



Firoz Lalji Institute  
for Africa



## Policy Brief

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# “This is your disease”: Dynamics of local authority and NGO responses to Covid-19 in South Sudan

## Summary

This policy brief draws on empirical research to explore the dynamics of South Sudanese NGO and local government responses to the Covid-19 pandemic in South Sudan. The research explores themes of trust and mistrust felt in relation to the Covid-19 response, and how the pandemic appeared to take precedence over the many other pressing crises facing South Sudanese people. It highlights the contribution of local and national NGOs across South Sudan to the pandemic response, but also the significant challenges faced because of lockdowns, diminishing funding and loss of staff, and the impact of the pandemic on non-Covid-related activities. The findings call for more holistic, integrated, and localised responses to disease outbreaks, as well as more and better-quality funding to a wider range of South Sudanese NGOs.

The research is based on 99 interviews, as well as regular observations, conducted across six sites in South Sudan. Interviewees included the staff and volunteers of local and national NGOs and associations, as well as *payam* administrators and deputy administrators, chiefs and sub chiefs and others. Data was collected between November 2020 and February 2021. The report presents a snapshot of a moment in time, reflecting on the first year of the global Covid-19 pandemic.

This brief provides a summary of findings and recommendations. Further detail can be found in the main report, available at [www.lse.ac.uk/africa/research/Project-reports/NGO-responses-Covid-19-in-South-Sudan](http://www.lse.ac.uk/africa/research/Project-reports/NGO-responses-Covid-19-in-South-Sudan).

## Background

Context for this research includes that:

- **Cases of Covid-19 in South Sudan appear to have remained very low**, but testing is extremely limited, especially outside Juba, so the real picture is unclear.
- **Other serious crises dominated the lives of many people in South Sudan in 2020**, including economic crisis (exacerbated by a lockdown), an escalation in violent conflict, widespread hunger, and devastating flooding.
- **Local government was in flux during the first year of the pandemic**. In February 2020, the number of states was reduced from 32 to 10, and the number of counties from 400 to 79, and state governors and county commissioners were removed from their posts and not replaced until early 2021.

- **South Sudanese NGOs** continue to grow in number, but often lack stable, reliable funding. There is significant diversity across these organisations. This was explored in more detail in a previous report on the historical and political dynamics of the South Sudanese NGO sector, available at <https://www.lse.ac.uk/africa/research/Project-reports/South-Sudan-NGOs-reports>.

## Findings

### A common concern?

During the first year of the pandemic, there was significant debate over the realities and risks of Covid-19 in South Sudan. Covid-19 brought significant disruption to lives and livelihoods, mostly through the regulations it provoked. Trade was interrupted, people lost access to health care for other illnesses, schools were largely closed for over a year, and economic hardship and food insecurity increased substantially. However, the visibility of the virus itself in many communities remained relatively low. The symptoms of Covid-19 overlap with those of other illnesses, and testing has largely been non-existent in many parts of South Sudan. Many interviewees described being very afraid of the virus when they first heard about it, but that fears diminished over time as other concerns were more pressing. As observed 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 non-payment of salaries for civil servants, and lack of state and county governments, among many other things.”*

The limited visibility of the virus in many local communities was contrasted with disruptive restrictions on social and economic life, and a shift in 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. The impact was limited and diminishing trust in centralised and top-down messaging around the virus, as people’s own, more pressing needs were not seen as reflected in a response that focused on a disease perceived as primarily affecting elites and town-dwellers. For policy makers, this is important. Interventions need to demonstrate an intention to care for and protect all South Sudanese. Interventions in South Sudan that appear to be for the principal purpose of protecting elites and populations in powerful countries are unlikely to be welcome.

The Covid-19 pandemic and related restrictions also impacted trust and mutuality. The report explores what one person referred to as a loss of ‘social harmony’, as modes of greeting changed, hand shaking and hugging were prevented, and gatherings and travel were restricted. The pandemic

also affected relationships between aid workers and wider community members. Many NGO workers described being met with fear that they would be bringing the virus, mistrust about their motives, or frustration at their focus on Covid-19 ahead of other issues. Wearing masks, avoiding hand shaking, and mandating social distancing all served to set NGO workers apart from others, with masks becoming a visible symbol of the virus.

### **Trust and health care provision**

In South Sudan there are many different actors who claim to offer health advice and healing. Examples include local herb specialists, international churches, divine, spiritual and religious authorities, and government, private or NGO-run hospitals and clinics. The specific combination of medical providers varies significantly between regions and is also changing. Understanding this medical pluralism matters during pandemics as it helps us understand who people trust to advise on health and healing.

In this context of medical plurality, decisions about who to trust for medical advice are complicated. Judgments are often made based on personal experience, or the experience or testimony of friends, family and authority figures, as well as the availability and affordability of different types of health care. Hospitals can be inaccessible and expensive, and the quality of clinical care and advice varies. Interviewees criticised private clinics for overcharging. Some interviewees described trusting individual doctors, nurses, consultants, or medical students who they know personally as colleagues or friends.

This has implications for the vaccine roll-out. 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 the involvement of trusted local actors, this is very likely to cause concern and discourage vaccine uptake. People will seek the advice of friends and trusted authorities. Public health campaigns will depend on the meaningful engagement of trusted public authorities, such as chiefs and churches. In addition, more widespread availability of reliable testing and vaccinations in facilities across the country could help make Covid-19 more visible, enabling people to gain practical experience of the disease and of how to diagnose and manage it.

### **Covid-19 and local government**

When the Covid-19 pandemic was declared, local government in South Sudan was in flux. In February 2020, the number of states was changed from 32 to 10, and the number of counties reduced from 400 to 79. This radically reduced the number of governors and commissioners needed to lead the states and counties respectively. State governors and county commissioners were removed from their posts, and the reappointment did not begin until a year later in 2021, leaving a vacuum in local government for most of the first year of the pandemic. In the meantime, caretaking governments were put in place, led by Secretary Generals and Executive Directors at the state and county level respectively.

Many of those interviewed felt that this had affected the response to Covid-19. Local authorities lacked funds, and sometimes also lacked the formal authority to make clear-cut decisions to apply Covid-19 regulations. Respondents from many NGOs felt that the vacuum in local government leadership had made travel outside urban centres and access to certain communities more difficult and had made coordination more complicated. NGOs repeatedly narrated obstacles to their work when local government was absent, highlighting again that NGOs' work and access – whether local, national, or international NGOs – hinges on local government approval.

Nonetheless, governance by varied local authorities did continue, irrespective of shifts in state and county leadership. Local authorities were involved in awareness campaigns and enforcing restrictions, especially over long-distance movements and large gatherings. In many areas, NGOs and local government authorities came together in taskforces. Officials made radio broadcast announcements, moved between villages, and used their experiences of managing previous disease outbreaks to encourage people to isolate those who are ill. Plus, in South Sudan, the local government has never relied solely on the formally appointed leadership figures, and 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.

The ability of local government to respond to the pandemic was primarily constrained by a lack of funding. Local government actors largely lack resources for salaries, services, and transport, amongst other things. They rely heavily on NGOs and UN agencies to bring services and employment to their areas. A health official in Yambio, for example, described how she could not access money for airtime or transportation; as a result, she said, *“our hands are tied up, we cannot go to supervise what is happening in other counties or locations”*. In these circumstances, she said, the role of government becomes to *“call and invite”* the NGOs.<sup>1</sup> With access to funding for local government severely lacking, some officials used private resources to increase awareness of Covid-19. Officials from one state health ministry, for example, had been given cars, but had no fuel. They therefore used money meant to feed their children to buy fuel for some activities. They admitted that a lack of money for fuel and airtime massively restricted their ability to track cases and encourage prevention.

Even when restrictions were enforced, the scepticism of government authorities about the risk of Covid-19 was often visible. Many local government authorities shared understandings with their communities, and were just as untrusting about the motivations behind governments and aid agencies prioritising the Covid-19 response. As one local government figure described, while talking about the problems of flooding and inflation, *“Covid-19 is nothing to worry about”*.<sup>2</sup>

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<sup>1</sup> Interview, Yambio, December 2020

<sup>2</sup> Interview, Akobo, February 2021

## Covid-19 and South Sudanese NGOs

South Sudanese NGOs and CBOs have played a significant role in the Covid-19 response, sometimes with external funding, and sometimes without. Some national NGOs – especially those already working in the health sector – received new funding from international organisations to respond to the pandemic, and in the process were able to build their profile and gain new skills and experience. Some were able to draw on previous experience of implementing community health programmes responding to other infectious diseases. An organisation in Yambio, for example, mobilised an existing network of community social mobilisers, originally trained as part of the response to Ebola, to raise awareness about Covid-19. A large NNGO headquartered in Juba worked to train local health workers on Covid-19 identification, prevention and home management, delivered personal protective equipment to health workers, constructed incinerators and rainwater harvesting systems in health facilities, helped run a Covid-19 call centre, procured oxygen for an isolation centre in Juba, and supported the identification, referral, isolation and contact tracing of possible Covid-19 cases, amongst other things, all supported by donors.

Some local and national NGOs received in-kind donations from international organisations (of equipment and materials, for example), or redirected funding from programmes that could no longer go ahead into Covid-19 related activities. Others used unrestricted funding, collected donations from staff and/or operated voluntarily to mount a response to the pandemic. The director of one women-led NGO operating mainly in Unity State described their activities to share messages about Covid-19 and to make and distribute face masks, reflecting *“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.”*<sup>3</sup> In Yambio, a collective of six local NGOs came together to share messages about Covid-19; the director of one of these organisations reflected, *“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.”*<sup>4</sup>

Yet, the pandemic also had a significant impact on South Sudanese NGOs. The pandemic and a deepening economic crisis meant that costs spiralled, at the same time as funding became harder to access. Organisations across all locations reported having projects postponed or cancelled, and funding suspended, delayed, or withdrawn. In some cases, this was because activities could not go ahead in line with lockdown restrictions; in others, it was because funds were diverted to the Covid-19 response. Some had to return funds to donors when activities could not be implemented; others lost multi-year funding that would have allowed them to build institutional capacity. Many organisations reported being unable to pay their staff and having to cut jobs, while being aware that their staff were already struggling because of increases in the price of food and goods resulting from

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<sup>3</sup> Interview, Juba, March 2021

<sup>4</sup> Interview, Yambio, January 2021

the pandemic. Burnout became an issue for staff that remained, who were often doing the jobs of multiple staff members. There was also significant frustration as projects that organisations considered to be as or more pressing than Covid-19 could no longer go ahead.

Despite optimism that the pandemic would add momentum to the 'localisation' agenda, there is limited evidence of this in South Sudan. There was a perception amongst interviewees from within South Sudanese NGOs that funding is getting harder to access: this was attributed primarily to the pandemic, as well as to a growing gap between humanitarian needs and available funding, and competition for funds within South Sudan. Direct funding to local and national NGOs as tracked through UN OCHA's Financial Tracking Service appears to be decreasing, falling from 2.96% of reported funding for South Sudan in 2019 to 1.95% in 2020.<sup>5</sup> This funding is concentrated in a small group of large NNGOs. Most funding for South Sudanese NGOs is passed through UN and INGO intermediaries, which is not tracked systematically.

The pandemic did not affect all organisations equally. Those organisations with a base in Juba, strong Internet access, and existing connections to donors typically fared better. Smaller organisations, those based outside Juba and other large urban centres, civil society groups, and women-led organisations were more significantly affected. The pandemic exacerbated the struggles they already faced in accessing information about and access to funding opportunities (particularly as travel was restricted and meetings moved online); this, in turn, heightened a sense of frustration and alienation from a Juba-centric humanitarian response. Those whose work depends on bringing people together – for example, those working in fields of peacebuilding, protection, and education – were also particularly affected by lockdown restrictions and funding cuts, preventing activities from going ahead.

## **Recommendations**

The 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. 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 many South Sudanese organisations 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.

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<sup>5</sup> Based on data downloaded from the FTS on 21 February 2021; see main report for further details.

## **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. 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 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.
- 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.





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