

Global Peace Services USA

...an idea whose time has come

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Greetings from John Eriksson, President, GPS USA. We welcome Ms. Aline Dukuze as a new GPS Board Member. Please see Aline's biographical summary at the end of this issue.

A common thread in both articles in this issue is the global pandemic of COVID-19: the first article analyzes responses to the pandemic in countries with considerable capacity in terms of medical infrastructure and health professionals; the second article describes the extreme challenges in a country with hardly any relevant infrastructure or medical expertise. The first piece follows an article, "The Biohazard Threat," by the same author, Dr. Douglas Samuelson, in the February 2020 issue of the GPS Newsletter. That article assessed the potential for global calamity as a result of foreseeable biological threats and the limited capacity of institutions, science and technology to counter such threats. The current article, "Preparing for Biological Crises: Some Lessons to Be Learned," was written in the context of the reality of the COVID-19 pandemic. The author's earlier warnings of over-stretched capacities and flawed strategies and tactics are now all too real. He draws from previous and current experience to draw salient conclusions. For example, "International cooperation on early detection and response is one of the most effective components of preparation. This cooperation had deteriorated over the previous few years, mostly because of funding cuts by the biggest sources – in particular, the US."

The author finds communication to be "the most critical" resource to combat COVID-19 and other bio threats. He states that the public response [to bio threats and recommended actions] depends on the quality and consistency of information it receives from government and experts and also, for better or for worse, from other sources. Once again, this is an area in which effective, cohesive government actions, considered well in advance as much as possible, are essential.

The author, Douglas A. Samuelson is president and chief scientist of InfoLogix, Inc., a research and consulting company in Annandale, Virginia. He has over 30 years of experience in private and public sector consulting and Federal policy analysis in various aspects of health care and health policy, in emergency preparedness and response, in artificial intelligence and machine learning, and in information technology and security. He holds three computer software patents and has over 200 publications. He has a doctorate in Operations Research from The George Washington University.

The second article in this issue, "Dodging Bullets, Locusts and Viruses: South Sudanese Women's Resilience in Crisis," is by Dr. Marisa O. Ensor. It explores salient dimensions of the daunting inter-linked challenges faced by the relatively new nation of South Sudan. It builds on an earlier article by Dr. Ensor, "Youth's Role in South Sudan's Perfect Storm: Climate Change,

Conflict, and the Prospects for Peacebuilding in the World's Newest Nation," in the December 2019 issue of the GPS Newsletter.

The overarching theme of the second article is Sexual and Gender-Based Violence (SGBV), which is a "pervasive and highly problematic crime to address in South Sudan, given their pronounced male-centric standpoint." On top of a dire food security outlook in early 2020, a combination of severe floods, destruction of harvests from locust swarms of Biblical proportions, and the incipient spread of COVID-19 in April all combined to portend a "severe risk of widespread famine." Given that South Sudan has one of the "weakest healthcare systems in the world" and that family health decisions are traditionally "dependent on the financial status and choices of husbands or other male relatives," the likelihood of famine is even greater. The author concludes:

"If the multiple emergencies currently facing South Sudan cannot be contained, there is a serious risk that the combination of disease and hunger will lead to heightened instability, greater unrest, and increased risk of a return to conflict. Undaunted, South Sudanese women have persisted on making their voices heard, even though traditional gender norms have often restricted them from doing so. The noteworthy progress they have made against all odds must not be allowed to be reversed."

The last section of this article summarizes the tenuous progress of South Sudanese women, including support from the UN.

Marisa O. Ensor, PhD, LL.M, is currently based at Georgetown University and her research has emphasized the link between threats to peace and security and the politics of forced displacement, environmental peacebuilding, humanitarian intervention, and post-conflict justice with a focus on youth and gender dynamics. Her work has included field research in 19 fragile, conflict-affected, and transitional countries of Africa, Europe, the Middle East and Latin America. A particular focus of her work, and the subject of Dr. Ensor's article for the Newsletter, has been over 15 years of ongoing fieldwork in the still relatively new country of South Sudan. The challenges faced by, and the potential for positive change of the women and girls of South Sudan, emerge as a common thread of Dr. Ensor's analysis.

Vital in the production of our newsletter is Bill Hurlbut, who has so generously shared with us his many talents in formatting and editing.

In order to continue and expand our current work, such as the GPS Newsletter with essays and articles readers are unlikely to find elsewhere, and hold special events, we do need greater resources. Please consider making as generous a tax-deductible contribution as you can to GPS. This may be done by mailing a check to the postal address shown above or through our website www.globalpeaceservices.org. Phone: 301-681-6968.

Preparing for Biological Crises: Some Lessons to Be Learned

People who predict dire events often face two difficulties. First, they get scoffed at and derided until the event occurs, and then they may -- or at least should -- consider it unseemly to celebrate having been right. The other problem is that having made one good prediction generates requests for additional insights about what to do next. Given my fortuitously timed warning in the February issue of this newsletter (Samuelson, 2020), I face this second problem now, with great trepidation.

Let me begin by stating that I will offer no critique of the way the US administration has handled the current COVID-19 crisis. Many of the important assessments cannot be made yet, many critical facts are not yet known with much assurance, and we already have more than enough misinformation and partisan bickering without needing to add more here. The most definite statement I offer is this: anyone who claims to be able to make complete sense of this calamity at this time does not really understand the situation and may be peddling falsehoods for nefarious purposes. Regard everything, including this article, with skepticism. What we can do, however, is review and summarize a few of the most informative and authoritative studies and policy documents completed before the current outbreak, and hope thereby to give the reader useful background to evaluate both current and future approaches.

I will also say that writing and revising this article provided an object lesson in robust policy analysis procedure. The article got much better after I invited and received comments and suggestions from more than half a dozen people I consider knowledgeable, most of whom do not share all of my views.

As recently as fall of 2019, some expert assessments rated the US as the best prepared country in the world to deal with a pandemic. (See, for example, Nuclear Threat Initiative et. al., “Global Health Security Index,” 2019.) The actual results illuminate a problem, well known in industrial quality control, with relying on surveys. Asking people whether they are ready is a poor indicator: they usually say “yes,” especially if they think that is the desired answer. “Do you know the emergency plan? Do you know where the lifeboats are? Are there enough of them? Do you

know how to lower them into the water?” Yes, yes, yes, yes. And then you conduct a lifeboat drill and discover that people don’t actually know what to do, they get confused and frightened and make bad choices, a couple of the winches don’t work, and a few of the lifeboats leak. Even if all the equipment is in fine working order, and there are enough lifeboats for all the passengers, you can still have substantial failures in evacuation if you don’t rehearse what needs to happen. Finding: don’t ask people whether they are prepared. Ask specific questions about what they know how to do, preferably conduct some drills, and react to the deficiencies that appear.

There were other assessments that used more sound methods and seem to have been more accurate. Not surprisingly, they were more pessimistic. One of the most comprehensive was a study by the Scowcroft Institute of International Affairs (May 2019), the third in an annual series of reports on health preparedness in the US and worldwide. This report is highly credible not only for its thoroughness and the expertise it reflects, but also for the inclusive, scrupulously balanced and non-partisan stance the group maintained. Among the significant findings:

- International cooperation on early detection and response is one of the most effective components of preparation. This cooperation had deteriorated over the previous few years, mostly because of funding cuts by the biggest sources – in particular, the US.
- Cooperative efforts to detect new diseases early and respond quickly are most valuable in countries with large pockets of poverty, since these countries are most likely to have diseases jump from animals to humans (as with Ebola and, now, COVID-19) and also less prepared to deal with the outbreak.
- International cooperation on research had also stagnated or declined, also because of funding cuts. Such research is not only valuable in itself, but also builds trust among researchers and helps them to establish which of their colleagues they regard most highly. In a confusing crisis situation, when knowing

which stories to believe becomes important, such relationships are very helpful.

- Growing fragmentation of ethnic, political and national entities had undermined cooperation and trust, creating an environment in which misunderstandings were more likely, helpful communication was more limited, and non-compliance with health guidance was also more likely.

In short, many of the most beneficial activities will sound familiar to people who have studied nuclear arms control: even within a flawed treaty with noteworthy non-compliance, cooperation and trust at the working levels facilitates effective action and helps to prevent rash mistakes when a crisis arises.

An additional similarity to nuclear confrontations is that preparation, particularly training, is essential. John Wooden, the legendary basketball coach, stated on many occasions, “To fail to prepare is to prepare to fail.” He went so far as to teach his players the best way to tie their shoes – not that they didn’t already know a way to do it, but that there is a way to do it so they’re less likely to come untied as you run up and down the court. Every player knew how every play was supposed to happen.

What Coach Wooden didn’t do, however, is script sequences of plays. What he did was make sure his players knew how to help each other respond to things the other team might do. He taught them skills and tactics, not plans and strategies. Similarly, in health care, it is not feasible to have all physicians and nurses sufficiently trained in emergency care as part of standard medical and nursing education. Emergency medicine and infectious diseases are specialties. They require additional focused training and experience, and organization to place people with these skills where they are needed. The responders also require a priority for resources to protect them.

Some military analysts have a slogan: “Amateurs debate strategy and tactics. Professionals discuss logistics.” Experts on emergency preparedness have adapted this to “Amateurs argue over detailed response plans. Professionals discuss pre-positioning resources.” The most robust response plans are general and vague about who should do exactly what,

as the actual conditions are likely to be different from whatever the planners contemplated. What is critical is providing resources that will enable responders to improvise successfully as the situation unfolds.

This implies another issue, not limited to sports and not similar to nuclear arms control: governments’ approaches to building up resources for crisis response may be wrong-headed. In some businesses, it is best to “run lean,” minimizing excess capacity and buying what is needed when a shortage arises. In emergency preparedness, this course of action greatly increases vulnerability. Think about fire stations: to have a 98 percent probability that the nearest fire station to your house will be ready to respond when you have a fire, those crews and resources have to be sitting around 98 percent of the time doing nothing that can’t be interrupted. If there’s a shortage of key resources, there isn’t time to go buy a fire engine and recruit and train a crew to use it. In a pandemic, there isn’t time to acquire doctors and nurses and researchers with specialized skills, either.

What the US Government often does do, in the military in particular, is focus on big hardware at the expense of training and local engagement. Military officers get promoted, and Congressional representatives get re-elected, for running procurements of big systems. Although the US military is one of the foremost humanitarian relief agencies in the world, and spends more than half its time and resources on peacekeeping and relief operations, usually training and leadership in these areas is low priority. Much of the activity is successful anyway, because civilian resupply is not that different from logistics in support of combat operations. But building up local engagement and leadership, as in “village stability operations” in places like Bosnia and Afghanistan (Mann, 2012), has tended to be neglected – although it would work in the US, too. (For legal reasons, this should not be done inside the US by the military. However, they could teach other agencies how to do it.)

The counterpart of this phenomenon in health care is that there is a strong financial incentive to build hospitals and research centers and much less incentive to teach people how to pursue more healthy lifestyles, especially when dealing with disruption and scarcity. University research grant funding tends

also to reward large, highly specialized projects and discourage interdisciplinary collaboration.

Another lesson from the military is that stockpiled resources rapidly lose their value if they are not maintained as required. As simple an act as making sure that batteries are fresh can turn out to be critical – and often overlooked. And, again, no resources retain their value without maintaining the training of the people to utilize those resources.

Yet another implication of these insights, and a point mentioned in the Scowcroft Institute as well, is that once a crisis does occur, it is extremely important for political leaders to speak to the public with one voice, reflecting confidence in their experts' advice. Lack of leadership cohesion quickly leads to general decreases in public morale and, more important, to non-compliance with government guidance. Such cohesion is another benefit of the long-term cooperation the Scowcroft Institute report stressed.

Cohesive leadership vision, in turn, is essential to decision-making about lifting restrictions as the outbreak eases – or appears to be easing. Opening up businesses after a quarantine in one state in a region is likely to lead people from neighboring states to flock to where they can buy goods and services they have been missing. This behavior has a high risk of proving to be harmful. Planning (but not in too much detail!), perhaps wargaming, how best to reopen would be an important part of good preparation. Again, collaboration with good information exchange is more readily accepted and works better than sweeping mandates from one level of authority. However, even broad mandates from one source work better than conflicting mandates from multiple sources.

This brings us to the most critical resource of all: information. Good medical practice depends on good information – about the patient, about the patient's history of tests and treatments, about the current infectious diseases, about what facilities are overburdened and which others may be able to help. Some knowledgeable people believe that information problems are the biggest driver of both cost and quality problems in health care. (Samuelson, 1995) The public response depends on the quality and consistency of information they receive, from government and experts and also, for better or for

worse, from other sources. The more important information sharing becomes, the more damage adverse information events – deliberate attacks, misinformation, service outages, or just plain foulups – can cause. Once again, this is an area in which effective, cohesive government actions, considered well in advance as much as possible, are essential.

Effective actions include coordination and information sharing, beginning as early as possible, not only among levels of government, but also with the news media, with many private sector entities and with clergy and lay leadership of religious institutions. In particular, the news media always need to have something to say in the current news cycle. If they have no trusted, useful information to report, they are more likely to focus on the conflicting opinions of outspoken “experts.” In this circumstance, the more careless and unbalanced views tend to predominate. Since fact checking takes time and effort, those who don't bother with it have a competitive advantage in getting their views out quickly.

Information technology also raises explosive issues. Using people's cellular phone records to track their movements would greatly facilitate contact tracing, but it would also constitute a major erosion of privacy and confidentiality protection. Even sharing medical records among providers, or sharing anonymized databases among researchers and medical directors to enable trend and symptomatology analysis, involves a number of legal and ethical hurdles because of privacy and confidentiality concerns. Hospital chains may be reluctant to share best practices information among their individual hospitals because of the state-by-state non-uniform patchwork of laws regarding what shared information is discoverable in malpractice lawsuits. If some individuals can make effective antibodies, US law tends to grant ownership rights over the antibodies to those individuals, not the medical facilities in which the discovery occurred. This makes dissemination of the treatment information problematical. This is by no means an exhaustive list of the problem areas. There is a need, for many reasons, for a level-headed comprehensive re-evaluation of the legal environment for information sharing.

Information is particularly important in identifying, supporting, guiding and directing the people who are most vulnerable and most at risk. Prisons, military

facilities and ships, cruise ships, extended care facilities, homeless people, and Native American and migrant encampments and reservations are at great risk and have low priority and limited accessibility for response. Many people, but the most vulnerable in particular, have or develop mental health problems. Influenza and other respiratory ailments are known to precipitate mood disorders in people with no prior history and aggravate disorders in people who already have them. Weeks of social isolation are also harmful. Economic stresses add to the difficulties. Simply procuring resources most people could readily obtain can be a challenge. Access to medications and counseling are reduced during quarantine. Improved training for law enforcement, private security, health care, 911 operators, and other personnel, and increased availability and quality of support hot lines are necessary to prevent tragic incidents. It can literally be a life-saving benefit just to be able to find out quickly which health care facilities will accept patients with other ailments who have tested positive for the pandemic pathogen.

In summary, as the Scowcroft Institute report concluded, four major gaps needed to be addressed: establishing greater community resilience; strengthening coordination and leadership at the federal level in the United States; changing the university funding and reward systems to encourage more interdisciplinary research, education, and service; and elevating the importance of and incentives for private sector involvement in pandemic preparation and response and general activity in biosecurity. “If the United States and international system do not make progress toward closing the gaps addressed in this and previous Scowcroft Institute white papers,” the report’s authors cautioned, “countries will remain vulnerable to a devastating outbreak.”

✿ Douglas A. Samuelson

Dodging Bullets, Locusts and Viruses: South Sudanese Women’s Resilience in Crisis

Introduction

In an earlier dispatch to the December 2018 GPS newsletter, I reported on South Sudanese youth’s role in their country’s path to a more sustainable peace, focusing on the inter-related and mutually constitutive impacts of conflict and climate change. I had been doing fieldwork in the country three months prior, when the so-called Revitalized Peace Agreement on the Resolution of the Conflict in South Sudan (R-ARCSS), signed on September 12th, 2018, put an end to almost five years of brutal conflict.

I have returned to South Sudan two additional times since the signing of the R-ARCSS. The cessation of hostilities has largely held, with partial but noteworthy progress being made in some areas. Peace, nevertheless, remains tenuous – an unsurprising outcome given how pervasive political instability and armed struggles have been in South Sudan for most of its almost nine years of

independence. The human and environmental cost of the conflict has been staggering.

Already one of the most fragile and environmentally vulnerable countries globally, South Sudan has been buffeted by two additional emergencies in recent months; namely, the arrival of locust swarms that threaten the already compromised food supply, and the coronavirus outbreak which, if it cannot be quickly contained, would have disastrous consequences in a country with one of the weakest healthcare systems in the world. The combination of these multiple crises has left more than seven million people – about two thirds of the population – in dire need of some form of humanitarian assistance and protection. Women and girls have often borne the brunt of the violence and challenging humanitarian conditions. The current peacebuilding phase in South Sudan nonetheless offers significant opportunities for advancing gender equality, mainstreaming women’s perspectives in peacebuilding, and fostering their budding efforts in environmental stewardship.

Bullets, Locusts and Viruses

The latest war in the world's newest country killed more than 382,000 people, according to a [recent study](#)ⁱ produced by the London School of Hygiene and Tropical Medicine and funded by the United States Institute of Peace. The U.N. Refugee Agency (UNHCR) estimates that more than 4.3 million people have been forced to flee their homes. Most are women and children many of whom have endured human rights abuses including rape and gang rape, beatings, sexual assault and forced labor.

Even before the civil war officially ended in September 2018, women and girls experienced high levels of sexual and gender-based violence (SGBV) and had limited ways to address these crimes. Once civil war engulfed the country in 2013, this type of violence became even more prevalent with soldiers on both sides of the conflict employing sexual violence and torture – targeting mostly women and girls, but sometimes also the elderly and even children – as part of their military strategies.

In 2014, the international community commended the government of South Sudan for endorsing the recently established Declaration of Commitment to End Sexual Violence in Conflict. Official pronouncements notwithstanding, numerous accounts have continued to emerge documenting the range of atrocities committed against South Sudanese women and girls. These include reports by organizations such as Human Rights Watch, the U.N. Mission in South Sudan (UNMISS), the Office of the High Commissioner for Human Rights (OHCHR), and the Ceasefire and Transitional Security Arrangements Monitoring Mechanism.

Although most political violence abated after the signing of the R-ARCSS, SGBV has persisted. Armed men, affiliated with various military groups, have continued to attack women and girls at gunpoint; those on their way to fetch water and fuelwood, heading to food distribution sites and, ironically, forcibly displaced women and girls fleeing violence and environmental disasters in their home villages, have been the most likely targets. My findings on the situation in South Sudan support the conclusions of a study by the International Union for Conservation of Nature (IUCN) on [Gender-based](#)

[violence and environment linkages: The violence of inequality](#)ⁱⁱ released in early 2020.

A complete breakdown of the rule of law has permitted armed men to operate with impunity before, throughout and after the official end of the conflict. The situation is compounded by the National Police Service's limited capacity, and their tendency to refer cases to customary courts. Whether conflict-related or committed in times of peace, SGBV is a pervasive and highly problematic crime to address in most of the traditions in South Sudan, given their pronounced male-centric standpoint.

In the past 15 years, I have had the opportunity to speak with female South Sudanese survivors of SGBV both in South Sudan and in several diaspora countries, including Egypt, Uganda, the UK and the US. Most recently, in the late summer of 2019, I visited a rehabilitation project in Ganyliel, a town on the banks of the Nile River in South Sudan's Unity State. Accessible only by plane or boat, and sheltered by marshes which form natural defenses in the center of the country, Ganyliel was spared the worst of the war. The women in this program, known as "Beam of Hope", are overcoming the physical and psychological trauma of the SGBV they endured through counseling, mutual support and assistance with various livelihood schemes. Although fishing is traditionally considered a male activity, women in Ganyliel can be seen navigating the town's waterways in tree-carved boats and selling their catch in the town's market. In doing so, they support themselves and their households, and contribute to the food security of a region that has often had to rely on food distributions by the UN's World Food Program.

As 2020 dawned in South Sudan, the food security outlook remained dire after severe floods which extended over 75,000 hectares (or 185,329.00 acres) of farmland wiped out the seasonal harvest and killed the livestock. Nearly a million people were affected with an estimated 420,000 new displacement cases. Conditions were already challenging in the entire region, as several East African countries including Djibouti, Eritrea, Ethiopia, Kenya, and Somalia were battling the worst locust outbreak in decades. The locust swarms, which entered Africa from Yemen and can travel up to 150 kilometers (95 miles) in a day, subsequently spread into Tanzania, Uganda and

South Sudan. By February 2020, an estimated two thousand locusts had crossed into southern Magwi County, Eastern Equatoria State, on the South Sudanese border with Uganda.

Two months later, the UN Food and Agriculture Organization (FAO) warned in their Locust Watch report of April 21st that the situation in the entire East African region remained extremely alarming. The insects, which eat their own body weight in food every day, have been breeding so rapidly that numbers could grow 500 times by the summer. The swarms are a consequence of climate change; unusually wet weather over the past 18 months created perfect conditions for the new swarms to mature and lay eggs. The eggs are expected to hatch into hopper bands during May and form new swarms in late June and July, which coincides with what is normally the start of the harvest. The war in Yemen may also have played a role, as it constrained the ability of local authorities to control the first swarms before they crossed over into the Horn of Africa.

The progression of the locust swarms represents an unprecedented threat to food security and livelihoods as it coincides with the beginning of the long rains and the planting season. The invasion is worsening food shortages in a region where up to 25 million people are suffering from three consecutive years of droughts and floods. In South Sudan, where approximately 60 per cent of the population is facing food insecurity, more than 1.3 million children aged under five are at risk of suffering from acute malnutrition this year. As I reported in my December 2018 observations, women and youngsters face greater burdens from the impacts of climate change, environmental shocks and stresses, and food insecurity, given the subordinated position they occupy in South Sudanese society. Further destruction of harvests by locusts will likely lead to an even more severe risk of widespread famine.

It is also worth noting that, although gendered divisions of labor differ between communities in South Sudan, women often play an important role in seed selection and cultivation. Their knowledge about crops that work for different levels of rain and under different climatic conditions could inform adaptation strategies in the face of mounting environmental threats. As reported in a recent (April

2020) briefing by the Rift Valley Institute on [*Women, Agricultural Knowledge and Displacement in South Sudan*](#),ⁱⁱⁱ the transmission of this knowledge from mothers to either daughters or to sons tends to depend on family composition. In female-headed households – typically the result of wartime casualties, displacement or abandonment – women leverage their agricultural knowledge to take up the responsibility of organizing cultivation, which is usually assumed by men. It is unclear whether this knowledge includes responses to locust swarms.

East African communities, including those in South Sudan, have not been confronted with such large invasions for at least a quarter of a century. Governments in the region now find themselves scrambling for pesticides, protective clothing, fumigators and aircraft to fly above the locust swarms and spray them dead. Compounding the locust emergency, the coronavirus pandemic has prompted the grounding of most flights, and cargo supply chains have become more expensive and less reliable.

On April 5th, 2020, South Sudan reported its first case of COVID-19, making it the 51st of Africa's 54 countries to be struck by the outbreak. Several additional cases – all UN staff members – were reported shortly after. The first patient had been in the country for five weeks before the onset of symptoms. Given COVID-19's mean incubation period of 5.1 days (with a range of 2 to 14 days) following exposure to the virus, it is medically highly improbable that the patient had been infected outside of South Sudan. An alternative, and in many ways more alarming scenario, is that COVID-19 might have already been silently present among the population, with local transmission remaining undetected.

South Sudan has one of the weakest healthcare systems in the world. The United Nations Office for the Coordination of Humanitarian Affairs (OCHA) estimates that more than 40 percent of the population have no access to even primary health care services. There is a critical shortage of qualified doctors and nursing staff, and local health-seeking behavior would not routinely involve diagnostic clinical testing. As a UN official noted, "We have privileged access to a health team at the UN clinics, so our chances of being diagnosed are higher". Nevertheless, the news triggered xenophobic headlines and social media posts

blaming the UN for bringing COVID-19 to South Sudan. The tense situation has further restricted the movement of aid agencies which, already hampered by closed borders and lockdown conditions, are struggling to deliver assistance to the more than five million people who rely on food aid to survive. At the time of writing in late April 2020, health authorities announced that a total of 34 people have tested positive for coronavirus.

Studies of the gender dimensions of other outbreaks in Africa – e.g. Ebola – indicate that women and girls are at a higher risk of being exposed due to their socially-ascribed caregiving roles which place them at the forefront of nursing the sick. Ensuring that women have access to information, health services and personal protective equipment would enable them to better protect themselves from infection and contribute to prompt outbreak containment. Yet, local norms, beliefs, attitudes and practical realities are far more likely to influence South Sudanese women’s health-seeking behavior than any health advice they may have been given. In effect, women often report that their health-related practices are dependent on the financial status and choices of their husbands or other male relatives.

The situation is clearly dire in a country where ponds and rivers are the main source of water for most people, thus rendering the most basic frequent hand-washing precautions hard to put into practice. If the multiple emergencies currently facing South Sudan cannot be contained, there is a serious risk that the combination of disease and hunger will lead to heightened instability, greater unrest, and increased risk of a return to conflict. Survivors of so many crises, South Sudanese women must be part of the solution.

South Sudanese Women Facing Forward

Women constitute the majority of breadwinners in the country, as 58 per cent of South Sudanese households are female headed. Those in civil society have demanded a broadening of the political agenda to include protection, education, health, and attention to environmental issues, especially as they impact livelihood provision. Female civil society leaders acted as official observers in the 2018 peace process; women comprised 25 percent of the delegates, while one woman served as a mediator.

A Women’s Delegation that met with UN Security Council members during their 20, 2019 visit to Juba demanded the establishment of the Hybrid Court for South Sudan (HCSS). The HCSS is intended to bring perpetrators to justice and reduce impunity for war crimes, including those committed against women and girls. Supported by both the African Union and the United States, the HCSS is a central element of the R-ARCSS. So is a clause providing for a 35 per cent quota for women’s participation in the transitional government which was finally appointed in February of 2020 after a twice-missed deadline.

These efforts have been currently put on hold as South Sudan, together with the rest of the world, grapples with the uncertainties of this unprecedented pandemic. Undaunted, South Sudanese women have persisted on making their voices heard, even though traditional gender norms have often restricted them from doing so. The noteworthy progress they have made against all odds must not be allowed to be reversed.

✿ Marisa O. Ensor

Notes

- [i] Francesco Checchi, Adrienne Testa, Abdihamid Warsame, Le Quach, and Rachel Burns (2018) “Estimates of crisis-attributable mortality in South Sudan, December 2013–April 2018: A Statistical Analysis”. London School of Hygiene and Tropical Medicine. London, UK: LSHTM. Retrieved from: <https://www.lshtm.ac.uk/south-sudan-full-report>
- [ii] Itzá Castañeda Camey, Laura Sabater, Cate Owren and A. Emmett Boyer Jamie Wen (2020) “Gender-based violence and environment linkages: The violence of inequality”. International Union for Conservation of Nature. Retrieved from: <https://portals.iucn.org/library/sites/library/files/documents/20-002-En.pdf> Tropical Medicine. London, UK: LSHTM. Retrieved from: <https://www.lshtm.ac.uk/south-sudan-full-report>
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Global Peace Services USA

The newsletter of Global Peace Services USA is published regularly. GPS USA is incorporated in the State of Maryland and is tax-exempt. Current board members are: Anna Amato, Aline Dukuze, John Eriksson, Robert Muscat, Mindy Reiser, Ronald Ridker, and Sovan Tun. We welcome contributions and comments. To contact us:

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Welcome to Aline DUKUZE, our new Board member! Aline was born in Bujumbura, Burundi, where on the completion of primary and high school education, she studied arts and literature at Lycee du Lac Tanganyika, followed by graduation from College Christ Roi in Rwanda with a Diploma in Arts. She continued with her Bachelor's degree in Arts and Humanities from the National University of Rwanda. Aline worked at different agencies and companies in Rwanda including the National Parks Agency (ORTPN), the Rwanda Supreme Court, and an NGO, PSI, before joining the World Bank Group. She spent two years at the Bank office in Kigali, Rwanda, and then moved to the Bank Headquarters in Washington, DC, in 2010 where she has been since then. She also spent a year studying Project Management in London at Hertfordshire University. Aline is currently a Senior Executive Assistant in the Bank's International Evaluation Group. She is still blessed with her parents, who live in Huye in the southern part of Rwanda. Aline is third in a family of eight: six sisters and one brother (deceased).

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