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"This is your disease":

Dynamics of local authority and NGO responses to Covid-19 in South Sudan

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Abstract

This report explores the dynamics of South Sudanese NGO and local government responses to the Covid-19 pandemic in South Sudan. It considers how these actors – as significant public authorities – responded to the pandemic, and how these responses shaped and were shaped by wider social and political dynamics. A significant theme throughout our findings relates to the trust and mistrust felt in relation to the Covid-19 response, and how the global pandemic took precedence over many other pressing crises facing South Sudanese people. The findings call for more holistic, integrated, and localised responses to disease outbreaks.

In relation to local government, the pandemic occurred during a period in South Sudan when leadership positions in local government had not been filled. This vacuum in local government leadership undermined the response to Covid-19 in some areas, but governance by varied local authorities continued irrespective of shifts in state and county leadership, creating continuity and a level of governance without government.

The report also considers the impact of the pandemic on South Sudanese NGOs and on the progress of the ‘localisation’ agenda in South Sudan. It builds on a previous study by the team, Localising aid during armed conflict, which explored the histories and contemporary experiences of South Sudanese NGOs, including the struggles of South Sudanese NGOs to earn the trust of donors, authorities, and local communities in the face of conflict and intermittent, uncertain funding. This report highlights how South Sudanese NGOs and community-based organisations engaged in varied responses to the pandemic and were among those authorities who helped fill any vacuums in the absence of local government leadership. However, the pandemic also had a significant impact on organisations’ existing projects and priorities. Many had funding suspended or cut, as funds were diverted to the pandemic response or activities could no longer be conducted in line with lockdown restrictions, leading to loss of staff and the suspension of activities unrelated to Covid-19. Trust in aid workers was also affected, sometimes because of fears that they would be bringing the virus, and other times because of frustration at the focus on Covid-19 ahead of other pressing concerns.

The research is based on 99 interviews, as well as regular observations, conducted across six sites in South Sudan between November 2020 and February 2021. It presents a snapshot of a moment in time, reflecting primarily on the first year of the global Covid-19 pandemic.

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Acronyms

ARCSS	Agreement on the Resolution of the Conflict in South Sudan
CBO	Community-based Organisation
CPA	Comprehensive Peace Agreement
CSO	Civil Society Organisation
ED	Executive Director
FTS	Financial Tracking Service
GB	Grand Bargain
HRP	Humanitarian Response Plan
INGO	International NGO
LNGO	Local NGO
NAS	National Salvation Front
NNGO	National NGO
PoC	Protection of Civilians
R-ARCSS	Revitalised Agreement on the Resolution of the Conflict in South Sudan
RRC	Relief and Rehabilitation Commission
SG	Secretary General
SPLA	Sudan People's Liberation Army
SPLA-IO	SPLA-in Opposition
SPLM	Sudan People's Liberation Movement
SSHF	South Sudan Humanitarian Fund
UMISS	UN Mission in South Sudan
UN OCHA	United Nations Office for the Coordination of Humanitarian Affairs
WHO	World Health Organization

Executive summary

This report examines responses to Covid-19 in South Sudan by public authorities, including local government and NGOs, during the first year of the pandemic. It considers how South Sudanese NGOs have been involved in responding to the Covid-19 pandemic, how the pandemic affected their existing work and priorities, and whether the pandemic accelerated or impeded the progress of the ‘localisation’ agenda in South Sudan. It also explores how political dynamics during the first year of the pandemic, including the delayed appointment of many key local government actors, influenced the response to Covid-19. Key themes throughout the research’s findings include the perceptions of the response to the Covid-19 pandemic, trust in different health providers, and the changing perceptions of aid workers.

The report draws on just under 100 qualitative, semi-structured interviews and regular observations conducted in late 2020 and early 2021. Data was collected by a team of South Sudanese researchers working in six sites across the country: Akobo, Juba, Touchriak, Wau, Yambio, and Yei. Interviewees included *payam* administrators and deputy administrators, chiefs and sub chiefs, representatives of various ministries, church leaders, South Sudanese staff members of international and national NGOs, and members of local women's and youth associations. All interviews were translated, transcribed, and coded. This executive summary provides an overview of key findings.

Covid-19 in South Sudan

In the first year of the global Covid-19 pandemic, there have been public debates and personal fears in South Sudan about whether Covid-19 is really a concern. South Sudanese have had many recent experiences dealing with deadly disease outbreaks, and Covid-19 has been analysed through established systems of local epidemiological knowledge. Yet, this virus has proved particularly puzzling. Covid-19 symptoms, even when fatal, do not allow a clear diagnosis in the absence of testing. Testing has largely been non-existent in most of South Sudan. Therefore, many people describe Covid-19 as a global concern but not as something that was happening locally.

The limited visibility of the virus in many local communities was juxtaposed with disruptive restrictions on social and economic life, and a pivoting of attention and resources to Covid-19, at a time of multiple, competing crises. Covid-19 seemed to matter not because all lives were at risk, but because it threatened the richest and most powerful, in South Sudan and globally. Covid-19 restrictions became indicative of the concerns of the foreign and powerful taking precedence over the many other pressing and deadly crises facing South Sudanese people, including flooding, extreme (and even famine-level) hunger, ongoing fatal localised armed conflict and

disarmament campaigns, and other deadly diseases or health care challenges.

Taboos around Covid-19 quickly developed, sometimes coded in racial language. Being susceptible to Covid-19 is frequently associated with being ‘white’ in that Covid-19 is linked with global patterns of trade, movement, and hierarchies associated with white privilege. The story of Covid-19 so far in South Sudan has largely been the story of the sickness of government leaders, NGO workers, and town dwellers, and those who are perceived by many as being in a privileged class. However, for the majority of South Sudanese, other concerns have been more pressing than Covid-19. Concern about Covid-19 has become an indicator of class and connection to the urban, educated socio-political spheres.

At the same time, the coding of Covid-19 as ‘white’ evokes long histories of social inequity that have been massively exaggerated by the first year of the Covid-19 pandemic. The pandemic has impacted all South Sudanese, not necessarily because of the virus itself, but because of the imposition of top-down control measures that have severely impacted lives and livelihoods, and the diversion of attention and resources away from other pressing issues. Economic hardship has increased, and social mutuality and trust has been challenged.

Trust and healthcare provision

As the pandemic continues, and as the Covid-19 vaccine is rolled out, the support of trusted public authorities will be crucial. In South Sudan there are many actors who claim to offer health advice and healing, from government hospitals to private clinics, and from local herb specialists to international churches or dealers in divine or magical cures. Decisions about who to trust with healthcare are difficult. People make judgments about who to trust based on experience or testimony of their success, often relying heavily on networks of friends in these judgments. Those who are educated and associated with the social realms of towns often view biomedical advice as superior and assert that other healing methods are old fashioned, ignorant, and more popular with rural populations. Many in rural areas cannot afford care in clinics and hospitals, but testify to the healing powers of those healers in rural areas.

At the same time, it has never simply been that rural residents prefer alternative medical advice and educated or urban dwellers prefer biomedical. Many divine healers in South Sudan bless and encourage treatments in clinics and hospitals, and many educated South Sudanese spend significant funds on alternative healers. Yet, the distinction has been exaggerated by the first year of Covid-19. People who feel as if they have suffered because of medically-driven global health approaches now feel less trusting of such advice. This lack of trust will impact the way South Sudanese respond in the coming years of the pandemic.

More widespread availability of reliable testing and vaccinations in facilities across the country could help to build trust in biomedical health interventions. Access to testing would help make the disease more visible, enabling people to gain practical experience of the disease and of how to diagnose and manage it. Public health campaigns will also depend on the engagement of trusted public authorities, such as chiefs and churches. Yet, attention to Covid-19 must not come at the expense of attention to other pressing issues affecting people in South Sudan.

Local government in flux

When the Covid-19 pandemic was declared, the South Sudanese government was already in flux. A 2018 peace agreement had tried to end five years of conflict between the government and armed opposition groups. As part of the implementation of the agreement, in February 2020, the number of states was changed from 32 to 10, and the number of counties reduced from 400 to 79. In government controlled areas, state governors and country commissioners were removed from their posts and still had not been replaced at the start of 2021. The first year of the pandemic therefore happened when there were no appointed local government commissioners or state governors in government controlled areas. At the same time, in areas controlled by the armed opposition, local government appointees continued largely as before. Armed opposition areas also often have a stronger, more cohesive chiefdom system in place to support their local governance.

The complexity and vacuums in local government significantly impacted their ability to respond to the pandemic. Local authorities lacked funds, and sometimes also lacked the formal authority to make clear-cut decisions to apply Covid-19 regulations. At the same time, throughout South Sudan, local authorities did become involved in awareness campaigns and enforcing restrictions, especially over long-distance movements and large gatherings. Furthermore, many other actors including chiefs, international organisations, and South Sudanese NGOs took on leadership roles in the response to Covid-19. Even in the absence of state and local government leadership, there was government and governance.

Covid-19 and South Sudanese NGOs

This research builds on a previous study exploring the histories and practices of South Sudanese NGOs, returning to some of the same locations and interviewees and considering how the findings have evolved in the context of the pandemic. The previous report argued that trust - whether between international, national and local organisations, or organisations and communities - needs to be built and sustained over time; it is shaped by the quality of relationships and the reliability, consistency and responsiveness of support. The 'capacity' of South Sudanese NGOs is undermined by common funding practices, including short-term funding and a lack of support for staff salaries and organisational core costs; this makes it hard for organisations to hire and retain staff, build

up a track record and prove themselves as trustworthy. South Sudanese NGOs also absorb significant financial, reputational and security risks, passed down through the layers of the humanitarian system.

In the face of a global pandemic, and with the government in a state of flux, local and national NGOs, faith based organisations, campaign groups and others mobilised to raise awareness of the disease and of preventative measures, to make and distribute face masks and soap, to lobby government and international organisations to take action and to mitigate the impacts of lockdown. Some were able to draw on significant previous experience of community health programmes and responses to infectious diseases. Some national NGOs, especially those with a presence in Juba and experience in the health sector, received additional funding to respond to Covid-19 and played an active role in the international response to the disease, raising their profile. Other organisations adapted their activities, received in-kind donations, repurposed existing funds, collected donations from staff or mobilised on a voluntary basis to try and raise awareness about the disease in their communities and provide protective equipment. From voluntary initiatives and adapted programming to large-scale, externally-funded responses, South Sudanese NGOs have played an important role in responding to the pandemic.

However, despite early optimism that the pandemic would add momentum to the 'localisation' agenda, there is limited evidence of this in South Sudan. In 2020, South Sudanese NGOs directly received just under 2% of funds as reported to UN OCHA's Financial Tracking Service, compared to 67% for UN agencies and 22% for INGOs. Funding passed through intermediaries accounts for the bulk of funding for South Sudanese NGOs, but this is not systematically tracked and varies substantially in quality. There is a perception that funding is getting harder to access, attributed primarily to the pandemic, as well as to declining global humanitarian funding and increased competition for funds within South Sudan. In the words of one interviewee, *"the localisation agenda in South Sudan, I believe it is still on paper, we haven't really seen the practical work."*[1]

The impact of the pandemic on organisations' existing projects and priorities was widespread. Many organisations reported projects being postponed or cancelled, either because funding was suspended or redirected by donors, or because their activities were no longer feasible in line with lockdown restrictions. This led to widespread loss of staff, which has had a significant impact on organisations, individual staff members and their families, and on wider communities in places where NGO salaries are the main source of cash coming into local economies.

The effects of the pandemic were felt particularly keenly by organisations working on non-health-related projects and activities that require bringing people together, including peacebuilding, protection,

1 Interview with NNGO director, Juba, 22 February 2021.

education and livelihood activities. Smaller, non-Juba-based NGOs and community based organisations (CBOs), including women's associations, were particularly affected by the shift to more remote ways of working, exacerbating a sense of marginalisation. The findings reiterate the need for critical consideration of the 'local' within 'localisation' (c.f. Roepstorff, 2020): communities across South Sudan are diverse, and national and international actors alike must consider how they engage with trusted local authorities and locally-based organisations, some of whom feel alienated from a Juba-centric response and excluded from funding opportunities.

As discussed above, many South Sudanese were sceptical about the reasons for prioritising the COVID-19 response. Perceptions of aid workers were affected by the association of Covid-19 with aid workers and elites, and by suspicion and frustration at the focus on Covid-19 over other pressing challenges. This was exacerbated when South Sudanese NGO staff could no longer deliver promised services or projects that they and communities considered to be critically important.

All this is not to say that Covid-19 is not important, or not has not been a concern. The challenge lies primarily in the prioritisation of and focus on Covid-19 at the expense of other issues. This echoes the findings of other reports (including Molyneux et al., 2021, and Kindersley et al., 2021) highlighting the need for an integrated, holistic approach that combines attention to Covid-19 with other concerns.

1. Introduction

Covid-19 is a global pandemic that has prompted an international response, justified by medical understandings of the virus. As medical knowledge about the virus increases, and as vaccine production grows, plans to end the pandemic will continue to demand that people worldwide comply with certain behaviours (including receiving the vaccine).

At the same time, Covid-19 is a very local virus in that patterns of transmission and mortality have been very different in different places. During the first year of the pandemic, health services in some of the world's richest countries struggled to manage, while some of the poorest countries reported a relative absence of the virus itself. This apparent absence is partly explained by a lack of testing, though other plausible factors for the slower spread of the virus across Africa include fewer super-spreader events, proportionately larger rural communities and young populations (Molyneux et al., 2021). Whatever the cause, the lack of visibility of the virus shaped people's concerns. In specific countries, the experience of Covid-19 has varied and has often been described as exacerbating existing inequities (Leach, 2020). Globally, Covid-19 appears to have also mapped onto inequalities in complex ways. Now, in the second year of the pandemic, possibly because of new variants, Covid-19 appears to be on the rise in places that had low rates before. At the same time, the richest nations are busy counting vaccination numbers, hoping that the pandemic will soon run its course.

Responses to epidemics and pandemics, however informed by global medical research, are also shaped by diverse local *"experiential knowledges and socio-cultural logics"* (Leach, 2020) and by local politics. Public authorities on the ground play a key role in shaping understanding and building a level of consent around behaviour change (Parker et al., 2020; Richards, 2016). Around the world, Covid-19 has tested trust in centralised state control, and highlighted the importance of public authorities beyond central state government. Local actors have played a key role in responding to Covid-19 and other outbreaks of infectious diseases including through their roles in enforcement and surveillance. They sometimes act as interpreters and implementers of international responses. At other times, they push against them or creatively remake them to have meaning in the specific socio-political context.

Armed conflict also makes responding to Covid-19 particularly daunting. Conflict exaggerates or makes more visible a lack of centralised control and seemingly increases the complexity of gaining compliance with public health measures. At the same time, literature on conflict contexts has long highlighted the importance of public authorities and the existence of authority and governance without and beyond government (Menkhaus, 2006; Raeymaekers et al., 2008; Vlassenroot and Raeymaekers, 2008). There is not an absence of authority but, like elsewhere in the world, authority is complex and contested, and trust is locally defined. In these contexts, public authorities include government and rebel governance structures

(Lund, 2006). These complex emergencies are also defined by a range of humanitarian and UN actors. NGOs often play a significant role in the delivery of local services and become key public authorities (Kirk, 2021).

This report focuses on the first year of the Covid-19 pandemic response in South Sudan. The last decades in South Sudan have been dominated by large-scale armed conflict. The 2005 Comprehensive Peace Agreement (CPA) brought an end to two decades of conflict between the Sudan government and the Sudan People's Liberation Army (SPLA). The CPA also formed a new South Sudanese government dominated by the SPLA and made Southern independence possible in 2011. Yet, in December 2013, just two years after independence, armed conflict again escalated in South Sudan (De Waal 2014; Johnson 2014; Pendle 2021). Over the following years, wars between the government and armed opposition caused excess mortality of at least 400,000 people (Checchi et al., 2018). In 2018, some of the warring parties signed a peace agreement, the Revitalised Agreement on the Resolution of the Conflict in South Sudan (R-ARCSS), but key groups refused. Even in areas where all the warring parties have signed the peace agreement, violence has not ended and has sometimes increased. In response to this armed conflict, there has been a large-scale humanitarian response and a multi-billion US dollar UN peacekeeping mission. Therefore, the Covid-19 pandemic and response in South Sudan unfolded in a context of ongoing conflict and an existing humanitarian infrastructure.

This report focuses on South Sudanese NGOs and local government authorities during the first year of the Covid-19 pandemic. We focus on the realities of daily interactions between these public authorities as they address Covid-19 in specific contexts across South Sudan. We are interested both in how these public authorities shaped understandings, experiences, and regulation of Covid-19, and in how the first year of this global pandemic in turn influenced the power and legitimacy of these actors.

The introduction outlines the Covid-19 context in South Sudan, and provides some background to local government in South Sudan, to South Sudanese NGOs and to the 'localisation' agenda. The introduction ends with a reflection on the methods used and an outline of the report.

Covid-19 in South Sudan

On the surface, Covid-19 case numbers in South Sudan appear to have remained exceptionally low. As of 5 March 2021, there had been 8,414 confirmed cases of Covid-19 in South Sudan and 100 confirmed deaths (WHO, n.d.).[2] However, Covid-19 testing is so limited that figures are unable to give any real indication of the situation. So far, no one has estimated excess mortality in South Sudan as a result of Covid-19 or its restrictions.

2 In the same time period, for example, Belgium, with a similar population size to South Sudan, had 780,251 confirmed cases and 22,196 confirmed deaths.

When the World Health Organization (WHO) declared a pandemic in March 2020, the South Sudanese Government followed international norms and instituted lockdown restrictions, including a curfew, internal and international travel restrictions, and the closure of schools and firms selling non-essential goods. Street vendors were banned, including tea stalls, mostly owned by poor women (Mayai et al., 2020). The prices of commodities rose dramatically, with the price of various food items doubling in March 2020 and continuing to rise steeply in the following months (Mayai, 2021). Many of these restrictions were eased later in the year, but partially re-enacted in February 2021, and schools remained closed for most pupils for over a year. While the immediate health impacts of Covid-19 in South Sudan have been far less pronounced than feared, the social and economic effects have been far reaching (ibid.).

In addition, in 2020, other serious crises dominated the lives of many South Sudanese. Despite the 2018 peace agreement, many South Sudanese experienced 2020 as a year of growing armed violence. Armed conflict continues in multiple parts of the country, including in Jonglei, Warrap and Central Equatoria States, involving both signatories and non-signatories to the peace agreement. In addition, flooding across South Sudan in 2020 was the worst ever recorded (Human Rights Council, 2021), affecting approximately one million people (UN OCHA, 2021b). Unprecedented water levels, caused by heavy rains and the mismanagement of Ugandan dams, resulted in thousands having to leave homes and abandon settlements in Jonglei, Upper Nile, Unity, and Warrap states.

The combination of conflict, flooding, economic crisis and Covid-19-related restrictions have led to a worsening humanitarian crisis. At the start of 2021, over two thirds of the population (8.3 million people) were estimated to be in need of humanitarian assistance (UN OCHA 2021b). By late 2020, pockets of South Sudanese were experiencing hunger at famine levels (Newton et al., 2021).

As the global pandemic enters its second year, the situation in South Sudan in relation to Covid-19 appears to be changing. There are growing reports of community transmission and mortality as a result of Covid-19. Yet, the global, national, and local politics that have shaped the first year of the pandemic are unlikely to change and will continue to shape the way the virus is experienced in the coming years.

Local Government in South Sudan

Local government is the building-block of governance in South Sudan (Justin and de Vries, 2019; Schomerus and Aalen, 2016; Mennen, 2012). Like elsewhere in postcolonial Africa, local government in South Sudan has a rich history and is a hybrid of past interventions since and including the early 20th century colonial period. Following the outbreak of the

Covid-19 pandemic in December 2019, local governments across the continent have been playing instrumental roles in responding to COVID-19.

Since the 2005 CPA, the governance structure in South Sudan has consisted of three levels of government – the national government, the subnational state governments, and the local governments. Local governments are characterised by dualism, including both formal government staff and chiefs.[3] At South Sudan's independence in 2011, the country consisted of 10 states, collectively subdivided into 79 counties.

In December 2013, armed conflict broke out in the capital of Juba and spread to the administrative capitals of the north east of South Sudan. An armed opposition quickly formed and adopted the name of the Sudan People's Liberation Movement/ Army in Opposition (SPLA/M-IO). Over time, the armed conflict against the government spread geographically and new armed opposition groups formed, including the National Salvation Front (NAS).

Since the start of the civil war, the government in Juba, the SPLA/M-IO, and the NAS have all made changes to local government structures in their areas of control. Significantly, this included President Kiir expanding the number of states from 10 to 28 in 2015 and to 32 in 2017. The number of states was a hotly contested topic. In February 2020, President Kiir replaced the 32 states he had introduced with the 10 that existed before the outbreak of the civil war, but added the three 'administrative areas' of Pibor, Ruweng, and Abyei. With the return to 10 states, all previous state governors and county commissioners (the leaders of the state and local government respectively) were removed. Controversially, the presidency took over the authority to appoint state executives, including some members of local government. Yet, it was not until a year later, in February 2021, that President Kiir started to appoint state ministers to the 10 states and commissioners to the 79 counties.[4] Therefore, these leadership positions were empty for the pandemic's first year. During that period, the presidency considered Secretary Generals (SGs) as states' interim managers and Executive Directors (EDs) to manage counties.

In general, areas under the control of SPLM/ A-IO and NAS did not experience the same levels of uncertainty in this interim period. Local governance in these areas often continued wartime patterns irrespective of decisions made in Juba while people waited for R-ARCSS implementation. Furthermore,

3 From the formal side, a County Commissioner heads a county, deputised by an Executive Director. A Payam Director heads a *payam,* and Boma Administrator a *boma*. On the customary side, a Paramount Chief heads a County, a Head Chief heads a *payam,* and an Executive Chief a *boma*. A sub-chief heads a sub-*boma* when a *boma* is subdivided. *Payams* and *boma* are mostly rural, and up to 80% of the population of South Sudan live in rural areas (Justin and van Dijk, 2017).

4 Eye Radio, https://eyeradio.org/kiir-forms-central-equatoria-state-government/, 21 February 2021. With the return to the 10 states, it is presumed that the government might consider the 79 counties that existed at the start of the CPA in 2005. But it remains unclear whether this will indeed be the case.

most of these areas are rural and have established networks of chiefs and other public authorities (including religious leaders) which allows some continuity of governance, despite shifts in local government arrangements.

In this report we consider the implications of these local government dynamics for the response to Covid-19. We build on others' observations that there is public authority beyond the state government and governance in spaces where the government might appear to be absent (Allen, 1987, Allen and Kirk 2022, Comaroff and Comaroff 1993, Lund 2006, Menkhaus, 2006, Moore 1978, Raeymaekers et al. 2008, Richards, 1985). We ask, was government and governance able to continue despite the lack of leading government figures? Was it still possible to govern in response to Covid-19? How did Covid-19 shape these ambiguous relationships of authority?

Covid-19 and 'localisation'

The report also examines the role of South Sudanese NGOs and CBOs in the response to Covid-19, building on an earlier piece of research examining the histories and practices of South Sudanese NGOs (Moro et al., 2020). Part of the previous report examined the roles of South Sudanese NGOs as public authorities in different parts of the country. It highlighted how the resources often controlled by South Sudanese NGOs make them significant players in many subnational political economies, with the provision of employment and services engendering a degree of authority and legitimacy. Others derive their legitimacy from a longstanding presence in a particular location. Trust and authority are created by the consistent and responsive provision of services and employment, but undermined when organisations come and go, often as a result of short term funding. Organisations have varied relationships with local authorities, sometimes strengthened by being a 'son or daughter' of a particular area. Being locally socially embedded can be an advantage in negotiations with authorities, but also creates new pressures and challenges (ibid.).

The report also highlighted how successfully growing an organisation depends on the pre-existing social, political and economic capital of founders and key staff, including past experience in international organisations, resources to invest in the organisation, and an ability to speak the social and technical language of the humanitarian system. Founders often invest significant time and resources into their organisations, sometimes making significant personal sacrifices, and staff frequently work unpaid between projects and when funding is delayed or comes to an end, in the expectation of future salaried employment or because they fear that ceasing activities will do harm. Donor funding significantly shapes the agendas and practices of South Sudanese NGOs, but organisations also find ways to navigate the system, raise alternative funds, and to ensure the continuity of activities and relationships when funding ends.

Though international organisations vary in the terms of their funding, in general, the short-term, project-based nature of many

funding arrangements, combined with limited overheads and support for core costs, has undermined the sustainability of many South Sudanese NGOs (ibid.). There is high competition for limited funding and stringent due diligence requirements, and organisations' fortunes can change rapidly as they win or lose international grants. South Sudanese NGOs also absorb financial, reputational and security risks passed down through the layers of the humanitarian system. The implications and evolutions of these trends are explored further in the report below.

Our research also speaks to global debates on the 'localisation' of humanitarian aid. A key policy framework relating to the engagement of local actors in humanitarian response is the Grand Bargain. Launched in 2016 at the World Humanitarian Summit, the Grand Bargain now has 63 signatories including 25 member states. Grand Bargain commitments relate to both the quantity and quality of funding, including to increase multi-year investments in the institutional capacities of local and national responders, and to achieve a global, aggregated target of channelling 25% of humanitarian funding to local and national responders 'as directly as possible' (IASC, n.d.).

Prior to the pandemic, progress on meeting these targets was limited and, by 2020, appeared to be going into reverse. The 2020 Global Humanitarian Assistance report showed a decrease in the proportion of all international humanitarian assistance sent directly to local and national actors in 2019, as well as in the absolute volumes of funding sent directly to local and national actors (Development Initiatives, 2020). The 2020 Grand Bargain Annual Report, reporting on progress in 2019, describes progress primarily *"at the normative level,"* with no system-wide shift in practice (Metcalfe-Hough et al., 2020: 52). There was no significant increase in predictable and flexible funding for 'capacity strengthening,' nor any discernible increase in investments in local actors' capacities (ibid.: 53, 54).

Globally, the Covid-19 pandemic restricted the movement and activities of international organisations and staff. Many withdrew staff early in the pandemic, while travel restrictions have continued to pose limitations on the deployment of international personnel. This led to some cautious optimism that the pandemic and related restrictions would generate momentum around the 'localisation agenda.' The Covid-19 Global Humanitarian Response Plan, for example, stated that *"putting national and local NGOs at the centre of humanitarian operations has been high on the agenda for a number of years. This will become the reality in COVID-19 operations for the next few months, out of necessity, and has the potential to provide the blueprint for humanitarian operations in the longer-term,"* (UN OCHA, 2020b: 25).

Yet, in May 2020, analysis of UN OCHA's Financial Tracking Service (FTS) data suggested that at that stage local and national NGOs (L/NNGOs) had directly

received 0.1% of total funding reported for Covid-19 (Charter for Change, 2020). A policy brief published in July 2020 reported that, of 18 women-led organisations consulted globally, only three had received new or additional funding for Covid-19 response through the UN system; several described *"an almost existential threat to their organisation's ability to keep functioning beyond monthly salaries for staff, as donors and UN agencies cut their funding or redirect their funds to other priorities and agencies,"* (ActionAid et al., 2020:4). A study conducted by CARE International in mid-2020 concluded that the Covid-19 humanitarian response is *"neither localized nor woman-led"* (CARE International, 2020:4). The report argues that the humanitarian system *"has not systematically included or funded local women's rights or women-led organizations in the COVID-19 response,"* and that most Covid-19 funds were channelled through UN agencies, which are slow to subgrant to local organisations (ibid: 26).

Case studies from the Pacific and Myanmar provide further insights. Research in the Pacific found that the reduced physical presence of international aid workers had strengthened local leadership (Australian Red Cross et al., 2020:6). In the response to Tropical Cyclone Harold, national actors reported greater visibility, voice, and control in sector and cluster meetings, and more relational and culturally appropriate ways of working. Local and national actors also reported increasing funding and new partnerships, though most donor funding continued to go through international mechanisms (ibid.). Research in Myanmar presents a more mixed picture: local actors have taken on more responsibility, but have also shouldered more risks. International actors received most additional or redirected funding for the Covid-19 response, and continued to dominate coordination structures. Much of the Covid-related response was led by grassroots community-based organisations (CBOs), but they receive little international aid; larger, well-recognised national organisations received most of the direct or indirect funding and are often used by international actors as examples of their commitment to localisation (Wijewickrama et al., 2020).

Defining local actors

The 'local/national NGO' label in South Sudan encompasses a huge range of organisations, from large national organisations working across multiple states, to smaller NGOs and community-based organisations operating in a specific location. Their activities, histories and organisational structures vary significantly. This makes generalisations across organisations very difficult. Staff and volunteers from a wide range of organisations were interviewed for this research, and in the report we have tried to be as specific as possible, describing where possible the type and location of NGO(s) being discussed, without compromising anonymity. We tend to rely on interviewees' own descriptions of their organisations (for example, as an national NGO, local NGO, community based organisation or association).

Methodology

This research aimed to provide an update to a recent, EARF-funded study on the historical and political dynamics of the national NGO sector in South Sudan, published prior to the pandemic (Moro et al., 2020), and to extend this study by also considering local government authorities. The research questions can be found in full in Annex 1.

The project began with a literature review, including documents on Covid-19 or past epidemics in South Sudan, and documents looking at the impact of the current pandemic on local and national organisations and the 'localisation agenda' in other contexts. We also drew on an extensive literature review conducted as part of the previous study. A meeting was held with the Foreign, Commonwealth and Development Office at the inception stage, and a three-person NNGO advisory group was formed. The research questions were shared with the NNGO advisory group at this stage, and with Dr. Jennifer Palmer, a medical anthropologist and expert in infectious disease control. The project was also reviewed and approved by the LSE Research Ethics Committee.

Data collection for the study primarily took place between November 2020 and February 2021. Data collection primarily involved in-depth, semi-structured key informant interviews. Interviews were carried out by seven South Sudanese researchers working in six locations: Akobo, Juba, Touchriak, Wau, Yambio, and Yei. Two researchers worked on the Akobo case study (one located within Akobo and primarily conducting in-person interviews, and one located outside Akobo primarily conducting telephone interviews). Five of the six locations (Akobo, Juba, Touchriak, Wau, and Yambio) were included in the previous study. They were chosen to allow comparisons across sites with different histories and politics, as well as a mixture of government- and opposition-held areas and larger and smaller population centres. Yei was added into the current study because of the ongoing activity of NAS in the area. NAS is an armed opposition group that did not sign R-ARCSS, and has a different relationship with the South Sudan government. A mixture of telephone and socially-distanced face-to-face interviews were conducted, and a small number of interviews were conducted over Skype or Zoom from the UK. Decisions about whether interviews should take place over the phone or in-person were taken by individual researchers and were informed by local and national regulations and best practice.

In total, 99 interviews were conducted across the six sites, with 26 women and 73 men. This reflects the gender imbalance within many NGOs, government bodies and local authorities in South Sudan. 75 interviews were conducted in person and 24 remotely. Interviewees included *payam* administrators and deputy administrators, chiefs and sub chiefs, representatives from national and state Ministries of Health, County Health Departments, Ministries of Local Government, and Ministries of Gender, Child and Social Welfare, and from the Relief and Rehabilitation Commission (RRC) and the Relief Organization for South Sudan, church

leaders, South Sudanese International NGO (INGO) staff members, members of local youth associations, women's associations, traders' unions, and staff, former staff, and volunteers from a wide range of South Sudanese NGOs. Within NGOs, interviewees primarily included project staff and community mobilisers, and a small number of directors.

Wherever possible, and with the consent of the interviewee, interviews were audio recorded, translated into English, and fully transcribed. Where audio recording was not possible or appropriate, detailed notes were taken. Data was reviewed on a regular basis and where necessary, data collection tools were updated to clarify questions and further explore emerging themes. Additionally, researchers wrote and shared monthly diaries, documenting their observations of the impact of Covid-19 and related prevention measures in their areas, as well as changing local government dynamics.

Limitations

The study was limited by a relatively short timeframe for the research, and by the Covid-19 pandemic. The safety of researchers and participants was the primary concern at all times, and this guided decisions about who to interview and by which modality. The research reflects the perspectives of those we spoke to. We undertook purposive sampling with the aim of generating rich, qualitative data, and though care was taken to speak to a wide range of respondents, this cannot be taken as representative of local and national NGOs or local authorities in the country. As a result of the pandemic, researchers were advised not to travel outside their current locations to conduct research. We were fortunate to benefit from researchers already being based in, or having good relations in (to call by phone), a diverse range of rural and urban areas.

Because of the focus of the research on NGO and local authority responses to Covid-19, many of those interviewed were educated South Sudanese in positions of responsibility or authority, usually at a local level. A minimal level of education (in English or Arabic) is usually a prerequisite for working for an NGO or being a government leader. Formal education levels among those interviewed varied from those who had attended but not completed primary school, to those with doctorates. Many interviewees discussed others in their communities who were not educated, but it is the opinions and influence of these actors and authorities which was our focus. In 2020, this focus was particularly relevant as Covid-19 was largely seen as a concern of the educated classes. Although these educated classes include a broad range of educational experiences and standards, the scarcity of quality education in South Sudan means that those who are educated and doing jobs that require education are still seen as privileged. This focus on educated people was driven by the research's objectives to focus on NGOs and local government, but it also allows us to take into account the influential understandings of this group.

Our focus on speaking to educated South Sudanese operating at a local level in South Sudan leaves open the question of others'

perspectives on these actors. From our interviews and observations, we were able to draw conclusions about some of these perspectives. However, discussions with a broader demographic would make for useful future research.

The research also focuses on the first year of the pandemic. At the time of writing, confirmed cases of Covid-19 are increasing, and there appears to be more community transmission than before. Many delayed government appointments have now been made. The research represents a snapshot of a moment in time; we are conscious that the situation may change significantly in the coming months.

Outline of the report

The next section of the report discusses perceptions of Covid-19 in South Sudan, highlighting how the virus has been understood in relation to previous experiences of both disease outbreaks and inequities. The section highlights not only the economic losses caused by the virus, but also the loss of 'social harmony.' This section then goes on to discuss South Sudanese dilemmas of trust in relation to health care and health advice. Discussions highlight concerns that some trust has been lost in medical advice around Covid-19. It argues that this should be a particular concern in the short-term, as Covid-19 cases rise in South Sudan, and in the long-term in relation to vaccine uptake.

The second section of the report documents in more detail the complex local government context in South Sudan and the formal vacuum of authority that happened to overlap with the first year of the Covid-19 pandemic. The section documents the challenges of this absence of county commissioners and state governors. It also documents the power and activities that were evident despite their absence.

The third section focuses on NNGO and CBO involvement in the response to Covid-19, including volunteer-led mobilisations to combat the spread of the virus and NNGO involvement in the international humanitarian response. It then explores the effect of the pandemic on organisations and their work, particularly as a result of the prioritisation of Covid-19 prevention activities at the expense of existing activities; and how these effects have varied across different types of organisation. Finally, this section discusses how the prioritisation of Covid-19 over other activities, as well as suspicion and mistrust related to the virus, have affected perceptions of aid workers.

The report ends by drawing recommendations from these findings. These recommendations are also shared in an accompanying policy brief.

2. (Mis)trust and social harmony in times of Covid-19

COVID-19 as an invisible taboo

By March 2021, anecdotal accounts noted that community transmission appeared to be escalating rapidly in Juba. Yet, what was striking about the first year of the global pandemic was the invisibility of the virus in South Sudan. Testing in South Sudan was small in scale and geographically limited mainly to Juba, giving no indication of the distribution of cases across the country. In early 2021, in most areas away from Juba, people explicitly claimed that there were no cases of Covid-19, or at least a lack of community transmission. In a typical example, one rural interviewee in Warrap State described how someone who died of Covid-19 in Juba had been brought for burial in the county, but claimed there were no local deaths from Covid-19.[5] In Yei, again the main example given of Covid-19 death was not someone living in the area but someone who had travelled outside of Yei and South Sudan.[6]

The lack of testing, especially outside of Juba, means that we do not know how prevalent Covid-19 is in South Sudan or how it is distributed throughout the country. Yet, what is clear is that it is not easily diagnosed and recognised without testing. The symptoms of Covid-19 overlap with cold and flu and, even when fatal, do not allow a clear diagnosis (Akello and Hopwood, 2020). As a clinical worker in Juba described (reflecting that the elderly are most vulnerable to Covid-19), *"the majority of citizens doubt that the cases of death are due to Covid-19. They say just that this is a different thing or this is just their day to pass away. It is normal for elderly people to pass away".*[7] An South Sudanese NGO worker in Akobo emphasised the challenges associated with a lack of testing, arguing that *"it has no tool to identify it. Many are dying, but how can you tell that it is Covid-19?"*[8]

In interviews, many people therefore spoke of Covid-19 as a global concern but not as something that was happening locally. People contrasted this with previous experiences of epidemics and outbreaks, including ebola and cholera, that had been incredibly visible at a local level and that had been an immediate concern of the whole community. In previous disease outbreaks, people saw body bags lined up and knew that they should be concerned.[9] This is not to suggest that people were not afraid of Covid-19. From early 2020, people heard about it through several mediums like radio, television, and social media. Yet, over time, as they lacked unambiguous first-hand experiences of Covid-19, fears quickly diminished.

In the context of ambiguity and the relative absence of the virus in the first year of the pandemic, how to respond to Covid-19 and whether it was even a disease of concern

5 Interview with local government official, Warrap State, 29 December 2020.
6 Interview with local government leader, Yei, 22 December 2020.
7 Interview with clinic worker, Juba, 3 February 2020.
8 Interview with NNGO worker, Akobo, 24 January 2021
9 Interview with national NGO worker, Juba, 6 February 2020.

became questions for contestation. In many parts of South Sudan, attributing illness to Covid-19 has become a taboo. In Yei, for example, it was observed by early 2021 that "*Covid-19 is no longer a topic of interest. Rarely is it talked about. In fact some people shut down anyone who introduces any serious discussions about coronavirus.*"[10] An executive chief in Akobo said that the main difference between cholera and Covid-19 is that, while both are treated similarly through isolation, *"someone with cholera can openly talk about it and someone with Covid-19 fears to talk about it openly."*[11]

Across sites of research, there was a reluctance to attribute death to Covid-19. This was partly as such a cause of death would counter the common, popular narrative, and because of the taboos that have developed around the disease. In this context, to attribute the death to Covid-19 was disrespectful of the dead. In Juba, some people who had tested positive for Covid-19 and died were recognised as Covid-19 deaths. Other families refused to allow their deceased relatives to be tested posthumously, partly because of norms around the respectful treatment of the dead but also as there was no appetite to know that they had Covid-19.

The taboo of Covid-19 has prompted it to be coded in racial language. Being susceptible to Covid-19 is associated with being 'white.' As one medical doctor said in Juba: "*it is a disease of white people. They believe that black people do not get it.*"[12]

Another South Sudanese INGO worker in Yei also discussed this racial coding:

"Recently, some individuals and NGOs reported that they are being blamed by people in the community because they are making money out of coronavirus. This is because people don't believe in the existence of coronavirus. They simply think and say that it is the white people who want to confuse the whole world for reasons best known to them."[13]

These categories of 'black' and 'white' are embedded with contested cultural notions, practices, and values. Lipton has documented how racial coding came dramatically to life during the 2014-15 Ebola crisis in Sierra Leone when burials were categorised as 'white' or 'black' (Lipton 2017). 'White' referred to burials performed by Ebola burial teams when all were treated equally, efficiently, and safely. 'Black' death and burial was customary burial that allowed differentiation by status and religion. As Lipton argues, *"Black' and 'white' notions of 'order' were simultaneously distinct and opposed – particularly as idealised references – yet in 'practice' overlapping and at times complementary, thus representing a locally meaningful framework through which the crisis was understood, experience and negotiated,"* (Lipton 2017: 806).

10 Researcher diary, Yei, 28 January 2021
11 Interview with Executive Chief, Akobo, 12 February 2021
12 Interview with medical doctor, Juba, 30 January 2020.
13 Interview with INGO worker, Yei, 20 January 2021.

In the first year of the Covid-19 pandemic in South Sudan, 'black' / 'white' coding has also been used to make sense of the experience of this virus. This racial coding has not been applied to an intervention but to the virus itself. This was not to imply that it was an intentional 'white' creation. The coding of 'white' was also not a categorisation based simply on skin colour but more clearly mapped onto people who had connections to global metropoles and the ability to travel. This applied to whole nations such as China, the USA, and European countries, as well as international NGO and UN workers in South Sudan. It also applied to South Sudanese elite leaders who could travel outside the country. These were the first groups of people in South Sudan known to have caught Covid-19. This racial coding highlighted that the virus could be understood in relation to global systems of trade and power. As one interviewee described, when discussing the causes of disease:

"Then [in past times] people believe this [a deadly virus] might happen from God. But now, people believe that Covid-19, as we all know, is a disease that is imported."[14]

Covid-19 has also been spatially associated with towns. As one interviewee described, *"we saw that people who came from Wau covered their mouth with pieces of clothes (facemasks) and we fear them here in the village. We were told that the disease was brought from the town, so we were fearing that any person who came from the town might have the disease Covid-19."*[15]

South Sudanese have long and ongoing histories of being marginalised by global systems of trade and power (Thomas, 2015; Kindersley and Majok, 2019). In South Sudan, these racial categories evoke long histories of slavery, colonial rule, and more contemporary racialised hierarchies in aid and development organisations. Since the late 1980s, civil wars in South Sudan have been accompanied by the rise in humanitarian and development interventions by donors, NGOs, and UN agencies. These actors have tried to save lives, bring peace, protect civilians, and develop resilience. These interventions have been based on human rights and development discourses that evoke a common, universal notion of humanity. However, over the last 40 years, these interventions have often implicitly entrenched racial inequities as foreign aid workers are able to access services, salaries and support structures that are perpetually out of reach for most South Sudanese. Humanitarian operations themselves have added to experiences of racial inequity.

The global Covid-19 response has again exacerbated perceptions of inequity, including over the value of life. Other disease outbreaks have had much graver consequences for South Sudanese compared to the first year of Covid-19, yet international aid donors have not prioritised these other outbreaks to the same extent as they have been local not global concerns. In South Sudan in recent years there have been multiple outbreaks of measles, meningitis, and cholera. Within living memory, there have been outbreaks where large

14 Interview with national NGO worker, Juba, 6 February 2021.
15 Interview with national NGO worker, Warrap State, 27 December 2020.

numbers of people died before intervention. This includes the extremely deadly Kala-azar outbreaks in the 1990s. One interviewee described their memories of this outbreak:

"You could find that, in one home, all the people were just dying. Three or four people. You would bury one person in the morning, and more would die in the course of the day. So, that was the serious outbreak I have experienced… No authorities intervened."[16]

South Sudanese remain troubled by many infectious diseases and health concerns, some of which gain little funding to even understand the medical condition. For example, one interviewee described a nodding syndrome in Mvolo, thought to be possibly linked to epilepsy. Yet, few biomedically trained actors had been involved in responding to it despite it being locally disruptive.[17] The lack of response has been curtailed by a lack of medical certainty about how to respond by the few medical professionals involved. Yet, the lack of humanitarian response is understood locally as a lack of concern by outsiders.

Many South Sudanese assume that the global concern with Covid-19 is driven by the reality that 'whites,' including South Sudanese elites, are not immune from it and cannot easily be treated. It is feared as it is fatal even for those who are 'insured' (in Duffield's terms) by systems of social protection (Duffield, 2008). Much of the first year of the pandemic involved nascent medical knowledge and fears that health systems in the richest countries would be overwhelmed. The pandemic threatened the lives of those in Europe, North America, and elsewhere who could usually easily believe they were beyond crisis. In South Sudan, Covid-19 seemed to matter to the world not because all lives were at risk, but because the existence of Covid-19 anywhere in the world threatened the lives of the richest. Yet for most South Sudanese, the virus itself was far from the most deadly and difficult crisis that they had to navigate in 2020. As narrated by a member of the research team,

"Many people were afraid of Covid-19, but nowadays it has been replaced by other issues of grave concern like hunger, wars, lack of basic services like roads, electricity, education, medical care, delayed or none payment of salaries for civil servants, lack of state and county governments, among many other things."

As discussed in more depth below, while few South Sudanese knowingly encountered the virus in the first year of the pandemic, they still paid a heavy cost because of Covid-19 restrictions. In the first year of the pandemic South Sudanese were facing international precedents and pressures for large-scale restrictions that contradicted their own judgements about the severity of Covid-19. South Sudanese priorities again seemed marginalised. The association of Covid-19 with 'white' inverted these hierarchies. It imagined that the world's most marginal might have more safety from the virus than those elevated by global systems; it was common to hear

16 Interview with national NGO worker, Juba, 6 February 2020.
17 Interview with medical doctor, Juba, 30 January 2020.

people describe how South Sudanese were resilient as they had survived many calamities and so they were now better placed to survive Covid-19.

The complexity now is that recognition of community transmission in rural South Sudan will be complicated by these values and taboos. There is a heavy social hesitancy to being identified as having a case of Covid-19 or identifying someone as having died of it.

For policy makers, this is important. Interventions need to demonstrate an intention to care for and protect South Sudanese. Interventions in South Sudan that appear to be for the principal purpose of protecting populations in powerful countries are unlikely to be welcome. The donation of Covid-19 vaccines without more rounded support against other infectious diseases in South Sudan could easily be seen as demonstrative of such instrumentalisation.

With more widely available testing, people will gain more practical experience of Covid-19 and may start seeing it syndromically in more places. This may allow greater recognition of the virus, building up a body of experience and local knowledge. This has happened with human African trypanosomiasis (HAT) or sleeping sickness in South Sudan: in communities where the disease was presented, health workers and non-health workers developed embodied knowledge of the disease, accrued through practice, allowing recognition of who should be tested. Access to HAT tests helped health workers and others to develop and practice diagnostic expertise, and access to testing and medicine also helped make illnesses "*tangible and communicable in the collective imaginary*" (Palmer et al., 2020:15). Covid-19 is a very different disease from HAT, but respondents across research sites called for greater availability of reliable testing to help build up knowledge of the virus and to enable people to recognise when it is present.

Loss of social harmony and peace

While few South Sudanese encountered the virus in the first year of the pandemic, it nonetheless had devastating effects and brought significant disruption to many lives, primarily because of the imposition of top-down disease control measures that damaged livelihoods and undermined economic and social relations.

In South Sudan, Covid-19 regulations and behaviour changes have had serious economic consequences (Mayai et al., 2020). Trade was interrupted as borders closed and internal travel was restricted, and people lost access to healthcare for other illnesses.[18] Not being able to attend school because of extended closures has not only decreased the process of education, but also increased hunger because of a lack of school meals. People described an increase in pregnancies as girls dropped out of school. As one government official in Yambio described:

"Whole businesses, every activity, was locked down. That was the most serious scenario

18 Interview with South Sudanese staff of INGO and influential community figure, Yei, 13 January 2020.

ever experienced. People don't go to the church. It has never happened that something has affected the whole world to the extent that people even don't go to church. Plus, the livelihoods of people, their daily businesses, people don't go to open their businesses. Even the motorcyclists (boda-boda) stopped. You know, it has affected all aspects of human nature, socially, economically, and politically. Actually, it has affected all aspects of human nature. The impact is so big."[19]

Many people were afraid when they first heard about Covid-19. Yet, over time, as the apocalyptic predictions were not realised, people's fears declined. Other economic and social demands forced them to resume normal routines or meant they could not comply with public health demands. For example, some mothers prioritised buying food for their children over buying soap to comply with public health advice. These realities have also shaped responses to previous epidemics and disease outbreaks. Discussing an outbreak of cholera, one interviewee said:

"They [local mothers] would say, 'I would rather put the food in the mouth of my children and leave the soap. If God has determined that my children will die of cholera, then let them die but not of hunger.' Literally, it means that they said that they would rather secure food for their children so that they do not die of hunger and God will protect them from cholera."[20]

Loss from the pandemic also included social losses. People even spoke of the loss of 'social harmony and peace' as a result of Covid-19.[21] One volunteer for a South Sudanese NGO in Warrap State described how Covid-19 had brought 'community selfishness' as people were now discouraged from living together and moving to each other's homes.[22] This movement usually allows people to share food with others. A government health official commented that the pain from Covid-19 will not *"easily be healed in our heart."*[23]

As a researcher in Yei described in more depth:

"This harmonious living has been disrupted by Covid-19 guidelines. How? For example, if people are now afraid of shaking hands or prevented from doing so, then the meaning of brother, sister, uncle, aunt, nephew, cousin, father, mother, and relative ceases to exist. It is by shaking hands, hugging, and staying together without fear that people can feel loved by the others. Shaking hands, hugging, and staying together are symbolic in many communities in Yei. If anyone refuses to do any of them, they are regarded as unfriendly and not peaceful. He or she has bad heart. Another example is, if today you refuse to greet me by hand or you refuse to sit close to me, tomorrow I will also do the same, and this is how the social relationship gets spoiled. It is often difficult for people to not shake hands just because of corona. There is a sense of feeling that Covid-19 can't kill if God so

19 Interview with senior, female state government official, Yambio, 18 December 2020.
20 Interview with South Sudanese NGO worker, Juba, 28 December 2020
21 Interview with South Sudanese staff of INGO and influential community figure, Yei, 13 January 2020.
22 Interview with South Sudanese NGO volunteer, county headquarters, Warrap State, 31 December 2020.
23 Interview with government health official, Warrap State, 17th February 2021.

wishes. So, people feel that the guidelines or corona have come to distort local cultures and practice."

Similar sentiments were expressed across the research sites. For example, a community mobiliser working on issues related to Covid-19 for a Yambio-based NNGO reflected that *"if you don't shake hands with a neighbour, this will raise suspiciousness, and they will threaten not to associate or shake hands with you even if Corona ends".*[24]

The daunting thing is that social harmony has been challenged at the precise moment when mutual support is needed. As Covid-19 cases increase in the second year of the pandemic, South Sudanese are likely to rely heavily on the mutual support of friends and relatives for support in illness and prevention. Mutuality needs to be strengthened, not undermined.

Covid-19 was often described as slower and longer than previous outbreaks. In biomedical terms, epidemics such as kala-azar are much longer lasting, but they are visible only at later stages and interventions are often short and intense. In the past, in South Sudan, people have used various and often draconian measures to prevent the spread of infection. Yet, the lack of visible presence of the virus combined with the extended disruption has made its interruption to social and economic life more unending.

Trust and medical plurality

South Sudan is a context of significant medical pluralism. Common examples of providers of medical care and healing include local herbal experts, church leaders, divine and spiritual authorities, international providers of alternative medicines, government hospitals and clinics, NGO-run hospitals and clinics, and private clinics. At the same time, the specific combination of medical providers varies significantly between regions and is also changing fast. Understanding this medical pluralism matters during pandemics as it helps us understand who people trust to advise on health and healing.

Medical providers in South Sudan cannot be simply categorised between a clearly distinct 'traditional,' local category, and a global, biomedical category. For example, healers from the Maasai community (Kenya), Darfur (Sudan), and the Democratic Republic of the Congo are often trusted and have been importing international therapies to South Sudan for decades.[25] Plus, many people who work in clinics, especially in rural areas, have had relatively little formal training.

In this plurality, decisions about who to trust in terms of medical advice and healthcare are complicated judgements. As one national NGO worker in Juba described:

"It is not easy to determine which person must be more trustworthy than the rest [in relation to health]. It depends if you have had some

24 Interview with NNGO community mobiliser, Yambio, 16 January 2021.
25 Interview with medical doctor, Juba, 30 January 2020; Interview with national NGO worker, Juba, 6 February 2020.

experience, some previous advice, and seen the result of that advice. This can drive your decision to trust this person."[26]
Many judgements are made based on evidence of ability to prevent or cure. As an NGO worker in Juba described, *"when people see that his herbs healed you or you hear that other people that the treated got better, then people will run after him."*[27]

Sometimes there are very different but still practical reasons for preferring some healing solutions. For example, one interviewee described how some churches gave oil for anointing and healing. These healing services were very popular as women would bring the oil home and use it to cook for their husbands and be the preferred wife.[28] Other women like the healing options provided by churches as they demanded monogamy.

Many interviewees explained people's continued trust in non-biomedical healers and health advisers as based on their lack of access to enough money to pay to access this biomedical infrastructure. Alternative healers were cheaper or allowed alternative forms of payment over time. Interviews highlighted that hospitals were rare and often inaccessible,[29] even in the suburbs of Juba.[30] As one government official admitted:

"At the national level, we are ok. Everybody can go to clinics. They can go to pharmacies to get some medicine. But, when you go to the states, I mean to go down to payams *and down there in the community, is not easy to get the medical services. There are some villages very far from healthcare centres."*[31]

Plus, people's experience of hospital and clinic care was often negative because of the poor training of professionals in these facilities. As one clinician in Juba described, *"some doctors in South Sudan graduate without any experience in laboratories, clinical facilities, or direct practice on the anatomy. So, sometimes you cannot trust them and take their advice."*[32]

When government hospitals and clinics have no medicine, people seek help from private clinics. Yet, people across South Sudan were also highly critical of many of the private medical clinics, accusing them of being primarily interested in making money. People claimed that they overcharged for unnecessary tests and medicines.[33]

Many reported preferring the NGOs' medication over South Sudanese clinics or hospitals, as one respondent noted, *"they go to centres like those in POCs [Protection of Civilians sites]; they trust the medication from NGOs."*[34] Yet, NGO provision of healthcare and advice remains limited.

26 Interview with national NGO work, Juba, 6 February 2020.
27 Interview with female South Sudanese NGO worker, Juba, 3 January 2020.
28 Interview with medical doctor, Juba, 30 January 2020.
29 Interview with medical doctor, Juba, 30 January 2020.
30 Interview with clinic worker, Juba, 3 February 2020.
31 Interview with national government official in the Ministry of Health, Juba, 16 February 2020.
32 Interview with clinic worker, Juba, 3 February 2020.
33 Interview with national government official in the Ministry of Health, Juba, 16 February 2020.
34 Interview with medical doctor, Juba, 30 January 2020.

Studies elsewhere have highlighted how patients who navigate different therapeutic options are often motivated by concerns about status, morality, and social capital, as much as about the likelihood of prevention or cure (Brodwin, 1996; Crandon-Malamud, 1991). Medical ideologies and discourses can be central to identity formation (Crandon-Malamud, 1991).

The vast majority of those interviewed were educated and almost all worked for NGOs or the government. They were people with a monetary income and part of an educated class of South Sudanese. Almost all of this educated cohort highlighted that they trusted biomedical professionals for health advice.

The social and political spheres of the rural villages and urban centres in South Sudan have long been differentiated, even if they are also overlapping. People have distinguished between the sphere of the 'home' in rural areas, governed by elders and chiefs, and the sphere of the 'government' in the towns associated with education and waged employment (Leonardi, 2013). People's healthcare choices are often described in ways that map onto these notions. As one government official in Juba described:

"I have grown up in the village. When I was in the village then, we didn't even know about doctors. We had traditional healers. So, this is what I see still in South Sudan. Communities are divided. We have educated people who are in the capitals of the counties, states, and at the national level. The majority of them are educated. These people trust in doctors. When you go to the grassroots, to the community there in the village, you know people trust traditional healers."[35]

The rejection of non-biomedical healers often becomes a way for people to classify themselves as part of the educated class. As narrated here, those in the town often assume their own epistemic superiority. Using hospitals and clinics becomes indicative of their education and their connections with the towns. Rejecting these non-biomedical therapies can become part of one's identity as someone who is educated or part of a church. Their rejection is not only based on evidence of their clinical utility, but a judgement of value about different ontologies, religious beliefs, and livelihoods. Not going to a clinic or hospital is presented as something of the past, or of outdated knowledge. For example, one interviewee in Juba described how:

"My grandmother went to those witch doctors … So, I don't like it because I am in a choir in the church. So, I don't like those things. When they were talking about those witches, I even just left them there because that way is not good."[36]

Some even highlighted that belief could be part of treatment having a positive effect. *"You know, it is a belief. If you believe in something, maybe immediately after you get the treatment, you will be ok."*[37]

35 Interview with national government official in the Ministry of Health, Juba, 16 February 2020.
36 Interview with local government health official, Warrap State, 27 December 2020.
37 Interview with female South Sudanese NGO worker, Juba, 3 January 2020.

Relationships and authority figures played a big role in determining which healthcare actors could be trusted. This was also the case among those educated people turning to doctors for advice. People often trusted individual doctors, nurses, or consultants, or even medical students, who are trusted because they are colleagues or friends.[38] As one interviewee described, *"I trust him based on his qualification and the knowledge that he has, and also the friendship that we have between each other."*[39]

Long established relationships and experiential knowledge have a big impact on which healthcare and advice is trusted. Yet, the first year of Covid-19 has impacted relationships of trust and confidence in medical advice.

Firstly, relationships with friends and of mutuality have been undermined by social distancing measures (as discussed above). This has also impacted community-NGO relations (see below). As Covid-19 cases increase in South Sudan, people will need to rely on these relationships of trust just at the time they have been undermined by the first year of the pandemic.

Secondly, for many South Sudanese, the inequitable consequences of top-down disease control measures have been devastating in the pandemic's first year. Therefore, people's trust in those who have advised these measures has declined. This will likely have a significant impact on compliance with medical advice even as Covid-19 rates increase and when vaccines are eventually rolled out.

Vaccinations and trust

At the moment, a ready supply of vaccines in South Sudan seems fanciful. Yet, as powerful nations try to control the virus and prevent new variants, there will be global pressure for everyone to be vaccinated when the supply is adequate. South Sudanese also have long experiences of vaccination campaigns. Outbreaks of certain infectious diseases, including measles, cholera, and meningitis, have often prompted the government, NGOs, and UN agencies to respond with vaccination campaigns.

Previous research has explored the partial and non-acceptance of vaccinations during a cholera outbreak in the UN Protection of Civilians (PoC) sites in April 2014 (Peprah et al., 2016). Reasons included lack of time and fear of side effects, especially if taken alongside other medication or alcohol. Other reasons for hesitancy included a lack of trust in national government institutions; people in these PoC sites had sought protection because of fear of government. Conversely, when people saw vaccines being given by trusted NGOs and UN actors, they were more willing to accept them (Peprah et al., 2016).

In this research, one interviewee recalled living in rural Bahr el Ghazal during the

38 Interview with national government official in the Ministry of Health, Juba, 16 February 2020; Interview with South Sudanese NGO worker, Juba, 28 December 2020; Interview with national NGO worker, Juba, 6 February 2020; Interview with state government official in the Ministry of Health, Wau, 17 February 2020.

39 Interview with national government official in the Ministry of Health, Juba, 16 February 2020.

2006 meningitis outbreak and subsequent vaccination campaign. With only one vehicle for vaccinations per county and no phone network to communicate to rural areas, many people did not hear about the vaccination campaign or were not willing or able to make the journey to the administrative centres to be vaccinated.[40] Yet, the lack of acceptance of the vaccination was not limited to logistical concerns. The vaccine also had side effects that gave people a high temperature and made their necks ache. They feared it would bring death and so refused to be vaccinated.[41]

Hospitals and clinics in South Sudan also often provide treatments through injections, and some interviewees discussed common distrust of such interventions. For example, one government official in Juba described how his family in rural areas would refuse his offer to supply malaria treatment via injection, instead preferring to take a local remedy made from a certain grass and water.[42]

At the same time, some vaccinations have become commonplace and well known. For example, in Warrap State, each year the Ministry of Health, WHO, and partners go door-to-door giving polio vaccination drops to children under five.[43] People know and trust the vaccine for polio.[44]

When considering vaccination, South Sudanese rely heavily on their own and others' experiences. Some current Covid-19 vaccinations, including those which are cheaper and easier to use, produce noticeable side effects including fever and headaches. Without careful explanation and demonstration, this is very likely to cause concern and discourage vaccine uptake. People will seek their friends' advice, especially if they have experience or medical qualifications, to navigate questions of who to trust.

40 Interview with medical doctor, Juba, 30 January 2020.
41 Interview with medical doctor, Juba, 30 January 2020.
42 Interview with national government official in the Ministry of Health, Juba, 16 February 2020.
43 Interview with youth leader, Warrap State, 29 December 2020.
44 Interview with medical doctor, Juba, 30 January 2020.

3. Local government

Local governments and epidemics

South Sudanese have long histories of experiences with infectious diseases and epidemics. Over the last century, local government authorities have repeatedly played a central role in these responses. They have used persuasion and force to contain and isolate cases, prevent movement, educate populations, and ensure treatment. In recent decades and with the increase in humanitarian aid to South Sudan, local governments have also governed and facilitated the response of NGOs. These local government experiences of responding to public health crises extend into recent years.

Examples of local authorities in South Sudan governing outbreak responses are numerous. For example, research drawing on archival data has shown how chiefs in Yambio in the 1970s reinstituted colonial era control measures for sleeping sickness, such as collecting a sleeping sickness tax, and requiring compounds to clear bushes that could host the tsetse fly vector (Palmer and Kingsley, 2016). In another example, in 2014 and 2015 in Juba, chiefs and religious authorities were active in spreading public health messages to stop the spread of cholera.[45] They moved around the neighbourhoods with microphones telling people that cholera had come, and that they should keep themselves and their homes clean.[46] During the multiple meningitis outbreaks in Warrap State in the last decade or so, local government authorities, including chiefs and commissioners, have responded by telling those infected to isolate, restricting movement, and stopping group gatherings. People listened to this advice as they saw first hand how devastating meningitis could be.[47]

Globally, the Covid-19 pandemic has shown the large scale of restrictions that governments can impose when a virus is feared. The Covid-19 response and previous epidemics have also highlighted the necessity of local government in the implementation of restrictions (Richards, 2016).

In this section we first explain why there was an absence of formal local government leadership in South Sudan when the pandemic was declared. We then explore if and how government was possible, despite the absence of these leaders.

An epidemic without local government?

South Sudan's local governance structure is a legacy of history, resulting from interventions by colonialism, postcolonial governments, and the Sudan People's Liberation Army's (SPLA) wartime governance in the pre-CPA period. The 2005 CPA ended the war between the SPLA and Sudan government, and gave the Sudan People's Liberation Movement (SPLM) (the party of the SPLA) a dominant role in the new Government of Southern Sudan. The new Southern government inherited the 10 states from Khartoum; those states were

45 Interview with South Sudanese NGO worker, Juba, 28 December 2020.
46 Interview with South Sudanese NGO worker, Juba, 28 December 2020.
47 Interview with local government official, Warrap State, 29 December 2020.

introduced in 1992 as part of a strategy to win the second Sudanese civil war that began in 1983. In turn, these states are a legacy of colonialism; they resulted from the merger of the districts created by the British colonial authority before Sudan became independent in 1956 (see Justin and de Vries, 2019; Justin and van Dijk, 2017; Schomerus and Aalen, 2016). The post-CPA structure of the local governments resulted from past attempts by colonial powers and postcolonial governments to control peoples and territories.

In 2013, war broke out in Juba as the South Sudanese army split in two (Johnson, 2014). The conflict quickly escalated to three other state capitals in South Sudan (De Waal, 2014; Pendle, 2021) and, over the following years, new regions participated in the conflict. In early 2014, the majority of the armed opposition at this stage formed the SPLA-In Opposition (SPLA-IO). After initial battles for certain urban centres, a common pattern was that the South Sudan government resumed control of the disputed urban centre, while armed opposition groups controlled patches of rural and quasi-rural areas. From 2013-2015, most battles took place in the north-eastern third of South Sudan. Yet, from 2015, armed conflict escalated elsewhere. NAS was an armed opposition group that was founded in 2017 and has fought the government particularly in Central Equatoria State.[48] The SPLA-IO and NAS have cooperated in their armed opposition to Juba, and at other points, they have fought each other.

During past wars, it was commonplace for armed opposition groups to govern areas for long periods of time, and to impose and negotiate their own local authority structures (Kindersley and Rolandsen, 2017; Pendle and Anei, 2018). After 2013, armed opposition groups quickly installed local government institutions, often governing through the same chiefs and local authority figures who had been in the local government before 2013.

Almost immediately after the war broke out in 2013, the Intergovernmental Authority on Development and other international actors encouraged peace talks between the South Sudan government and the main armed opposition. After the signing of the Agreement on the Resolution of the Conflict in South Sudan (ARCSS) in August 2015, which tried to end the armed conflict, President Salva Kiir increased the number of states from the 10 that existed at the beginning of the CPA to 28 in October 2015, and then to 32 in January 2017 (de Waal and Pendle, 2018). In increasing the number of states, Kiir evoked an existing debate in South Sudan about federalism.

The armed opposition groups implemented their own configurations of local government arrangements in territories that they controlled. The SPLM/A-IO had already introduced a 21-state system of government, and later NAS suggested returning to a three-region system (Johnson et al., 2018; Willems and Deng, 2015).

Despite their claims of reform to improve service delivery, critics argued that attempts

48 Interview, Yei Civil Society Forum, Yei, 20 December 2020.

by the government, SPLM/A-IO, and NAS to change structures of the government were intended to control power and resources at different levels. NAS's ideas, for example, were triggered by the centralisation of revenue collection by the government in Juba after the dwindling of its finances following its move to shut down oil production in 2012 (Twijnstra et al., 2014; Justin and Kenyi, 2015). Alternatively, SPLM/A-IO's advocacy for a 21-state system would have allocated a great deal of oil producing areas in Upper Nile to Nuerland, which the SPLA-IO assumed would equate to bringing these states under SPLA-IO control. By 2015, the government also foresaw benefits from increasing the number of states. By increasing the number of states, the president aimed to gain support from different regions, to increase the government positions to reward loyalists, and to ensure the oilfields would fall in government-controlled states. Many South Sudanese contested these divisions (Deng et al., 2015; Craze, 2019). The new states generated tensions, conflicts, and violence around borders, territories, and land ownership. This chaos diverted the attention of local elites away from challenging the Juba government (Schomerus and Aalen, 2016; Justin and de Vries, 2019).

In 2018, a peace deal was agreed between President Salva Kiir and SPLA-IO leader, Riek Machar. The following years were coloured by the gradual appointment of government figures in the new transitional government of national unity. At the same time, not all of the armed opposition were content with the nature of this 2018 peace. For example, NAS did not sign the peace agreement. Skirmishes between SPLM/A-IO and NAS for control of Equatoria escalated to military confrontations at certain points. When the Covid-19 pandemic occurred, the former allies of SPLM/A-IO and NAS had become enemies, and the former enemies of the government and SPLM/A-IO had become 'peace partners,' with NAS as a common enemy.

In February 2020, the President of South Sudan changed the number of states back from 32 to 10. This also reduced the number of counties from 400 to 79. This radically reduced the number of governors and commissioners needed to lead the states and counties respectively. The government removed state governors and country commissioners from their posts and the reappointment of commissioners only started in early 2021. At the same time, in SPLA-IO and NAS controlled-areas, these presidential decrees were not immediately followed and some local government leadership remained in place. Yet, for SPLA-IO controlled areas, the 2018 peace agreement meant that unification with pro-government authorities was increasingly imminent and inevitable. Therefore, current SPLA-IO leadership at the local level lost its long-term security. By early 2020 when the Covid-19 pandemic was declared, South Sudan was a patchwork of different areas of control that included different state and local government divisions. In government areas, there were no local government leadership figures. In SPLA-IO controlled areas, local government leadership appeared increasingly temporary.

Despite the lack of governors and commissioners, there were local governing authorities. The Juba-government appointed Secretary Generals (SG) and Executive Directors (EDs) as state and county caretakers. Plus, in South Sudan, the local government has never relied solely on the formally appointed leadership figure of the commissioner. Governance of local governments is characterised by dualism with the presence of both government staff and chiefs.

Furthermore, non-government institutions also often carry significant authority at the local level in South Sudan including traditional leaders such as rainmakers, traditional healers, land custodians, fortune-tellers, and prophets, among others (Leonardi, 2007b; Hutchinson and Pendle, 2015; Justin and van Dijk, 2017). These alternative authorities, especially when they were locally popular, were occasionally co-opted by the government but often worked with the SPLA-IO and then NAS to mobilise against government-led military campaigns. The dominance and legitimacy of armed opposition groups in some rural areas pulled chiefs and other traditional authorities into their authority structures. In contested regions, this forced the government to appoint new chiefs who sometimes had less established legitimacy among the populations that they governed.

Scholarship has long discussed the existence of governance in spaces where the state government appears to lack authority (Allen, 1987; Allen and Kirk, forthcoming; Comaroff and Comaroff, 1993; Menkhaus, 2006; Moore, 1978; Raeymaekers et al., 2008; Richards, 1985). Lund described how a host of public authorities were governing in Africa in cooperation with the state government, or alongside, in opposition to and out of sight of the state (Lund, 2006). Therefore, we explore what other public authorities became more visible in the Covid-19 response due to the absence of government leadership at the local level.

In February 2021, the South Sudan government started reappointing local government commissioners. The second year of the pandemic will coincide with these commissioners establishing their authority over their counties. At the same time, many of the commissioners appointed have proven controversial with communities in their counties. Some government commissioners, who were responsible for mobilising offensives and overseeing excessive violence against populations, are now back in leadership positions in local government. When people blame these commissioners for the loss of loved-ones during wartime, there will be sizable obstacles to re-establishing trust during peacetime, including in relation to Covid-19 restrictions. In this section, we look back on the first year of the pandemic to help us understand local governance structures in relation to pandemic-response, but also to make visible some of the other authorities beyond local government who have also been involved in the response.

Governing without local government?

The ambiguity over local government leadership translated into ambiguity about which state and local officials would be part

of the government structures for the Covid-19 response. After the detection of the first case of Covid-19 in Juba, the government responded by forming a national taskforce, to be supported by state and county level task forces. The national taskforce was initially headed by the First Vice President Dr Riek Machar, supported by the national Minister of Health; later replaced by Vice President Hussein Abdelbagi, one of the five vice-presidents of the country.[49] As state and county caretakers, Secretary Generals (SG) and Executive Directors (EDs) would ideally head state and county task-forces respectively. However, there was ambiguity around the jurisdictions of these caretakers, as the task-forces were formed at the time when the 32 states and the underlying counties were dissolved, and governors and commissioners of the 10 states and counties were yet to be appointed. There was also confusion around whether the administration of a given territory was under government or SPLM/A-IO appointed caretaker, and the exact roles of these caretakers. In Leer, for instance, it was often the Acting Secretary of Relief and Rehabilitation Commission (RRC) that discussed Covid-19 matters with national and international NGOs rather than the caretaking Secretary General.[50]

Furthermore, the caretaking roles of the EDs in counties are often symbolic; they lack most resources county commissioners would have.[51] They lack finances and staff, and could not take most decisions county commissioners would take including on security. They tried to compensate for the lack of finances for running Covid-19 activities by depending on NGOs, both national and international, and on volunteers for the lack of staffing.[52] Whereas a great deal of these volunteers served out of convictions to help their communities, others saw their involvement as an opportunity for them to be rewarded by government positions once state and local governments were formed. Indeed, some 'volunteers' succeeded in getting positions in state and local governments after these governments were formed.[53]

Like EDs, the caretaking roles of SGs at state levels are equally symbolic and problematic in that they lacked the powers and authority that state governors would have, especially as the procedure involved selecting 10 SGs from 32 former state governors because of the reduction of the number of the states. This patronage-based approach to selecting SGs as state caretakers has, in some cases, led to the appointment of incompetent candidates who happen to have good connections with elites in Juba.[54]

Many interviewees highlighted that the lack of local government leadership and political uncertainties did hinder the government response. For example, in government-controlled Yei, when the pandemic was

49 Interview, State Ministry of Health, Yambio, 18 December 2020; and State Ministry of Local Government and Law Enforcement, 5 January 2021.
50 Interview, NNGO staff member, Leer, 21 January 2021.
51 Interview, Community Leader, Tochriak, 20 December 2020.
52 Interview, Community Association, Yei, 22 December 2020.
53 Interview, Community Association, Yei, 22 December 2020.
54 Interview with community leader, Tochriak, 20 December 2020.

declared in 2020, there was a lack of established chiefs to work on public messaging about Covid-19. Many of the established chiefs had fled to NAS controlled areas, forcing the government to appoint chiefs with less established authority to lead the community. In the absence of chiefs, a new collective of youth joined with the caretaking ED to spread public health messages.

Many of those interviewed partly attributed challenges faced in responding to Covid-19 response to the lack of governors and commissioners, and the weakness of the temporary heads of the county and state authorities in the first year of the pandemic. In Warrap State, people imagined that if there had been a governor, he would have stopped Covid-19 from reaching the state.[55] Others believed their efforts to generate awareness about Covid-19 were undermined by delays in the formation of government, as a South Sudanese NGO worker in Yambio described:

"'*Political decisions were missing, like, to reinforce measures like the lockdown, these people were not following up because there were no decision makers… because people wanted to hear from the big person an announcement that there is a disease, even up to now there are some people who do not believe that there is corona because we were lacking top people*."[56]

Interviewees suggested that the presence of strong state and local government leadership would have also helped people trust warnings about Covid-19 and take the virus seriously as a threat.[57] One NGO worker lamented the lack of clear government guidance on Covid-19, framing this as a problem of the political situation being in transition.[58] One interviewee described how, "*people [from the government side] are not able to make strong decisions*".[59] This lack of decision referred to the ambiguity in South Sudan about whether the threat of Covid-19 should be taken seriously. People perceived a lack of clarity from the government about this ambiguity. Without political leaders reinforcing the messages of INGOs, many South Sudanese remained unconvinced of the significance of Covid-19.[60]

In opposition held areas, some people complained that their political distance from the Juba-government hindered the Covid-19 response in their area. For example, people in Akobo spoke about the lack of cooperation between the national government and the Akobo government reducing the response to Covid-19. One interviewee blamed this lack of cooperation for the absence of Covid-19 testing equipment in Akobo. Plus, throughout the pandemic, although some national borders were sometimes formally restricted or closed, people kept moving between Akobo and Ethiopia.[61] This interviewee implied it would have been different if the area was directly

55 Interview with local government health official, county-level in Warrap State, 27 December 2020.
56 Interview with NNGO project officer, Yambio, 10 January 2021.
57 Interview with NNGO worker, Warrap State, 19 December 2020.
58 Interview with NNGO worker, Warrap State, 27 December 2020.
59 Interview with state-level government official, Yambio, 5th January 2021.
60 Interview with youth leader, Yambio, 16th January 2021.
61 Interview with CBO member, Akobo, 13 February 2021.

controlled by the government. However, even in areas of firm state government control, testing was largely absent and borders remained porous.

At the same time, it is unclear if state and local government authorities would have prioritised the Covid-19 response even if there had been a clear and stable leadership in place. Local government leaders have to build their authority locally and can do this through, at least sometimes, being responsive and sympathetic to local concerns. Even if there was clear government leadership, Covid-19 might not have been a priority. This was especially as other issues were more pressing for citizens, and as Covid-19 remained relatively invisible to communities. Many local government authorities shared understandings with their communities, and were just as untrusting about the motivations behind global governments and aid agencies prioritising the Covid-19 response. As one local government figure highlighted, while talking about the problems of flooding and inflation, 'Covid-19 is nothing to worry about.'[62] He had bigger issues to worry about, and people worried about illness when its consequences were visible. The Covid-19 response was weak compared to responses to diseases like cholera as, during cholera, people died in front of their relatives' eyes.[63]

The continuity of governance without government?

At the same time, across South Sudan, Covid-19 regulations have been enforced at the local level by local officials. Many of those interviewed described local government authorities leading the Covid-19 response. In government-held areas, the lack of Covid-19 was even seen as demonstrative of government success.[64] In government and rebel-controlled areas, local government actions were visible, but the continuity in leadership in rebel-controlled areas made this particularly clear. In some areas, such as Akobo, as the acting commissioner had all the powers of a commissioner, some felt that the national political context was felt to have made little difference to the Covid-19 response.[65]

Local governments and chiefs have been involved in awareness raising and introducing public health measures. Officials have made radio broadcast announcements and moved between villages.[66] Government offices used different working schedules, such as only asking half their staff to work at a time, to prevent office crowding.[67] Officials have used their experiences of managing previous disease outbreaks to encourage people to isolate those who are ill.[68] Some officials have even used private resources to increase awareness of Covid-19. For example, one

62 Interview with government official, Akobo, 17 February 2021.
63 Interview with government official, Akobo, 17 February 2021.
64 Interview with youth leader, Warrap State, 29 December 2020; Interview with local government official, Warrap State, 9 December 2020.
65 Interview with local official, Akobo, 20 February 2020; Interview with chief, Akobo, 12 February 2021.
66 Interview with local government health official, county-level in Warrap State, 27 December 2020.
67 Interview with state-level government official, Yambio, 5th January 2021.
68 Interview with local government health official, county-level in Warrap State, 27 December 2020.

health official in Warrap State described how the UN Mission in South Sudan (UNMISS) had given the state health ministry two cars to raise awareness but no fuel. Therefore, officials were having to use money meant to feed their own children to buy fuel for some activities. They admitted that lack of money for fuel and airtime was massively restricting any ability to track cases and encourage prevention.[69]

Local governments have also imposed restrictions. For example, in Akobo, local government authorities have been active in stopping people travelling to Akobo (especially by plane) without a negative Covid-19 test.[70] Local government officials have also been active in stopping public gatherings, groups meeting in markets and dances.[71] Many regulations were imposed in the early months of the pandemic but were then eased when no known Covid-19 cases were detected and when popular perception suggested that Covid-19 was not present. For example, in Akobo, chiefs and local officials initially prohibited large gatherings such as weddings, football matches, and church services, but these restrictions eased over time.[72]

Restrictions on long-distance movement and trade were common. For example, in Leer in May 2020, the two main routes into the county (via the Bentiu-Leer road and Adok port) were restricted by local authorities. The import of commodities was mainly only allowed through Adok. A few months later, restrictions ended.[73] In Akobo, the acting commissioner and his officials reported testing those who came to Akobo and enforcing some restrictions on movement.[74] The local government stopped boat travel for a time.[75]

At the same time, communities did not always accept local government restrictions. When measures did not appear to have any connection to public health concerns, even if they were justified by Covid-19, they have been opposed. For example, in Yambio in February 2021, at the same time as the national taskforce announced a new lockdown, the state government in Yambio, led by the Secretary General, increased the cost of licensing (including driver's licenses and number plates) boda-bodas (motorbike taxis) from 18,000 SSP to 35,000 SSP. The Secretary General appeared to be using Covid-19 as an excuse to increase costs. In response, the boda-boda drivers went on strike for three days. The strike was eased when the newly appointed governor gave them fuel. However, in local CBO forums, there was still open disapproval that the money had gone to businessmen and not local services such as the maternity ward.[76]

69 Interview with government health official, Warrap State, 17 February 2021.
70 Interview with government official, Akobo, 17 February 2021.
71 Interview with government official in Akobo Town, 26 January 2021.
72 Interview with chief, Akobo, 12 February 2021.
73 Observations by researcher, Leer, May - December 2020.
74 Interview with local official, Akobo, 20 February 2020.
75 Interview with government official in Akobo Town, 26 January 2021.
76 Observations and diary entries by researcher, Yambio, December 2020 - March 2021.

At the same time, even when restrictions were enforced, the scepticism of government authorities about the risk of Covid-19 was often visible.[77] Some government officials described complying with restrictions because of obligations on them as officials, but neglecting them when not acting in this capacity.[78] For example, some interviews highlighted the lack of facemask wearing or social distancing by various government and opposition leaders.

Local government and South Sudanese NGOs

Many interviewees highlighted that a major problem caused by the lack of local government leadership during the first year of the pandemic was the consequent absence of government support to NGOs. South Sudanese perceived that a large responsibility of the local government during a public health crisis was the governance of NGO activity and the creation of a safe environment for them to operate. The assumption that NGOs would be heavily involved in any public health response mitigated the impact of a lack of local government leadership during 2020.[79] Yet, NGOs repeatedly narrated obstacles to their work when local government was absent.

Local governments build their authority through working with NGOs in their county, but they can also be challenged by the public authority of NGOs themselves. In our previous report, *Localising humanitarian aid during armed conflict,* we highlighted that some South Sudanese NGOs have budgets and assets that surpass those of underfunded local governments, making South Sudanese NGOs significant public authorities and service providers (Moro et al., 2020). At the same time, South Sudanese NGOs had to work with local governments to gain safe humanitarian access. Interviews in 2020 and 2021 again highlighted that NGOs' work and access, including local, national or international NGOs, was conditional on local government permission.[80]

In 2020, the change in the number of states, the lack of government commissioners and governors, and the subsequent flux in local government arrangements, created difficulties for many organisations in their relationships with authorities. Some respondents argued that delayed appointments had exacerbated insecurity and impeded the humanitarian response to Covid-19, making travel outside urban centres and access to certain communities more difficult. Changes and uncertainty amongst local authorities made coordination harder. These issues are not unique to South Sudanese organisations (c.f. Schmidlin, 2020).

For example, in Yei, organisations were affected by the shift in the number of counties in Central Equatoria State from 13 to six. The change in the number of states and delayed appointments led to confusion around who to engage with. An NNGO staff member in Yei,

77 Interview with payam administrator, Western Equatoria State, 10th January 2021.
78 Interview with payam administrator, Western Equatoria State, 10th January 2021.
79 Researcher analysis document, 28 February 2021.
80 Interview with Traders' Union member, 22 December 2021.

whose organisation was involved in Covid-19 awareness and prevention measures, reflected that:

"The absence of the commissioners and the other government structures made it difficult for us to have concrete procedures of obtaining clearance. Because you see that today when you are going to a particular area, maybe when you go to that office of national security, they refer you back to the Ministry of Health then you go to RRC, then tomorrow when you come also you think it is the same procedure but you find that the procedure has changed. So this has led to confinement of most of these NGOs to do awareness within Yei town here, instead of reaching to most of the villages where people have no radios, no newspapers, people have no access to information. So the absence of leadership at the county level has really negatively affected the effective implementation of Covid-19 measures."[81]

Many South Sudanese NGOs complained that the lack of local government leadership meant that the security situation was more fragile, and that this was impacting their work including on the Covid-19 response. For example, one interviewee in Akobo described how an INGO staff member in the area had been killed in a revenge killing while carrying out awareness raising activities in the community.[82] Revenge killings in Akobo have often targeted NGO workers as these workers' incomes make them more valuable to their families. In Warrap State, one CBO described how they had had to suspend work in Tonj North when conflict escalated.[83]

Alternatively, in some locations, chiefs and other local government officials were able to facilitate NGO access and activities irrespective of the absence of local government leadership. As one interviewee in Juba described, "*There was not any effect on our organization because the payam administrators and chiefs were facilitating our activities smoothly*".[84] Despite the central government's formal removal of local government leadership, many local government authorities below this leadership level continued unabated allowing continuity during 2020.

Pandemic preparedness as peacebuilding

Covid-19 took time and resources away from building peace. Respondents in an ISPR report described how political elites used Covid-19 an excuse to deliberately turn away from implementing the peace agreement (ISPR 2020). At the same time, in areas under the control of parties in the transitional government, Covid-19 brought a legitimate excuse for crossline movement of leadership figures between government and rebel territories. Many people saw this as really motivated by peacebuilding and unifying authority, as much as Covid-19 prevention.

81 Interview with NNGO programme manager, Yei, 29 December 2020.
82 Interview with CBO volunteer, Akobo, 14 February 2021.
83 Interview with NNGO worker, Warrap State, 19 December 2020
84 Interview with NNGO officer, Juba, 28 December 2020.

For example, in May 2020, a local task force toured Leer, Mayendit, and Koch counties (Unity State) to spread awareness about Covid-19. They travelled in convoy with NGO and UN vehicles, crossing between government and SPLA-IO held areas. They were supported by both government and SPLA-IO leaders. The fuel was provided by UNMISS. Their brief and highly visible movements were welcomed as a sign of increasing peacetime movement. Yet, as there were no known cases of Covid-19, people generally felt confused about whether they should adhere to the demanded preventative methods.[85]

At the same time, not all movement for public health purposes was viewed with such confidence. Volunteers of the local governments crossing into armed opposition-controlled areas were often seen with suspicion as possible spies, and vice versa. This was notable in areas in Equatoria where volunteers were expected to cross to areas controlled by NAS, which is not a signatory to the R-ARCSS.

85 Analysis of research in Tochriak, May 2020.

4. South Sudanese NGOs and Covid-19

The onset of the Covid-19 pandemic, accompanied by bleak predictions for its possible spread in South Sudan, precipitated a rapid shift in the international humanitarian response, as attention and resources were directed towards the pandemic. Restrictions on international travel limited the arrival of new international staff. Working practices rapidly changed as meetings moved online, and activities that could not be conducted in line with lockdown restrictions and, later, social distancing requirements, were postponed. This has had a significant impact on many South Sudanese NGOs, who rely heavily on international organisations for funding.

NNGOs experienced many of the same operational challenges in the early months of the pandemic as international organisations, exacerbated by their reduced ability to draw on reserve funding. Their activities were affected by restrictions on movement, quarantine requirements for internal travel, social distancing measures in offices, vehicles, and public gatherings, and the increased price of many goods. Meanwhile, many lost funding as donors diverted funds to the pandemic response, and some lost rare and precious multi-year projects which would have allowed them to build institutional capacity. Economic decline has heightened competition for scarce jobs, at the same time as delayed or cancelled projects have led to staff cuts.

This section first highlights the extensive NNGO and CBO involvement in the response to Covid-19. It then explores recent funding trends, the impact of the pandemic on organisations' existing projects and priorities, and how this varied across organisations. Finally, it considers how the virus impacted perceptions of and trust in aid workers, including those from South Sudanese NGOs.

NNGO and CBO responses to Covid-19

NNGOs and CBOs across South Sudan have engaged extensively in activities intended to prevent the spread of Covid-19. This has included awareness raising and the dissemination of messages about Covid-19 prevention (often working with community leaders, by radio, or in public spaces with megaphones), making and distributing face masks and soap, and, particularly for organisations with access to funding, the construction and rehabilitation of hand washing stations, and other water, hygiene, and sanitation facilities. Some organisations, particularly with existing health projects, worked to train and equip frontline health workers on Covid-19 prevention. Messaging around Covid-19 prevention was typically informed and shaped by training and materials provided by international organisations, including UNICEF and the WHO; South Sudanese NGOs worked to translate and disseminate these messages.

Across the research sites, researchers observed and interviewed local actors mobilising to share messages about Covid-19 and to try and combat its spread. In Yambio,

for example, a group of 30 women leaders from government, faith-based organisations and businesses came together to form a 'Senior Leaders Women Group', distributing hand sanitiser and face masks and raising awareness in four counties in Yambio and in neighbouring Nzara.[86] A faith-based organisation in Yambio received support from the Catholic church to conduct training and awareness raising about Covid-19 and to establish hand washing facilities in public places.[87] In Yei, an anti-Covid-19 campaign group was formed, led by volunteers, with financial and logistical support provided by a newly-formed Yei-based NNGO. They advocated for the enforcement of preventative measures, facilitated the formation of *boma*-level committees on Covid-19 and engaged chiefs to oversee the implementation of preventive measures at the community level.[88] In Akobo, a youth association formed a Covid-19 youth club with the aim of raising awareness about Covid-19 prevention measures.[89] The chairperson of a long-standing women's association in Akobo described participating in Covid-19 awareness raising campaigns *"because we are the ones near to the community, that they should hear more than others."*[90]

Interviewees narrated a range of motivations: primarily, a concern that the communities they worked with would not otherwise be reached with information about Covid-19; a sense that the government, in a state of flux and lacking resources, would not respond; and that, without greater awareness about Covid in wider communities, their staff would be at risk, and their other projects and programmes would be affected. For example, in Yambio, a collective of six civil society organisations came together to raise awareness about Covid-19. They engaged in house-to-house awareness raising and radio talk shows, and shared Covid-19 messages at the roadside and through megaphones. They received a small amount of funding from an INGO to buy megaphones and batteries, and to help cover transport costs of volunteers. The director of one of these organisations reflected that they did this because, *"since we didn't have a full government in place, we realised that there is an outbreak of the deadly virus called Covid-19, and if we don't give ourselves to sensitise our communities in our local language, they will not fear. This was the reason why we commit ourselves to pass the message to the community at least as a primary response to them."*[91]

Some larger national NGOs, particularly those with experience and a reputation in the health sector, received additional funding from international agencies to respond to Covid-19, and in the process were able to hire new staff, develop skills and experience, and build their profile. For example, a large, Juba-based NNGO working in the health sector was

86 Diary entry by researcher, Yambio, January 2021
87 Interview with NNGO Director, Yambio, December 2020
88 Diary entry by researcher, Yei, December 2020
89 Interview with youth association volunteer, Akobo, 14 February 2021
90 Interview with chairperson of women's association, Akobo, 14 February 2021
91 Interview with director of women-led organisation, Yambio, 2 January 2021.

contacted by their donor early in the pandemic and asked to engage in the Covid-19 response. They quickly received funding to support these activities, and over the course of the next year were centrally involved in responding to the pandemic in a number of ways. They participated in weekly radio shows, conducted surveillance in health facilities for possible Covid-19 cases, printed and distributed guidance developed by the WHO and Ministry of Health to health facilities, trained *boma* health workers on Covid-19 prevention, distributed buckets, soap and personal protective equipment to health facilities, constructed incinerators and rainwater harvesting systems in health facilities, and supported identification, referral, isolation, and contact tracing of possible Covid-19 cases.[92]

Several organisations described being able to draw on previous experience implementing community health programmes responding to other infectious diseases. For example, in Yambio and Yei, organisations drew on their experience of conducting Ebola preparedness activities. One Yambio-based organisation mobilised their network of community social mobilisers who had originally been trained as part of the response to Ebola. They were retrained in relation to Covid-19 and carried out awareness raising activities at funerals, markets, and in rural villages. They have also provided hand washing facilities and, with support from a UN agency, mobilised a women's tailoring group to produce face masks. The organisation was already a regular participant in health cluster meetings in Yambio, and this shaped the approach they took to respond to Covid-19, which focused on filling gaps identified through the cluster. The interviewee reflected that through their involvement in the response to Covid-19 and their attendance at related events and trainings, *"we have learnt a lot of lessons in regard to the response to Covid-19 and Ebola… it has added a lot on our profile, it has also increased our capacity to respond to the virus, it has also made us known and exposed to other partners."*[93]

Other organisations have found ways to integrate messaging around Covid-19 into existing activities, in some cases moving funds across budget lines to pay for this. A CBO worker in a rural area of Warrap State reported, for example, that they had moved money across budget lines to pay for detergent, disinfectant and face masks, noting that: *"we have to get some little money from different budget lines to make sure that the community is safe from Covid-19. The challenge which we are facing is that…it will have a negative impact in our budget later on when it comes to auditing."*[94]

Some organisations received in-kind support from international organisations (such as donations of equipment) while staff volunteered their time to engage in Covid-19-related activities. Others used core funds or collected donations from staff to allow the purchase of face masks, soap, and other

92 Interview with NNGO staff member in Juba, 26 February 2021.
93 Interview with NNGO Covid-19 programme manager, Yambio, 6 January 2021.
94 Interview with CBO worker, Warrap State, 19 December 2020.

materials to distribute, and to fund transport and other costs associated with Covid-19-related activities. For example, a national women-led organisation, primarily operating in Unity State, received 25 sewing machines as an in-kind donation from an international organisation. They stationed these in a town in Unity State and trained women to make face masks. Staff at the organisation contributed money from their salaries to purchase and transport materials. They have produced over 10,000 face masks, and have also conducted awareness raising activities using megaphones mounted on vehicles. The director reflected, "*nobody's giving you any resources to motivate the staff that are going out for campaign every day. But they are not stopping because at the end of the day, what matters is the safety of our communities.*"[95]

Several organisations - particularly women-led organisations supporting local women's groups - have engaged in face mask or soap production, in some cases producing these in bulk and supplying them to international organisations and companies to create a new source of revenue. One Juba-based, women-led NNGO received funding from an existing donor to support 25 tailors in the production of face masks, which their donor then supplied to people as they conducted food distributions. They were able to produce over 1,000 masks per day. This helped raise the profile of the organisation, which began supplying masks to several other international agencies and government ministries. The revenue allowed them to maintain more of their staff through the pandemic, including their drivers, cleaners, and security guard, to cover core costs such as car maintenance, and to implement additional, unfunded Covid-19-related activities.[96]

Less commonly, organisations were able to find ways to respond to the effects of the lockdown. An NNGO in Juba for example provided unconditional cash grants to people whose businesses were forced to close during the lockdown, including women running restaurants or selling tea, fruit and vegetables along the roadside.[97] NNGOs in Akobo and Wau similarly described providing cash grants. An NNGO in Juba involved in contact tracing began providing food to people asked to self-isolate, recognising that without this people would not be able to stay at home.[98]

Overall, interviews highlighted widespread engagement of South Sudanese NGOs in responding to Covid-19, with some larger NNGOs receiving new or repurposed funding from their donors to respond to the pandemic and other, typically smaller organisations mobilising on a voluntary basis or receiving in-kind support. Most commonplace were awareness raising activities, typically involving the translation and diffusion of messages around social distancing and hand washing, which could be undertaken with limited external support. Many interviewees did see Covid-19 as an important issue requiring a response; yet, there was also widespread frustration at the focus on Covid-19 ahead

95 Interview with director of a women-led organisation, Juba, 22 February 2021.
96 Interview with NNGO director, Juba, 22 February 2021.
97 Interview with NNGO staff member, Juba, 21 December 2020
98 Interview with NNGO contact tracer, Juba, 16 February 2021

of other issues, and at the loss of funding for other activities. This is discussed in the next section.

The impact of Covid-19 on South Sudanese NGOs

Funding trends

Despite early optimism that the pandemic would add momentum to the 'localisation' agenda, there was a widespread perception amongst interviewees that funding is getting harder to access, attributed primarily to the pandemic, as well as to declining global humanitarian funding and increased competition for funds within South Sudan. Operating costs have escalated, whether because of complications associated with travel, increased costs of food and goods, or social distancing requirements (meaning fewer people can participate in meetings, for example). Many in NNGOs are keenly aware of the increasingly pressured humanitarian funding environment, with global declines in humanitarian funding and the Covid-19 pandemic coinciding with a severe humanitarian situation in South Sudan. There is a sense that competition is increasing for a shrinking pot of funding.

There is limited analysis of funding flows within the humanitarian system in South Sudan. The most rigorous recent study reported that in 2017, South Sudanese NGOs received 4.9% of direct and indirect funding given to the crisis. The vast majority of this was indirect funding, channelled through UN agencies and, to a lesser extent, INGOs (Ali et al., 2018: 7). It is beyond the scope of this work to replicate this analysis. However, the limited data available suggests that direct funding to South Sudanese NGOs remains well below the target set in the Grand Bargain. In 2020, local and national NGOs combined received 1.95% of direct funding as tracked through the FTS,[99] compared to 2.96% in 2019 and 2.37% in 2018. As in previous years, much of this funding was channelled to a small group of large NNGOs. For example, five NNGOs received approximately 42% of the total amount channelled *directly* to L/NNGOs in 2020, as tracked through FTS data.[100]

However, the vast majority of funding for South Sudanese NGOs is passed through UN and INGO intermediaries, and this is not tracked systematically. More detailed, systematic tracking of funding for South Sudanese NGOs channelled through intermediaries would improve monitoring of progress towards Grand Bargain commitments, and would allow more nuanced analysis of where this funding is going.

99 In 2020, $1.45 billion of funding for South Sudan was reported to the UN FTS; including US$1.23 billion funded through the South Sudan Humanitarian Response Plan, and $218.2 million funded through other sources. As in previous years, the vast majority of funding went to UN agencies (67%) and INGOs (23%) in the first instance. This is based on data downloaded from the FTS on 21 February 2021. L/NNGO figures include funding where 'destination organisation type' is categorised as local NGO or national NGO. UN OCHA Financial Tracking Service, South Sudan Country Data by Recipient Type, https://fts.unocha.org/countries/211/recipient-types/2020

100 Based on data downloaded from the FTS on 21 February 2021, including all data where recipient was categorised as local NGO or national NGO. Data UN OCHA Financial Tracking Service, South Sudan Country Data by Recipient, https://fts.unocha.org/countries/211/recipients/2020.

The South Sudan Humanitarian Fund (SSHF), a country-based pooled fund managed by UN OCHA, is a key source of funding for NNGOs. This is often identified as an example of localisation in South Sudan. In 2020, $20.6 million or 33% of funds allocated by the SSHF went to NNGOs, including $5.3 million channelled through international organisations with NNGOs as sub-implementing partners (UN OCHA, 2021d). This has decreased since 2019, when $30.6 million or 38% of allocated funds went to NNGOs (UN OCHA, 2020b). Only four women-led NNGOs received funding in the first standard allocation of 2020, fewer than in 2019 (ActionAid et al., 2020).

While some of the organisations we spoke with had received additional funding specifically to respond to Covid-19, more commonly, organisations were asked to repurpose existing funding to engage in Covid-19 prevention activities, or received in-kind donations, such as hand sanitiser or masks for distribution, or equipment such as sewing machines or megaphones. Yet, this was not always accompanied by support for the organisation itself, to help cover administrative costs or staff salaries, for example.

The pandemic also interrupted relationships and networking between NNGOs and current or potential donors. Spaces where NNGOs used to have a greater chance of interacting with potential donors have decreased, and there is a perception of reduced willingness to take meetings. As meetings, such as coordination and cluster meetings, shifted online, they became harder to attend for organisations without reliable Internet. Informal networking and relationship-building that had been possible at those meetings also became much harder without face-to-face contact. The director of one relatively large, Juba-based organisation for example, reflected, *"our network has completely broken down. So everyone, everybody works in isolation."*[101] There is also a perception of reduced risk taking by international donors who, in the light of the Covid-19 pandemic and funding cuts, have focused on well-established and existing partners.

Impact on existing projects and priorities

The Covid-19 pandemic has diverted both attention and resources away from existing services and projects. Effects on South Sudanese NGOs' existing activities were widespread, whether due to cancelled or postponed projects, redirected funding, increased operating costs, or Covid-19-related restrictions. South Sudanese NGOs receive the bulk of their funding from international organisations and donors, and are therefore vulnerable to shifting priorities of the international response.

Across all locations, respondents reported non-pandemic related projects being suspended or cancelled, with funding redirected, withheld or withdrawn, either because activities could not go ahead as planned because of lockdown restrictions, or because funding was redirected towards the Covid-19 response. In some cases, organisations had to return funds to donors when projects could not be implemented

101 Interview with NNGO director, Juba, 22 February 2021.

as a result of the lockdown. A women-led organisation in Yambio, for example, reflected that *"the activities we planned were not implemented, those we had money for, the money was returned back, because there was no social gathering."*[102] Another Yambio-based organisation whose activities include first aid services and family tracing and reunification described how, *"all these programmes came to a standstill, and the concentration was drawn only on Covid-19… the staff all stepped in to begin doing something on Covid-19, that means their department became somehow dormant."*[103]

Lost funding and suspended or cancelled projects were a common theme across interviews and locations. For example, one Juba-based women's rights organisation had two large, multi-year projects beginning at the time the pandemic was declared. The first was a multi-year project providing vocational training to out of school youth in two states; they had just recruited the first group of participants when the lockdown began, and the project was put on hold. They were asked to divert the funding they had already received to activities related to Covid-19; the rest of the project was cancelled. A second project working to keep girls in school and prevent early marriage in Juba and northern Jonglei had started two months before the lockdown. With schools closed, the activities were suspended. After a few months, the donor asked them to divert the money to buy washing tanks, soap, and megaphones for Covid-19 prevention. They also faced challenges as they sought to maintain commitments to staff while projects could not be implemented. The director reflected, *"the staff were sitting home, others had signed for nine months, others for three months. All of them were just receiving salary from home, already we were affected badly because the money was going on salary, and there was nothing ongoing."* When these contracts ended, most were not renewed.

These findings resonate with a small survey carried out by Impact Cap Initiative in May 2020: of the 19 South Sudanese NNGOs and CBOs that completed the survey, 68% reported that they had lost funding or support as a result of the outbreak, and 58% of those said they had lost at least half of their funding (D'Arcy, 2020). Similar findings emerged from a larger survey conducted in April and May 2020, exploring the impact of Covid-19 on African civil society organisations (CSOs). Of 1,015 CSOs surveyed across 44 countries, 56% had already experienced a loss of funding and 69% had had to reduce or cancel operations (Epic Africa and @AfricanNGOs, 2020).

For organisations that commonly survive project-to-project, delayed, suspended, or cancelled funding has a significant impact. Day-to-day running costs, including rent, office costs, and salaries, still needed to be paid, while funding delayed or dried up and the cost of goods increased. Some interviewees spoke of organisations closing, and much more commonly, reducing numbers of staff. Many organisations reported having to reduce

102 Interview with women-led organisation director, Yambio, 2 January 2021
103 Interview with NNGO staff member, Yambio, 6 January 2021.

staff numbers during the early months of the pandemic, or asking staff to work without pay.

A struggle to retain staff is common amongst South Sudanese NGOs, but this is perceived to have become harder over the last year as a result of the pandemic. An NNGO programme director in Yambio, for example, described how, "*most of our activities were postponed. This means that most of our staff did not receive their salaries, they were staying at home, and they could not work. And also we have seen that Covid-19 has made prices of food commodities in the market to increase, and as such, our staff… their salaries are small, so, it has also affected them that they are not able to cope.*"[104]

As well as the impact on the sustainability of the organisation, loss of jobs has a significant impact on individuals, families, and wider communities. In many areas, there are no other providers of regular salaried employment, and NGO salaries are the main way in which money is brought into local communities.

Burnout became an issue for staff that remained, who were often doing the jobs of multiple staff members, as others had lost jobs or had been asking to stay home to reduce congestion in the office. Others described the stress engendered by working through a global pandemic, their fears of contracting the virus, and being unable to deliver planned activities. One reflected, for example, "*staff are working in an environment full of stress. Staff are telling people about a disease they don't even know about themselves. The Covid-19 status of people who come and interact with the staff is not known. We promised to deliver but we cannot because of Covid-19 and that is a challenge.*"[105]

Differences between organisations

The pandemic, and associated restrictions, did not affect all organisations equally. Organisations with existing connections to donors, experience in the health sector, steady Internet access and a base in Juba typically fared better. They were able to rechannel their funding and in some cases received additional funding to respond to Covid-19. Those working on activities related to peacebuilding, protection, livelihoods or education, especially whose activities depended heavily on bringing people together, were more severely affected, with activities suspended or cancelled, and funding withdrawn.

The Covid-19 pandemic also highlighted and in some cases exacerbated existing inequalities between organisations along the lines of gender and geography. As discussed in the previous report *Localising humanitarian aid during armed conflict*, the centralised nature of the aid system in South Sudan perpetuates geographic inequalities, with access to funding often contingent on an organisation's presence and profile in Juba (Moro et al., 2020). This contributes to a sense of marginalisation amongst non-Juba based organisations, some of whom have long histories and established membership bases but struggle to access funding and recognition.

104 Interview with NNGO programme director, Yambio, 13 January 2021.
105 Interview with NNGO staff member in Akobo, 24 January 2021.

The pandemic appears to have contributed to this sense of alienation. Organisations based outside the capital – already disadvantaged in getting access to funding – have found their ability to network and engage with donors further restricted, in part because of travel restrictions and by the accelerated shift to remote ways of working. Remote working could create opportunities for physically distant NGOs to engage more equally with donors at the centre, but this has not been realised due to both a lack of strong Internet and the lack of networks between donors and non-Juba based NGOs. For example, a women-led organisation in Yambio expressed frustrations about both national and international organisations, including that they had much greater access to funding, but depended on her organisation to reach grassroots communities. She reflected that, *"the national NGOs, what they are doing, some of us here we are not happy with them. They can use CBOs like us who are in the community, we know are people very well, but when they go to conduct their workshops in hotels, they do it in the towns, they don't reach people at the grassroot level, they let us the CBOs to reach the people at the grassroot level. Even during the Covid-19 pandemic, the work we did has helped our people understand what Covid-19 is and not the national and international NGOs."*[106] The challenges facing non-Juba based organisations in accessing funding leads to frustration, and at times, to suspicions of foul play. A payam administrator in Akobo, for example, reflected that "*CBOs and national NGOs that are not renting office in Juba or have no presence in Juba are not given funds. Donors are giving funding based on the recommendation of who you know."*[107]

Women-led organisations face greater structural barriers to participating in the international humanitarian system. There are women-led NGOs and women's associations across the country, often playing a significant role in local communities, but the majority of larger, internationally funded NNGOs are led by men. Deeply entrenched gender inequalities in South Sudan mean that women are less likely to possess the social, economic and political capital (including education, connections and resources) needed to access funding (see Moro et al., 2020) and to move to Juba. The challenges faced during the pandemic overlap with those of other CBOs and non-Juba based NGOs, including as a result of limited internet access. The director of one Juba-based women-led organisation, for example, reflected, *"Covid has affected women-led organisations so much, in a way that most of them have no access to the internet and therefore are not attending Zoom meetings of sub-clusters and women-led forums which serves as advocacy platforms, and because of such many will be eliminated from funding opportunities."*[108] The director of a women's association in Yambio reflected that they had lost current and potential donors as a result of the pandemic, and that, "*how to mobilise the resources stopped, communication channel was a challenge, like eh, CBOs, we*

106 Interview with director of women-led organisation, Yambio, 8 January 2021
107 Interview with Payam Administrator, Akobo, 12 February 2021.
108 Personal communication, March 2021

didn't have the communication procedures or gadgets where we are exposed to information sharing."[109]

The pandemic also had a distinctive impact on community-based organisations, often because of restrictions on social gatherings and group meetings. The working practices of a long-standing community-based organisation in Akobo, for example, were affected: they had to reduce their number of staff, with remaining staff working from home, and planned peace-building activities were postponed. Elections for the organisation, which are supposed to be held every two years, were delayed; both because of the virus, and because elections are supposed to be supervised by the commissioner, who was not in place.[110] The internet and TV businesses they ran as a source of revenue for the organisation had to close. A women's association in Akobo reported declining participation as a result of COVID-19, with volunteers' morale affected by the pandemic and lockdown restrictions. The organisation's activities rely heavily on biweekly meetings bringing together women from different communities, which could no longer take place.[111]

Mistrust and perceptions of aid workers

The perception of Covid-19 as an imported disease, associated with international actors and South Sudanese elites, has affected perceptions of aid workers as they are often classified by communities as belonging to these elite social spheres. This includes those working for South Sudanese NGOs, some of whom reported that Covid-19 had, in various ways, affected how they were received by the communities they sought to work with. They narrated reactions to their presence ranging from fear that they would be bringing the virus, to frustration at the focus on the pandemic ahead of other issues.

South Sudanese NGOs' repeated narrations of being distrusted as they might bring the virus were not wholly unfounded. The first confirmed positive case of Covid-19 in South Sudan, identified on 5 April 2020, was in a member of the international community (UN OCHA, 2021a). Other early, likely Covid-19 cases were among high-level government officials who were travelling internationally. As a recent Rift Valley Institute report notes, *"people across South Sudan are legitimately concerned about people arriving from towns, or working in offices with international staff, because of their risk perception as Covid-19 disease vectors,"* (Kindersley et al., 2021: 18). It was not that South Sudanese NGO workers were an inherent risk, but as they were part of a group who were more mobile than the majority of the population, they did have more potential to bring the virus into remote areas.

Mistrust was also promoted by the disjuncture between a relatively well-funded and visible response to Covid-19, and the relative invisibility of the virus in many communities. Activities related to Covid-19, including

109 Interview with director of women's association, Yambio, 2 January 2021.
110 Interview with CBO representative, Akobo, 13 February 2021.
111 Interview with chairperson of women's association, Akobo, 14 February 2021.

awareness raising efforts, proliferated rapidly in the early months of the pandemic, at the same time as other projects were suspended. The prominence of activities intended to combat the spread of Covid-19, a disease perceived to be having limited impact in local communities, prompted suspicions of corruption and self-enrichment on the part of NGO workers. A South Sudanese NGO worker in Juba, for example, reflected that people often say: "*there is no Covid-19, you are just pretending, you just want to eat money*."[112]

Face masks quickly became a visible symbol associated with Covid-19, differentiating NGO workers from the communities they sought to work with. Across the sites, researchers observed that most of the people wearing face masks were NGO and UN staff and health workers. As one South Sudanese NGO worker in Juba said, when people see you with a face mask, "*they will know that you are coming for things of Covid-19.*"[113] In the early months of the pandemic, this could provoke fear. For example, an NNGO staff member in Juba narrated an incident from early in the pandemic, when she and her colleagues went to a market to conduct a survey: *"every one of us was wearing his or her masks but on reaching the market, the people in the market started looking at us as strange people and started calling us 'Corona'. … they did not even want to respond to us or even accept to interview them – so we removed the masks and sat at a distance to conduct the interviews with them and they were able to respond after we have removed our masks."*[114] Over time, fear dissipated, but face masks have continued to be associated primarily with NGO workers. Reactions to those wearing face masks reflect not-unfounded fears that NGO workers might be bringing the virus, and suspicions around the motivations of those prioritising Covid-19 above other concerns. The director of a women's rights organisation in Juba reflected, for example:

"When you're wearing a face mask, people laugh at you. They say, 'so you think you people will never die one day? You are here, pretending that you are putting face masks, to pretend that you are protecting us from Corona, and you are the people who have been bringing the Corona!' You know the local community, they see that the Corona is being brought by the educated people plus the whites... so even if you try to advocate to them that you have to wear face masks, you have to wash your hands, you have to do this, they will tell you, 'you know, this is your disease, it is not even ours, it is not affecting us, it is just killing you people.'"[115]

Relationships between NNGO staff and local communities were also affected by the 'loss of social harmony' described above. NNGO staff and volunteers described their own attempts to keep themselves, their families and project participants safe and to prevent the risk of transmission, including by keeping a distance and not shaking hands, and encouraging others to do the same. However, some

112 Interview with NNGO contact tracer, Juba, 16 February 2021.
113 Interview with NNGO staff member, Juba, 3 January 2021.
114 Interview with NNGO staff member, Juba, 21 December 2020.
115 Interview with NNGO director, Juba, 22 February 2021.

reflected that when asking people to wear masks or wash their hands, or by avoiding shaking hands, they were viewed as being disrespectful. A project assistant for a Wau-based NNGO, for example, reflected, *"when you greet while not shaking their hands, they say that you are proud."*[116]

South Sudanese distrust and frustration over the Covid-19 response is not limited to national aid workers and extends to international actors. However, these frustrations have often been most acutely experienced by South Sudanese NGOs and South Sudanese aid workers on the ground. In our previous report, *Localising humanitarian aid during armed conflict,* we highlight how South Sudanese NGOs are often blamed by communities for donor decisions as it is these national and local NGOs that are most accessible and visible to the community (Moro et al., 2020). It is consistent with these findings that mistrust surrounding Covid-19 would then most clearly be felt by South Sudanese aid workers, including those from local and national NGOs.

Distrust of aid workers in relation to Covid-19 has implications for the future of the pandemic response. In South Sudan, vaccination campaigns have for decades been delivered or supported by the aid community. Acceptance of the vaccine will rely on acceptance of those who are carrying out vaccination campaigns. The vaccinations themselves might help restore trust in South Sudanese NGOs and aid actors if results are tangible. Yet, there is work to do to restore South Sudanese trust that aid workers are focused on South Sudanese health. Ensuring funding is available to combine responses to Covid-19 with attention to many other pressing health issues facing people in South Sudan may help restore trust.

116 Interview with NNGO project assistant, Wau, February 2021.

5. Conclusions and recommendations

Ultimately, these findings highlight the distrust generated when external priorities are placed ahead of concerns that are more pressing to local people on a day-to-day basis. This chimes with the work of Molyneux et al. (2021), who argue in favour of a ‘hybrid’ approach to healthcare that combines addressing Covid with other health needs - in particular, in their case, measures to address neglected tropical diseases (NTDs). They point to the grave damage that can be done when other medical interventions are scaled back in Covid times, and to the benefits of combining NTD activities with Covid-19 mitigation. Kindersley et al. (2021) similarly highlight the frustration and alienation created by responses that focus on individual diseases, such as Covid-19, rather than holistic responses that address the many other threats to life and health that South Sudanese people face, some of which are chronically underfunded.

This reflects findings from past disease outbreaks in South Sudan, which have similarly identified the challenges and missed opportunities that arise when responses to outbreaks neglect local expertise and priorities. In relation to efforts to control sleeping sickness, for example, Palmer and Kingsley (2016) highlight a failure to learn lessons from past approaches and a preference for ‘portable technologies’ - tools and approaches adapted from elsewhere - over local perspectives and knowledge. Methods of sleeping sickness control have often been ‘determined predominantly according to external priorities, rather than sustained consideration of what had worked (or not) in the past', ignoring long traditions of vector control-centric and integrated developmental approaches to sleeping sickness. Though Covid-19 is a new disease, long histories of epidemic management in communities across South Sudan are still highly relevant, as highlighted by Kindersley et al. (2021).

This report supports these conclusions. A pandemic response that neglects local priorities, knowledge, and leadership can hurt more than it helps. The point is not that Covid-19 was not and is not a concern - the mobilisations of CBOs and NNGOs to respond to the pandemic show that it was, at least for some, and that there is significant experience and expertise within these organisations in responding to disease outbreaks that can be drawn upon. The challenge is with the focus on Covid-19 ahead of other issues. This study therefore reiterates the importance of a pandemic response that is locally-led, holistic and integrated with attention to other concerns.

Recommendations

Recommendations to donors, international and national organisations and government relating to Covid-19:

1. **Ensure that South Sudanese know their priorities and concerns are reflected in the Covid-19 response.** Trust is central to people's willingness to accept public health advice and instructions. Pandemic responses - whether led by local, national, or international actors - must take care to build trust and confidence in the response and those providing the response. South Sudanese often use past experiences and testimonies of others to judge if healthcare and advice can be trusted. Many South Sudanese judged the Covid-19 restrictions in the first year of the pandemic as disproportionately damaging in terms of their economic and social impact. There is now a need to prioritise the rebuilding of trust in UN and NGO supported public health messages. Trust can be built by ensuring that South Sudanese know that their priorities and concerns are reflected in the Covid-19 response. This includes demonstrating an appreciation that Covid-19 is not the only struggle faced by South Sudanese, and investing in integrated, holistic responses.

2. **Build on existing local approaches to epidemic management.** Local authorities in South Sudan, including local government and South Sudanese NGOs, have long experiences of responding to epidemics and infectious diseases, including through practices of isolation, limiting movement and vaccination. International actors must welcome the contextual and historical knowledge of these local actors and make space for a locally refined response.

3. **Governments and aid workers should work with, listen to and learn from local public authorities who are more likely to hold the trust of local communities (such as chiefs, churches, women leaders and others).** At the same time, there is a need for a nuanced appreciation of which public authorities are trusted. For example, 2021 has brought the appointment of new state and local government authorities, and these authorities enjoy varied levels of local public confidence.

4. **Support the availability of testing and vaccinations.** Trust in the Covid-19 response and the necessity of restrictions and vaccinations will also increase if Covid-19 itself is more visible. More widespread availability of testing may be one way to achieve this. Vaccination campaigns and a decline in mortality might also make past Covid-19 more visible. Yet, attention to Covid-19 must not come at the expense of engaging with other health priorities.

5. **Work with trusted local actors to share information about, and build trust in, vaccinations.** Evidence and experience play a significant role in South Sudanese choices about health. Many of the Covid-19 vaccinations result in significant short-term side effects, but side effects which could be indicative of more serious illness (such as fever). Discussions of the Covid-19 vaccine need to be honest about these side effects to ensure they are not interpreted as dangerous. Working with trusted local actors to share information, evidence and experience could help build confidence in the vaccines.

Recommendations to donors relating to 'localisation' in South Sudan:

6. **Provide longer-term, integrated funding to South Sudanese NGOs to help build trust, in and between, organisations.** Relationship- and trust-building (between organisations, authorities and communities; and between local, national and international organisations) takes time. Both this and the previous report highlight the need for longer term, more holistic and flexible funding to South Sudanese NGOs, to allow the development of more meaningful partnerships between different actors, and to enable South Sudanese NGOs to engage in more integrated, longer-term programming.

7. **Prioritise meaningful partnerships over top-down subcontracting approaches.** Related to the above, building trust will require ensuring aid programmes are more responsive to the needs of local communities. Working with and through local and national NGOs can help with this but only if they have the space, support and flexibility to design more responsive programming - including time to facilitate meaningful engagement with local leaders and communities, and flexible funding to respond to their priorities. Prioritising longer-term, flexible and holistic funding and meaningful partnerships over prescriptive subcontracting approaches may help with this. National NGOs, in turn, must ensure that they work with trusted local actors and that they model good partnerships in their interactions with local, community-based organisations.

8. **Ensure funding for South Sudanese NGOs includes adequate provision for salaries and overheads.** The pandemic highlighted the continued precarity of many South Sudanese NGOs. Short-term funding, with limited support for organisational overheads and staff salaries, has made it hard for organisations to build up reserve funding and retain key staff. This, in turn, makes it hard to win the trust of donors and build more resilient organisations. As highlighted in our previous report, donors could insist that indirect costs are provided to

downstream partners at the same percentage as first tier partners receive. More generally, longer-term funding with greater support for overheads and staff salaries would help build institutional sustainability, enabling NNGOs to build internal systems, retain key staff, and better withstand shocks.

9. **Facilitate inclusion of a wider group of local actors.** Smaller organisations without a base in Juba, and those whose priorities and activities do not fit neatly into the categories of the humanitarian system, struggle to access funding. This is likely to become harder as remote working becomes 'the new normal,' since many smaller and sub-nationally based organisations have limited access to the Internet. International organisations and donors could do more to facilitate inclusion of a wider group of local actors, including by supporting investments in Internet access (either through Internet centres, or through support to individual organisations). Donors and international organisations should also consider how to make the process of applying for funding more accessible, including allowing submission of proposals in languages other than English and actively reaching out to sub-nationally-based organisations with calls for proposals.

10. **Improve tracking of humanitarian funding beyond first-level recipients.** A lack of systematic data on funding flows beyond first level recipients makes it hard to monitor progress on funding for local and national NGOs in South Sudan, or to provide nuanced analysis disaggregated across different types of organisation. International organisations should track and make available data on the quantity and quality of funding passed on to local and national NGOs, as far as possible disaggregated between different types of organisation (allowing analysis for example of how much funding is going to women-led organisations).

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Annex 1. Research questions

The research questions for this study were as follows:

In relation to South Sudanese NGOs:

How do the findings of the ‘historical and political dynamics’ study relate to the Covid -19 response? In particular, how might findings relating to the quality of finance, risk, shifting funding priorities, and decision making power inform the response to Covid -19?
How are South Sudanese NGOs responding to Covid -19? In particular, how and why does this vary across locations and between organisations?
How is the pandemic affecting South Sudanese NGOs' pre-existing work and priorities?
What challenges and risks do South Sudanese NGOs face in the response to Covid -19; bearing in mind issues of risk transfer, funding quality, leadership, and capacity?
How are South Sudanese NGOs working with local government and other local authorities in their response to Covid -19?
How are South Sudanese NGO experiences and responses to Covid -19 shaped by sub-national governance structures?
How could South Sudanese NGOs be better supported in their response to Covid -19?

In relation to local government and other local, non-NGO responses to Covid-19:

How are local governments and other local authorities (including prophets) responding to Covid -19? How does this compare to previous responses to epidemics in these locations? How and why does this vary across locations?
What forms of power and logics of authority are entrenched through these local government responses?
How do current governance dynamics (including, particularly, the lack of commissioners) affect how local authorities are responding to Covid -19?
How are local government actors working with South Sudanese NGOs; in general and in relation to Covid -19? What are their perspectives on South Sudanese NGOs?
How can donors and other humanitarian actors better engage with and support local (non-NGO) responses?

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Cover Photo: Participants pose for a photograph following a Covid-19 awareness session in Yei. © Aggrey Cyrus Kanyikwa

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Please note that the information provided is accurate at the time of writing but is subject to change.