

Responding to COVID-19 in South Sudan

Making local knowledge count

South Sudan has, up to the time of writing, avoided the worst effects of the global coronavirus pandemic. However, as the disease spreads further through the African continent, South Sudan—and other countries in the Greater Horn of Africa region—need to carefully calibrate their response to prevent a dangerous escalation. Of critical importance to this is the need to take into account local knowledge and expertise. Drawing on the Rift Valley Institute’s (RVI) network of South Sudanese researchers, this note reflects shared findings and recommended actions collated by a team of nine male and female researchers working in urban, rural and cattle camp locations across the country.¹ It focuses on 6 key areas: public messaging; epidemic management; economic considerations; the politics of the response; risks of conflict; and international agency and donor tactics. This work was organized and funded by the RVI as a rapid response initiative through a Swiss government-funded project.

Public messaging

Key issues

- Messaging on preventative measures has been developed but has only reached South Sudan’s towns. Radio network signal and access is often overestimated, the need for translation under-estimated, and the trust in the actual message is lower than expected.
- Other local priorities compete with the coronavirus threat, including cattle raids and other local violence, locusts and famine. Some people are offended that it is the virus that has stimulated a response from the government and the international community, rather than other pre-existing or continuing problems.
- The level of existing traumatic life events in these communities is high. For example, other diseases—particularly HIV and hepatitis B—are normalized. In the words of one Jonglei resident: ‘we’re already living with death’. As a consequence, there is little reason to take something that sounds like flu more seriously.



Chiefs with health guidelines in Bor, South Sudan © Abraham Diing Akoi Nyuon

Response

- In rural areas, disease management advice and decision-making are led by chiefs and elders. Provision of door-to-door information and discussions led by chiefs is the best way to build trust and confidence in advice.²
- Messaging needs to take into account the other crises that communities are dealing with and work holistically. This will improve relationships as well as demonstrating understanding of people's real circumstances.

Epidemic management

Key Issue 1

- Information about virus vectors, symptoms and prevention of transmission is fundamentally insufficient to persuade people to participate in actions that contribute towards its suppression. With minimal trust in government or external authorities, people need to understand viral transmission dynamics in order to organize comprehensive local responses.

Response

- Provision of more detailed information on disease dynamics can help communities engineer responses, and improvise quarantine, PPE and containment.³
- Local residents should be employed as information champions: They know how to be respectful but tactical; understand community disease experience and misgivings; and often have experience of mass mobilization (for example, the 2008 census and 2011 referendum).

Key Issue 2

- The lockdown is creating more crises than it is solving. Medical personnel understand that its aim (as applied internationally) is to minimize transmission to buy time for health infrastructure to prepare. However, nurses in hospitals across South Sudan find this laughable: 'we are deceiving ourselves: we cannot contain malaria, we cannot deliver babies safely'.

Response

- Epidemic mitigation via community consultation and locally led action would likely be more effective than a securitized lockdown. It would give space for building local variations of movement restriction, isolation, contact tracing and quarantine. These local methods might not, on paper, minimize risk the most, but they will hold more confidence and consent. They are therefore more likely to be implementable in South Sudan.
- Local epidemic management systems already exist. For example, in Northern Bahr el-Ghazal, communities place crossed poles across compound entrances or on paths to infected households, and have methods of transferring water, milk, firewood and food through this pole gate without touching containers. Villages have been quarantined, and wells allocated, in past crises; urban travelers have been identified as vectors in old epidemics and quarantined.
- Elderly people have been critical in old systems of quarantine and home care for infectious patients across the country. We need to rethink ideas of age and vulnerability: healthy and fit 80-year-olds are crucial to communities. Of course, younger people will need to take over care, but there are established caring roles and systems for infectious family members and the dying that can be drawn on with the support and expertise of elders.

Key issue 3

- Cattle camp youths are particularly unresponsive to current messaging and actively organizing large group dances and wrestling meetings outside of town. For example, cattle camp leaders turned back a medical team in Yirol at Ajjektil on 8 March.

Response

- Recognize the epidemic expertise of pastoralists, even if it does not correspond with current scientific standards. Cattle camps have their own quarantine and movement restricting systems in outbreaks, including separate water and grazing points. If trust and collaboration is built via local intermediaries, it will be possible to put these in place.

Key issue 4

- Funerals do need to happen because often this is where arrangements for the care and financial future of widows and orphans are decided. In some areas, fines may be imposed on those who do not attend, and it is generally seen as being a deeply immoral thing.

Response

- Spiritual leaders, of all kinds (not just church), need to be engaged to set local standards for decent but safer funerals. Engagement with elders' committees, who negotiate the costs and planning of funerals, should also take place. Protective clothes, gloves, and plastic sheets are already used with infectious deaths for burial—these existing practices can be built on further.

Economics considerations

Key issues

- Any restrictions on economic activity may have catastrophic consequences for the poor. One interviewee in Bor said: 'the government have decided to let us starve in the name of coronavirus. Women explain the core calculation: coronavirus might not kill their children, but hunger will kill them all.'
- The urban poor will be the worst hit: especially single women, disabled people and street children, who often rely on market and restaurant leftovers for food.
- No response to coronavirus—whether lockdown or other tactics—will work without essential food, water and other economic aid.

Response

- Agricultural work must continue through lockdown to avert famine. This will require investment in old systems of cooperative labour, using self-isolated workforces or compounds. In Yirol people are being encouraged to isolate on their farms—some town families have already moved back to villages to organize containment and self-sufficiency through the crisis. It requires a different understanding of the family unit, beyond the nuclear family.
- Support for livelihoods needs to happen quickly to mitigate local problems. For example, seed distribution and access to tools—including safely opening up metalworking businesses—even if this seems counter-intuitive to lockdown. This support needs to target women who are most often sole agricultural workers, as well as and traders in locally-produced foods.
- NGO and CBO employment as community messengers and coordinators has a direct economic impact: paying people even small stipends will keep money in local communities.

Politics and government

Key issue 1

- There is a leadership vacuum at all levels, not just at the state level; many government ministries have become financially hollowed out.
- Community mistrust in government is often underestimated. As locals put it: ‘when the SPLM is united, they eat us, and when they disagree, they kill us.’ Because the virus is effectively attacking the rich—South Sudanese and internationals—first, the lockdown appears to be a sacrifice of the poor for the sake of self-protection.
- The security services are already brutally enforcing and profiteering off the lockdown.
- Town-centred responses further alienate and anger the rural majority.

Response

- Lockdown, while probably the best transmission-prevention method, is not likely to be enforceable in South Sudan without violence and famine. This does not mean there is a vacuum of local leadership—support should be invested directly at state and county levels with people who are known to be efficient and active community workers. Regional offices and local NGO staff will be critical to success.

Key issue 2

- There are more rumours circulating than official information easily available.

Response

- Rumours should not just be contradicted, they should be treated as political statements. For example, rumours that the cases are not real, but have been faked by the government to get international money, and that it does not affect black people because in international media we see black people doing the deliveries for white people, seem reasonable claims for many South Sudanese. Similarly, rumours that the disease is a Western invention for depopulation fits reasonably well with genocidal imperial histories in South Sudan. Giving more comprehensive information about the virus, its spread and effects elsewhere, will be more effective counterweights to the rumour mill than simple denials.

Conflict risks

Key issue

- Cattle raiding and inter-communal violence continues; security forces are already looting and profiteering. Wealthy families are hoarding supplies, driving prices up further. There are significant risks of rising robberies and banditry.

Response

- Investment in local community leadership and information flows is critical to supporting peace negotiators and maintain and build trust. This includes working with national security services in regions where officers are often open to mediation. Otherwise, these issues are fundamentally connected to economic circumstances.

International agency and donor tactics

Key issue

- Funding conditions, milestones and deliverables do not reflect the responses and priorities outlined here.

Response

- Donors need to adapt their requirements and priorities accordingly.
- In addition to direct food aid and other emergency provision, employment of local information drivers and coordinators, even on marginal pay, is critical in both the coronavirus responses here, and as a direct economic action.

Notes

1 Juba, Yirol, Rumbek, Wau, Gogrial, Leer, Mayendit, Mayom, Torit, Aweil and Bor.

2 Chiefs starting to do elbow-bump greetings is encouraging people to take the pandemic more seriously. Through the Swiss-funded South Sudan Customary Authorities Project, this is work that RVI researchers have been working with chiefs to organize these sorts of responses in their communities.

3 Local community response and actions against transmission worked for Ebola faster than international tactics; it encouraged communities to ‘think like epidemiologists.’



Credits

This note was compiled by Nicki Kindersley based on research by Joseph Diing Majok, Chirrilo Madut Anei, Elizabeth Nyibol Malou, Gatkuoth Mut Gai, Jovensia John Romano, Abraham Diing Akoi Nyuon, Abraham Mou Magok, Machot Amuom Malou and Ohide Johnson Atom. It is available for free download from www.riftvalley.net

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