constitution of the transitional government. Women in South Sudan were never part of decision-making and they have earned this right through wider participation in many capacities before independence⁵³. The transitional constitution provides a quota system with 25 percent representation for women at executive and legislative levels. When independence was attained the percent of women in parliament stood at 33 percent and the chair of the women's parliamentary caucus was hopeful that eventually the number would increase to 51 percent. However, cultural barriers still exist which limit the participation of women such as early and forced marriages, which deter girls from going to school, cultural practises, which confine women in the private sphere, time-consuming domestic chores such as fetching water, and preparing food and the negative labelling of women who participate in politics⁵⁴.

Women's participation in the political arena and in as far as their being part of political decision making processes can also benefit from a little push. Despite women in South Sudan having a fundamental right to participate in and influence the decisions and institutions that affect their lives⁵⁵. South Sudan is a signatory to a number of international legal frameworks that encourages women inclusion and participation at all levels. These include; the United Nations (UN) Convention on the Elimination of All Forms of Discrimination Against Women (1979); the UN Declaration on the Right to Development (1996); the UN Guiding Principles on Internal Displacement (1998); UN Security Council Resolution (SCR) 1325 (2000); UNSCR 1820 (2008); and UNSCR 1889 (2009)⁵⁶. Anne Itto a South Sudanese scholar/politician points to the fact that despite these frameworks 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 any political negotiations⁵⁷. Despite the many barriers that women in South Sudan face and despite the numbers being limited women have emerged in different fora's as leaders including the church, political parties and within the humanitarian landscape⁵⁸.

Respondents from the RGA further proved the need for extra effort to be exerted in ensuring that women and girls are not left behind. A majority of the male respondents said that most important decisions are made by men in their families, however they also said that before making some decisions they involve their wives. Many of the females interviewed said most of the decisions in their household were made by their husbands as the head of the family. They also said that their sons also had a say in some of the decisions that were made in the family. Single mothers were an exception to all this as they expressed that they made all the decisions on behalf of their children.

⁵³ Ibid, p6

⁵⁴ Ibid, p3

⁵⁵ Ayla, B, Pip, H and Sutton, K., 2017. Women in Humanitarian Leadership. Humanitarian Advisory Group

⁵⁶ Action aid. 2017. On the Frontline: Catalyzing Women's Leadership in Humanitarian Action, Prepared for the World Humanitarian Summit, 2016, Turkey

⁵⁷ 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

⁵⁸ Thinking Anglicans, 2018. South Sudan has a female bishop from <https://www.thinkinganglicans.org.uk/7803-2/> retrieved on 01/05/2020

Needs, vulnerabilities, capacity and coping mechanisms

Needs:

Women

In light of responding to the COVID- 19 pandemic the following were highlighted by women, men, girls and boys as their needs:

A majority of the women highlighted their needs to include the need for food supplies, followed by water, soap, and dignity kit, health care. Due to school closures, women also expressed an interest in alternative ways of learning.

They highlighted opportunities that would allow them to generate income as well as become economically empowered with access to loans.

They also expressed the desire to have masks, handwashing facilities and a need for information regarding sexual reproduction and health rights.

Women who were above the age of 54 cited food vouchers as a priority followed by water, soap, security and emergency cash transfers.

Men

Men prioritized education for their children, soap, mask, money, hand washing facilities, jobs, toilets, boreholes, hand sanitizers, clothes, food; vegetables, fruits, medicines, counselling and security.

Men stated that they would like financial support to be able to pay household bills as their income since the onslaught of COVID- 19 has dwindled or is non-existent.

Men also expressed that they would like to see women get back their livelihoods so they can continue to support their families.

They also would like to own a radio to keep informed about the COVID-19 situation in the country.

Men who were above the age of 54 cited food, water, handwashing facilities and soap as their priorities.

Girls

Adolescent girls expressed that they wanted to go back to school and other needs included access to money, jobs, food and water, dignity kits and health services, soap, hand washing facilities, sanitizers and masks.

Boys

Adolescent boys also wanted to return to school but also wanted learning materials whilst confined to their homes. They also expressed that they also needed food, water, money and security. The adolescent boys also expressed that support needed to be extended to street kids and orphans in Juba.

Vulnerabilities:

Respondents felt that those that were most vulnerable in the COVID-19 era were; pregnant mothers, disabled persons, the elderly, orphans, teenage mothers, children, female headed households, widows and girls. The respondents expressed that those mentioned were helpless because of the different circumstances that they are in. Some of these vulnerable groups cannot provide for themselves, they are elderly, unemployed, cannot afford to buy the basic necessities and some have jobs that only allow them to buy a meal for the day.

Copying mechanisms:

For the respondents that had access to UN and the Ministry of Humanitarian Affairs food rations or, they said that they are using those food rations to cope with the economic impact that COVID-19 has had on their livelihoods. They also are surviving from food that they had stored earlier on in the year, savings they had made and some are also surviving from short term work. The respondents who were involved in the Boda Boda business said that they were still operating, even though the demand for transportation was not as much as it was before COVID-19.

Some of the respondents expressed that despite all the changes that had come with the COVID-19, they remained optimistic to continue pursuing a normal life. Family businesses have come at a standstill which has led to all family members coming together to sell other goods to generate incomes for their homes. They were other respondents who said that they cope by reading books and keeping themselves busy and cleaning their compound.

A majority of adolescent girls said that they are coping with the whole situation by helping their mothers in the market. The girls stated how their parents had reduced their spending and had resorted to eating one meal per day as well as reducing the quantity of food eaten at a time.

The girls also spoke of being involved in small businesses, reducing their spending on non-essential goods and how they sometimes have to ask neighbours to lend them some food.

A number of the adolescent girls also mentioned helping their brothers with their work, studying and concentrating on their academic work.

Women from some of the families have also resorted to brewing alcohol and they have shifted from selling hardware to selling food items.

Some of the women in the salon business said they sit outside their closed shops and wait for customers to come while risking being caught by the authorities. The COVID-19 infection preventative measures have stipulated that salon businesses should close.

Other women said that they sell charcoal at home, while some said they are surviving on what is available in their households and they sometimes ask for support from some of their relatives who have a higher income than them.

One elderly female respondent explained how many homes are surviving *“Children eat, and old people can sleep with hunger that is how we cope”*

Capacity

Regarding the capacities of the respondents it was noted that most of the male interviewees under 18 have no skills as a majority of them are either in school or college. Some of the ones that had graduated were unemployed and some were unskilled labourers; some had jobs and some are conducting businesses. Some of the male respondents said they have different skills in military, technical work and including mechanical work. A majority of the female respondents admitted that they lack technical skills and they cited a lack of education as the cause of them being unskilled.

Conclusion

South Sudan as a newly independent country which has been compounded with civil war is listed as one of the most vulnerable countries to phenomenal shocks. COVID-19 which has been declared a global pandemic by WHO has wrought disastrous effects on interconnected global economies through lockdowns.

Lockdowns have to a varying degree affected countries differently and in South Sudan, an already vulnerable country has experienced a litany of challenges brought on by the restrictions instituted by the government of South Sudan to prevent the spread of COVID-19.

A rapid gender analysis conducted in Juba revealed the differences in how women, men, girls and boys are affected by these restrictions in varying degrees and any response actions employed to cushion communities, should take into account of these gender differences and ramifications on communities brought on by COVID-19 restrictions on movement, dusk till dawn curfews and the opening of certain businesses.

Recommendations

1. The national response plan on COVID-19 must be grounded in strong gender analysis, taking into account the gendered roles, responsibilities and dynamics. Commit to collect sex and disaggregated data- In South Sudan sex and age disaggregated data is scarce, rare and in some cases non-existent. The possibility of having SADD is there as seen by the situation reports published by WHO on COVID 19. This is an opportunity for development and humanitarian actors to collect SADD to create a databank which is critical to inform various response actions to the COVID-19 outbreak which are tailored to the needs of different communities in South Sudan.
2. Inclusion of women and girls voices- At risk populations in vulnerable settings such as refugee camps, internally displaced, women with disabilities, indigenous communities and prisons are at risk of being excluded. In such settings, women should be placed in strategic positions to influence the design and implementation of prevention activities. Their front line interaction with communities places them in a unique position to identify outbreak trends and insights at local and national level. Furthermore, women are also able to tailor the needs of women which can be included in responses to avert further risk or burden being placed on women. Prioritise the engagement of local women organisations including existing women leaders' networks and taskforces in South Sudan as much more frequently than not they are the first responders and are principled in their focus on addressing priorities for women, including SGBV. Women are more knowledgeable and focused in addressing women issues.
3. Ensure communities have access to timely and reliable information- Continue consultations with communities whilst ensuring that marginalised groups are consulted to understand what information they need and how they want to access it. Key findings on the COVID outbreak showcased that women preferred the use of megaphone to disseminate messages while men preferred the use of a radio to receive messages on COVID-19.
4. Prioritise support for vulnerable households- In these programs identify, register and prioritise those households that are financially affected the most by COVID- 19 through the loss of livelihoods, by giving them safety nets which can prevent affected families from making drastic decisions such as forcing girls into early marriages in exchange for bride prices.
5. Ensuring essential services are functioning and prioritize prevention, preparedness and response to violence against women and girls including police and justice, health, and social services. Update service directories and referral pathways that access needs correctly and give cross-sectoral support to survivors of violence, until there has been a positive outcome for them. At the same time develop or support peer to peer networks among women's shelters and crisis centres to build capacity on how to respond during an emergency, especially for shelters and centres with less experience.

6. Prioritise consultation with women and girls and disabled people on the accessibility and safety of WASH facilities. Some of the female and respondents complained that some of the WASH facilities are not accessible and are unsafe for them to draw water from. Emphasis should be made to solicit views and solutions from the aggrieved parties on how WASH facilities can be accessible and made safer for women and disabled people.
7. Prioritise offering continued support services for abused women especially for those women in IDP camps and refugee camps-Women in refugee camps have expressed how COVID-19 and its social distancing requirements have left them confined with their abusers. Moreover, support services offered by aid workers who also have restricted mobility to visit abusive homes have been limited during the COVID-19 outbreak which has placed women at greater risk from GBV.
8. Ensure markets are well informed and supplied with preventive measure facilities against COVID-19. Some market traders despite the government orders on restrictions on movement, in fear of losing their daily income, have continued to ply their goods at markets which puts them in direct and constant risk with customers. Priority should be placed on informing how market traders can protect themselves from contracting COVID-19. Mask, buckets, hand wash soap and sanitisers can be distributed to small-scale businessmen and women in markets running salons, tea shops, restaurants and tailoring shops.
9. Prioritise the increase water supply and subsidise the cost for it to ensure that all marginalised groups have access to it. Most poor families are unable to secure enough water for their families and women are mostly affected during menstruation as they need more water than men for sanitary purposes. Households in Juba depend on unclean water transported from the River Nile while others depend on water from boreholes and streams. FHH are at risk of not having an adequate income to buy water for their families at a time when preventive measures require people to wash their hands at constant intervals.
10. Prioritise free distribution of sanitary pads to girls. Girls complained of their families not prioritising their finances on the purchase of sanitary pads due to cultural perceptions and constrained household incomes which have shrunk due to the lockdown.
11. Prioritise building capacities of health facilities which are generally constrained to offer adequate healthcare to their communities, particularly pregnant women. South Sudan has limited health facilities and most respondents complained of long queues, the long distance they incur to reach health facilities and their capacity to deal with health care.