



United Nations
SOUTH SUDAN
2020



COVID-19 Socio-Economic
Response Plan



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COVID-19
RESPONSE

The background of the entire page is a microscopic image of three coronavirus particles. Each particle is roughly spherical with a dark brown center and a lighter brown, spiky outer layer. They are set against a textured, light blue background. A large white circular area on the left side of the page contains the text.

COVID-19 Socio-Economic Response Plan

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Acknowledgements

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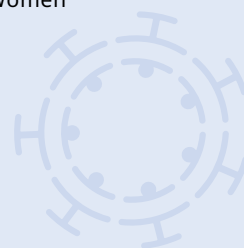
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Abbreviations and acronyms

AFPs	United Nations agencies, funds and programmes
COVID-19	coronavirus disease
CTS	Common Transport Services
FAO	Food and Agriculture Organization of the United Nations
FY	fiscal year
GDP	gross domestic product
HCT	Humanitarian Country Team
HMIS	Health Management Information System
IDP	internally displaced person
IMF	International Monetary Fund
IOM	International Organization for Migration
IPC	Integrated Food Security Phase Classification
MHPSS	mental health and psychosocial support
MSME	micro, small and medium enterprise
NDS	National Development Strategy
NPRP	(COVID-19) National Preparedness and Response Plan
PFM	public financial management
PoC	protection of civilians
PoE	point of entry
PPE	personal protective equipment
PSEA	protection from sexual exploitation and abuse
R-ARCSS	Revitalized Agreement on the Resolution of the Conflict in South Sudan
RCCE	risk communication and community engagement
RMNCAH	reproductive maternal, newborn, child and adolescent health
SGBV	sexual and gender-based violence
SRHR	sexual and reproductive health and rights
UN-Women	United Nations Entity for Gender Equality and the Empowerment of Women
UNCF	United Nations Cooperation Framework
UNCT	United Nations Country Team
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNHAS	United Nations Humanitarian Air Service
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNOPS	United Nations Office for Project Services
UIS	UNESCO Institute for Statistics
UNMISS	United Nations Mission in South Sudan
WASH	water, sanitation and hygiene
WFP	World Food Programme
WHO	World Health Organization



Foreword

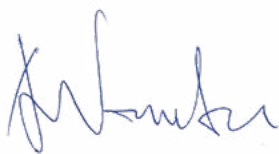
In early 2020, the coronavirus disease (COVID-19) pandemic caught the entire international community by surprise due its capacity to spread quickly and its virulent effects.

In South Sudan, COVID-19 represents an acute new problem that comes on top of the devastating consequences of years of conflict, the ongoing humanitarian crisis, the recent flooding in parts of the country and the invasion of locusts, among others. It adds strain to the national health care system and has perverse ramifications for many other areas, such as child protection, education, the economy, food security, gender and the critical situation of internally displaced persons. These ramifications make COVID-19 a daunting challenge with potential for substantial negative effects on the country's sustainable development.

The international community at large, and the United Nations specifically, has been supporting South Sudan since the country was born in 2011, we are committed to step up and respond to the new challenge in partnership with the government. Addressing the country's deficiencies and minimizing both the short- and long-term effects of the COVID-19 crisis requires timely action. This Socio-Economic Response Plan recognizes the ongoing humanitarian response, considers the remaining gaps in the short to medium term and offers nine strategic areas of intervention to address the social and economic impact of the pandemic. United Nations entities and partners in South Sudan will adjust existing programmes and develop new projects for implementation under the recommended strategic areas in this Plan.

The COVID-19 crisis in South Sudan is already having a significant negative impact on the humanitarian situation and will also impact the socio-economic and political progress in the country. Responding to the COVID-19 pandemic crisis in South Sudan therefore requires a comprehensive approach. This Socio-Economic Response Plan will complement the ongoing emergency response. Implementation of activities under this Plan will continue to be aligned with the COVID-19 National Preparedness and Response Plan (NPRP), the Humanitarian Response Plan (HRP) and the United Nations Cooperation Framework (UNCF) 2019–2021, leading towards the Sustainable Development Goals (SDGs).

We look forward to our continued engagement with all South Sudanese and international partners in responding to the pandemic.



Alain Noudéhou

Deputy Special Representative of the Secretary General, Humanitarian Coordinator and Resident Coordinator of the United Nations in South Sudan





Executive summary

This document first presents an analysis of the socio-economic impact of COVID-19 in South Sudan. Based on such analysis, it proposes a set of priority interventions that can be translated into joint programmes by United Nations agencies, funds and programmes (AFPs) and the Mission.

South Sudan is ranked as the most dangerous country for people to live in during the COVID-19 pandemic. The reasons for this relate to the country's *structural deficiencies*, which include a very weak and under-resourced health care system, an extremely high poverty rate, widespread and high rates of malnourishment, and a large number of internally displaced persons (IDPs), among others. The country's weak justice system and gender inequality exacerbates crises such as widespread sexual and gender-based violence (SGBV), making the South Sudanese population one of the most vulnerable in the world. Adding to these structural barriers, the *timing* of the pandemic could not be worse. The Revitalized Transitional Government of National Unity has been in office for a short time and faces daunting challenges in leading the post-conflict transition. Since the beginning of the pandemic, violence has spiked in places like Jonglei, where hundreds of civilians have been killed and 60,000 displaced. COVID-19 adds strain and poses a threat to the peace process: major reforms are still outstanding and further delays are likely. Other factors relating to timing include the rainy season, which complicates access to rural communities and hampers food distribution at a time when there are both floods and locusts in parts of the country. Finally, the government has imposed measures such as curfew, limiting movement or social distancing to contain the pandemic, which also have a significant socio-economic impact. This document identifies the main channels through which the pandemic has a devastating socio-economic impact in South Sudan (Table 1).

Table 1. Impact of COVID-19 in short versus medium/long-term and at the household and macro level

	SHORT TERM (< 6 MONTHS)	MEDIUM/LONG-TERM (6 MONTHS-1 YEAR)
MACRO	<ul style="list-style-type: none"> Disagreements and longer delays in implementing R-ARCSS Lower oil prices > less oil revenue for national budget Lockdown & travel restrictions > less non-oil revenue Government salaries arrears > higher corruption Inflation increases Foreign exchange pressure > depreciation of South Sudanese Pound (SSP) 	<ul style="list-style-type: none"> Peace process jeopardized Public finances deteriorate Public finances deterioration Higher corruption undermines public institutions Less investment (foreign and national) Unsustainable debt
HOUSEHOLDS	<ul style="list-style-type: none"> Many deaths, especially in high-density areas Capacity to delivered basic services weakened Rising cost of basic goods > households cannot afford them > disrupted households Less remittances > disrupted households People invest less in their children's education Intercommunal violence > vulnerable populations suffer 	<ul style="list-style-type: none"> Increased poverty, hunger and morbidity from preventable diseases Increased insecurity and violence Youth are more likely return to violence Human rights abuses continue and rise SGBV and gender gaps worsen Number of mobile populations of concern rises



Table 2. COVID-19 recommendations for South Sudan, in alignment with the United Nations Core Contribution Initiatives

UN CORE CONTRIBUTION INITIATIVE	RECOMMENDATIONS
Fight gender-based violence	<ul style="list-style-type: none"> • Boost prevention via massive public awareness campaigns for men • Ensure coverage of initiatives to high population density areas such as Juba
Provide essential health services	<ul style="list-style-type: none"> • Expand and complement with COVID-19 prevention, diagnosis and treatment, especially for the segments of the population that are most vulnerable (e.g. the elderly)
Educate children and youth	<ul style="list-style-type: none"> • Expand coverage with alternative education formats (e.g. radio)
Ensure food security and nutrition	<ul style="list-style-type: none"> • Increase food security (based on ongoing needs assessments)
Governance and access to justice	<ul style="list-style-type: none"> • Keep reinforcing governance structures with aspects such as infrastructure for remote business continuity (e.g. e-governance)
Area-based economic recovery	<ul style="list-style-type: none"> • Ensure coverage of initiatives to high population density areas such as Juba • Create new programme(s) on economic diversification • Create new programme(s) on public finance reforms
Support displaced families to return	<ul style="list-style-type: none"> • Maintain (given mobility constraints)
Prepare for a national census	<ul style="list-style-type: none"> • Maintain (given mobility constraints)
Empower women	<ul style="list-style-type: none"> • Expand and complement with other actions (e.g. cash transfers) • Create a new programme on public finance reforms • Create a new programme on economic diversification

The analysis makes clear that the negative consequences of the pandemic are closely intertwined:

Once the different negative socio-economic effects of COVID-19 are clear, it is important to determine the programmatic response needed to mitigate them.

- across sectors, (e.g. many youths, higher poverty, less education and weapons availability stir up violence);
- considering several time horizons, (e.g. lower oil revenue in the short term induces higher corruption and undermines public finance institutions in the longer run); and
- between the macro and micro dimensions, (e.g. inflation makes it harder for households to afford basic goods or more vulnerable youth and intercommunal fighting may put the peace process at risk).

Such a web of complex relations calls for comprehensive and holistic interventions that tackle several dimensions at the same time. In this regard, available evidence shows that while the initial United Nations response to COVID-19 has been quick, coordinated with the National Preparedness and Response Plan (NPRP) and the United Nations Cooperation Framework (UNCF), flexible and coordinated with other entities and initiatives such as the Humanitarian Response Plan, increased efforts are necessary.

Once the different negative socio-economic effects of COVID-19 are clear, it is important to determine the programmatic response needed to mitigate them. An intrinsic difficulty in doing so is the high uncertainty about how the



pandemic may evolve in the country. For example, forecasts in the next year range from 629,275 to 10,270,978 infections, and from 408 to 26,740 deaths. This is an important planning risk, and to address it, the analysis considers three scenarios of infections and deaths: low impact, medium impact and high impact. The results show that while the initial humanitarian and health-related United Nations response to COVID-19 has been quick, significantly increased efforts are necessary. Keeping these constraints in mind, before designing the specific United Nations programmes to mitigate the effects of COVID-19 it is also important to recognize that the United Nations was already undertaking a massive humanitarian, development and peace endeavour prior to the COVID-19 pandemic, which provides a strong platform to build on.

Keeping in mind how COVID-19 affects the country and the priorities identified, and the current joint programmes of the United Nations Core Contribution 2019–2020, recommendations can be of different nature. Table 2 shows the recommended actions.

It is recommended that the United Nations maintains important ongoing programmes such as women’s empowerment, reinforcing aspects such as SGBV prevention through massive public awareness campaigns. Some of the current joint programmes should be expanded, either in the number of beneficiaries (e.g. food security and nutrition) and/or in reaching high-density geographical areas (e.g. area-based economic recovery beyond the initial Yambio focus). An additional recommendation is to tailor some of the ongoing programmes to the intrinsic challenges which the pandemic brings, such as adding more COVID-19-specific health care for the elderly, or through alternative formats of education that respect social distance, such as radio discussions. Finally, the creation of new programmes to facilitate economic diversification, macroeconomic stability and public finance reforms should be given priority, in light of the destabilizing effects of the pandemic on the economy and the risk they create for maintaining peace in South Sudan.

The United Nations was already undertaking a massive humanitarian, development and peace endeavour prior to the COVID-19 pandemic, which provides a strong platform to build on.

The recommendations laid out here are not mutually exclusive and may overlap, which is not surprising given the complex relationships at play. The specific format of the measures taken should be carefully considered by the United Nations Results Groups in South Sudan, in consultation and close collaboration with national counterparts to ensure that the United Nations response continues to be aligned with national and international frameworks such as the National COVID-19 Task Force, the National Development Strategy (NDS) 2018–2021 and the COVID-19 NPRP (Ministry of Health, 2020), embedded within the UNCF 2019–2021, coordinated with complementary initiatives such as the Humanitarian Response Plan (United Nations, 2019 & 2020a), and leading towards the Sustainable Development Goals (SDGs).

Sizeable additional efforts will be necessary to undertake these recommendations. As of 10 June, the United Nations AFP have mobilized US\$58.7 million (the biggest project being the South Sudan Safety Net Project, to the tune of US\$40 million). Considering that the total financing needs range from US\$381.4 to US\$555.4 million (depending on the scenario considered), this means that the unfunded gap may range from about US\$322.7 to US\$496.7 million. Based on the population estimates of 11.2 million, this yields about US\$28.8 to US\$44.4 per capita.



CHAPTER 1

Introduction

1.1 SOUTH SUDAN CONTEXT

The Revitalized Agreement on the Resolution of the Conflict in South Sudan (R-ARCSS) was signed in 2018, putting an end to a prolonged conflict that had devastating consequences. By late 2019, 7.5 million people (more than two-thirds of the population) needed humanitarian assistance; nearly 4 million people remain displaced (United Nations, 2019), and 2.2 million children of school-going age remain out of school (UNICEF, 2019b).

The conflict has had far-reaching consequences in all areas of development. For example, supply chains were disrupted and existing infrastructure was destroyed or poorly maintained, which forces the country to depend heavily on neighbouring countries for food. The combination of weak institutions and ongoing conflict were a breeding ground for corruption, and many development projects that could have been executed were not, resulting in a high opportunity cost of the conflict. For households, such conditions translated into a deterioration of access to basic services, as well as a deterioration of their quality. As a result, South Sudan has one of the highest under-five mortality rates (90.7 deaths per 1,000 live births) and maternal mortality rates (789 deaths per 100,000 live births) worldwide. The country remains in a situation of severe food insecurity, with 6.4 million people considered food insecure. Protection concerns also remain significant, with the population often living in fear due to persistent insecurity, landmines and explosive remnants of war, human rights violations and SGBV, among others.

The combination of weak institutions and ongoing conflict were a breeding ground for corruption, and many development projects that could have been executed were not, resulting in a high opportunity cost of the conflict.

1.2 EVOLUTION OF COVID-19 IN SOUTH SUDAN

The country's extreme challenges have coincided with the emergence of COVID-19, declared a Public Health Emergency of International Concern on 30 January 2020. The first case in South Sudan was confirmed on 5 April 2020. Since then, as of 26 August, the number of cases in South Sudan has increased, reaching 2,510 infections and 47 deaths (Figure 1).¹

The risk of COVID-19 in South Sudan is very high as a result of factors such as severe malnourishment and related health complications; a weak, limited and under-resourced health care system, including near absence of palliative care facilities, and the large number of IDPs with limited and/or cramped shelter. South Sudan has been ranked as the riskiest country for the spread of COVID-19 in Africa (Africa Center for Strategic Studies, 2020).

¹ Given the limited testing capacity, it is likely that the number of known cases may understate the actual number of cases in the country.



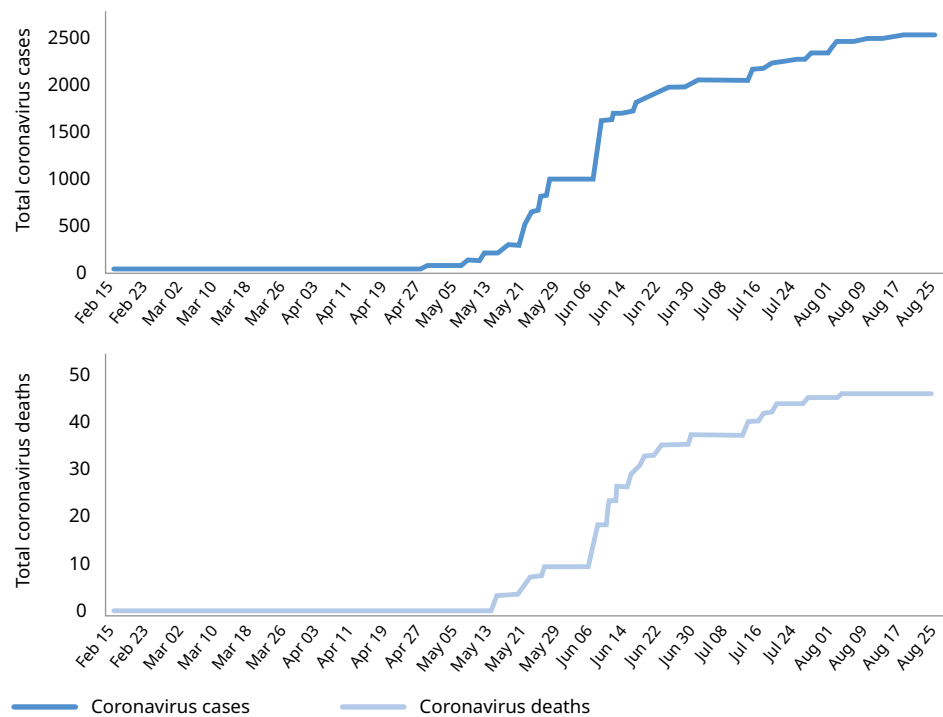


Figure 1. Total COVID-19 cases and deaths in South Sudan (as of 26 August 2020)

Source: Worldometer, <https://www.worldometers.info/coronavirus/country/south-sudan/>

The effects of COVID-19 extend well beyond infections or deaths, having a negative impact in areas as diverse as food security, education and SGBV, among many others.

To reduce contagion, the government acted swiftly and introduced policies such as reduced trading hours and a curfew. An NPRP was prepared in late March 2020, with activities costed at US\$16.5 million, with eight pillars of action² and three phases.³ The international community and private sector responded promptly and committed the required resources – mostly in monetary form, with a few others in kind (e.g. fuel). However, the evolution of the disease (Figure 1) made it clear that the initial resource requirements were insufficient. Accordingly, in late April the country updated the NPRP costing to US\$136.3 million. Depending on how COVID-19 evolves in the coming months, even this new assessment could be insufficient, given the estimates of the number of projected infections and deaths for South Sudan (Figure 2).

The effects of COVID-19 extend well beyond infections or deaths, having a negative impact in areas as diverse as food security, education and SGBV, among many others. The more severe manifestation of these effects in South Sudan compared to developed countries highlights the need for support. For instance, children in Europe have been learning online during their countries’ lockdowns, as a result of existing infrastructure and resources that enable online and remote learning. In South Sudan, this solution is inaccessible due to the absence of reliable telecommunications systems and/or the resources for children to access these platforms, resulting in the denial of education in a society with the lowest literacy rate in the world. This example illustrates that the effects of COVID-19 are intertwined, and therefore interventions must be holistic and tailored – including operational challenges such as being able to reach local communities far from Juba.

2 1) Coordination, planning and monitoring, 2) risk communication and community engagement, 3), surveillance, rapid response and case investigation, 4) points of entry, 5) national laboratories, 6) prevention and control, 7) case management and 8) operational support and logistics.

3 1) Emergency response, 2) containment and 3) post-crisis/recovery.



SUMMARY BY SOURCE

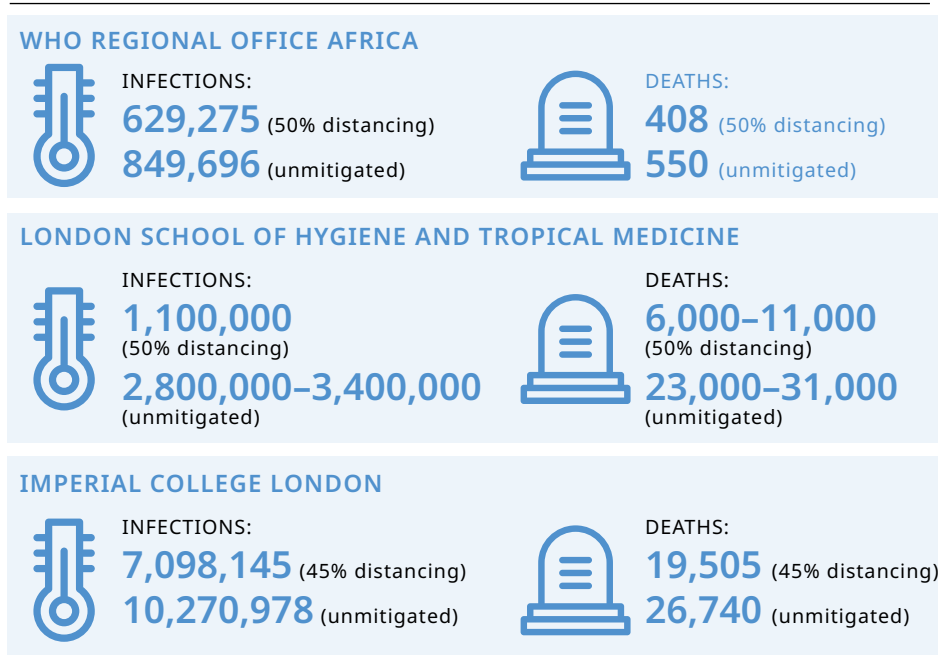


Figure 2. Total projected COVID-19 cases and deaths in South Sudan
Source: Author's compilation based on organizational studies of reference.

1.3 THE PEOPLE WE MUST REACH

Prima facie, COVID-19 may affect everyone, whether directly (e.g. getting sick) or indirectly (e.g. travel restrictions). However, the effects vary greatly with differences in demographic and individual characteristics. For instance, men are more likely to get infected: the male-to-female ratio among confirmed cases is 1.7 (WHO, 2020a). Men are also more likely to die from COVID-19: the male-to-female ratio of deaths ranges from 2.1 to 1.1 depending on the country (Bendix, 2020). The severity of effects is much higher for people with compromised immunity and older people are much more vulnerable than young ones – although in South Sudan there are few elderly people relative to other countries. An additional risk factor is having some underlying condition (with some, such as chronic respiratory disease, being much worse). In addition, South Sudan has one of the highest levels of undernourishment globally and consequently many South Sudanese have weak immune systems (Table 3). COVID-19 is also threatening to reversing progress made with other diseases (Makoni, 2020). For example, 787,000 children missed out on measles vaccine in South Sudan as the second phase of the nationwide vaccination campaign was postponed due to COVID-19 (UNICEF, 2020b).

In addition to health, there are socio-economic variables that heighten the indirect negative effects of COVID-19, such as poverty, gender inequality and mobility, e.g. when people have little income, they are less likely to afford basic goods such as medicines. Women were already facing pervasive gender-based violence, health and safety risks and these are worsening, e.g. intimate partner violence and SGBV have spiked due to increased household stress and women being in close proximity with abusers (OHCHR, 2020); girls are forced

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Table 3. Population vulnerabilities to COVID-19 in South Sudan (percentage of the population with)

UNDERNOURISHMENT	16.2
CHRONIC RESPIRATORY DISEASE	6
CHRONIC KIDNEY DISEASE	5
CHRONIC CARDIOVASCULAR DISEASE	3
HIV/AIDS	3
TUBERCULOSIS (INCIDENCE WITH)	280

Source: United Nations Economic Commission for Africa (2020). The value for the HIV/AIDS prevalence rate is from UNFPA (2020).

into marriages as a result of deepening poverty.⁴ These social and gender harms are particularly concerning for intersectional populations – including IDPs and persons with disabilities. South Sudan has a diverse mobility profile composed of conflict and natural disasters – induced displacement, returns and a complex migration landscape marked by traditionally mobile populations of nationals and international migrants for seasonal and economic reasons. These people mostly live in congested living quarters, thereby posing greater risks for COVID-19 infection.

1.4 WHY THE UNITED NATIONS DEVELOPMENT SYSTEM?

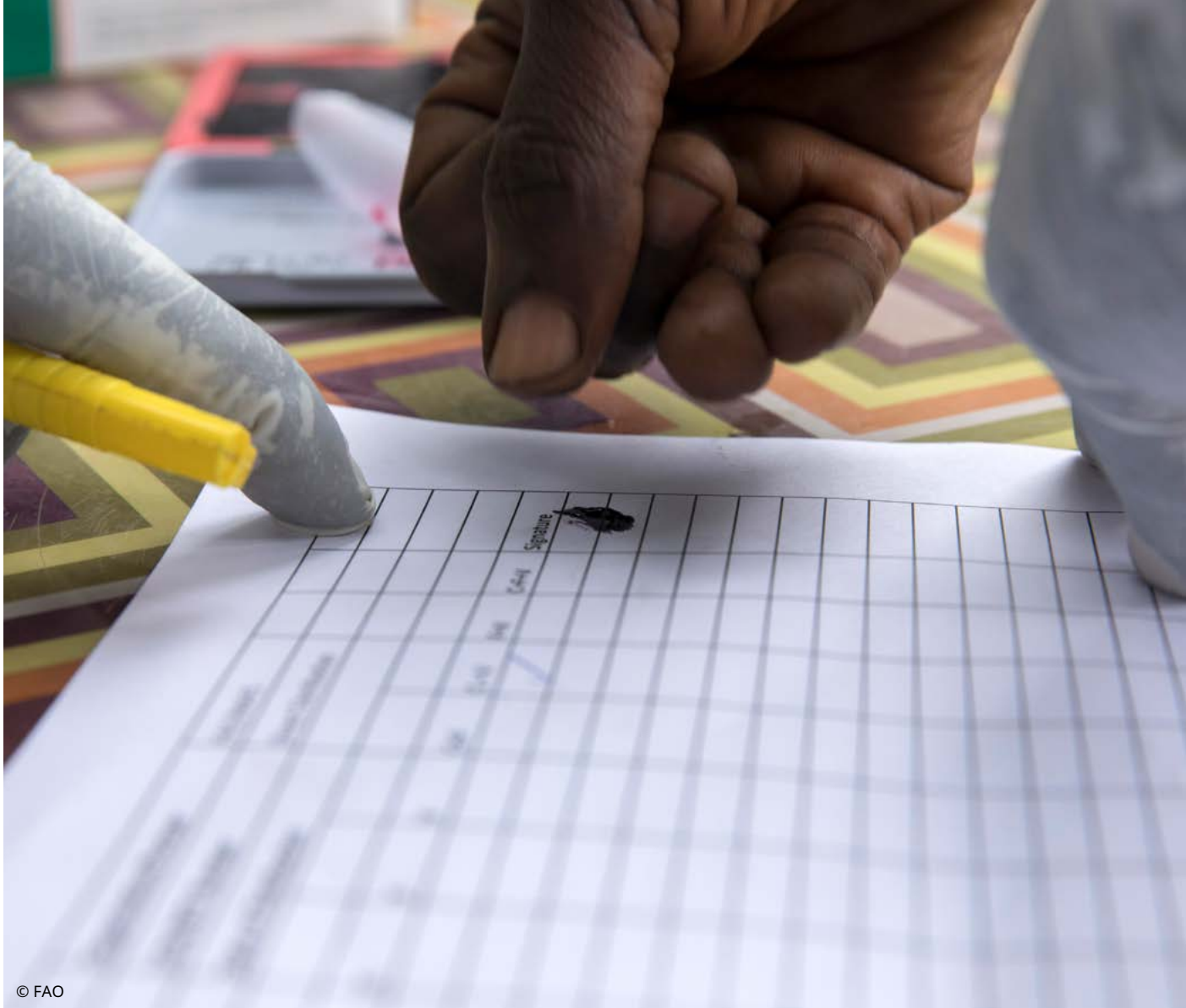
South Sudan has a diverse mobility profile composed of conflict and natural disasters. These people mostly live in congested living quarters, thereby posing greater risks for COVID-19 infection.

The United Nations development system is well positioned to lead the immediate socio-economic response to COVID-19 by the international community in South Sudan for five key reasons:

- First, the United Nations is a key partner of the Government of South Sudan and has been quick to react to the COVID-19 crisis with careful alignment to national systems and priorities.
- Second, United Nations channels of aid distribution, whether for food, vaccines, education or sanitation supplies, etc., are well established and reach everywhere in South Sudan. No other actor has comparable capacity.
- Third, 20 AFPs are part of the United Nations Country Team (UNCT), which supports South Sudan across all sectors creating a holistic response and synergies – including across varied areas such as health, nutrition, education, water, sanitation and hygiene (WASH), protection, humanitarian mine action, rule of law, food delivery, vaccination campaigns and public finance support. United Nations interventions often take the form of joint programmes, exploiting synergies not only within UNCT agencies, but also through partnerships with the United Nations Mission in South Sudan (UNMISS), non-governmental organizations, civil society, and with bilateral donors or specialized funds and programmes such as the World Bank.
- Fourth, UNMISS plays a vital role in South Sudan, with the means and the mandate to i) support peace consolidation and thereby foster longer-term

⁴ World Vision reports anecdotal evidence of a rise in child marriages in South Sudan (Batha, 2020).





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- state building and economic development; ii) exercise its responsibilities for conflict prevention, mitigation and resolution, and protect civilians; and iii) develop its capacity to provide security, to establish rule of law, and to strengthen the security and justice sectors (UNMISS, n.d.).
- Finally, the UN response to COVID-19 so far has been quick (Annex), flexible (e.g. US\$2.2 million were repurposed from other programmes to respond to COVID-19), aligned with the UNCF, coordinated with the NPRP and the other initiatives such as the Humanitarian Response Plan.

This document lays out the response required to minimize the negative impact of COVID-19 in South Sudan, relying on three premises. First, as Figure 2 on page 11 shows, there is high uncertainty about the trajectory of the pandemic. The response needs to continue being agile, variable and adapt accordingly. This has been addressed by adding several scenarios of the impact of COVID-19 (low impact, medium impact and high impact), conceptually based on the number of infections and deaths. Second, it is assumed that basic correct information about the evolution of the pandemic in South Sudan, such as the number of infections and deaths, etc. will continue to be publicly known. And third, the response must continue being aligned with national and international frameworks such as the NPRP and the UNCF, as well as coordinated with similar initiatives such as the Humanitarian Response Plan.

The response needs to be agile, variable and adapt accordingly. This has been addressed by adding several scenarios of the impact of COVID-19.















CHAPTER 2

Socio-economic impact assessment and response plan

SUMMARY OF COVID-19 RESPONSE COSTINGS

The following table gives an idea of the order of magnitude to respond to COVID-19 in the different sectors and scenarios.

Table 4. Summary of financing under the three scenarios for the COVID-19 response, by sector (US\$ million)

SECTOR/SCENARIO	LOW	MEDIUM	HIGH
 HEALTH SERVICES AND SYSTEMS	80	163	233
 SOCIAL PROTECTION AND BASIC SERVICES		182	
 AGRICULTURE, FOOD SECURITY AND NUTRITION		27.6	
 WOMEN AND YOUTH	6.2	9.1	10.1
 PEACE AGREEMENT IMPLEMENTATION AND SOCIAL COHESION	5.8	7.8	10.8
 PROTECTING JOBS, SMALL AND MEDIUM-SIZED ENTERPRISES, AND INFORMAL SECTOR WORKERS		4	
 MACROECONOMIC RESPONSE, MULTILATERAL COOPERATION AND PUBLIC FINANCIAL MANAGEMENT	2.5	3.5	5
 HUMAN RIGHTS AND THE RULE OF LAW	-	-	-
 MOBILE POPULATIONS OF CONCERN	-	-	9.6
 LOGISTICAL OPERATIONS AND PHYSICAL INFRASTRUCTURE		73.3	
TOTAL FINANCING NEEDS	381.4	470.3	555.4
MOBILIZED FUNDS (AS OF JUNE 10TH)		58.7	
FINANCING GAP	322.7	411.6	496.7

Note: All costs are approximated and estimated for one year

As of 10 June, the United Nations AFP in South Sudan have mobilized US\$58.7 million. Considering that the total financing needs range from US\$381.4 to US\$.4 million (depending on the scenario considered), this means that the unfunded gap may range from about US\$322.7 to US\$496.7 million. Based on the population estimates of 11.2 million, this yields about US\$28.8 to US\$555.4 per capita.





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2.1. HEALTH SERVICES AND SYSTEMS

2.1.1. CONTEXT AND CHALLENGES

South Sudan has some of the worst health indicators in the world, resulting in a life expectancy for men and women of just 58 and 60 years, respectively (Deep Knowledge Group, 2020). Most indicators are far below recommended minimum thresholds, e.g. the overall capacity of the health system to provide services is only 37 per cent of the minimum threshold. Health care facilities have been mostly destroyed, despite an estimated 3.9 million people needing health care in 2019.

South Sudan has some of the worst health indicators in the world, resulting in a life expectancy for men and women of just 58 and 60 years, respectively.

To address it, agencies such as the World Health Organization (WHO) have been providing technical assistance at national and subnational levels, working together to develop and strengthen the health system capacity for service delivery. Key national policies, strategies, plans and guidelines produced include the health sector strategic plan, health financing strategy, boma health initiative strategy, basic package for health and nutrition services, and standard treatment guidelines for common conditions, HIV/AIDS and mental health. A service availability and readiness survey was also conducted, to generate evidence for guiding and tracking investments for scaling up health workforce density, infrastructure development and the utilization of quality essential health services. The country's health preparedness has also been enhanced via the adoption of international health regulations, including integrated disease surveillance and response, public health emergency operations and the National Public Health Laboratory to test most infectious diseases. An example of capacity-building yielding results is that polio-free status was maintained in South Sudan through the deployment of e-mobile technologies for enhanced surveillance and polio vaccination campaigns.



Table 5. Selected health system capacity and performance indicators

INDICATOR	SOUTH SUDAN	WHO MINIMUM
Core health workforce density	6.3 per 10,000 population	44.5 per 10,000 population
Health facility density	1.4 per 10,000 population	2 per 10,000 population
Service utilization (outpatient department consultations)	0.5 visits per person per year	5 visits per person per year
Inpatient beds	6.5/10,000 population	25/10,000 population
Maternity beds	3.2/1,000 pregnant women	10/1,000 pregnant women
Hospital discharges (inpatients)	1.92/100 people/per year	10/per 100 people/per year

Source: World Health Organization Service Availability and Readiness Assessment (2019).

2.1.2. EFFECTS OF COVID-19 ON HEALTH SERVICES AND SYSTEMS

The COVID-19 pandemic is leading to an increase in demand for health care services, supplies and workers, which overstretches the fragile public health system and leads to the neglect of other forms of disease prevention and routine health services. These include the disruption of the Expanded Programme on Immunization, regression in the prevention of communicable diseases such as malaria, HIV, tuberculosis, hepatitis and sexually transmitted infections, and suspension of mass drug administration for preventive chemotherapy to prevent neglected tropical diseases.

There is limited assistance to access health services for vulnerable people such as persons with disabilities, the elderly, victims of SGBV and unaccompanied children. Reduced severe acute malnutrition outpatient treatment of children under the age of 5 and de-prioritization of inpatient treatment in hospitals leave these children at risk. There may also be a reduction in access to vital services due to fear of catching COVID-19, as well as stigma towards those who get infected.

Previous outbreaks, including of Ebola disease in West Africa in 2014–2016, demonstrated that when health systems are overwhelmed, mortality increases from complications of pregnancy, childbirth, vaccine-preventable diseases and other treatable conditions.

South Sudan is already experiencing profound mental health problems due to conflict (UNICEF, 2020a) and these are predicted to increase due to, e.g., loss of jobs and livelihoods and an increase of stigma and discrimination around COVID-19-affected persons and families. However, mental health and psychosocial support (MHPSS) services are affected by movement restrictions, lack of staff and funding.

The few health workers available (most of whom are women) may lose their lives due to the COVID-19 response – as of 7 July 2020, 104 health workers have been infected (WHO, 2020b). Health care workers are also at risk of mental health problems due to fear from lack of personal protective equipment (PPE) (gowns, gloves, masks, sanitizer, thermometers and temperature guns), overwhelming

There is limited assistance to access health services for vulnerable people such as persons with disabilities, the elderly, victims of SGBV and unaccompanied children.



working conditions, and stigma and discrimination from the community. Others may abandon their posts: PPE is in short supply and salaries continue to go unpaid. This comes at a time when medical schools are closed, so no new graduates can be deployed, and when health development activities, including capacity-building for health workers, has been suspended.

Procurement of equipment and supplies is compromised due to factors such as rising prices and reduced supplier capacity, with the last-mile delivery of essential goods and services hampered by travel restrictions. Low coverage of WASH and infection prevention and control services in health facilities will also negatively impact the quality of care provided.

2.1.3. CURRENT UNITED NATIONS RESPONSE TO COVID-19

The United Nations response has focused on both prevention and treatment. For example, the United Nations Children’s Fund (UNICEF), WFP and the UNDP have distributed more than 258,000 face masks to boost prevention; and UNMISS is renovating hospitals in all 10 states, installing water tanks and generators, providing tents and beds to help treat more people in local communities, and supplying PPE and ambulances (United Nations, 2020a).

The United Nations is also ensuring that essential health services continue to be delivered. Further, additional resources are being mobilized, such as US\$11 million under the Global Fund COVID-19 Response Mechanism.

The WHO has also been instrumental in responding to COVID-19, contributing to the establishment, coordination and strengthening of the country’s capacity for surveillance, laboratory testing, case management, risk communication and research. Five technical officers were deployed at the national Public Health Emergency Operations Centre to support coordination, along with 10 other officers deployed in each state. WHO provided technical guidance for the surveillance strategy, established 20 sentinel surveillance sites and mortality surveillance teams, and deployed 10 surveillance and rapid response teams to promptly investigate suspected cases, collect samples and trace contacts of COVID-19 positive cases. Case management is being supported through the deployment of three technical officers to optimize facility- and home-based care, the expansion of the infectious disease unit in Juba to 82 from 24 beds, and procurement of oxygen concentrators and emergency medical teams in Juba and Nimule. Laboratory testing has been enhanced with two technical officers, sample collection, extraction and testing kits at the National Public Health Laboratory, as well as enrolment into the WHO external quality assurance scheme. Technical support for developing, reviewing and updating risk communications strategy and materials is also being done, by two experts working with national counterparts. Furthermore, WHO has supported the generation and dissemination of information and evidence through the daily publication of epidemiological trends and is currently conducting four studies on COVID-19 in South Sudan.

The United Nations is also ensuring that essential health services continue to be delivered. Further, additional resources are being mobilized, such as US\$11 million under the Global Fund COVID-19 Response Mechanism.



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2.1.4. FUTURE NEEDS

Costs for one year will depend on the evolution of the pandemic in South Sudan and have been estimated as follows: Low impact: US\$7480 million. Medium impact: US\$163 million. High impact: US\$233 million. Each of these scenarios is described next.

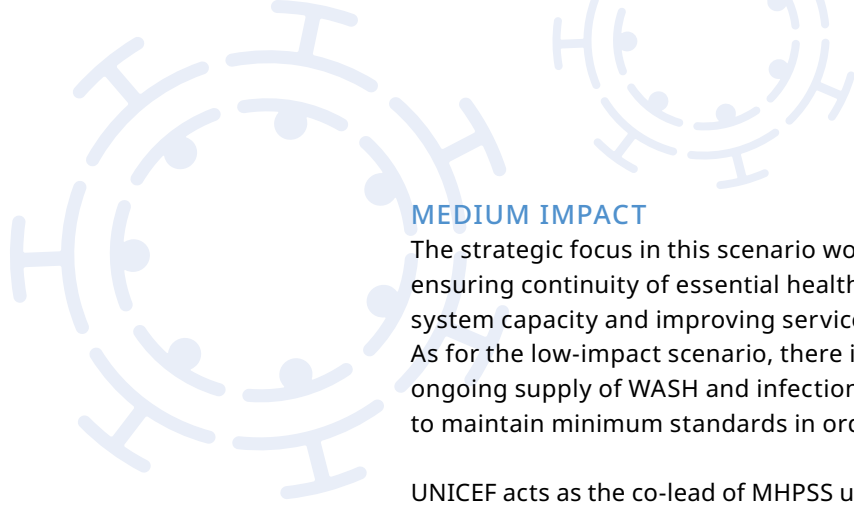


LOW IMPACT OF COVID-19 ON SOUTH SUDAN

The strategic focus under this scenario is to extend current strategic interventions in the UNCF and support the ongoing efforts on the COVID-19 response. Funds will need to be mobilized to fill gaps, in collaboration with the Humanitarian Country Team, while at the same time building health system capacity and improving service delivery as part of the recovery process (from COVID-19 and through R-ARCSS implementation).

The country's International Health Regulations (2005) and epidemic and pandemic alert and response capacity will be strengthened. It will also be necessary to scale up rehabilitation and/or construction of WASH facilities in selected health facilities located in hubs of active transmission and geographical priority areas, whilst providing WASH and infection prevention and control supplies.





MEDIUM IMPACT

The strategic focus in this scenario would also be prevention and control, while ensuring continuity of essential health services, as well as building health system capacity and improving service delivery as part of the recovery process. As for the low-impact scenario, there is a need to ensure the uninterrupted and ongoing supply of WASH and infection prevention and control supplies required to maintain minimum standards in order to support containment of the spread.

UNICEF acts as the co-lead of MHPSS under the National Risk Communication and Community Engagement (RCCE) Technical Working Group, and is adapting the Ebola-related MHPSS and case management training resources to respond to COVID-19 with a greater focus on virtual resources. Child protection actors will be trained on MHPSS, SGBV and case management, as well as to create awareness and respond to children and communities on COVID-19 in high-risk locations. Safe procedures will be developed with the health sector, local authorities and community leaders on criteria and processes for the registration, referral, reintegration and follow-up of children at risk, including of SGBV.

The Office of the United Nations High Commissioner for Refugees (UNHCR) will reinforce the COVID-19 contingency plan in refugee hosting areas and seek more resources to scale up the NPRP.

Facilities may close and health care workers may flee, and many people are likely to die from COVID-19 and other conditions that have not been treated or prevented.

HIGH IMPACT

In the high-impact scenario, the strategic focus would be to respond to the disease while ensuring continuity of critical life-saving health services. As above, funds will be required to fill gaps in the response while at the same time building system capacity and improving service delivery. An uninterrupted and ongoing supply of WASH and infection prevention and control supplies will be ensured.

Facilities may close and health care workers may flee, and many people are likely to die from COVID-19 and other conditions that have not been treated or prevented. The current strategic interventions in the UNCF will need to be reprogrammed to support the ongoing efforts on COVID-19 response and delivery of life-saving interventions through provision of facilities and mobile clinics or outreaches in the community. Women should be prioritized to influence and lead in the design, programming and budgeting processes of the response and recovery, and implementation of prevention activities.

The recovery process is likely to start after one year. However, it is recommended to have some capacity- and system-building interventions embedded within the COVID-19 response, e.g. improving bed capacity; mobilizing additional health care workers and volunteers, including community health workers; improving supply chain management including last mile delivery; strengthening the Health Management Information System using platforms such as the District Health Information System 2; and COVID-19 integrated disease surveillance and response, among others.

There is a need to strengthen community-based reintegration of COVID-19-affected persons and families through MHPSS services. Frontline workers, including health care workers and burial management teams, will require continuous support to reduce the risk of severe mental health problems. MHPSS services need to be rapidly scaled up and stabilized.





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2.2. SOCIAL PROTECTION AND BASIC SERVICES



2.2.1. CONTEXT AND CHALLENGES

Indicators for basic services reflect the high levels of poverty and deprivation. The country has the lowest literacy rate in the world at 35 per cent for those age 15 years and older (UNESCO Institute for Statistics, 2019), and has the largest refugee crisis in Africa (the third largest in the world) (USA for UNHCR, n.d.), which perpetuates poverty and exclusion. South Sudan also has some of the lowest WASH indicators in the world: 81 per cent of people do not have access to an improved sanitation facility and around 60 per cent have limited or no access at all to improved water services (WHO/UNICEF Joint Monitoring Programme, n.d.). More than 70 per cent of children who should be attending school are not receiving an education, as schools continue to be destroyed or remain unusable, and teachers have fled violence and economic stress (UNICEF, 2019a). The situation is worse for specific groups underserved by social services, such as rural populations, women and girls, pastoralists, IDPs, and persons with disabilities.

In the education sector, agencies such as UNICEF, the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the World Food Programme (WFP) collaborate on multisectoral programmes to increase access to quality education through policy support, training of teachers, and provision of teaching and learning materials; provide school meals, prevention of school-related SGBV and cash transfers to attract children, especially girls, to schools and maintain them there; and provide education on peace, HIV/AIDS and other life skills, among many other initiatives. Additionally, UNFPA is supporting the training of health workers, including nurses, midwives and health sciences tutors, at health training institutes in the country. This support includes the provision of educational equipment, books and entitlement packages to ensure marginalized populations, including women, access higher education.



WFP has been providing cash transfers to vulnerable urban households so they can address their basic needs, build their livelihoods and gain life skills training through its Urban Safety Nets programme – currently targeting 100,000 beneficiaries.



In the WASH sector, AFPs such as the International Organization for Migration (IOM) and UNICEF are working to increase access to clean water and sanitation, including through procurement of equipment, training or construction and rehabilitation of infrastructure. UNHCR and partners are working to provide potable water and improve WASH in refugee camps and host communities, including by using innovative mechanisms such as solar power for water boreholes. Community governance structures are also being strengthened.

The government has committed to allocating 1 per cent of its annual budget to finance the National Social Protection Policy Framework. The annual expenditure on social protection activities in South Sudan is approximately US\$117 million, 99.7 per cent of which is provided by donor funding (South Sudan Ministry of Gender, Child and Social Welfare & UNICEF, 2019). AFPs run large cash transfer programmes. For instance, WFP has been providing cash transfers to vulnerable urban households so they can address their basic needs, build their livelihoods and gain life skills training through its Urban Safety Nets programme – currently targeting 100,000 beneficiaries.



2.2.2. EFFECTS OF COVID-19 ON SOCIAL PROTECTION AND OTHER BASIC SERVICES

Temporary school closures to limit the spread of COVID-19 have stopped education for most South Sudanese children, as they are unable to participate in digital alternatives due to a lack of internet access, computers, electricity, or teachers to instruct them online. Around 1.9 million children and over 27,000 university and technical and vocational education and training students have had their learning disrupted, including training programmes for critical lifesaving health workers such as midwives and nurses.

Furthermore, the longer school closures last, the higher the probability that many children will not return – joining the 2.2 million already out of school. This is especially the case for older students and for adolescent girls and young women, due to factors such as child marriage to alleviate poverty, and pressure to contribute to household income and support with household chores. Closure of schools exacerbates poor child nutrition and health, as many children depend on school meals. The closure of schools also represents a loss of schools as protective spaces and may force children into unsafe environments at home, with a lack of monitoring due to restrictions on social workers. The closure of the health sciences training institutes is also contributing to disruption of completion of studies of skilled maternal health workers, which will further exacerbate the shortage of qualified health personnel in an already complex and weak health system.

Trade restrictions and lockdown affect critical supply chains essential to guaranteeing construction of WASH infrastructure and overall functionality (e.g. spare parts, transport, manpower) and limiting service sustainability. These obstacles may also trigger an increase in WASH commodity prices, thereby further hampering access for vulnerable populations and reducing adherence to health guidance on handwashing.

The financial pressures on families from loss of income (Section 2.5.2.) presents an immediate threat to the safety and well-being of household members, especially children, with a need for economic support.

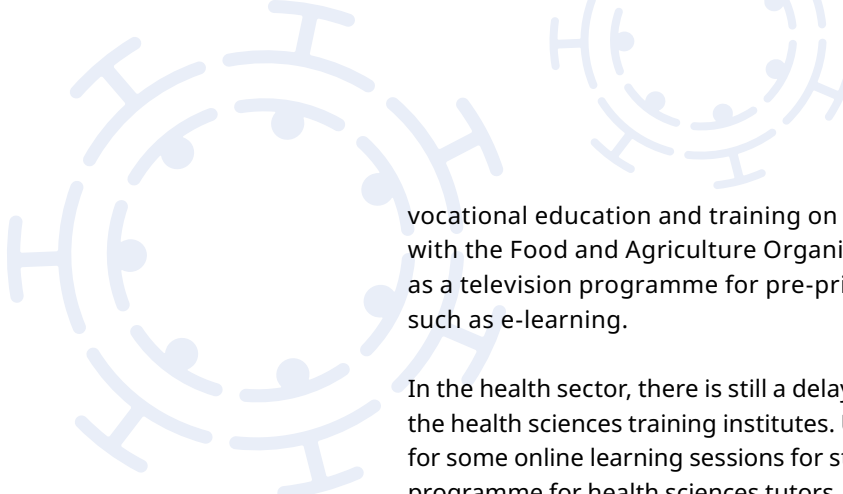
2.2.3. CURRENT UNITED NATIONS RESPONSE TO COVID-19

In a context of compounding and intensifying vulnerabilities, social protection programmes, including cash transfers and the provision of basic services, must be a central policy response to COVID-19. The United Nations has adapted many of its ongoing programmes, re-focusing activities, scaling up some, or reducing others to optimize impact and limit exposure of the population to the virus.

In the education sector, a COVID-19 Plan has been developed with guidelines on distance learning, re-opening schools safely, back to learning and reviewing teaching and learning materials. Agencies such as UNESCO, UNICEF, the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women) and UNMISS have jointly provided technical support to the government and launched primary and secondary education radio programmes for out-of-school children and youth in pastoralist communities, including for technical and

In a context of compounding and intensifying vulnerabilities, social protection programmes must be a central policy response to COVID-19.





vocational education and training on agriculture and livestock in partnership with the Food and Agriculture Organization of the United Nations (FAO); as well as a television programme for pre-primary level, and technological solutions such as e-learning.

In the health sector, there is still a delay and no straightforward plan for reopening the health sciences training institutes. UNFPA is supporting the Ministry of Health for some online learning sessions for student teachers as part of the training programme for health sciences tutors, but work is still necessary for guidelines and other measures for reopening of health sciences training institutes.

Through the US\$40 million South Sudan Safety Net Project launched in May 2020, the United Nations Office for Project Services (UNOPS) will provide income support over two and a half years to 65,000 low-income households (an estimated 430,000 South Sudanese), especially those with extreme vulnerabilities, such as persons with disabilities, the elderly, expectant women or those living with HIV/AIDS. The project will scale up direct income support in Juba to provide rapid cash transfers to address emerging vulnerabilities amidst the COVID-19 outbreak.

Additionally, through its Urban Safety Nets programme, WFP is providing cash transfers to over 16,500 vulnerable urban households to address their short-term food needs, while building their livelihoods and providing life skills training. WFP is also providing take-home rations for school children, and UNICEF is combining cash and RCCE messaging in ongoing safety nets programmes.

AFPs have been scaling up WASH infrastructure, supporting RCCE, and providing support with WASH and infection prevention and control to health facilities adjacent to points of entry (PoEs) and refugee camps. All activities have integrated SGBV and protection issues, whilst ensuring they do not contribute to increasing conflict, discrimination, and/or xenophobia. For instance, IOM is scaling up WASH infrastructure, community hygiene promotion and SGBV case management whilst simultaneously transitioning to COVID-19-sensitive programming.

2.2.4. FUTURE NEEDS



Costs for one year will depend on the evolution of the pandemic in South Sudan and have been estimated for the medium- to high-impact scenarios at US\$182 million, of which US\$40 million has been secured. The scenarios are described next.

LOW IMPACT OF COVID-19 ON SOUTH SUDAN

Working with the Ministry of General Education and Instruction, UNESCO and UNICEF will support the continued delivery of educational programmes through non-traditional avenues including radio; training of teachers; supporting teachers to act as vehicles for dissemination of key RCCE messages on COVID-19; and planning for safe re-opening of schools, including education strategies to catch up on lost learning time. UNFPA and WHO will work with the Ministry of Health to support the continued training of health sciences teachers through alternative modalities and establishing guidelines for the safe re-opening of health sciences training institutes.





Agencies such as IOM, UNHCR and UNICEF will continue strengthening the provision of WASH services, including supporting the WASH Cluster to ensure enhanced access to services to vulnerable communities. New plans include engaging the private sector, local actors and government to improve service provision in preparation for a full lockdown scenario where agencies may no longer be able to intervene at the scale needed. Capacity-building, quality assurance and advocacy around WASH sector needs will be strengthened. IOM will ensure daily functionality and maintenance of WASH service provision through partial and/or full subsidization, across protection of civilians (PoC) sites and at community levels.

Take-home rations for school children and cash transfers or in-kind through WFP's Urban Safety Nets programme will continue. A total of 15,500 households across all the quarter councils in Juba county will be supported by UNOPS, through cash transfers to the poorest and most vulnerable, including persons with disabilities, the elderly and pregnant or breastfeeding women. UNICEF will scale up cash-based intervention in PoC sites and collective centres for returnees. Transfer values for both in-kind food assistance and cash transfers will be increased to ensure that household immediate food needs are met while they create productive assets that build their resilience. The United Nations will closely monitor how COVID-19 evolves, and as the travel ban eases cash transfers may be expanded to other locations.

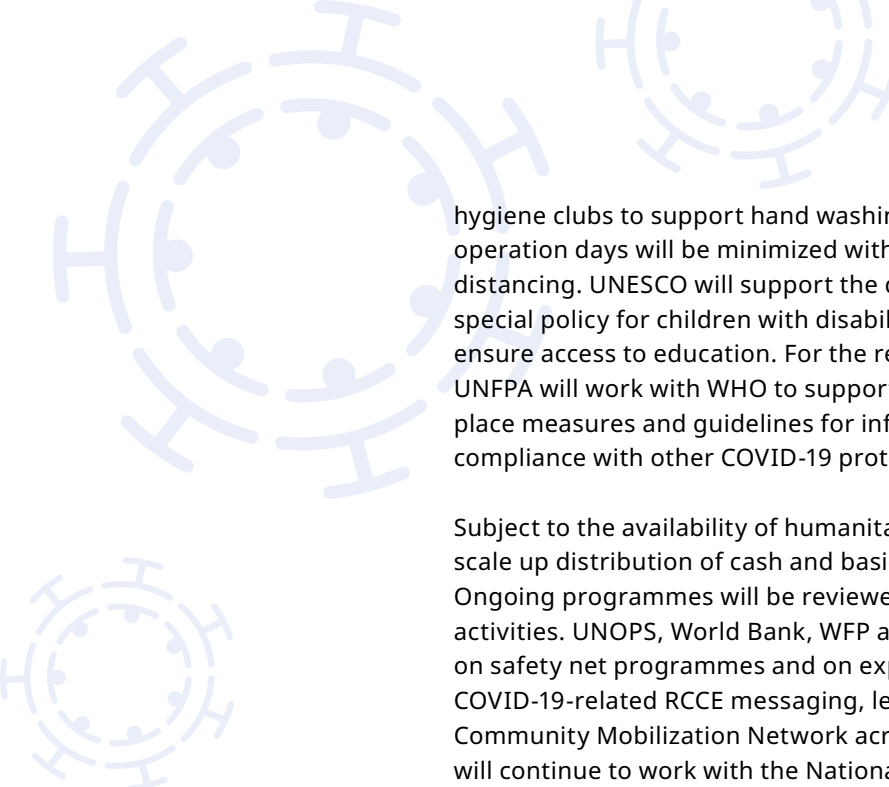
A total of 15,500 households will be supported by UNOPS, through cash transfers to the poorest and most vulnerable.

Agencies will integrate programming to ensure vulnerabilities are reduced for people living in PoC sites, collective centres and informal sites.

MEDIUM IMPACT

In education, UNESCO, UNICEF and WFP will work with the Ministry of General Education and Instruction to ensure continued learning for children while advocating for a critical analysis about safe re-opening of education institutions. With the re-opening of schools, UNICEF will support the expansion of school





hygiene clubs to support hand washing and other COVID-19 protocols. School operation days will be minimized with increased shifts to maintain physical distancing. UNESCO will support the development and implementation of a special policy for children with disabilities to address their critical needs to ensure access to education. For the reopening of health sciences institutes, UNFPA will work with WHO to support the Ministry of Health to put in place measures and guidelines for infection prevention and control and for compliance with other COVID-19 protocols.

Subject to the availability of humanitarian corridors, the United Nations will scale up distribution of cash and basic items such as food and medicines. Ongoing programmes will be reviewed to channel available resources to critical activities. UNOPS, World Bank, WFP and UNICEF will continue to collaborate on safety net programmes and on expanding 'cash plus' linkages, particularly COVID-19-related RCCE messaging, leveraging the UNICEF-supported Integrated Community Mobilization Network across the country. The four organizations will continue to work with the National Social Protection Working Group to implement a national social protection strategy for COVID-19, including a potential national child grant pilot.

The United Nations will scale up both cash and in-kind transfers to contribute to the reduction of food insecurity among targeted vulnerable households.

Agencies such as IOM, UNHCR and UNICEF will continue with direct implementation of WASH service provision, whilst ensuring daily functionality and maintenance, especially in areas with active transmission, and initiate transfer of some components of WASH service provision to local partners and private sector agents. Agencies will support scale-up of WASH in communities and the distribution of hygiene supplies to at-risk communities.

HIGH IMPACT

UNESCO and UNICEF will strengthen and expand the capacity and frequency of national and community-based radio programmes throughout the country; and mobilize the private sector, e.g. through the Microsoft/UNICEF Learning Passport programme,⁵ to improve access to education through e-learning.

Agencies such as IOM, UNHCR and UNICEF will focus on critical, life-saving WASH service provision through procurement and distribution of WASH and hygiene supplies; expand hygiene and COVID-19 awareness; establish and maintain hand washing stations in health facilities and other public places; and enhance disinfection and cleaning in the targeted facilities and communities to reduce risk of transmission. SGBV and protection considerations on activities linked to WASH will receive additional focus to prevent further escalation. The United Nations Population Fund (UNFPA) will focus on efforts to ensure the dignity of women and girls by procuring and distributing dignity kits and raising awareness on prevention of SGBV and availability of SGBV services.

WFP will scale up both cash and in-kind transfers to contribute to the reduction of food insecurity among targeted vulnerable households. As mobility is more restricted, the national network of local cooperating partners will take increased responsibility for the distribution of cash and basic items such as food or medicines under strict observance of prevention protocols.

⁵ The Learning Passport, www.learningpassport.org/, accessed 10 July 2020.





2.3. AGRICULTURE, FOOD SECURITY AND NUTRITION

2.3.1. CONTEXT AND CHALLENGES



It is estimated that 80 per cent of the population of South Sudan lives in rural areas and the livelihoods of most of them almost entirely depends on agriculture. It was also estimated in 2010 that value addition in agriculture, forestry and fisheries accounts for about 36 per cent of non-oil gross domestic product (GDP) (African Development Bank, 2013). These facts provide evidence that agriculture is a key sector of the economy of South Sudan and the sector is central to the livelihoods of the population.

Agriculture in South Sudan is, however, mired with challenges. Less than 5 per cent of arable land is currently cultivated in South Sudan (Ministry of Finance and Planning, 2019). The low production is exacerbated by poor farming practices, lack of access to inputs and services such as credit, high post-harvest losses due to poor storage, poor road networks and lack of a vibrant private sector, especially relating to the input and output markets. Crop production estimates for South Sudan in 2020 indicate that a cereal deficit of 482,000 tonnes is expected. Deficits are usually covered by imports from neighbouring countries and humanitarian assistance.

Given the above context of low agricultural productivity, it is not surprising that more than 6.5 million people remain severely food insecure in South Sudan. According to the latest Integrated Food Security Phase Classification (IPC) analysis, at least 55 per cent of the population are projected to face severe acute food insecurity between May and July 2020, of whom over 1.4 million are projected to be in emergency (IPC Phase 4). The situation is projected to deteriorate as the country enters the lean season and households start to deplete food stocks.



Food insecurity is driven by conflict-related livelihood disruptions, climatic shocks, displacement and the economic crisis. Furthermore, escalation in intercommunal conflict across the country is significantly reducing household resilience and presenting impediments to durability of humanitarian assistance. These conditions will be exacerbated by the COVID-19 pandemic, as well as the surging and resurgence of the desert locust outbreak in East Africa, both of which are threatening the already fragile food and nutrition situation, including among displaced populations.

Also, malnutrition is one of the top causes of death in children under 5 years in South Sudan. The prevalence of global acute malnutrition among under-five children is 16.2 per cent. An expected 1,770,861 people need treatment for acute malnutrition in 2020, including 292,373 children exhibiting severe acute malnutrition, 1,008,696 children exhibiting moderate acute malnutrition and 469,792 pregnant and lactating women exhibiting acute malnutrition.

Food security and livelihoods and nutrition actors in South Sudan provide humanitarian life-saving assistance to approximately 5.6 million people, composed of 5.3 million South Sudanese people and some 300,000 refugees in South Sudan. Partners focus on providing food assistance to prevent famine and improve food consumption, dietary diversity and coping strategies for vulnerable populations; food production; village savings and loan associations,

Food security and livelihoods and nutrition actors in South Sudan provide humanitarian life-saving assistance to approximately 5.6 million people.



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crop seeds, and fishing and livestock support; access to agricultural extension services; entrepreneurship, technical, vocational and financial management skills; and reducing dependency on food and agricultural inputs to support and strengthen households' ability to absorb shocks.

2.3.2. CURRENT UNITED NATIONS RESPONSE TO COVID-19

FAO and WFP have identified several pathways that are critical for building resilient livelihoods systems (including for individuals, communities, institutions and agro-ecosystems). The interventions by these agencies seek to protect, restore and improve agricultural livelihoods, which will increase the resilience of households and communities to shocks and stressors that impact agriculture, nutrition, and food security.

Through its resilience portfolio, WFP is providing livelihood support across the country to increase agricultural production and address productivity constraints while providing food to meet short-term hunger gaps. WFP also offers a market opportunity to surplus-producing farmers, generating supplementary income for farmers for WFP's food assistance interventions, such as school feeding. In refugee hosting areas FAO and UNHCR are providing assorted crop and vegetable seed kits to support approximately 14,000 refugee farming households during the 2020 farming season.

The ongoing seed system security assessment reveals potential availability of up to 2,000 tonnes of assorted crop seed from nine counties. Such potential availability will be utilized to fill the supply gap created by COVID-19, using distribution modalities such as voucher systems. The same approach will be used for local vegetable seed. In preparation for quality control on locally sourced seed, agencies such as FAO and UN-Women are promoting a protocol for seed inspection, sampling and testing that will be used by technical officers at field level.

AFPs have identified several pathways that are critical for building resilient livelihoods systems.

UNICEF and WFP have reallocated funds to preposition core nutrition supplies to different strategic locations in South Sudan and avoid pipeline breaks in case of lockdown. Both agencies are procuring PPE for distribution to nutrition workers at the 1,150 nutrition sites in the country. In addition, UNICEF distributed 4,600 hand sanitizers and over 5,000 cartons of soap to nutrition sites (the latter for distribution to beneficiaries for hand washing). UNICEF and WFP have distributed over 5,600 tapes to measure mid-upper arm circumference to families with children under 5 years to promote checking children's nutrition status at home. Prevention of acute malnutrition activities are continuing to the greatest degree possible, including distribution of fortified blended food to high-risk households, with double distribution in hotspot locations.

FAO, UN-Women and WFP, in close collaboration with key partners such as the Food Security and Livelihoods Cluster and the International Fund for Agricultural Development, endeavour to conduct more in-depth analysis, including the establishment of an information system for monitoring the impacts of COVID-19 on food security and livelihoods. With support from UNHCR, the IPC Technical Working Group will include information on refugee food security and nutrition status in the analysis simultaneously. Partners are working on a strategy to

upscale resilience and livelihoods activities that will lay the foundations for household and community long-term recovery and development. The exact geographical distribution of the post-COVID-19 recovery phase will be based on the outcomes of the in-depth analysis.

2.3.3. FUTURE NEEDS

Those conducting youth activities should also ensure that the loss of livelihoods does not lead youths to be (re)recruited into armed forces and armed groups.

Agricultural activities must continue to help avert a worsening food security situation, and livelihoods support needs to be maintained and scaled up to ensure households cultivate and ideally expand productivity. This support needs to prioritize women who carry the burden for a significant portion of agricultural duties, have less access to land and inputs, and are primarily responsible for household-food-related decision-making.

To safely encourage the continuation of livelihood services and activities for households, social distancing between humanitarian partners and communities is being respected. Programmatic adjustments have been made to prioritize immediate food security needs, encourage the continuation of agricultural activities, and enhance sharing of information about COVID-19 with communities.

Finally, collaboration to minimize conflict will be critical. This may include re-positioning of assistance in locations of high conflict risk, to leverage humanitarian assistance as a conflict mitigation measure. Those conducting youth activities should also ensure that the loss of livelihoods does not lead youths to be (re)recruited into armed forces and armed groups. Related to this is the need also to ensure that child protection needs, particularly the allocation of resources for interim care and support to children orphaned or separated due to COVID-19 realities, is prioritized. This may include the prioritization of agricultural inputs, seeds and in-kind assistance, among other matters, for children's caregivers.

The different scenarios are described next.

LOW IMPACT OF COVID-19 ON SOUTH SUDAN

In a situation of low impact of COVID-19 in South Sudan, the United Nations will prioritize the following interventions:

- Activities to reduce health risks in markets and ease the supply chain and the increase in market prices.
- Continuing support to household-level on-farm production and productivity, including provision of food assistance to meet immediate hunger needs, and input delivery to over 155,000 households.⁶
- Promoting improved post-harvest management to preserve household food stocks and enable households to sell surpluses, including provision of technologies that reduce food loss; collective marketing; and improved storage and transport to local markets.

⁶ Continuation of these activities is essential to protect resilience gains made over the past several years and to support household-level food production required to take households through the post-harvest season into 2021.





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- Continuing to provide women and adolescent girls displaced by the crisis and their host communities with marketable vocational, income generation and agronomic skills, alongside literacy and numeracy skills.
- Continuing seasonal food assistance to prevent deterioration in the overall food security status during the hunger period, as well as other general food distribution to displaced populations, as provided for in the Humanitarian Response Plan.
- Continuing provision of curative and preventative nutrition responses to all 1.7 million women and children in need of acute malnutrition services, as provided for in the Humanitarian Response Plan.
- Continuing to ensure COVID-19 prevention and risk mitigation measures are established for existing programmes and promoting integrated programming for sustainability.
- Promoting use of information and communication technology in agriculture extension service provision to ensure key information (weather trends, agronomic good practices, etc.) reaches farming households while reducing physical interactions.

To safely encourage the continuation of services and activities for households, social distancing between humanitarian partners and communities is being respected.





MEDIUM IMPACT

A moderate increase in the number of cases may result in more restrictive measures being instituted by the government. If so, United Nations agencies will implement the following:

- Scale-up of WFP's humanitarian assistance is required in the short and medium term, particularly in urban areas.
- An expansion of current resilience-building support will be necessary to help households cope with and recover from the COVID-19 shock, while reducing the need for continual emergency-oriented interventions.
- WFP's resilience programmes will be extended to 250,000 people, providing support to households to produce and better manage their own food supplies and access markets; protect communities from environmental shocks; and improve and protect natural resources.
- FAO will focus on delivery of livelihood support through cash transfers (cash for seeds and tools) or emergency livelihood kits distribution (quick-maturing vegetable seeds, life-saving fishing kits, and tools).
- FAO will furthermore provide 'cash plus' packages, including unconditional cash transfers plus information and basic technologies for kitchen gardening, to enable households and host communities to address their immediate food and basic needs, and minimize the need to resort to negative coping mechanisms.
- Innovative market-based interventions will be required to support or sustain supply chain functionality, including local procurement to promote smallholder farmers' incomes and stimulate local economies, while at the same time availing commodities needed in food assistance programming.
- A variety of capacity-enhancement initiatives will be prioritized to support the main agricultural value-chain actors, including agro-dealers, market actors, and smallholder farmers themselves.
- Engagement of public procurement and input providers, such as the Agricultural Bank of South Sudan, will be explored to expand local procurement opportunities and to capitalize on additional channels, including radio programmes, to provide extension services and inputs for smallholder farmers.
- UNICEF and WFP will continue providing curative and preventative nutrition responses to all 1.7 million women and children in need of acute malnutrition services.

As the COVID-19 outbreak persists, longer-term support is likely required to prevent a dramatic worsening of the situation and a significant increase in food assistance requirements in 2021.

HIGH IMPACT

As the COVID-19 outbreak persists, longer-term support is likely required to prevent a dramatic worsening of the situation and a significant increase in food assistance requirements in 2021. This may require providing food assistance beyond the current planned period (of three months, valued at approximately US\$80 million).

In this scenario, resilience-oriented programme interventions will need to be restructured to respond to the much larger humanitarian needs. Unconditional emergency food assistance will be scaled up to respond to the rising need, and new hotspots of severe food insecurity are likely to emerge. The use of surge support through the Integrated Rapid Response Mechanism, emergency response teams and multisectoral emergency teams will be deployed as logistical movements within country allow. Conflict sensitivity will continue to be of paramount importance.





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2.4. WOMEN AND YOUTH

2.4.1. CONTEXT AND CHALLENGES



South Sudan is a highly patriarchal society⁷ and women and girls are largely excluded from decision-making and formal processes. Despite the inclusion of a 35 per cent quota for women’s participation in the R-ARCSS, none of the institutions formed in the pre-transitional periods have met this demand. Furthermore, the country has one of the highest maternal mortality ratios in the world, a high prevalence of child marriage (52 per cent of girls were married or in union before they were 18 years of age) (Human Rights Watch, 2013; UNICEF, 2016), and SGBV is pervasive. During intercommunal fights and cattle raids, women are abducted and raped, just as during the armed conflict; and 65 per cent of women and girls experience physical and/or sexual violence in their lifetimes, yet SGBV reporting remains very low, one of the reasons being social stigma.

Women are largely absent in decisions regarding prioritization of needs and resource allocation in South Sudan. The Inter-Agency Standing Committee’s 2017 Policy on Gender Equality and the Empowerment of Women and Girls in Humanitarian Action states that the knowledge, capacities and agency of women and girls must be recognized and strengthened in all humanitarian action, with equitable participation in planning and programming.

⁷ Gender norms, hierarchies, roles and relations in any society are formed on the basis of ‘value’ placements on resources, people and work, and they are closely interconnected. For example, a lower cultural value is attached to women, which also leads to their work, such as unpaid child care, to be of low social and economic value in comparison to men’s work, such as earning an income (Ferrant et al., 2014).



As discussed above, young people under 25 years of age make up over 60 per cent of the population. High rates of unemployed youth⁸ (an estimated 20 per cent) (World Bank, n.d.), and lack of access to education continue to fuel violent crime and instability (United Nations, 2020b). Youth vulnerability is greatly compounded by factors such as having disability or being internally displaced. At the extreme, children and teenagers are recruited by armed forces and armed groups and have been used to fuel violence and armed conflict.

The structural barriers to women's and youths' participation is exacerbated by instability and ongoing intercommunal conflicts that aggravate gender inequality and sustain traditional gender roles, social norms and negative cultural practices. The UNCF aims to address these structural inequalities through the UNCF's Pillar Four's focus on empowering women and youth.

The effects of the pandemic on women and youth will widen gaps in gender equality and youth empowerment.

2.4.2. EFFECTS OF COVID-19 ON WOMEN AND YOUTH

The pandemic will disproportionately affect women and youth, widening gaps in gender equality and youth empowerment. Women make up the majority of informal sector workers (three in four informal economy workers in sub-Saharan Africa are women, excluding agricultural jobs) (Dube & Katende, 2020), who were severely affected by shutdowns. For example, in South Sudan, street vendors, including owners of tea stalls (mostly poor women), were banned (Mayai et al., 2020). Emerging evidence suggests that care roles continue to be assumed disproportionately by women and girls during this pandemic, including taking care of sick family members. This also disrupts the few economic activities that women could be engaged in. Reduced resilience and economic distress may force families to resort to child marriage, transactional sex or prostitution. There is emerging evidence that girls are being forced to marry due to COVID-19 in South Sudan because their prolonged stay at home and families' dwindling livelihoods heighten the need for resources that can be obtained through a dowry (UN-Women et al., 2020).

Movement restrictions and curfews leave women and children trapped with SGBV and sexual exploitation perpetrators. However, these same restrictions further limit their capacity to report SGBV and access SGBV services. Available SGBV services are likely to dwindle as resources are diverted to the COVID-19 response. In addition, stigma and discrimination related to COVID-19 may make children more vulnerable to violence and psychosocial distress.

Disrupted maternal and newborn health care, including access to, availability and affordability of sexual and reproductive health and rights (SRHR) services, antenatal care and delivery services, as well as disrupted community health worker outreach services, will lead to increased home deliveries, unsafe abortions and likely significant loss of life. Women and girls will face challenges in access to menstrual health supplies. This could cause women and girls to use unhygienic materials that might result in pelvic inflammatory disease. Disease control measures that do not consider gender-specific needs and vulnerabilities of women and girls may increase protection risks and negative coping mechanisms.

⁸ There is no universally agreed international definition of the youth age group. For statistical purposes, however, the United Nations – without prejudice to any other definitions made by Member States – defines 'youth' as those persons between the ages of 15 and 24 years (United Nations, n.d.).



2.4.3. CURRENT UNITED NATIONS RESPONSE TO COVID-19

AFPs have actively contributed to COVID-19 impact analysis and influenced the government-led NPRP to ensure that gender concerns are integrated across the COVID-19 response. Advocacy to include women in the COVID-19 response, and protect women who are at the forefront of fighting the pandemic, has been done through technical briefs and gender analysis by IOM, UN-Women, UNFPA, UNICEF and WFP.

The Ministry of Gender, Child and Social Welfare, Ministry of Health, and Ministry of Youth and Sports are being supported to fulfil their leadership role on women's rights and youth empowerment through inter-ministerial groups such as the Protection Reference Group and the Inter-Ministerial Committee/Gender Technical Working Group in the COVID-19 response. In view of the increasing protection risks, UN-Women and UNDP are liaising with the county authorities, city councils, and civil society to train South Sudan National Police Service personnel on gender-sensitivity. Protection from COVID-19 for female and young inmates and suspects in prisons has been supported by UNDP through fumigation of cells in Aweil, Bor and Yambio.

To ensure the uninterrupted supply of reproductive maternal, newborn, child and adolescent health (RMNCAH) materials to the government and civil society, UNFPA provided 18,000 dignity kits to the Ministry of Gender, Child and Social Welfare, and 200 health clinics across the country received RMNCAH kits and materials. In 'youth friendly corners' 7,747 young people were reached by UNFPA with youth friendly SRHR information, while 1,667 of them were able to receive SRHR services, including condoms. Sanitation and hygiene materials such as hand sanitizers, soap, buckets, disinfectants and mosquito nets were provided to the ministries by agencies such as UN-Women, UNFPA and UNHCR.

To address the issue of increased vulnerability of women and girls to SGBV, UNFPA established a national helpline, #623, while UNDP has adapted its new 'Big Sister' programme to set up shelters for SGBV survivors, as well as ensuring continuity of health and SGBV services through capacity-building and supporting preparation of the workforce. IOM scaled up service provision on SGBV and is adapting approaches for service continuity and access for SGBV survivors, with partners. UN-Women and UNFPA reviewed and supported the updating of referral pathways for COVID-19 response and protection from SGBV.

IOM, UN-Women and UNFPA have engaged male champions and youth change agents within IDP and refugee camps, as well as the larger community, on COVID-19 and SGBV messaging. IOM adapted the outreach messaging to integrate messages on SGBV and gender equality, including role sharing, on subjects such as water collection for hand washing related to COVID-19. UNFPA integrated COVID-19 messages in the menstrual hygiene management campaign 'Periods Don't Stop for Pandemics' and provided menstrual hygiene management kits to most vulnerable young women and girls in the outskirts of Juba.

UN-Women supported village savings and loan associations to improve recovery and economic resilience in the context of COVID-19, and provided vocational, business and financial management skills to support growth of micro, small and medium enterprises (MSMEs). UN-Women and UNDP have innovated in

AFPs have actively contributed to COVID-19 impact analysis and influenced the government-led NPRP to ensure that gender concerns are integrated across the COVID-19 response.



livelihood activities, such as creating a pilot women's group to operate as a vegetable and food delivery service; supporting women's groups to produce face masks and hand washing soap; and supporting diversifying of livelihoods to increase yields from agricultural value chains, such as honey.

Effective inter-agency coordination, joint action and knowledge management have been supported through initiatives such as UN-Women presenting gendered implications of COVID-19 in South Sudan at the Inter-Cluster Coordination Group; a joint position paper on gender, COVID-19 and SGBV being prepared by the SGBV Sub-cluster; gender equality and social inclusion inputs for the Nutrition Cluster's guidance on nutrition services in the context of COVID-19; an analysis of gender and the socio-economic impact of COVID-19 in Juba municipality by UNDP, which is being expanded across the country; and UN-Women shared experiences of women living with disability amid COVID-19.

Peacebuilding and social cohesion are important to ensure women and youth empowerment. IOM is working on strengthening peacebuilding actions by encouraging young people to promote peaceful coexistence and social cohesion, and to combat stigmatization and hate speech related to COVID-19 using radio programmes, and highlighting youth contributions to fighting the pandemic. UN-Women supported the engagement of women's groups, including by capacity-building to achieve 35 per cent affirmative action on leadership and peacebuilding.

2.4.4. FUTURE NEEDS



The activities required to support women and youth in South Sudan will depend on the evolution of the pandemic in the country and have been estimated at US\$6.2 million (low impact scenario); US\$9.1 million (medium impact); and US\$10.1 million (high impact). Each of these scenarios is described next.

LOW IMPACT OF COVID-19 ON SOUTH SUDAN

Analysis of differential impacts of COVID-19 on vulnerable groups such as women and youth will be continued.

Community awareness and engagement will continue to be adapted through increased engagement with audio and visual media. Capacity-building of women and youth will continue around their participation in decision-making related to COVID-19; for comprehensive sexuality education and livelihoods diversification; and in the use of platforms to strengthen youth coordination to promote youth participation. Continued advocacy on women and youth inclusion in all humanitarian interventions will ensure they have a voice in decision-making. All measures will be put in place to ensure integration, implementation and monitoring of the five actions (service provision, participation, capacity-building, resources and data) of the COVID-19 Compact for Young People in Humanitarian Action (UNFPA & International Federation of Red Cross and Red Crescent Societies, 2020). Adaptation of interventions will channel support to women and youth organizations at the local level, ensuring their active engagement in interventions.



SGBV-related services and actions are essential and life-saving, and will continue across all three scenarios. As the pandemic poses an increased risk of sexual exploitation and abuse, the Protection from Sexual Exploitation and Abuse (PSEA) Taskforce and relevant agencies will work to ensure effective complaints and redress systems. Partners such as United Nations agencies, government and civil society organizations will be trained on complaints and redress mechanisms. All AFPs shall ensure monitoring and application of PSEA standards across all the humanitarian response agencies. The supply of SRHR and hygiene materials, including menstrual hygiene management supplies, will be continued.

MEDIUM IMPACT

As above, gender and vulnerability analysis, PSEA activities and alignment with the COVID-19 Compact for Young People in Humanitarian Action will be ensured. Advocacy for increased participation of women and youth in crisis response, as well as inclusive peacebuilding processes, will be enhanced. Activities will also channel funding and support to local women-led and women’s organizations to raise community awareness on COVID-19, which will need to be adapted further, realigning this with increased engagement by means of audio and visual media.

In the case of increasing global supply chain challenges, essential RMNCAH, SGBV and hygiene materials, including menstrual hygiene management supplies, will be procured and ensured across the country. Capacity-building initiatives on economic resilience-building, such as livelihoods diversification, will be strengthened further.

Youth friendly corners will be supported to undertake awareness on harmful traditional practices and transactional sex that are likely to increase further due to the adverse socio-economic impact of the pandemic.

HIGH IMPACT

As above, gender and vulnerability analysis, PSEA activities and alignment with the COVID-19 Compact for Young People in Humanitarian Action will be ensured. In a high-impact scenario, women and youth vulnerability to SGBV are likely to further increase and the frontline services for SGBV will be strengthened. The provision of RMNCAH materials across hospitals, and provision of SGBV redress services through one stop centres and safe houses will be strengthened further.

AFPs will ensure women and youth participation in the response as agents of change. Gender-sensitive programming will include cash transfers and food security to address the additional vulnerabilities of specific groups – such as persons with disabilities, senior citizen-led households, female-headed households or girls at risk of or subject to child marriage. AFPs will strengthen programming to address the negative coping mechanisms resulting from or escalating due to COVID-19.

Community awareness and advocacy on gender-differentiated impacts of COVID-19, comprehensive sexuality education and awareness on gender inequality will be enhanced through radio programmes, social media, online teaching and other community outreach mediums. Youth groups will be supported to monitor implementation of the Compact for Young People in Humanitarian Action in the COVID-19 response.

Advocacy for increased participation of women and youth in crisis response, as well as inclusive peacebuilding processes, will be enhanced.





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2.5. PEACE AGREEMENT IMPLEMENTATION AND SOCIAL COHESION

2.5.1. CONTEXT AND CHALLENGES

South Sudan is ranked third on the Fragile States Index and is the fourth least peaceful country in the world (Global Peace Index). The country hosts one of the 17 missions of the United Nations around the world: UNMISS. Under the mandate of the United Nations Security Council, the work of almost 20,000 civilian, police and military personnel serving UNMISS falls under four main pillars:

- **Protection of civilians:** Peacekeepers actively patrol in communities across the country to deter violence and provide a protective presence with a focus on areas that displaced people are returning to in the wake of the peace deal. Peacekeepers are also responsible for maintaining safety and security for people living within UNMISS PoC sites, deterring and preventing sexual and gender-based violence where possible, and supporting efforts to prevent, mitigate and resolve intercommunal conflict.
- **Creating conditions conducive to the delivery of humanitarian assistance:** UNMISS peacekeepers work to ensure that humanitarian aid, such as food, clean water, shelter and health care, reaches millions of people in need across South Sudan. The aim is also to provide a safe and supportive environment so that displaced people can return to their homes and communities to live safely and with dignity.
- **Supporting the implementation of the revitalized agreement and the peace process:** UNMISS is committed to helping build durable peace in South Sudan, and supports the implementation of the peace agreement through the provision of advice and technical assistance. It also supports the Ceasefire and Transitional Security Monitoring and Verification Mechanism in its work to monitor and report on violations of the ceasefire and assists the Reconstituted Joint Monitoring and Evaluation Commission which is responsible for overseeing the mandate and tasks of the Transitional Government of National Unity and the implementation of the peace agreement.



- **Monitoring and investigating human rights:** UNMISS monitors, investigates, verifies and reports on violations and abuses of human rights and international humanitarian law, including those that may amount to war crimes or crimes against humanity. A particular focus is on abuses against children and women, including all forms of sexual and gender-based violence. Incidents of hate speech and incitement to violence are also investigated. Technical support is provided to other local, regional and international organizations carrying out similar work.

COVID-19 adds strain and poses a potential threat to the peace process. While some progress has been made on implementation of the peace agreement, major reforms are still outstanding: there are currently 186 actions that should be implemented by the end of the transitional period (February 2023), plus important activities from the pre-transition period such as the unification of the army. State governors have only recently been appointed; reconstitution of Parliament and other governance institutions are delayed; major reforms such as the permanent constitutional and election process have yet to be realized; the transitional security arrangements have not been completed; and funding for implementing the peace agreement is limited. Like many other peace agreements, the peace process in South Sudan requires third party support and engagement. However, since neighbouring countries are also grappling with the pandemic, regional attention to R-ARCSS implementation could decline.

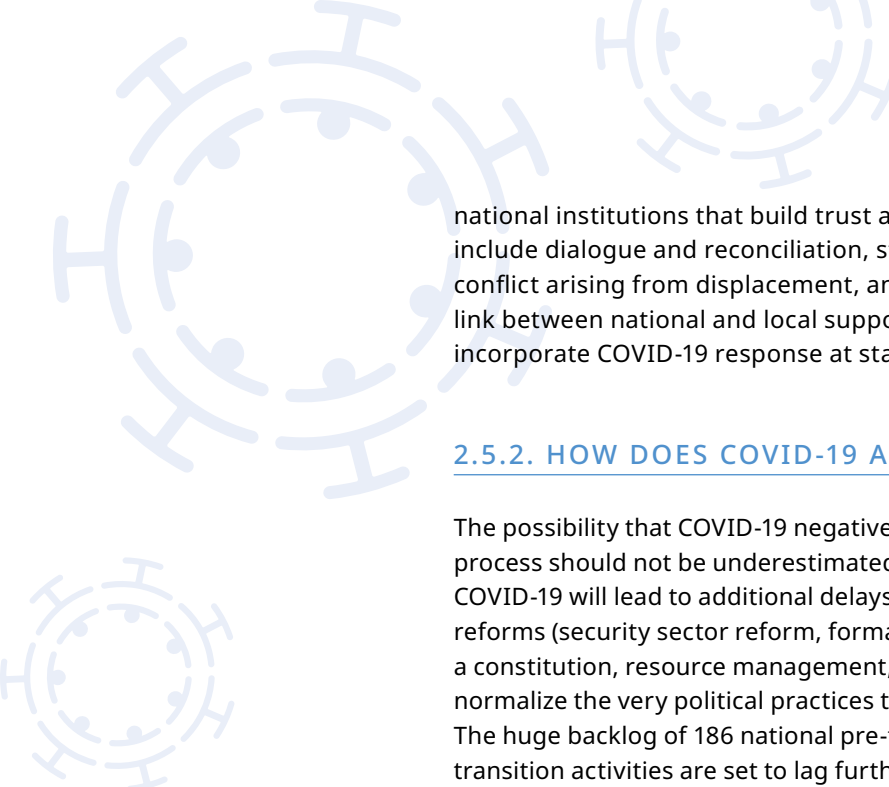
While the spread of COVID-19 offers a chance for people to come together in the face of a universal threat, it could also exacerbate divides. At the local level, the virus could lead to increased stigmatization, hate-speech and inter-group hostilities, reducing social cohesion in an already highly fractionalized environment. Population movements causing people to return or relocate outside of displacement settlements could precipitate both violence and tension between internally displaced, host, and returning populations, especially when people are coming from COVID-19-affected areas. In addition, increased movements promote the risk of accidents related to explosive remnants of war. Although preventing public gatherings and enforcing social distancing are crucial, these measures unfortunately limit the ability of local peace actors and their communities from coming together to try to build bridges, especially as face-to-face meetings can be essential to building trust. Limiting interstate movements, another preventive measure executed by the national authorities, impedes humanitarian actors from carrying out a necessary and efficient response to security-related humanitarian crisis.

Over-crowded conditions in camps for IDPs put these communities at high risk and an outbreak in an IDP and/or refugee camp, particularly a PoC site, could lead to inter-ethnic violence, rioting, a backlash against humanitarian workers and a reduction of services.

Support for the peace process is being provided by international actors, with UNMISS spearheading efforts to continue high-level advocacy for implementation of the peace agreement; protecting civilians; creating the conditions to provide humanitarian support; sustaining the conditions for quick delivery of peace dividends, improved social contract and cohesion; and overall human development that can foster more inclusive societies in the short to medium term. The UNCT has a critical role to play in strengthening

While the spread of COVID-19 offers a chance for people to come together in the face of a universal threat, it could also exacerbate divides.





national institutions that build trust and sustain peace. Intervention areas include dialogue and reconciliation, strengthening the rule of law, addressing conflict arising from displacement, and empowering women and youth. The link between national and local support for peacebuilding is critical and must incorporate COVID-19 response at state and community level.

2.5.2. HOW DOES COVID-19 AFFECT THE PEACE PROCESS?

The possibility that COVID-19 negatively and significantly affects the peace process should not be underestimated and can happen in several ways. First, COVID-19 will lead to additional delays in the implementation of critical transition reforms (security sector reform, formation of the state-federation, drawing up a constitution, resource management, transitional justice and elections) and normalize the very political practices that triggered and sustained the conflict. The huge backlog of 186 national pre-transition and immediate revitalized transition activities are set to lag further. Also, COVID-19 could potentially distract from outstanding Revitalized Transitional Government of National Unity formation priorities – governorship nominees and other local-level political authorities not yet in place; operationalization of the cluster arrangements; revitalized transitional legislative chambers; and other oversight institutions and commissions. Furthermore, COVID-19 will reduce funding for the peace process. The 80 per cent drop in the national budget for the 2019/2020 fiscal year (FY) has resulted in a decrease in the budget line for peace implementation by over 60 per cent. Certain ministries have no budgets and it is likely there will be limited resources for critical governance reform such as reconstituting Parliament and other democratic institutions such as the Audit Chamber, Grievance Chamber, Political Parties Council and National Elections Commission.

Second, the depressed economic context might inhibit the ability and incentives to maintain the power-sharing arrangement. The power-sharing formula and the peace agreement assumed rising oil prices, which have in fact plummeted. With limited resources, frustration and desperation might fracture elite cohesion, considering that dissenting voices are already growing louder, especially from the opposition bench. The leadership of the country now appreciates COVID-19 as an existential threat. Several senior figures have been infected, which affects their visibility and functional control of their various portfolios. Their absence from the political scene might open a huge political vacuum which may be exploited by spoilers.

Adding to these, in a polarized and high-pressure situation, disinformation and hate speech is stressing social cohesion and heightening uncertainty. The infection of senior leaders with COVID-19, along with misinformation about the health of the political leadership, is encouraging the spread of rumours at an unprecedented pace, both on social media and offline.

Furthermore, COVID-19 hampers government capacity to deliver some of its core functions, further limiting service delivery to the people. At a time of lockdown and physical distancing, the country's public sector lacks the skills, systems and structures to deliver core government functions online (e-governance). Social accountability is non-existent, transparency and accountability are weak, and some ministries do not even have basic tools to deliver services and are understaffed. Even a limited rotation of staff will not

The power-sharing formula and the peace agreement assumed rising oil prices, which have in fact plummeted.



enable institutions to deliver on the huge mandate bestowed on them by the peace agreement. Local government is even more ill-equipped and challenged to set and establish functioning decentralized systems of local government that can plan, budget and deliver services. As an example of this, the absence of state governors inhibits the government response to existing communal and ethnic tension. Recent months have seen a surge in violence, battles between rebel and government forces and intercommunal violence, as evidenced by the conflict in Jonglei that cost over 200 deaths in early June.

Finally, the pandemic may increase distrust in government: civic participation and adherence are vital for R-ARCSS implementation, and about 80 per cent of South Sudanese long for peace (UNMISS 2019). In a context of polarization and lack of trust, citizens may be excluded from participating and holding the government accountable for the implementation of the R-ARCSS. With weak systems there may also be opportunities for corruption, e.g. customs officers sometimes arbitrarily implement rules, and policy officers are abusing their authority and asking citizens for bribes. Severe and coercive COVID-19 prevention measures with little sensitivity to the needs of local communities and the inability to deliver public goods like health care may reduce confidence in the newly formed government and further undermine the social contract.

The United Nations continues to support the implementation of the peace agreement.

2.5.3. CURRENT UNITED NATIONS RESPONSE TO COVID-19

The United Nations continues to support the implementation of the peace agreement. No resources have been repurposed away from this aim. Instead, the approach adopted has been to mobilize additional resources to leverage existing programmes and complement the government’s response to COVID-19. For example, community peace infrastructure like peace committees and community radios are being used to disseminate messages about the pandemic and to organize communities to enable them detect and trace infected members; and programmes that were meant to support capacity development of the institutions created by the peace agreement are now being expanded and used to facilitate the deployment of medical experts from neighbouring countries and the South Sudanese diaspora.

Partnering with media, civil society organizations and the private sector, the United Nations is engaging with communities to counter misinformation, hate speech and xenophobia linked to the spread of the virus: 4 million people across 15 communities have been reached and 1,000 fact checkers have been mobilized to tackle misinformation. UNICEF South Sudan engaged over 2,500 social mobilizers through the establishment of the Integrated Community Mobilization Network in all 10 states of South Sudan. Community radio stations, peace communities and theatre activity groups that have long formed an important medium for community sensitization and mediation are being used. All the existing reconciliation platforms can be retrofitted to concentrate specifically on COVID-19 and counter rumours and disinformation associated with the virus, including real-time SMS feedback for early warning mechanisms. For instance, UN-Women, through its local partners in Yambio, trained rural women groups on peacebuilding and empowerment. These groups initiated the ‘Women’s Voice’ radio programme to reach a broader group of women and to further intensity COVID-19 awareness in Taboo and Nzara.

2.5.4. FUTURE NEEDS



Costs for one year will depend on the evolution of the pandemic in South Sudan and have been estimated as follows: US\$5.8 million will be required to fully implement activities for the low-impact scenario, US\$7.8 million for the medium-impact scenario and US\$10.8 million for the high-impact scenario. Each of these scenarios is described next.

LOW IMPACT OF COVID-19 ON SOUTH SUDAN

In this scenario the United Nations will continue leading advocacy and support for the implementation of the peace agreement, piggybacking on ongoing initiatives to add COVID-19 as a factor that unites the country.

Regarding the proactive clearance of minefields, cluster munition strikes and conflict areas, as well as the provision of explosive ordnance risk education, the United Nations Mine Action Service is currently conducting limited operations due to the measures to contain the disease and is planning to resume full-scale operations as soon as possible.

As part of efforts to ensure coordination and continuation of core government functions, the United Nations will provide necessary infrastructure for e-governance in the following areas: information and communication technology for exchange of information and transactions; and integration of various stand-alone systems and services for government-to-citizen, government-to-business, government-to-government and government-to-employee communication, as well as back-office processes and interactions within the entire government framework.

To strengthen social cohesion and help communities to self-organize, the United Nations will continue grassroots work through community dialogue, interdependency initiatives, media and strengthening local mechanisms for peace, including ongoing media campaigns to counter misinformation, hate speech and xenophobia linked to the spread of the virus.

Recent community feedback indicates that lack of essential services, such as water, soap, food, etc. increases community mistrust in COVID-19 prevention and response efforts, as RCCE increases the demand for services that are not available. Civil society actors, including traditional or religious leaders, will be utilized to build trust for COVID-19 interventions, complemented with the provision of essential services. Strengthening the relationship between local government and its citizens in this way contributes to improved trust in the government in the longer term, reducing the likelihood of emergent social tensions or localized conflict. The United Nations will mobilize civic networks to engage with local government to facilitate equitable resource distribution in the absence of robust and cohesive governance structures, also improving trust by different groups in the government.

To push for active women's participation and engagement in the implementation of the peace agreement and the peace process, the United Nations will continue working with women representatives in key transitional institutions to provide the needed support to ensure that gender is mainstreamed. Moreover, through

Civil society actors, including traditional or religious leaders, will be utilized to build trust for COVID-19 interventions, complemented with the provision of essential services.



working with the senior gender advisers in the Intergovernmental Authority on Development and Reconstituted Joint Monitoring and Evaluation Commission, the United Nations will strive to ensure that mainstreaming gender remains a priority in the key transitional reforms that will be made.

MEDIUM IMPACT

The focus for implementing and sustaining the peace agreement will be on legal and policy reform, and ensuring citizen participation and inclusive management of some of the key reforms, especially public financial management (PFM) and accountability; public service reform; and permanent making of a constitution and defining election processes. If the current preventive measures persist, these activities may be delayed, thereby limiting citizen participation. Possible support that would ensure citizen participation in and contribution to the reform includes increasing awareness of the constitution-making process; establishing virtual and information and communication technology tools to enable citizen participation (including the diaspora) and contribution to the constitution-making process; establishing a virtual resource centre to help empower all relevant stakeholders; provision of technical advisory services; and provision of hygiene tools to key institutions involved in the constitution-making process.

The United Nations will continue prioritizing gender mainstreaming in key transitional institutions by building the capacity of the specific institutions and their deploying experts, such as the Strategic Defence and Security Review Boards.

Given the weak health systems, peacebuilding and community cohesion represent a chance for South Sudan to limit the spread of the pandemic. Possible interventions could include strengthening national institutional and policy capacity for leading on social cohesion and peacebuilding; addressing issues of stigma and discrimination and enabling society to maintain cohesive structures and capacities, working closely with community and political leaders; and mainstreaming social cohesion and conflict sensitivity across development and humanitarian responses and strengthening the nexus between them.

The peace dividend focus will be on helping government to improve planning and scrupulous resource management in an austerity context. Support should also help improve partnerships to address the pandemic. Possible backing could include support for business continuity to the Ministry of Finance and Economic Planning; establishment of a real time database on impact, and policy advice on appropriate response; and support to the oversight committee on PFM.

Finally, developing and strengthening local government capacity is essential for preventing and responding to COVID-19 and enlisting citizen participation and consent to preventive measures. Support may include assessment of impact and preparedness of local government authorities, government continuity and planning, and communication capacity of local government.

HIGH IMPACT

This scenario will require substantial scaling up of support for continuity of core government function, citizen participation, public service delivery and institutional strengthening.

The focus for implementing and sustaining the peace agreement will be on legal and policy reform, and ensuring citizen participation and inclusive management of some of the key reforms.





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2.6. PROTECTING JOBS, SMALL AND MEDIUM-SIZED ENTERPRISES, AND INFORMAL SECTOR WORKERS

2.6.1. CONTEXT AND CHALLENGES

South Sudan is ranked as the fourth country with the lowest human development in the world (UNDP, 2019), and in 2015 its GDP per capita was US\$1,120 (World Bank, 2020a). The latest Gini coefficient was 46.3 (0 perfect equality, 100 perfect inequality), showing that the country's wealth is highly unequal (World Bank, 2020a). In 2016, 4 in 5 (82.3 per cent) South Sudanese were poor according to the national poverty line (World Bank, 2020a). Poverty rates are higher among households headed by women than those headed by men (83 and 73 per cent, respectively). Female-headed households are more prevalent in rural than in urban areas, as male members of the household often leave in search of economic opportunities or to join armed groups.

Besides oil, most of the economy is based on low-added-value activities. Many people are daily wage earners, working in agriculture (mostly subsistence), fisheries, basic services such as driving *boda bodas* (bicycle and motorcycle taxis), as hairdressers or running tea stalls, and small-scale trade such as selling cellular phone accessories and airtime. In 2014, 98.6 per cent of private firms were MSMEs, most of them informal. Of all firms, 69.8 per cent declared to be competing against unregistered or informal firms (World Bank, 2020b). The investment climate has much room for improvement even by sub-Saharan Africa standards; the top three obstacles to doing business identified by firms were political instability, access to finance and access to electricity (World Bank, 2020b).



There are about 17,300 private sector companies, mainly micro and small enterprises, registered in South Sudan (South Sudan Business Registry, 2012). MSMEs are unable to employ a critical mass of labour due to operational constraints, including limited access to finance and credit. In addition, private sector employers cite skills shortages in the economy due to the flight of skilled labour and limited access to education. As a result of the latter, adult literacy is only 32.2 per cent whilst youth literacy is 44.4 per cent (Knoema, n.d.).

In the public sector it is unclear how many civil servants (including military personnel) are in the payroll system because many of them have not been registered – an International Monetary Fund (IMF) recommendation in 2016 that remains unfulfilled (IMF, 2019). It does seem clear, however, that civil servants are owed at least three months in salary arrears.

In such a context, diaspora remittances have been an important source of income for some households, allowing them to smooth consumption and afford fees related to services such as schools and health care. In 2019 remittances represented 34 per cent of GDP, the highest in the region (Adegoke, 2020). These funds come mostly from Australia, Europe, the Middle East and North America, but some also come from neighbouring countries to which many South Sudanese moved as a result of the conflict, especially Kenya, Ethiopia and Uganda.

Limited opportunities exist for employment with 59 per cent of the people being unemployed for more than a year (UNESCO et al., 2018). The huge demand for employment was confirmed during the three job fairs conducted by UNDP in Bor, Torit and Yambio, where over 8,500 youth (48 per cent female) attended the job fairs to vie for the 500 job vacancies available. Learning opportunities are also limited, including vocational training, as this is not available to all the youth in South Sudan. Supply of vocational training is exceeded by demand; almost 7,000 youth (53 per cent female) registered interest in enrolling for vocational, technical and entrepreneurship training during the job fairs but they are yet to be fully accommodated.

The 2011 Rapid Youth Employment Study notes the main causes of youth unemployment as high reservation wage, skills mismatch and lack of employment opportunities. Youth often not only lack the skills necessary to obtain a job, but their access to jobs is also limited due to limited or lack of access to financial services, land, markets and market information, and lack of social networks through which to acquire jobs or business opportunities (IMF, 2017). The predominantly youthful population also lack the entrepreneurial culture, technical and artisanal skills and capacity to form and develop their own small businesses.

Besides oil, most of the economy is based on low-added-value activities.

2.6.2. EFFECTS OF COVID-19 ON SMALL AND MEDIUM-SIZED ENTERPRISES AND INFORMAL SECTOR WORKERS

COVID-19 affects MSME and household income in a variety of ways. Government-imposed lockdown measures are leading to a considerable depression in employment and wages as businesses shut, private consumption suffers and investment shrinks. Unlike highly developed countries, South Sudan does not have the fiscal space to offer temporary measures such as stimulus



packages that help the private sector retain its employees during the lockdown. Therefore, if the lockdown lasts too long, firms are no longer able to incur the costs of inactivity and have to lay off their workers, potentially going bankrupt.

Similarly, in the informal sector the activities that constitute the bulk of the economy are extremely sensitive to lockdown measures, e.g. tea stalls run by street vendors have been banned. Also, labour opportunities for the urban poor (e.g. domestic home help) are declining. It is estimated that employment in the informal sector has dropped by 40 per cent, e.g. the income of *boda boda* drivers has decreased by 70 per cent. Some households have completely lost their livelihoods, and this has significant repercussions because households on average have eight members. The impact across society is also uneven, affecting much more vulnerable groups such as women, and is likely to have negative spillover effects on other areas, e.g. for the large number of disillusioned armed young men and members of the state security forces criminality, cattle raiding and intercommunal violence could become attractive options.

Restrictions on movement also disrupted supply chains and degraded hard won gains in markets such as fish or fish products. Bans on cross-border trading mean that women have limited access to the inputs needed for candle and soap production. Hence, lockdown measures represent a negative shock to the aggregate supply, which both reduces the range of available products and increases their price – at the same time as households earn less income.

Lockdown measures represent a negative shock to the aggregate supply, which both reduces the range of available products and increases their price – at a time when households earn less income.



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The negative causes are not necessarily just local. For example, many South Sudanese in urban areas depend on the sale of imported Chinese household goods in street markets and have been negatively impacted by the production shutdown in China and restrictions for cargo trade. Similarly, households will be able to receive less remittances, because their relatives abroad (wherever they are) are also negatively affected by the global economic slowdown caused by the pandemic.

COVID-19 has resulted in the closure of 21 vocational training centres in the country and the suspension of vocational skills training crucial to the enhancement and employability of vulnerable populations, especially the youth. Through the support of UNDP and the Kingdom of the Netherlands, about 6,000 vulnerable youth should have been trained and graduated across 14 trades in 2020 alone. However, the suspension of training has resulted in none of the trainees graduating and being provided with the necessary career advice and placement services, or business development support. With the closure of businesses due to COVID-19, the placement of trained youth with various private sector companies for job and industrial training has also been placed in serious question.

2.6.3. CURRENT UNITED NATIONS RESPONSE TO COVID-19

The United Nations has been working to alleviate poverty in South Sudan, helping households make a basic income. Among others, this has taken two forms. First, agencies such as the United Nations Industrial Development Organization or WFP have been promoting community resilience and self-help capacity through income generating activities in small-scale business development in areas such as fisheries, agricultural inputs and access to markets.

In the wake of the COVID-19 pandemic, the United Nations has reacted by boosting its economic recovery efforts along the same lines as before COVID-19. From the supply side, AFPs have promoted entrepreneurship, e.g. MSMEs have been supported to diversify their manufacturing capacity and produce soap or PPE such as face masks. Given the negative shock that lockdown measures such as movement restrictions induce, however, supply-side measures alone cannot have a countrywide reach. For instance, training, use of biometrics for beneficiary authentication and public works were put on hold to prevent COVID-19 transmission.

Agencies such as UNDP, UN-Women and WFP are also exploring new livelihood initiatives targeting specific groups for COVID-19-specific activities – such as production of locally made reusable cloth face masks – as part of programme innovation and adaptation, recognizing that an increased number of people will require food assistance and income support. UNDP has been able to liaise with the national and state governments to reopen vocational training centres as production facilities for these activities, easing transition towards full operation (and conducting of training) once COVID-19 restrictions have been lifted. Close to 500 jobs were created in face mask production alone, providing employment, income and food security to the vulnerable population engaged – 80 per cent of whom are women. Material for the face masks was sourced locally from trader, thereby contributing to the reinvigoration of the local economy.

In addition, households engaged in the Food for Assets programme will continue to receive their rations, but have been advised to reduce community asset-building in order to practice distancing and to refocus asset creation to the household level. Alongside distribution, WFP will capacitate partners to provide ongoing sensitization of communities and schools on the dangers of COVID-19 and how to protect themselves against infection. Furthermore, home gardening supplies will be provided in urban areas to improve the link between consumption and nutrition, and market outlets will be provided to households who have surpluses.

2.6.4. FUTURE NEEDS



The activities required to support jobs, small and medium-sized enterprises and informal sector workers have been estimated at US\$4 million, keeping in mind that some of them are very closely linked to those in other sections such as social protection or food security. The several scenarios possible are described next.

LOW IMPACT OF COVID-19 ON SOUTH SUDAN

In this scenario, supply-side measures may be slowly re-introduced depending on the progression of the pandemic and consequent reduction of lockdown measures. For instance, as the COVID-19 situation subsides, vocational training centres will have to be reopened and livelihood-related training and income generating activities resumed in targeted areas. Agencies will continue providing information on prevention practices and the use of supplies such as soap and face masks, as well as promoting and supporting their production, while at the same time promoting the shifting of production efforts towards more sustainable private sector undertakings.

Youths trained on a variety of trades will be graduated and provided with career advice and placement services. Those to whom business advisory support has been extended will continue to be provided with access to productive resources, including finance and/start-up kits, to enable them to establish viable livelihood/income generation activities. Support will be provided to help the private sector to recover and take in workers. The Food for Assets programme activities will continue.

MEDIUM IMPACT

In this scenario, the continuation of supply-side measures such as training or livelihood activities will be critically assessed and will only continue if strict prevention and social distancing measures can be assured. Community-based agriculture and natural resource value chain training and activities will be initiated, although with far fewer trainees (5-10 persons per training session) to guarantee the observance of social distancing measures. Institution-based training will be opened for those activities related to COVID-19 prevention and response (like tailoring, metal fabrication, etc.) but with very limited numbers of students.

HIGH IMPACT

In this scenario, supply-side measures such as training or livelihood activities will be put on hold to minimize infections.





2.7. MACROECONOMIC RESPONSE, MULTILATERAL COOPERATION AND PUBLIC FINANCIAL MANAGEMENT



2.7.1. CONTEXT AND CHALLENGES

The economy of South Sudan is extremely dependent on oil. Despite rehabilitation of oil fields and resumption of oil production in Unity State, production is not expected to reach pre-crisis levels in the short term – expected oil production for export is 175,000 barrels per day during FY2020/2021. The economy has contracted on average by 8.1 per cent per year between 2015 and 2018, before recovering in 2019 with a growth rate of 3.2 per cent (World Bank, 2020b). Economic growth prospects for FY2019/2020 have been affected by falling oil prices, COVID-19 containment measures, and shocks to agriculture. The economy is expected to contract in FY2020/2021, with both lower oil and non-oil revenues leading to a large budget deficit. Closures of businesses in the first quarter of 2020 have also been a major shock to non-oil sectors. Lower export revenues, limited capital spending, particularly on infrastructure (roads), falling private consumption and shocks to agriculture due to floods and locust infestations are expected to affect economic performance.

In this recessionary context, monetary policy is expansive. The Bank of South Sudan reduced the central bank interest rate by two percentage points to 13 per cent and the reserve requirement ratio was reduced from 20 to 18 per cent. These measures are intended to reduce the cost of credit while supporting banking sector liquidity. Given the budget deficit, fiscal policy is very limited though, and used mostly on fiscal reprioritization. The government has set up a technical committee to develop urgent alternative strategic sources of non-oil revenue to supplement the gap being created by dwindling resources given low global oil prices. The government is also looking to explore options to diversify the economy, at a cost of US\$4 million.

High inflation and a foreign exchange parallel market are current features of the country's economy. The year-on-year rate of inflation was 40.4 per cent in March 2020 (National Bureau of Statistics, 2020), continuing a downward trend that started in late 2019. As discussed above (Section 2.3.2) COVID-19 and measures to contain it presents an important supply shock, and the prices of essential



foods and agricultural commodities have risen sharply. At the same time, the gap between the official and parallel market exchange rates remains high and was reported at more than 80 per cent in May 2020, which represents a major distortion in the price system.

Considering public finances, poor budget management and execution have been exacerbated by lower revenue collection. In turn, these have further compromised spending on infrastructure and service delivery. Estimates indicate that capital spending is projected to be 22 per cent of the amount budgeted, with significant under-execution in sectors such as infrastructure (13 per cent), health (27 per cent), social and humanitarian (9 per cent), and education (73 per cent). In contrast, current spending is projected to be 186 per cent of budget, with accountability (483 per cent), rule of law (345 per cent), public administration (193 per cent), and security (113 per cent) spending significantly above budget. According to the Open Budget Survey (2019) South Sudan has a transparency score of 7 (out of 100), and ranks 106 out of 117 countries; a public participation score of 11 (out of 100); and budget oversight score of 43 (out of 100), with very limited budget oversight by legislature and supreme audit institutions. It is not surprising therefore that South Sudan is ranked the second most corrupt country in the world according to the Corruption Perception Index.

2.7.2. EFFECTS OF COVID-19 ON THE MACROECONOMIC SITUATION

The fall in the global oil price from nearly US\$70 a barrel in early January 2020 to about US\$30 in May 2020 is particularly detrimental for public finances in South Sudan.

The macroeconomic impact of COVID-19 includes falling oil prices, disruptions to trade and supply chains, and domestic containment restrictions that hamper consumption and investment.

The fall in the global oil price from nearly US\$70 a barrel in early January 2020 to about US\$30 in May 2020 is particularly detrimental for public finances in South Sudan. The FY2019/2020 budget envisaged gross oil revenue receipts of about US\$1.7 billion and net oil revenues of about US\$1.3 billion. With the recent plunge in oil prices, gross oil revenues are likely to be US\$940 million with net oil revenues expected to be only about US\$527 million, leading to a shortfall of about US\$370 million in the current budget. At the same time, non-oil tax revenues are expected to be 3 per cent lower than budgeted, with a shortfall of about US\$4.7 million. With these developments, the fiscal deficit is expected to reach US\$510 million (7.8 per cent of GDP) versus the US\$166 million (2.5 per cent of GDP) initially planned.⁹ This will hinder service delivery, affecting more vulnerable segments of the population. Furthermore, lower oil revenue entails less foreign exchange and puts downward pressure on the official market exchange rate, likely contributing to inflation.

Disruptions to trade, supply chains, reduced business time and longer travel time have contributed to higher prices for essential commodities. Market prices for basic food stuffs have risen by about 20 per cent since the containment measures were introduced in late March 2020. Although borders remain open to commercial traffic, cargo volumes passing through Nimule have fallen by 50–70 per cent because screening processes slow down the movement of

⁹ Computations from government fiscal data and World Bank GDP estimates, July 2020.



commodities. The country is likely to experience lower agricultural activity and production due to a reduced workforce and market closures, a situation that is very grave because South Sudan depends on imports for about one third of its food needs, and the contribution of agriculture to GDP as part of the non-oil sector is significant.

Recent foreign direct investment has been largely in the oil industry (especially from companies in Asia and China), as well as in the mining sector. Net foreign direct investment inflows are expected to decline significantly due to the negative impact of the virus on the economies of countries that are the source of investments, and the significant drop in oil prices to a projected US\$30 per barrel in 2020 compared to the budgeted price of US\$55 in FY2019/2020. Net portfolio outflows are expected to intensify. Official development assistance for project financing could also be lower. Whereas government has been negotiating in-kind oil in exchange for infrastructure development, only about 25 per cent was realized in the FY2019/20 budget.

The impact of COVID-19 on the economy of South Sudan as detailed above includes a decline in economic growth and a shortfall in domestic revenue, causing increased pressure on fiscal space, further exacerbating the dire situation of increasing poverty with severe consequences for combating the impact of the global pandemic.

2.7.3. CURRENT UNITED NATIONS RESPONSE TO COVID-19

The COVID-19 response presents an important opportunity for South Sudan to accelerate macroeconomic and PFM reforms, especially those on fiscal transparency. A practical and robust PFM reform strategy is required to guide the reforms with a view to improving management of petroleum revenues, enhancing data collection and analysis and reforming the exchange rate system. The government has established a governance structure to oversee PFM reforms which consists of a PFM oversight committee, a PFM technical committee and the PFM secretariat. UNDP supports strengthening of PFM in six states and is scaling this work to 10 states to create fiscal space for sustainable peace, capacity to respond to COVID-19 and to increase service delivery.

UNDP is providing policy advice and analytical services to the government on the socio-economic impacts of COVID-19. This includes support for reallocation of funds within the current budget, review of the National Development Strategy and plans for the FY2020/2021 budget. Business continuity support is also provided to facilitate the government’s applications for quick disbursing of financial assistance, such as the IMF Rapid Credit Facility or the debt service suspension initiative. UNDP and UNICEF will adapt the joint PFM project under the SDG Fund (US\$1 million) in light of COVID-19; the joint programme focuses on increasing domestic revenue generation through strengthening revenue authorities and supporting PFM processes, including for budget preparation and reporting in select states.

These efforts have seen the government commit to reduce spending on infrastructure, goods and services by 30 to 50 per cent to create fiscal space for much needed spending in the social sector. For instance, US\$5 million dollars

The COVID-19 response presents an important opportunity for South Sudan to accelerate macroeconomic and PFM reforms, especially those aimed at fiscal transparency and accountability.

was reallocated from the capital budget to the Ministry of Health to support COVID-19 preparedness and containment. The government is also taking advantage of the debt payment suspension initiative approved by the G20 (Group of Twenty), available to countries eligible for International Development Association financing. The IMF is undertaking a debt sustainability analysis in support of South Sudan's application for its Rapid Credit Facility. Furthermore, the government is currently exploring opportunities with partners to access emergency funds from donors such as the IMF or World Bank, and many other partners have also stepped up to help tackle COVID-19. The IMF is providing technical assistance on PFM reforms, including developing a credible macro-fiscal framework.

World Bank support for the NPRP is US\$7.6 million, activating a Contingency Emergency Response Component (US\$5 million) through UNICEF, and reprogramming some remaining funds from the earlier Ebola Contingency Emergency Response Component (US\$2.6 million). The World Bank is also processing additional financing of US\$5 million under the COVID-19 Fast-Track Facility to replenish the already activated Contingency Emergency Response Component. In addition, it is funding the Safety Net Project (US\$40 million) through UNOPS to address the increasing vulnerabilities resulting from COVID-19 effects, especially in urban areas.

The African Development Bank has granted US\$4.1 million to finance the emergency assistance for COVID-19 response in South Sudan in collaboration with WHO. The funds are directed to case management and prevention and strengthening the health system's capacity for emergency preparedness, with WHO as sole implementing agency.

2.7.4. FUTURE NEEDS



The activities required to support economic governance and reforms and establish a country's stabilization and economic recovery plan will depend on the evolution of the pandemic in South Sudan. The response requires US\$2.5 million in the low-impact scenario, US\$3.5 million in the medium-impact scenario and US\$5 million in the high-impact scenario. Each of these scenarios is described next.

LOW, MEDIUM AND HIGH IMPACT

Low- and medium-term impacts are expected on the economy, but only in a very short time frame. These are largely due to direct effects of over-burdening of the health sector and diversion of expenditure to curtail the spread of the disease. Also in the short term are indirect effects resulting from the initial response and containment measures of COVID-19. In the short term, direct costs are mostly from the cost of health care. The short-term effects will lead to medium-term effects as the pandemic persists, leading to low capital productivity (people are sick, may not report to work, etc.); unemployment, especially with slowdown or closure of businesses, and also unemployment in the informal sector (motorbike riders, street hawkers, etc.); an increase in poverty; food insecurity; overcrowding of health facilities and reduction in quality of service delivery; and low consumption, etc. These might contribute to reductions in productivity





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of the agriculture sector, disruptions of trade, high inflation and loss of government revenue, among others.

In the macroeconomic sector, the country is already experiencing a high-impact scenario. This is evident in a major economic downturn and loss of revenue, which will widen the budget deficit and lead to less service delivery and lower growth. The longer the measures to contain COVID-19 persist, the more profound the impact on the economy will be and the more difficult it will be to realize results of measures to boost economic recovery. A protracted complete shutdown will devastate the economy and severely undermine economic recovery. Many businesses may go bankrupt, which will worsen the already precarious unemployment situation.

The following will be implemented by the United Nations:

1. Continue supporting the government to enhance economic governance and reforms, including e-governance, for business continuity of its economic policymaking function;
2. Support the country's stabilization and economic recovery plan, including reforms in key areas such as public financial management, fiscal reprioritization or a comprehensive economic diversification strategy to reduce dependence on oil.
3. Policy discussions between government and development partners to identify additional sources of revenue and direct support for service delivery, especially in the health sector;
4. In collaboration with the international financial institutions, provide technical support for the development and implementation of fiscal and monetary policies that respond to the impact of COVID-19; and
5. Policy discussions on the provision of fiscal stimulus for the most affected sectors to protect against further job losses and guard against reduction in the contribution to GDP of the non-oil sector.





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2.8. HUMAN RIGHTS AND THE RULE OF LAW

2.8.1. CONTEXT AND CHALLENGES

Following years of civil war, South Sudan remains a fragile state with weakened rule of law institutions and absent justice and police presence in locations across the country. The existing justice and police presence continues to be impacted by major obstacles through inadequate capacity, resources, coordination, infrastructure and equipment. This is compounded by corruption and low levels of transparency and accountability in both the use of public resources and the discharge of functions, creating low public trust in the justice sector. In a society where public justice services are weak, communities may resort to violence, including retaliatory attacks to settle disputes, contributing to an unabated cycle of violence and widespread lawlessness. High levels of crime and systemic human rights violations, including rampant levels of sexual exploitation and abuse and SGBV, killing and torture, hate speech, arbitrary and prolonged detention, denial of access to property for women and IDPs, and censorship of the media, are commonplace in the country.

Conflict-related crises are often characterized by the breakdown of law and order, highly militarized and masculinized societies and arms proliferation. In South Sudan, between 52 and 61 per cent of men report perpetrating sexual and/or physical violence against women (Murphy et al., 2017).

Moreover, security institutions have long been grounded in male-dominated cultures and conceptions, creating considerable challenges for establishing effective and accountable security institutions. This has contributed to increased abductions of girls for marriage as a way of bypassing the dowry 'requirements';



limited mobility/displacements for women and girls, amongst other human rights abuses; and increasing inter- and intra-communal conflicts, putting women and girls at the centre of violence and conflicts. Fighting forces often mirror the patriarchal norms in the society, where negative masculinities and misogyny frequently lead to systematic exclusion of women from the forces leading to inequalities, and a continuous and vicious cycle of violence, manifested in the current political and ongoing communal violent conflicts.

Gaps in formal justice institutions have encouraged those seeking the peaceful resolution of disputes, including serious crimes, to turn to traditional justice mechanisms. The degree to which these traditional mechanisms contribute to fair outcomes is limited, due to inconsistencies with procedural safeguards, decision-making that discriminates against vulnerable groups and the adjudication of crimes in violation of jurisdictional laws and human rights. For example, customary courts disadvantage women and girls by forcing daughters to marry men selected by their families (Government of South Sudan, 2020); the discriminatory application of customary law can discourage women and girls from reporting incidents of SGBV (OECD, 2019); and customary property laws do not recognize and protect women's property rights (Government of South Sudan, 2020).

The continued weakness and lack of presence of civilian law enforcement institutions also contributes to an over-reliance on national intelligence and security forces to perform what ordinarily should be civilian law enforcement functions. The situation is worse for women and girls, who have limited access to justice, which worsens when perpetrators are allegedly state agents or soldiers outside the ambit of the law and judicial processes, or are protected from prosecution. Gender inequality and discrimination in the security and justice sectors have wider societal and inter-ethnic effects that threaten the sustainability of peace in South Sudan.

Despite the COVID-19-related restrictions which include closure of borders, South Sudan has continued to live up to its national and international legal obligations to provide access to its territory to people arriving in the country to seek asylum. South Sudan authorities continue to apply the COVID-19-related health measures to newly arriving refugees in the country.

Bringing some hope in this stark reality, the formation of the Revitalized Transitional Government of National Unity is a milestone in progress to meaningful R-ARCSS implementation, and has provided a new platform upon which rule of law, access to justice and accountability for human rights violations can be built. This is backed by the international community. To increase access to justice and security, the United Nations provides coordinated technical, programmatic and logistical support to all actors in the justice chain. This includes measures to support the deployment of the justice chain to locations with limited or no justice presence; strengthening of traditional and formal justice actors on jurisdictional limitations; fair trial safeguards; human rights and gender equality; and creating an enabling environment for transitional justice.

Security sector reform, at the forefront of United Nations assistance, presents an opportunity to include the needs, concerns and priorities of women, girls

Gender inequality and discrimination in the security and justice sectors have wider societal and inter-ethnic effects that threaten the sustainability of peace in South Sudan.



and minorities in the security sector. Key reforms to be undertaken include the cantonment and reunification of forces and demilitarization of civilian areas; reforms which necessitate the engagement of women and girls and other stakeholders on their concerns and needs; and making the security sector trusted, representative and protective. Security sector reform is complemented by efforts to promote community security and – in response to increased transnational crime – assistance in combatting anti-trafficking and smuggling of migrants. These are also accompanied by targeted assistance to strengthen national systems to promote and protect human rights and the country’s compliance and engagement with international human rights law.

2.8.2. EFFECTS OF COVID-19 ON THE RULE OF LAW AND HUMAN RIGHTS

The onset of the COVID-19 pandemic merely weeks after the Revitalized Transitional Government of National Unity was established brought an unprecedented challenge to an already fragile state.

The onset of the COVID-19 pandemic merely weeks after the Revitalized Transitional Government of National Unity was established brought an unprecedented challenge to an already fragile state. This is of even greater concern at subnational level, which lacks established and well-resourced local governance structures. The following describes how COVID-19 impacts rule of law and human rights in South Sudan:

EFFECTS ON ACCESS TO JUSTICE

- **Disruption in the delivery of justice services:** The impact of COVID-19 on the already strained justice chain, including curtailment or suspension of court services in criminal proceedings and civil matters, coupled with the prevention of deployment of justice actors to locations with limited statutory justice presence, impedes access to justice, enhancing impunity and civil grievances such as those related to property rights. Moreover, it may create a residual upsurge of case backlogs, and exacerbate prolonged and arbitrary detention, among others.

EFFECTS ON VULNERABLE GROUPS

- **Increase in violence against women and girls:** Recent research prior to the pandemic consistently found that rates of intimate partner violence against women and girls in conflict-affected settings are higher than rates of non-partner sexual violence (Global Women’s Institute et al., 2017). In three displaced settlements surveyed in South Sudan prior to COVID-19, the rates of intimate partner violence ranged from 54 to 73 per cent while the rates of non-partner sexual violence were much lower at 28 to 33 per cent (Global Women’s Institute et al., 2017). Quarantine and isolation policies, critical to flatten the exponential growth curve of the pandemic, exacerbate the conditions for those already vulnerable to domestic violence, estimated to be at least one third of all women (WHO, 2017). Domestic and intimate partner violence reduces the access of women and girls to justice and contributes to their further victimization and ability to effect social change.
- **Widening the justice gap and access to protection:** With justice services reduced or ceased, the ability of marginalized groups such as women, children, the elderly and IDPs to obtain legal recourse and protection will be further inhibited. Furthermore, the highly securitized response to the disease has affected the ability of vulnerable populations in vulnerable situations, especially trafficked migrants in the hands of abusers or exploiters, to access



protection and has prevented them from seeking assistance to return to their places of origin due to the closure of borders.

- **Risks to people in prisons and other detention places:** Already faced with overcrowding, poor conditions, a lack of sanitation and access to medical care and other basic provisions, prisoners and other detainees are particularly vulnerable. The ability of prisons to implement adequate prevention and response measures is seriously limited and poses a risk not only to the almost 8,000 prisoners but also to approximately 19,000 prison personnel and the general population. An outbreak of the disease in prisons and police detention facilities will result in a major health threat and lead to heightened tensions due to overcrowded conditions, with limited ability to isolate and treat sick prisoners and detainees. COVID-19 containment measures will limit access to legal aid and contact with families who often help provide food and medicine, and restrict access to and oversight of prisons by independent monitoring bodies. This can lead to a greater risk of abuse of power and the use of ill-treatment and torture of prisoners.
- **Access to territory and asylum procedure:** South Sudan has closed all international borders and temporarily suspended reception and registration of asylum-seekers and refugees, as part of measures to contain COVID-19. So far there are no known cases of refoulement, entry denial or deportation from South Sudan but this may be a risk in the future. To ensure that those who continue to arrive have access to COVID-19-related health measures and enjoy international protection in South Sudan, the relevant institutions must be provided with the necessary support and guidance. There is an urgent need to deploy, without further delay, COVID-19 screening and quarantine facilities at border points and areas where new refugees continue to arrive in South Sudan. In the absence of such facilities, refugees and asylum seekers are stuck at borders or in reception areas or put in temporary but untenable ad hoc quarantine facilities, while local health authorities lack the capacity and resources to fully implement the required measures.
- **Movement restrictions imposed due to COVID-19** has also halted the return process of IDPs.

There is an urgent need to deploy, without further delay, COVID-19 screening and quarantine facilities at border points and areas where new refugees continue to arrive in South Sudan.

EFFECTS ON BORDER CONTROL AND INSECURITY

- **Limited capacity at border posts:** COVID-19 PPE and test kits are in limited supply, so the ability of justice and security actors who are stationed at borders to implement COVID-19 response measures will be hugely constrained, placing the workforce at high risk of infection. Additionally, following border closure there has been an upsurge in use of unofficial borders with accompanying risks of undetected transmission. Transnational criminality may spike given weak capacities in policing of official and unofficial border crossing points.
- **Heightened criminal activity and inter-ethnic violence:** The COVID-19 pandemic has sparked a general increase in crime, e.g. 46 per cent in Jubek.¹⁰ As the disease penetrates communities, this may further trigger potential inter- and intra-ethnic violence and stigmatization. Limited access to justice and resulting impunity will be a compounding factor, leading to further violence and retaliatory attacks. In turn, this may catalyse heightened levels of lawlessness, disorder and crime, particularly in relation to armed male youth and cattle raiding.

¹⁰ Jubek State Crime Statistics, 2019 and January to May 2020.



EFFECTS ON GOVERNANCE AND ACCOUNTABILITY

- **Heavy-handed response by the security sector:** Severe, coercive and disproportionate measures to enforce COVID-19 measures and quell dissent is a significant threat. Arbitrary and disproportionate enforcement of restrictions can further undermine the relationship between the state and civilians.¹¹
- **Lack of transparency and access to information:** COVID-19 magnifies South Sudan's need for accountable and transparent governance. Systemic corruption poses a serious risk of mismanagement of COVID-19 funding, placing possible further constraints on already limited resources to effectively respond to the pandemic.
- **Curtailment of freedom of press and freedom of expression:** COVID-19 emergency measures may pose several potential risks for political dissidents and human rights defenders. Based on the government's past limitations on freedom of press and expression, journalists and civil society are likely to face further censorship and arrest for reporting on and criticizing the COVID-19 response. The pandemic may additionally lend itself to equipping the government with ostensible legitimacy to heighten surveillance and further shrink civic and political space. Crackdowns on freedom of expression and association, connected to the efforts to contain the virus, may undermine the ability of local journalists, community groups and activists to ensure the public is provided with up-to-date and accurate information to combat hate-speech and stigmatization.

2.8.3. CURRENT UNITED NATIONS RESPONSE TO COVID-19

AFPs have actively contributed to COVID-19 impact analysis and to the government-led NPRP to ensure that human rights concerns are integrated across the COVID-19 response.

AFPs have actively contributed to COVID-19 impact analysis and to the government-led NPRP to ensure that human rights concerns are integrated across the COVID-19 response. The pre-existing challenges faced by justice and law enforcement institutions threaten to aggravate the impact of the pandemic if not immediately mitigated. The United Nations system has thus undertaken numerous interventions to address key concerns, as follows:

1. **Allocation of funding and repurposing of annual core budgets in support of the justice sector to adapt approaches while delivering on essential justice and police services:** Thanks to agencies such as UNDP, the Global Focal Point for Rule of Law has made available a budget to support joint United Nations programmatic COVID-19 response efforts, and increase the capacity of the national justice system to respond to the COVID-19 pandemic.
2. **Distribution of information, education and communication materials on COVID-19:** These have been disseminated to rule of law institutions, along with sensitization of officials of the judiciary, the Ministry of Justice and Constitutional Affairs, prisons, immigration, aviation and the South Sudan National Police Service, including personnel at borders, to debunk

¹¹ These concerns are heightened by recent reports of the beating to death of a juvenile in Kapoeta on 16 May 2020 due to a curfew violation; arrest, detention and attempted extortion of a number of civilians, including women and children, for violating social distancing measures in Torit on 19 May; and increased police harassment, arbitrary arrest and detention of asylum seekers and refugees in Juba due to, *inter alia*, corrupt intent, deliberate refusal to recognize valid documents issued by the Commissioner for Refugee Affairs and UNHCR, and a lack of awareness of asylum seeker and refugee rights.

dangerous misinformation, myths, rumours and misleading claims on the disease, in line with the latest WHO and national guidance.

3. [COVID-19 preparedness and response package and guidelines for prisons and the police](#): Provision of technical assistance and publication of preparedness and response materials to national prisons and the South Sudan National Police Service, with simple and practical information on how personnel can protect themselves and others from COVID-19 while undertaking their daily prison and law enforcement functions, including engagement with the public. Likewise, technical assistance has been provided for the drafting of standard operating procedures for frontline immigration, aviation, and border police officers.
4. [Support on the provision of hygiene kits and PPE](#): Protection of users of justice services through the provision of hygiene kits and support to disinfect police cells and prisons in 6 of the 10 states, with special attention being paid to facilities where women and children are detained. Efforts to protect justice frontline staff through provision of PPE is a priority to safeguard them from infection and ensure that criminal justice institutions continue providing essential law enforcement and justice services.
5. [Support to decongest places of detention](#): Support to national justice actors to plan for and expedite the country-wide decongestion of prisons, police cells and the Juvenile Reformatory Centre through the release of pretrial detainees or convicts on bail or parole. For example, in Jubek, a hotspot for COVID-19, the United Nations is supporting the release of at least 717 pretrial detainees who are eligible for bail, by means that include remote hearings. This builds on efforts of the Juvenile Court to release 85 juveniles on bail, and the final release of 40 juveniles following acquittal or time served on their sentences.
6. [Human rights-based approach to COVID-19](#): Ensuring respect for human rights during the COVID-19 response, including through: i) supporting the Human Rights Commission and civil society to monitor and use evidence-based analysis on the human rights situation with the aim of promoting a rights-based response; ii) documenting and reporting abuses; iii) advocating and engaging national authorities to uphold human rights principles; and iv) undertaking emergency measures to fight the spread of COVID-19.
7. [Protection of vulnerable groups](#): Strengthening United Nations partnerships to increase access to justice for SGBV survivors during and after the pandemic, ensuring that women and girls who are affected by discriminatory laws and practices are protected through access to justice and legal empowerment solutions.
8. [Support to oversight bodies to increase access to information and transparency in the COVID-19 response](#) by: i) ensuring public access to accurate information during the pandemic; ii) promoting proactive implementation of COVID-19 disclosure by public agencies; and iii) fostering accountability and transparency on COVID-19 funds.
9. [Technical assistance to the Task Force on Anti-trafficking and Smuggling of Migrants](#): Working to assist the task force by strengthening criminal justice actor capacities, conducting legal analysis, and ensuring that human rights application and protection are embedded into criminal justice procedures for handling cases involving trafficking in persons and smuggling of migrants.



2.8.4. FUTURE NEEDS

In addition to ongoing interventions to respond to COVID-19, the United Nations will scale up interventions to promote the rule of law and human rights, and therefore prepare for the post-pandemic 'new normal'. Interventions will include seeking synergies and encouraging a people-centred, gender-sensitive, rights-based and disability-inclusive recovery that is just and fair, ensuring that no one is left behind. The scenarios are described next.

In addition to ongoing interventions to respond to COVID-19, the United Nations will scale up interventions to promote the rule of law and human rights, and prepare for the post-pandemic 'new normal'.

LOW AND MEDIUM IMPACT OF COVID-19 ON SOUTH SUDAN

In this scenario, key initiatives will include:

1. **Continuous sensitization and awareness:** Initiatives across the justice workforce and users to contain and prevent the spread of the virus remain in place until the risk of the virus is sufficiently reduced.
2. **Extend current interventions:** Ongoing support to protection of justice and security workforce and users to all 10 states in the country; distribution of preparedness and response packages and guidelines; supporting COVID-19-responsive monitoring activities by the National Human Rights Institution and civil society organizations.
3. **Gender mainstreaming of security sector institutions:** The United Nations will adapt its work on gender mainstreaming, collecting data on the state of the gender responsiveness of security institutions, and sensitize the security sector to be gender-sensitive and responsive.
4. **Continued community engagement, particularly of women and girls:** Through working with local women's groups and networks, the United Nations will continue building the capacity of women and girls to articulate their needs.
5. **Development and dissemination of protocols on the human rights-based approach to COVID-19:** Resource materials will be disseminated, in Arabic and English, for law enforcement and security personnel to ensure a human rights-based approach in the context of implementing emergency regulations, quarantine and other COVID-19 response measures, including adopting approaches that are gender-sensitive, child friendly and cognizant of the rights of asylum seekers, refugees, IDPs and returning South Sudanese refugees.
6. **Promotion of e-justice, increased use of remote hearings and support to case review of bailable offences:** Address ongoing decongestion and prolonged and arbitrary detention in coordination with the Director of Public Prosecution, the judiciary, the police and prisons through remote hearings to build upon initial efforts. This will also aim at remote investigations where feasible, and target release of prisoners for bailable offences. In the long term, an e-justice system that complies with fair trial procedures and human rights will improve the efficiency of the justice system and data capture.
7. **Support the police, immigration and aviation to adapt their methods and strengthen lockdown patrols and border crossings:** Offer advice, training and equipment to the South Sudan National Police Service and the emergency COVID-19 call centre, including for participation in media outreach activities such as talk shows on crime prevention.
8. **Support issuance of national identity documentation for mobile populations and IDPs:** The backlog in the issuance of identity documents will need to be addressed to support other processes, such as those connected with



housing, land and property issues, including the restoration of land and property.

9. **Research on the justice gap in South Sudan:** Analyse how the pandemic disproportionately affects already disadvantaged population groups and their ability to access justice and police services, and policy measures to tackle this.
10. **Improve security sector institutions in response efforts:** Conduct a needs assessment of military, police and prison hospitals to assess whether the medical capacity of these facilities can be fully utilized to augment civil response efforts. Dedicated medical capacity for national security institutions should be included in and operationalized in the NPRP. In this way, national security hospitals could be used to support critical functions, including isolation of confirmed cases.

HIGH IMPACT

In this scenario, engagement of the United Nations and its ability to support interventions related to the rule of law and human rights will be severely curtailed, and it is likely that justice institutions will be under lockdown. The focus will shift to recovery measures once the situation improves and restrictions ease, though similar recovery measures will be needed regardless of whether the situation deteriorates to the high-impact scenario. Key initiatives will include:

1. **Increase access to justice and legal aid provision during the recovery phase to address the backlog of criminal cases and civil matters:** Swift action will be taken to support the deployment of mobile courts and the justice chain to priority locations across states. Urgent attention will be given to ensuring access to legal aid and adjudicating priority cases targeting women, victims of SGBV, juveniles, those subject to prolonged and arbitrary detention, IDPs, refugees, returnees and people at the grassroots. Initiatives should also include keeping the review and reform of discriminatory laws on track, such as the SGBV Bill, IDP Bill, and laws on statelessness and land.
2. **Lifting of emergency measures:** Advocacy and engagement should ensure that national emergency measures, including those restricting fundamental human rights and liberties and affecting access to justice restrictions, are lifted as soon as the risk of the pandemic has subsided.
3. **Emergency recovery funding:** The United Nations will launch a coordinated appeal to support recovery and emergency efforts in the justice and security sectors as part of the minimum necessary support in successfully overcoming the health and development crisis caused by the pandemic.

Swift action will be taken to support the deployment of mobile courts and the justice chain to priority locations across states.





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2.9. MOBILE POPULATIONS OF CONCERN

2.9.1. CONTEXT AND CHALLENGES

The latest data shows that in South Sudan there are about 7.5 million members of mobile populations of concern who need different types of assistance.¹² Of these, approximately half are IDPs and returnees,¹³ the rest being refugees and migrants in vulnerable situations. At the end of March 2020, there were 1,665,815 IDPs and 1,365,057 returnees in South Sudan that had been uprooted from their homes due to widespread conflict, including cattle raiding, intercommunal clashes, persecution and natural disasters, spreading across all 78 counties in 10 states (IOM DTM, 2020e). Three quarters of IDPs reside among host communities, and the remaining quarter is situated in various congested displacement sites: 188,649 people (IOM DTM 2020d) are hosted in UNMISS PoC sites in Bentiu, Bor, Juba, Malakal and Wau, as well as in a temporary protection area in Leer.

Currently, some 2.3 million South Sudanese are living as refugees in neighbouring countries. Displacement in South Sudan is often a result of localized conflicts connected to livestock, and intercommunal violence resulting in loss of life, serious human rights violations and disruption of livelihoods. Contributing to these are the delays in the appointment of governors, initially planned for February 2020 but appointed in July 2020, which has created a

¹² For an overview of the mobility network within South Sudan and neighbouring countries see IOM Displacement Tracking Matrix (DTM), 2020b).

¹³ According to IOM DTM South Sudan Mobility Tracking Report 7 there were 1,665,815 IDPs and 1,365,057 returnees in South Sudan at the end of 2019 (IOM DTM, 2020c).



power vacuum and collapse in the rule of law. IDPs are extremely vulnerable: close to half (42 per cent) who were displaced in 2019 were residing in five counties forecasted to be in IPC Phase 4 (emergency) between May and July 2020. IDPs face more violence than host community members, with poor access to safe WASH. One third of IDPs and 37 per cent of returnees live in settlements located more than 5 kilometres from a functional health facility (IOM DTP & WHO, 2020). Furthermore, more than 90 per cent of IDPs reside in rural areas, where competition for resources may unravel the relationship between IDPs and host communities (IOM DTM 2020a). This contributes to higher protection needs, especially for children and women, prompting people to seek protection in locations where humanitarian actors operate.

Between November 2017 and May 2020, 289,650 South Sudanese refugees have been recorded by the United Nations and its partners as having returned to South Sudan in a self-organized manner. Other sources suggest that the number of returnees from abroad, prima facie refugees, is higher than this. According to available data for all 78 counties, 404,830 individuals returned to their areas of habitual residence between January 2018 and March 2020 and another 97,576 reached their habitual residence assessed by the Displacement Tracking Matrix team in 2016 and 2017 (IOM DTP, 2020f). Poor infrastructure to support health care, transportation, education and livelihoods, access to services (e.g. WASH), limited livelihood opportunities, and unresolved housing, land and property issues, along with insecurity, are common impediments to successful returns.

Migrants in vulnerable situations are highly mobile populations (internal movements and short-term cross border movement), and migrants who enter the country through porous borders (predominantly from neighbouring countries), some of whom have no travel documents and are at risk of detention, and/or are victims of human traffickers and smugglers.¹⁴

2.9.2. EFFECTS OF COVID-19 ON MOBILE PEOPLE IN NEED OF ASSISTANCE

The pandemic affects mobile people in need of assistance in several ways. Notably, IDPs in congested camps or camp-like settings face higher risk of transmission of communicable diseases such as COVID-19. Crowded environments increase the likelihood of IDPs becoming infected and do not allow for social distancing and isolation. Undocumented migrants who may currently be in detention or share small apartments face similar concerns.

Restrictions on movement have a strong effect on IDPs. For example, in Wau county in April 2020 IDPs residing in four collective centres were expelled by the owners of the land, the local church administration, due to concerns about COVID-19 spreading in the congested sites. The government temporarily restricted movement in and out of other PoC sites at Juba and Malakal, affecting IDP livelihood activities, provision of services within the sites, and maintenance by humanitarian agencies.

As discussed in other chapters, COVID-19 disproportionately affects women and girls, and the negative effects are exacerbated when they are also mobile people

Between November 2017 and May 2020, 289,650 South Sudanese refugees have been recorded by the United Nations and its partners as having returned to South Sudan in a self-organized manner.

¹⁴ The government does not screen undocumented migrants properly using trafficking indicators, hence detained migrants may in fact be victims of trafficking.

in need of help, e.g. they have fewer opportunities to engage in economic and educational activities, or increased burdens of household responsibilities. Restrictions on movement in congested environments threaten to increase incidents of SGBV, particularly intimate partner violence, as well as incidents of community violence and/or breakdown in social cohesion. Such restrictions also limit the opportunity to seek support from United Nations partner agencies whose footprint, both in congested sites and in deep field locations, may be hindered due to restriction of movement.

COVID-19 discourages return, threatening progress made towards durable solutions for IDPs and refugees sheltering in camps and settlements. As humanitarian capacity is stretched and positive steps towards peace may be reversed, stalled or impeded, the ability of IDPs to voluntarily return, relocate, or resettle is likely to diminish significantly. In a scenario where spillover effects of the pandemic include the resurgence of conflict, the virus could usher in a new period of displacement and the emergence of new displacement sites. For returnees, the pandemic threatens the durability of their resettlement, especially because many areas of return are afflicted by poor health infrastructure, few services, and often lack of education and livelihoods opportunities. These challenges are compounded by unresolved housing, land and property issues. Such conditions, when coupled with inadequate resources to take preventive measures and care for the sick, heighten returnees' vulnerability to future displacements and disproportionately burden members of vulnerable communities. Migrants in vulnerable situations are also prevented from leaving due to border closures.

COVID-19 discourages return, threatening progress made towards durable solutions for IDPs and refugees sheltering in camps and settlements.

Border closures often lead to unofficial border crossing, raising protection concerns for vulnerable groups on the move, emergence of trafficking and smuggling, supply chain disruptions, and increased corruption in exchange for access. All these can easily lead to spikes in the number of infections. For instance, analyses of migration flows show that large urban centres, trade hubs and cross border communities with links to affected areas in Uganda and the Democratic Republic of the Congo are at highest risk of the outbreak (IOM DTM 2020d).

2.9.3. CURRENT UNITED NATIONS RESPONSE TO COVID-19

The United Nations response to the pandemic is guided by the levels of vulnerability of mobile people in need. The role of the United Nations is to support the government to fulfil its responsibilities to protect individuals and secure human rights, as a primary duty-bearer. Among the initiatives taken by the United Nations to protect mobile people of concern from COVID-19 are the strengthening of cooperation with national authorities and community leaders within UNMISS PoC sites, and with IDPs living outside of displacement sites.

In refugee camps and settlements, United Nations AFPs and UNMISS have been working closely to address the needs of IDPs, returnees, and vulnerable migrants. Activities include:

- Rehabilitation of infrastructure and facilities in the PoC sites.
- Maintenance of WASH services to mitigate vulnerabilities of people in the displacement sites, with special emphasis on persons with specific needs.





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- Partners scaled up mental health and psychosocial support services in displacement sites and selected host communities.
- Risk communication with communities was strengthened to enhance information sharing, community participation and awareness.
- Shelter and non-food item actors have developed interventions to support populations in finding different livelihood opportunities.
- Information management systems have been strengthened to support evidence-based interventions for mobility tracking, multisectoral key informant and household surveys and analysis, and tailored thematic assessments initiated to look into specific problems which require interventions (e.g. gender inequality in WASH, trafficking prevalence and broader management). Agencies have initiated comprehensive exercises to provide boma-level data on the existence of infrastructure, facilities and quality of service to contribute to long term planning for improved absorption capacity of local communities to support sustainable returns.
- Different actors work towards providing the multisectoral response to the displacement crisis in the country, involving humanitarian partners (United Nations agencies and national and international non-governmental organizations), national and local governments, UNMISS, the camp coordination and camp management, protection, shelter, non-food items and WASH clusters, and others. These efforts also include the search for durable solutions and are complemented by humanitarian programming aimed at improving conditions in areas of return and peacebuilding initiatives.
- The United Nations continues to assist the government of South Sudan in responding to mobility through engagement in policy advocacy, capacity development, and provision of technical support. Agencies have engaged with



some of the key institutions such as the Ministry of the Interior, the Ministry of Humanitarian Affairs and Disaster Management, the National Bureau of Statistics and the Relief and Rehabilitation Commission. An outcome of this was the national Framework for Return, Reintegration and Relocation of Displaced Persons, which was released to guide interventions and outline priorities (Ministry of Humanitarian Affairs and Disaster Management, 2017).

- Awareness-raising sessions and RCCE continue to be organized, and these activities benefit from the information, education and communication materials prepared by UNICEF, WHO and relevant government bodies that have been translated into various languages spoken by refugees and distributed by UNHCR.
- Refugee communities, including girls, women, youths and children continue to receive sensitization sessions, training and technical support (including RCCE) in coordination with the Commission for Refugee Affairs and other relevant local authorities, as well as international and national non-governmental organization partners and refugee structures in refugee camps and settlements.
- Capacity-building, awareness and sensitization is being conducted amongst IDP community leaders, women and youth groups in PoC sites, other IDP hosting sites and in areas of return.
- Hygiene materials are being provided to local authorities as part of prevention measures. Agencies such as UNHCR, UNDP, IOM, UNICEF and UNMISS have supported the production of thousands of masks which have been distributed to vulnerable IDPs and frontline community and health workers in areas such as Baliet, Fashoda, Malakal and Renk counties. Mask production is also in progress in other states.

2.9.4. FUTURE NEEDS



There is a US\$9.6 million unfunded gap to respond to COVID-19 amongst mobile people of concern. Given the context in the country, only the high impact scenario is considered, and is described next.

HIGH IMPACT

Since ongoing interventions are already life-saving, future actions to contain the spread of the pandemic among mobile people in need will continue. However, since COVID-19 has already reached PoC sites and other high-density collective centres, the highest probability and therefore the 'default' working scenario is that of high impact. Nonetheless, several impact scenarios of infections and deaths (low, medium and high) can be specified (Table 6).



Table 6. Intervention for mobile populations of concern based on the three different scenarios

STRATEGIC INTERVENTION	LOW IMPACT	MEDIUM IMPACT	HIGH IMPACT
PILLAR 1: ENSURE ACCESS TO BASIC SERVICES, LIFE-SAVING SUPPORT AND PROTECTION	<ul style="list-style-type: none"> • IDP sites: Continuation of the activities at the current scale, and WASH service provision at current levels. • Returnee areas: • Strengthen provision of WASH services, including scale-up in prioritized geographical areas and communities that combine high influx of returnees and exponential COVID-19 risks. • PoE: Continuation of activities at current scale whilst identifying local partners that can provide direct services. 	<ul style="list-style-type: none"> • IDP sites: Adjust WASH and protection (disability inclusion, SGBV, MHPSS) service provision levels in response to increasing needs. • Returnee areas: • Continue with direct implementation of WASH service provision, whilst ensuring daily functionality and maintenance, especially in areas with active transmission, and initiate transfer of some components of WASH service provision to local partners and private sector agents. • PoE: Provision will be provided by government officials with support from local partners. 	<ul style="list-style-type: none"> • IDP sites: Adjust WASH and protection (disability inclusion, SGBV, MHPSS) service provision levels in response to increasing needs. • Returnee areas: Ensure direct implementation of critical, life-saving WASH service provision, through full subsidization of critical components such as water, soap and/or chlorine, with particular focus on active areas of transmission; transfer the majority of WASH service provision to local partners and private sector agents, assuming an accountability and monitoring and evaluation role. • PoE: Provision will be provided by government officials supported by local partners.
PILLAR 2: EVIDENCE-BASED RESPONSES	<ul style="list-style-type: none"> • Continuation of activities at current scale ensuring adherence to COVID-19 advisories. • Planning for potential scale-up in data collection activities to increase coverage and deepen understanding of the impact of COVID-19 on the population. 	<ul style="list-style-type: none"> • Revision of activities in compliance with COVID-19 measures. • Re-organized field activities to reduce risks of the spread of the disease. 	<ul style="list-style-type: none"> • Reduce field footprint related to data collection activities, switch to alternative modalities for tracking mobility to maximize data collection while minimizing human contact. • Strengthen protection monitoring, including through remote monitoring.
PILLAR 3: DISPLACEMENT MANAGEMENT	<ul style="list-style-type: none"> • Continue ongoing activities with adapted modalities to prevent the spread of the virus. • Adapt all programming to be responsive to the risk of COVID-19 and enhance agency and partner capacity to mainstream prevention across existing interventions. • Enhance IDP capacity to address infectious disease outbreaks, enabling community-based responses to COVID-19 and potential future outbreaks. • Continue to strengthen RCCE and mechanisms to enhance accountability to affected populations. 	<ul style="list-style-type: none"> • Continue limited activities with adapted modalities to prevent the spread of the virus. • Adapt all programming to be responsive to the risk of COVID-19 and enhance agency and partner capacity to mainstream prevention across existing interventions. • Enhance IDP capacity to address infectious disease outbreaks, enabling community-based responses to COVID-19 and future potential outbreaks. • Recognize that RCCE is life-saving and strengthen efforts at risk communications and collecting community-based feedback. 	<ul style="list-style-type: none"> • Plan and prepare for potential influx to existing sites and possible new displacements. • In the event of new sources of displacement, adapt traditional IDP response activities to be both COVID-19- and conflict-sensitive. • Recognize RCCE as a life-saving activity, particularly in urgent and complex emergencies, and enhance agency and partner capacity to engage IDPs.
PILLAR 4: EFFECTIVE GOVERNANCE	Policy advocacy and capacity development aligned to COVID-19 protocols.	Coordination and partnerships conducted virtually.	No capacity-building to be done, activities limited to virtual coordination.





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2.10. LOGISTICAL OPERATIONS AND PHYSICAL INFRASTRUCTURE

2.10.1. CONTEXT AND CHALLENGES

In South Sudan, connectivity and infrastructure are poor. To facilitate both humanitarian response and economic development, the United Nations seeks to address entrenched inequity and isolation. This includes efforts to coordinate and provide logistics services; clear routes and areas with explosive hazards; support the repair and development of road, river and air routes, and help build other key infrastructure.

Land/road is the primary mode of delivering humanitarian assistance and connecting communities in South Sudan, but it poses significant challenges. With more than 600,000 square kilometres of land, the country has one of the least developed road networks in the world; road density is the lowest in Africa with 15 kilometres of road per 1,000 square kilometre of arable land. Most roads are of gravel or earth and in poor condition and more than 60 per cent of the country is cut off from road travel during the rainy season. Insecurity prevails across much of the country, with risk of accidents related to explosive remnants of war, ambushes and looting, as well as illegal checkpoint fees.

Road building and maintenance is inhibited by an underdeveloped local construction sector, high prices of imported materials, poor governance and conflict. South Sudan's road sector institutions have serious limitations, as the country lacks the required policy and institutional framework to fully support logistics, and budget execution for infrastructure was as low as 2 per cent in 2019. A by-product of unequal and limited investments in infrastructure is isolation and inequitable access to social and economic opportunities.



River transport has potential, but it is dependent on seasonality. There is a need for capacity-building and river infrastructure development, including of docks and river ports, to enable loading and unloading of barges and boats. Existing ports are hard to access and have limited capacity that can only accommodate one asset at a time in some cases. Malakal has two river ports, one for commercial traffic and the other for humanitarian traffic, both of which are regularly congested and require expansion.

To further help relief agencies deliver in South Sudan, the free-for-user IOM-managed Common Transport Services (CTS) supports logistical operations across the country by transporting humanitarian supplies to key locations to help partners reach vulnerable populations. The United Nations also contributes to the Logistics Cluster for logistics coordination, support and technical advisory services to the humanitarian community. This ensures the delivery of multisectoral humanitarian relief goods and prevents duplication of efforts. The logistics response comprises transport (land/road, river and air), and mobile storage units, both linked to infrastructure.

Many of the targeted areas in South Sudan have inadequate or no warehousing facilities. Organizations must either erect mobile storage units, rent the few existing warehouses or use partner storage spaces. The United Nations offers a common warehouse management system coupled with sizable storage capacity to secure the storage of humanitarian items and provide reliable fuel supply for actors in the area, as well as heavy-duty earth machinery to construct, maintain and elevate the logistical warehouse base. Recently, an additional 10,000 square metres was developed to increase storage capacity for humanitarian partners in Malakal county. Storage capacity for food has been expanded in over 146 locations. In 2020 alone, 124 mobile storage units have been installed in 52 locations, increasing storage capacity by about 25,000 tonnes. Also, for several years the United Nations has been managing humanitarian hubs in South Sudan, and currently administers two large hubs in Bentiu and Malakal which provide accommodation and office space to over 600 humanitarian workers. These hubs currently serve 57 different organizations on a permanent basis: 33 agencies in Bentiu and 34 agencies in Malakal. Several other organizations are served for short-term visits.

United Nations contributions help ensure the delivery of multisectoral humanitarian relief goods.

2.10.2. EFFECTS OF COVID-19 ON LOGISTICAL OPERATIONS AND PHYSICAL INFRASTRUCTURE

Supply chain disruptions put humanitarian and development programmes at risk and significantly complicate any scale-up in South Sudan. The main implications relate primarily to the disruption of movement of cargo and people, and the interruption of services, including the suspension or limiting of flights and maritime traffic due to, for example, the imposition of quarantine periods, screening requirements, border closures, decreased availability of containers, equipment and space, port closure or reduced market functioning. Some of these issues are expected to persist as the outbreak continues to spread. Maintaining logistics through neighbouring countries (Ethiopia, Kenya and Sudan) and through Nimule, which is a strategic PoE into South Sudan, and a major trade and humanitarian supply route from Uganda, will be key.

United Nations response activities in 2020 in addressing logistics challenges aim to achieve cost efficiencies through the expansion of road and river transport modalities and a decreased reliance on air operations.

Other effects on logistics and infrastructure are:

- Measures have been put in place at borders, including screening for COVID-19 at the Nimule border. The main impact is delays in cargo movement as the border processing time has increased. This may impact prepositioning and requires a shift to air transport.
- In addition, ongoing road construction and rehabilitation works have slowed down because of the difficulty in ensuring quality assurance and transporting construction materials from one state to another, especially from Juba to remote locations. The forthcoming rainy season (approximately May–September) will further impede the progress of construction.
- Movement restrictions affect river traffic, resulting in cargo movement delays and less transport.
- With regard to air travel, social distancing requirements in the terminal, shuttle bus and on the aircraft, as well as 14-day quarantine upon arrival, have led to reduced passengers on flights. Crew changes, delivery of aircraft spares for grounded aircraft or changing of aircraft due to long-term maintenance work have also proved difficult during the period.
- Management support units are subject to restrictions and quarantine requirements as technicians cannot be deployed.
- Physical infrastructure, especially for health, is under pressure as the pandemic spreads.

2.10.3. CURRENT UNITED NATIONS RESPONSE TO COVID-19

United Nations response activities in 2020 in addressing logistics challenges aim to achieve logistics cost efficiencies through the expansion of road and river transport modalities and a decreased reliance on air operations. The United Nations Humanitarian Air Service (UNHAS) provides timely support and services to humanitarian agencies, and works closely with various agencies, organizations and programmes to improve selected runways to enhance safety during regular operations.

The United Nations has been engaging with local authorities on illegal checkpoint fees and in rehabilitation, upgrades and construction of roads aimed at supporting operations to ensure food supplies are delivered and enhance access to markets, trade opportunities and other services. From January 2020 to date, UNOPS and WFP have spent over US\$9 million on road infrastructure across the country, with road works completed and ongoing in every state in the country.

The United Nations has been facilitating the use of rivers by conducting port and access road upgrade works at Bor, Malakal, Melut and Renk, and will be further improving the Malakal port this year. The United Nations is also implementing a project to facilitate water transport across the River Nile in South Sudan, which includes designing a suitable barge which will be completed and ready for use by the end of 2020. The United Nations has also commissioned a navigability assessment of South Sudanese waterways, including training and software. One of the waterways included in the assessment is the Baro-Akobo-Sobat, a largely unknown, heterogeneous river system.





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Logistics, information management, coordination and planning procedures and platforms are established and available through the Logistics Cluster. The United Nations continues its logistical operations for essential commodities and services such as food, time-critical agricultural inputs and for SRHR, to ensure continuity of life-saving humanitarian response. For example, food to serve at least 2 million people has been prepositioned in areas that will be cut off during the rainy season. This will ensure that double and even triple food distributions can be done, while mitigating the spread of COVID-19 by avoiding large gatherings and promoting social distancing, protecting both staff and beneficiaries.

The United Nations maintains the core supply pipeline for the WASH, shelter and non-food item clusters, and prepositions stocks across South Sudan for immediate availability to humanitarian agencies. UNHAS is providing WASH stations in the terminal, and hand sanitizers in the shuttle bus and on board the aircraft, and is requesting passengers to wear PPE. Furthermore, UNHAS has contracted a cleaning company to disinfect aircraft after flights and is providing PPE for crews on medical evacuation flights for patients from the field. The United Nations has also put in place numerous guidelines and protocols for border crossing, transport, transshipment, warehousing and workshop management to help mitigate the spread of the virus.

The United Nations is prioritizing completion of essential road construction to guarantee access to remote locations. Construction of market infrastructure includes WASH facilities, as a critical preventive measure against COVID-19. Similarly, and in direct support of the country's response to COVID-19, the

Logistics, information management, coordination and planning procedures and platforms are established and available through the Logistics Cluster.



South Sudan has a total of 26 border crossing points, eight of which are a priority in the NPRP and need upgrading



United Nations built a case management centre in the primary health care centre in Mukhtaah, and set up water supply systems at Jebel Kher primary health care centre, both in Wau, Western Bahr el Ghazal. Health facility staff are using the case management centre for changing and disinfecting PPE, as well as an isolation centre. The United Nations is also renovating rooms in Malakal Teaching Hospital to use as a case management centre, and supported primary health care centres in Geri, Kaya, Kerwa, Kirikwa, Morobo and Yei with water supply system rehabilitation and medical waste management systems.

2.10.4. FUTURE NEEDS



The total financing needs add up to US\$67.7 million, which can be broken down as follows: transshipment points, US\$49.5 million; new roads and logistics infrastructure rehabilitation till the end of 2020, US\$6.4 million; UNHAS, US\$5.6 million; upgrade border crossing points, US\$5.2 million, CTS capacity, US\$1.5 million, seven new humanitarian hubs, US\$2.1 million; and core pipeline, US\$3 million.¹⁵ The scenarios are described next.

LOW, MEDIUM AND HIGH IMPACT

Harmonized approaches to regulations and operations are critical to overcome disruptions of logistical operations. Promoting improved connectivity and lower transaction and transport costs is key. Multilateral and regional cooperation can

¹⁵ The distribution of core pipeline funds could not be decided by pipeline agencies, as the decision came from the respective clusters. The support from pipeline agencies will benefit agencies responsible for implementing relevant COVID-19 pillars.



facilitate this by improving trade and strengthening logistics, especially fast-tracking customs for the import of essential goods. Other requirements include:

1. Transshipment points need to be established in response to the COVID-19 restrictions, including the 14-day quarantine period, which has caused a slowdown in deliveries.¹⁶ In addition, warehouses and fleet workshops need to be expanded and decongested, PPE and basic screening provided, and air cargo operations increased.
2. Rehabilitation of the road network and construction of warehouses to enable additional food delivery and storage capacity are crucial for the additional food requirements of at least two months reserve of supplies.
3. Upgrade prioritized borders under the PoE pillar of the NPRP. The verification of travellers' medical records, history of exposure and detection of symptoms carried out at formal international PoEs and ports of departure are proving to be insufficient. This is particularly true with intense mobility of people and goods due to, e.g. formal and informal cross border trade. To address this, a well-coordinated response by multiple agencies responsible for multiple tasks is indispensable. South Sudan has a total of 26 border crossing points, eight of which are a priority in the NPRP and need upgrading with the following activities:
 - Establishing integrated border management systems for the mobility of goods and people;
 - Establishing guidelines on cross border cooperation in supply chains;
 - Establishing WASH and infection prevention and control infrastructure;
 - Strengthening health care facilities within the perimeter of border crossing points.
4. UNHAS needs to enhance access control for clients delivering cargo or booking flights, in order to reduce the risk of transmission of COVID-19 to customer care staff. Additional shuttle buses are also needed to allow for social distancing. The construction of temporary structures to process passengers would also enhance risk mitigation. Finally, collection of COVID-19 samples would be better managed with drones: they are effective, cheaper and can be deployed in the main hubs to make the process more efficient.
5. The CTS is a critical enabler of the United Nations response in South Sudan to contribute to the NPRP, and facilitate humanitarian and development assistance. While to date CTS has only supported the Logistics Cluster and humanitarian partners, the service can be expanded to support COVID-19 response under the UNCF. There is a need to increase existing CTS capacity for COVID-19 response and expand access to remote areas by procuring additional cargo trucks.
6. The establishment of new humanitarian hubs is crucial to scale up the response for IDPs and communities in remote areas. The hubs will provide safe, secure, reliable living conditions for staff to be deployed for longer periods. New hubs and maintaining a long-term presence will increase the confidence of communities and mitigate their fear of staff bringing the virus to them.

The establishment of new humanitarian hubs is crucial to scale up the response for IDPs and communities in remote areas.

¹⁶ Five transshipment points for cross loading trucks in the northern and southern corridors at Panakuach to Bentiu, Joda to Renk, Majok to Aweil, Nadapal to Kapoeta, and at Nimule to Juba would reduce delays in cargo delivery and turnaround time.



CHAPTER 3

How the United Nations will deliver the response

The United Nations response to the socio-economic impact of COVID-19 in South Sudan will be integrated with its existing recovery and resilience programming under the UNCF, aligned with strategic national priority documents such as the National Development Strategy, and coordinated with key partners, including the humanitarian community under the 'New Way of Working' (Joint Steering Committee to Advance Humanitarian and Development Collaboration, n.d.). AFPs in the UNCT will integrate their response under the four strategic priority areas of the UNCF.¹⁷

The four UNCF results groups and lead agencies in each thematic area will promote and design high-impact joint programmes whenever feasible to achieve effectiveness and efficiency gains, in line with the UNCT Core Contribution, including repurposing and designing new programmes for 2020 as needed.

To ensure that the socio-economic response is based on strong and inclusive national ownership and development aspirations, the UNCT will engage the Revitalized Transitional Government of National Unity in dialogue structured around the five clusters of the R-ARCSS to discuss the specific priority areas of the socio-economic response and identify key initiatives. It will consult with the National COVID-19 Task Force to ensure that the response is supportive of government-led efforts to address the pandemic. The UNCT will seek broad-based dialogue on socio-economic challenges and priorities with different parts of society, including women and youth, as well as people at the local level, representing all parts of the country.

The United Nations response will be coordinated with the actions of its key partners as follows. First, AFPs are already contributing to the humanitarian response as part of the Humanitarian Country Team to provide urgent, life-saving support in response to emerging humanitarian challenges due to COVID-19. These additional challenges will be addressed by the 2020 Humanitarian Response Plan Addendum. The socio-economic response will build on and supplement

¹⁷ (i) Building peace and strengthening governance; (ii) Improving food security and recovering local economies; (iii) Strengthening social services; and (iv) Empowering women and youth.





this humanitarian effort, with a view to promoting recovery and building long-term resilience and self-reliance of people affected by the pandemic in South Sudan, and AFPs will ensure synergies across the humanitarian-development-peacebuilding nexus. To do so, the UNCT and the Humanitarian Country Team will coordinate their action based on the agreed approach to the New Way of Working in South Sudan. Secondly, the UNCT will coordinate with the African Development Bank and the World Bank to promote joint strategic priorities in the fight against COVID-19 and ensure that funding is coupled with the ability of AFPs to deliver on the ground, based on their existing local partnerships and networks. AFPs will also coordinate their engagement with bilateral donors within their respective mandate areas, and present actionable and well-designed programmes for funding that respond to the agreed priorities and do not overlap with each other. Thirdly, the United Nations will coordinate local-level support and area-based programming with civil society organizations and donors in the Partnership for Recovery and Resilience, and they will mobilize the unique tools, structures and networks created as part of the Partnership in specific partnership areas to leverage the joint COVID-19 response.

United Nations programmes will focus on the key priorities identified, based on their ability to rapidly and effectively mitigate the impact of the pandemic on the South Sudanese, stabilize the situation and support long-term national efforts to transition from conflict towards peace and development. Agencies will translate priority areas into concrete actions in three ways: they may repurpose existing programmes to achieve COVID-19-related objectives whenever possible; expand programme budgets and request additional funding from donors; or develop new initiatives, preferably as joint programmes among actors targeting the same outcomes through complementary efforts, and they will present these joint programmes to government and donor partners for consultation as part of the Core Contribution of the UNCT. The UNCT will provide solid documentation for how initiatives come together in a focused, comprehensive and coherent programmatic approach that yields maximum results, reporting progress on a regular basis as part of UNCF reporting.



CHAPTER 4

Building back better: Towards the SDGs and Agenda 2030

The pandemic has revealed the pre-existing serious weaknesses in the health care systems of South Sudan, endangering lives and livelihoods and exacerbating the already dire situation created by the armed conflict. This is likely to become even more acute as the transmission rolls on with limited capacity to contain the spread of the virus.

The coronavirus crisis is also worsening the already grim situation on SDG attainment in the country prior to COVID-19: resources have not been well used for fighting poverty and inequality, building stronger health systems and more resilient communities. Thus, the COVID-19 crisis has brought to the fore the urgency of 'leave no one behind' – requiring that development and service delivery should target the entire spectrum of society, including hard-to-reach areas, irrespective of gender, ethnic or political affiliation, or socio-economic status.

The COVID-19 crisis has also made visible the interlinkages between SDGs. For example, the non-prioritization of investment in health care over the years is now haunting the country. Of particular importance is SDG16 (promote peace and end violence), which remains a priority in South Sudan to unlock the pathways for other SDGs to build the foundations for recovery from COVID-19 and the conflict crisis. Implementation of the R-ARCSS remains a necessary condition to address the devastating impacts of the armed conflict and now COVID-19.

Moving forward, return to normality cannot be equal to 'business as usual'. It must involve an urgent, fundamental paradigm shift that will put the country on the path for a Decade of Action towards the SDGs. To build back better, investment is needed in building social cohesion and community resilience as well as protecting people and setting up social protection systems. The COVID-19 pandemic has exposed the weak coping mechanisms in communities as well as the social capital deficit. Law enforcement institutions are weak or non-existent; and mistrust remains pervasive at both the national and community level, jeopardizing the ability to build relations and coalitions to address risks, shocks and conflicts. Further, the country has no institutionalized social safety net system to support vulnerable populations during a crisis like COVID-19. Addressing such deficiencies will require, among other actions, sound macroeconomic policies, economic and public financial management,

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To build back better, there must be investment in growth enhancing sectors, the creation of a conducive environment for the private sector, and tapping of opportunities of regional markets such as the East African Community.

and prudent use of available resources by the government for service delivery and production-enhancing sectors. It will also require setting up robust accountability mechanisms to avoid leakage, wastage and corruption of public resources. Thus, to recover better South Sudan needs to create the fiscal space to address the agreed national priorities and SDG Agenda; investing in health, the peace process, social protection, infrastructure and crisis preparedness. This will include not just allocating adequate resources to the national priority areas; but also building institutions, technical capacity, monitoring and information systems. To build back better, there must be investment in growth enhancing sectors, the creation of a conducive environment for the private sector, and tapping of opportunities of regional markets such as the East African Community. This will go a long way in diversifying the country's economy away from oil, addressing structural problems such as high unemployment.



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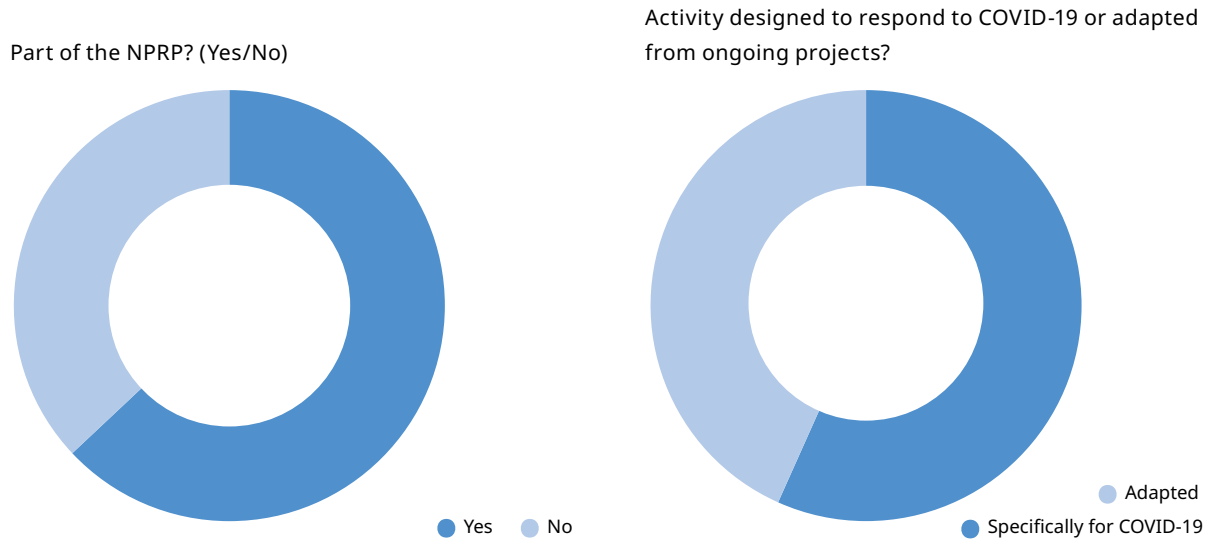


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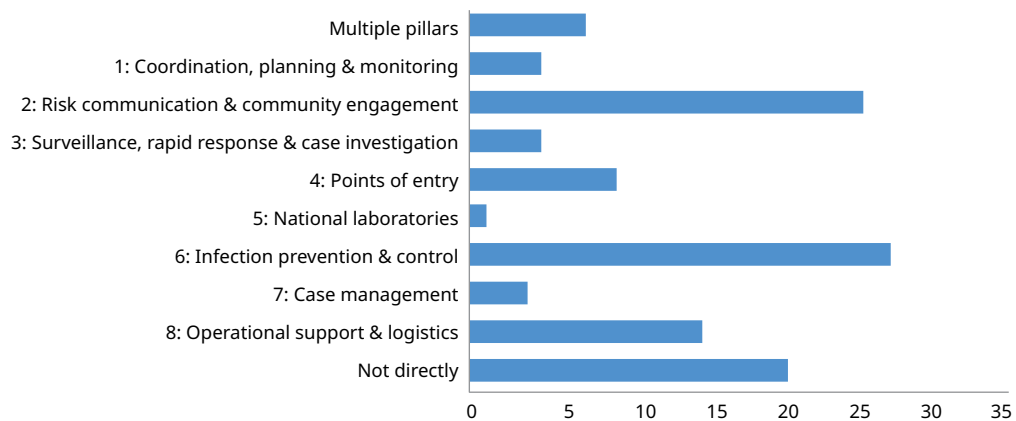


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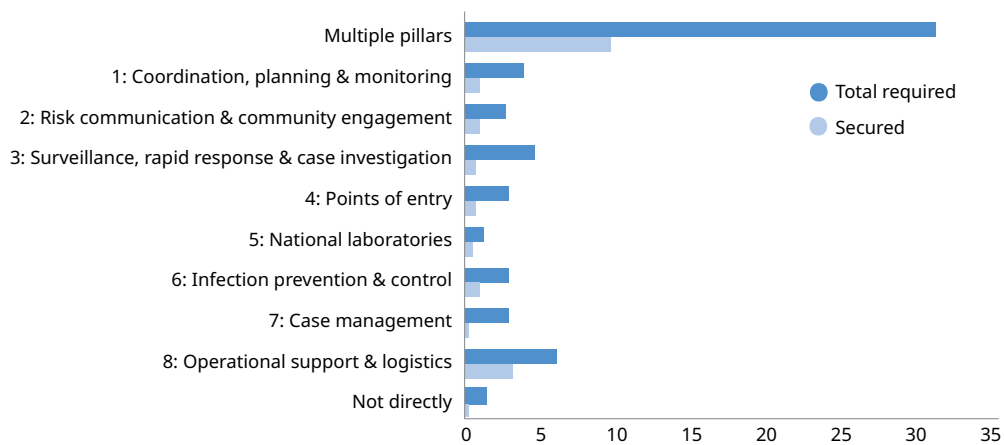
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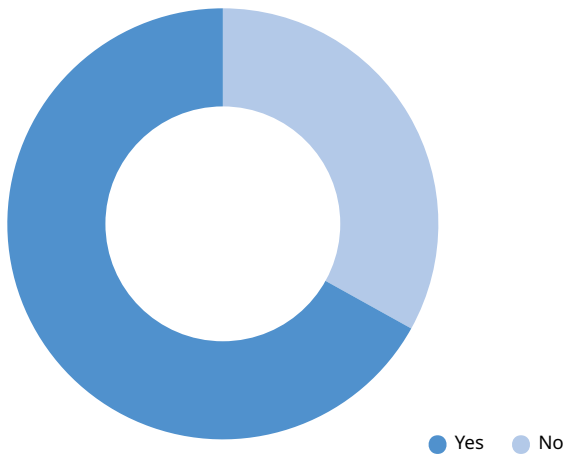
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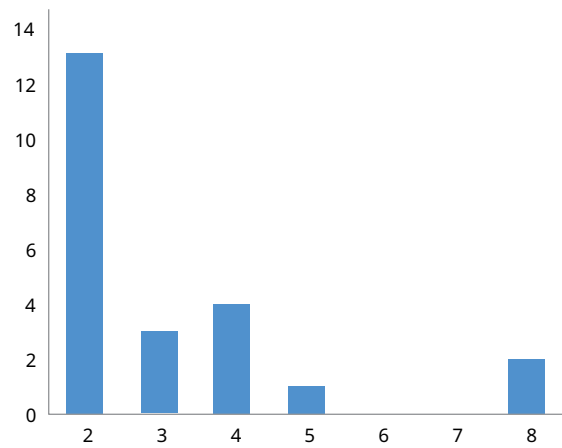
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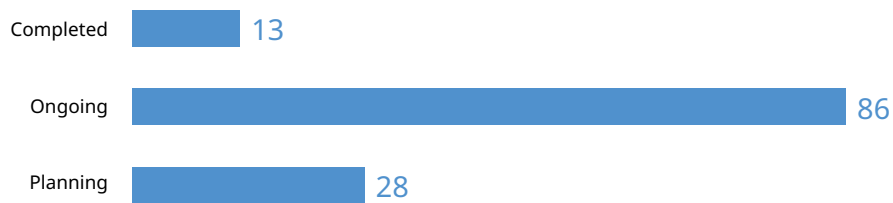
Activity jointly implemented with other AFPs



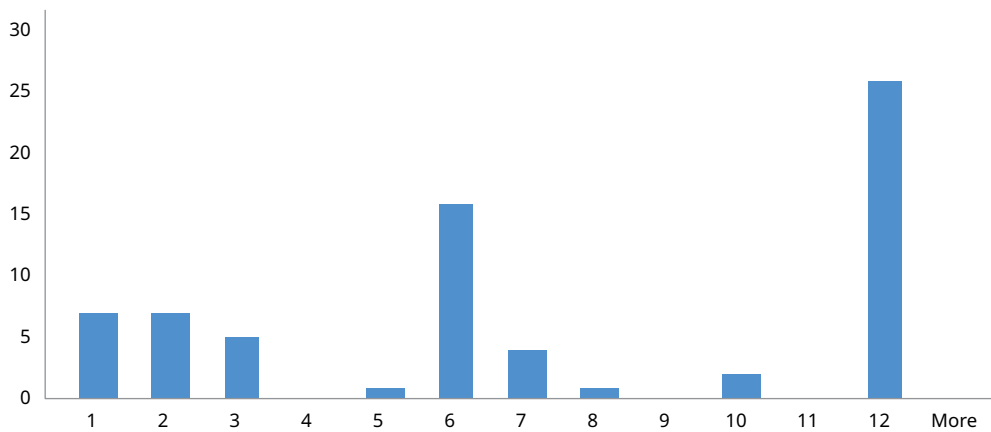
If joint: Number of AFPs

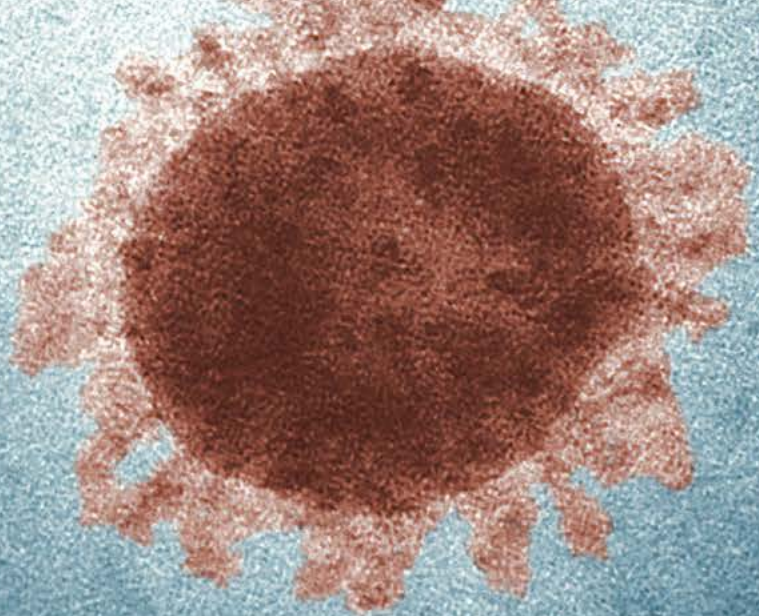
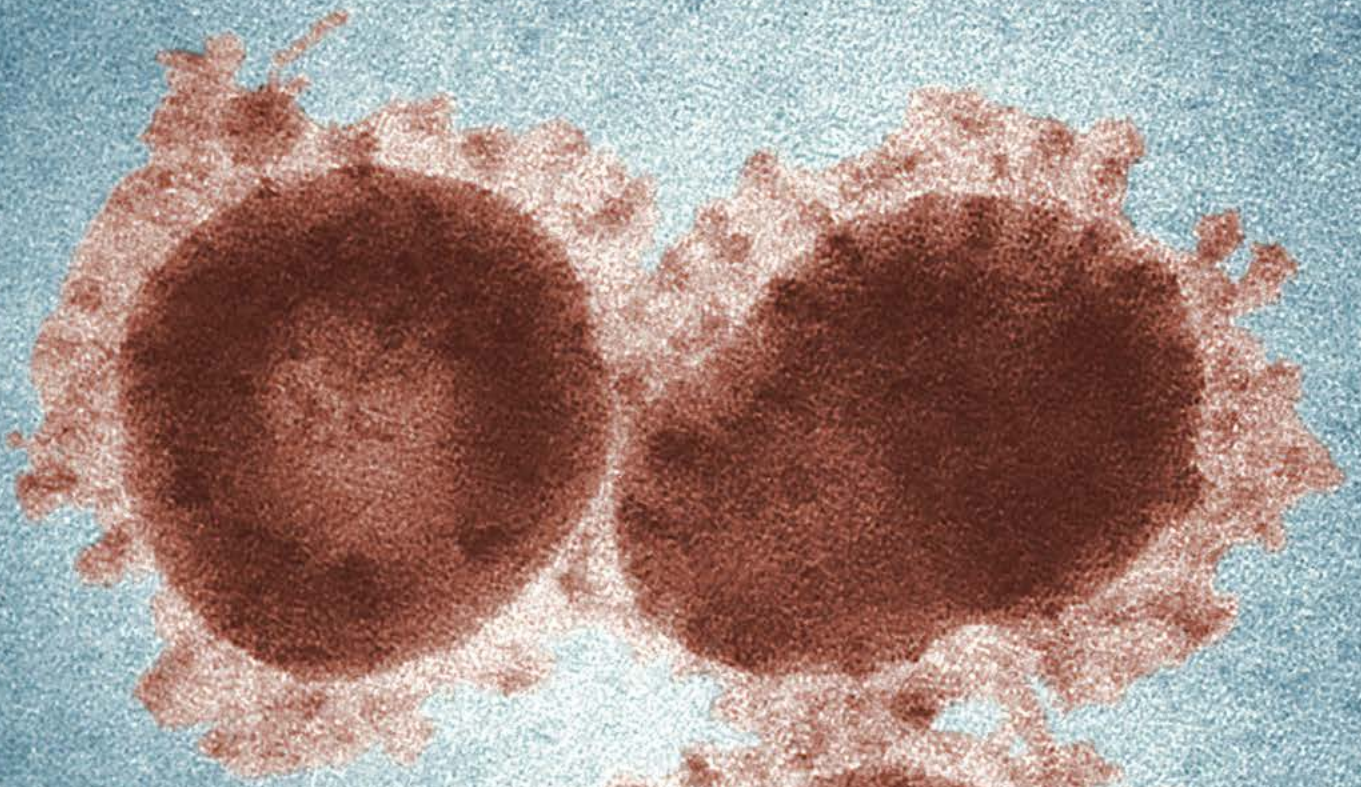
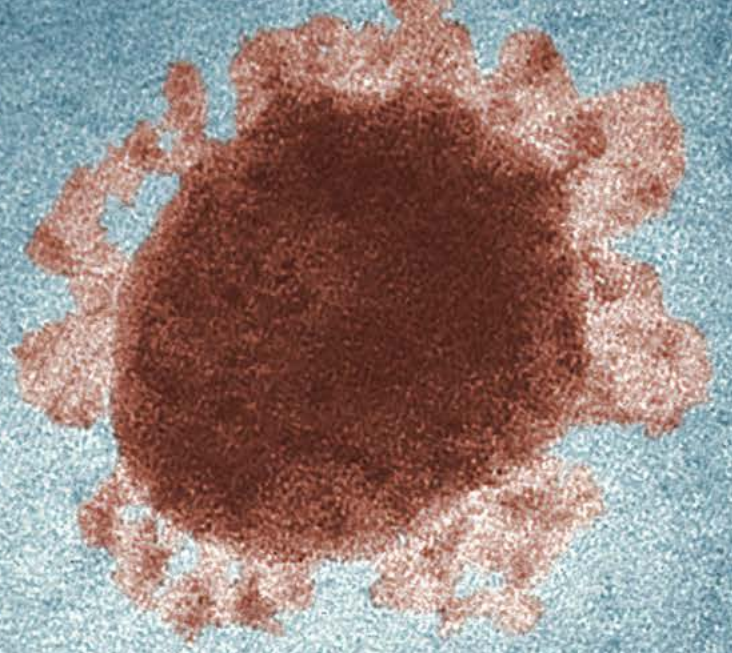


Number of activities by stage



Frequency distribution of the duration of activities (in number of months)





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