



IN BRIEF

LANDSCAPE OF CARE WORK IN THE REPUBLIC OF SOUTH SUDAN



Photo: UN Women/James Ochweri

Introduction

Care work encompasses a diverse range of paid and unpaid activities dedicated to providing care, support, and assistance to individuals, households and communities. Care work is an essential public good that benefits the society. It is critical for realising all human rights and strengthening human capabilities. Whether within households or in formal employment, care work is disproportionately carried out by women and girls in South Sudan just like it is the case globally. In South Sudan, women spend 60 per cent of their time on unpaid care work.¹ Within the 2030 Agenda for Sustainable Development adopted by world leaders in 2015, Sustainable Development Goal (SDG) 5 aims to achieve Gender Equality. SDG 5.4 specifically pertains to the care agenda and underlines the importance of recognising and valuing unpaid care and domestic work, with the target 'through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate.'²

Definitions

Care work consists of activities and relations to meet the physical, psychological, and emotional needs of adults and children, old and young, frail and able-bodied.² It includes direct caregiving activities related to caring for children, the elderly, people with illnesses, and people with disabilities, as well as indirect or domestic work such as cooking, cleaning and collecting water, food and firewood.³ It should be noted that feminist analysts have argued that direct and indirect care are fundamentally interconnected because both direct and indirect care work are often performed simultaneously in the global south.⁴

Unpaid care work refers to the services provided by individuals within a household or community without receiving any monetary compensation for the benefits of its members. Most unpaid care work takes place within families. Unpaid care work also occurs at the community level for people outside the home (friends, neighbours, and community members).⁵

Paid care work provides direct care for individuals in a household or institutional setting in exchange for monetary compensation. Paid care is provided in various public and private settings, in both formal and informal economies, including paid domestic work, social care work, healthcare, education and childcare.⁶

Establishing **comprehensive care systems** that consider the varied needs of individuals with disabilities, the elderly, people with illnesses, and children while adopting an intersectional approach is crucial. A **comprehensive care system** is defined as "...a set of policies aimed at implementing a new social organisation of care with the purpose of caring for, assisting and supporting people who require it, as well as recognising, reducing, and redistributing care work – which today is performed mainly by women – from a human rights, gender, intersectional, and intercultural perspective, these policies must be implemented based on inter-institutional coordination from a people-centered approach." These policies must be implemented based on inter-institutional coordination from a people centred approach.⁷

South Sudan is classified as a fragile state by the World Bank Group due to its history of conflict and economic instability. It faces several gender issues, some of which are common across sub-Saharan Africa, such as high rates of poverty and food insecurity, specifically amongst women, and others that are specific to South Sudan as a fragile state. Women in the country face disrupted access to essential social services and infrastructure, displacement, higher rates of violence against women and low access to productive assets. This significantly impacts the social organisation of care work in the country.⁸ Conflict situations also lead to a higher incidence of women-headed households, which are often among the most vulnerable. Women in these households are often not only income-poor but also time-poor due to large responsibilities for unpaid care work as well as employment.

Achieving SDG 5.4 calls for appropriate investments in care infrastructure, social protection systems and public services to promote shared responsibility for this essential work amongst the government, private sector, households, and communities. Policy emphasising care work is crucial for addressing gender disparities, promoting women's empowerment, and preventing the feminisation of poverty. Further, investments in the care economy can contribute to inclusive growth and human development by addressing the interlinked issues of poverty, health, education, decent work, and gender equality.

The overall purpose of this brief is to present a brief overview of the existing care services, systems and infrastructure in South Sudan. Using this analysis, the study aims to demonstrate gaps in data and policy on care. A mixed methods research approach was used, consisting of a desk-review of existing academic records, combining quantitative and qualitative data sources. The light-touch review did not allow an in-depth exploration of all legislation and policies, especially humanitarian social assistance. To this end, section 2 discusses the historical and contextual backdrop. Section 3 explores the extent of care work and care needs in the country. Section 4 dives into the relevant legislative, institutional and policy environment and gaps. Finally, Section 5 concludes and provides policy recommendations.

Country background

South Sudan is a landlocked, low-income country in North-Eastern Africa, with a population of 10.9 million in 2022.⁹ The country's Gross Domestic Product is projected to expand by 0.4 per cent in 2022-23, primarily driven by increased oil production domestically and higher global oil prices.¹⁰ About 79 per cent of the country lived in rural settings in 2022¹¹ with pastoralist livelihoods. The ongoing conflict in neighbouring Sudan has resulted in the migration of about 364,818 individuals to South Sudan as of November 2023. Among them, 83 per cent are returning South Sudanese, and 16 per cent are refugees from Sudan.¹²

South Sudan achieved independence from Sudan in 2011 after a protracted civil war with Sudan for self-determination. The country faced a civil war from 2013-2018, which further challenged the humanitarian situation and undermined development efforts. The signing of the Revitalised Agreement on the Resolution of the Conflict in South Sudan in September 2018 to end the civil war and the formation of a Transitional Government of National Unity in February 2020 has led to some progress, such as the adoption of key legislation, which includes the Constitution-Making Process Bill.¹³ However, violence between armed militia groups continues, and the country remains in a humanitarian crisis with widespread food, water, medicine, and fuel shortages. As of 2023, 9.4 million people or 76 per cent of the population need humanitarian assistance. There are about 2.22 million internally displaced people (IDP), and 2.32 million people have fled to neighbouring countries.¹⁴

Cultural practices of South Sudan place restrictions on women's economic, political and social activities. Early marriages and inequitable gender roles and relations place constraints on women's autonomy. About 52 per cent of girls get married before the age of 18, and many families receive a bride price, which reinforces families and men thinking of women as commodities.¹⁵ The society still heavily reinforces "men as sole breadwinner" and "women as caregiver" roles. The legal system allows freedom of movement for women's free decision to work and get equal pay. However, laws related to marriage and women's work after children affect women's pensions, their entrepreneurial success and differences in asset ownership and inheritance.

The ongoing humanitarian crisis has disproportionately affected women and intensified violence against women in the country and refugee camps.¹⁶ South Sudan is amongst the five worst performers in the Women’s Peace and Security (WPS) Index 2023/24, with an index value of 0.388 compared to the global average of 0.650.¹⁷ Women have limited access to health care and education, which has led to poor literacy rates amongst women (28.9 per cent of women above 15 years old in 2018)¹⁸ and maternal mortality rate (789 per 100,000 live births),¹⁹ which is the highest in the world. The conflict has also led to more women-headed households that face high rates of income poverty, and the women heading these houses take on not only traditional caregiving roles but also the responsibility to provide for their families.

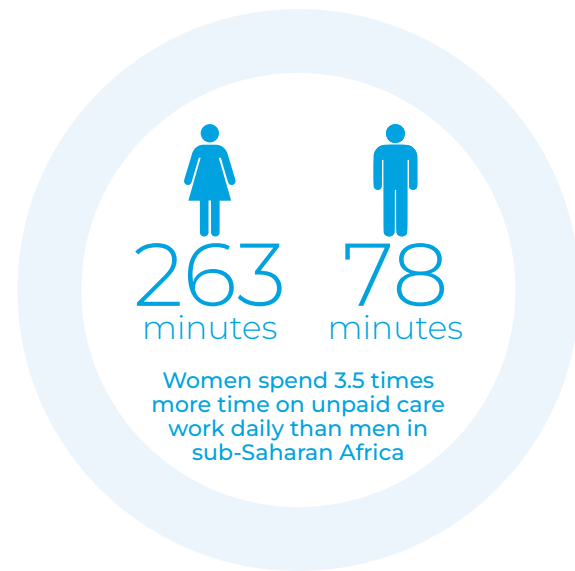
Understanding the extent of care work and care needs

Up-to-date information and data are scarce on indicators that reflect gender issues in South Sudan, largely due to limited statistical capacity.²⁰ Conflict-prone countries such as South Sudan are characterised by violence and insecurity, making it challenging for data collection teams to operate safely. For instance, no large-scale household questionnaire survey has been conducted in South Sudan since the World Bank’s 2017 High-Frequency Survey.²¹

Specifically, data on unpaid care work through time-use surveys, gender-based violence and key labour market indicators like the gender pay gap are systematically lacking and do not seem to be a policy priority. Although indicators like the gender pay gap and data on gender-based violence are not direct measures of care work, they indirectly showcase the impact of unpaid care work responsibilities on women. For instance, women’s responsibilities for unpaid care work contribute to the gender pay gap.²² Similarly, the unequal distribution of unpaid care work leads to economic dependence and lack of autonomy for women, which can exacerbate violence against women. With this caveat in mind, this section presents data from the latest nationally representative surveys, international data sources, and other studies to present an overview of the extent of care work and care needs in the country.

Care work and contextual factors

Women in sub-Saharan Africa spend 3.5 times more time on unpaid care work daily than men (263 minutes vs 78 minutes).

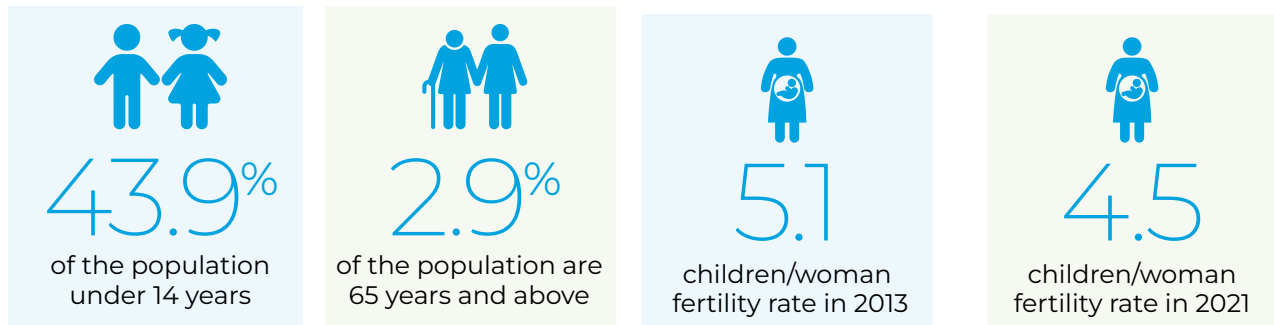


Domestic services, as opposed to direct care for dependents, make up the more significant proportion of time spent on unpaid care work.²³ Unfortunately, no nationally representative data on time-use is available in the country. However, Focus Group Discussions (FGDs) and Key Informant Interviews (KII) from a UN Women study²⁴ show that women and girls bear primary responsibility for care work in the household, including cooking, taking care of children, fetching water and collecting firewood. For instance, approximately 43 per cent and 30 per cent of households in the same study reported that only women and girls respectively fetch water for the household.

In contrast, no households reported that only men fetch water. Women also play a prominent role in building shelters in IDP communities. However, displacement has led to some changes in gender roles. For instance, some respondents to FGDs reported that men are more involved in activities such as fetching water, whilst others reported reduced involvement of men in domestic work due to peer pressure and social norms.

With 43.9 per cent of the total population below the age of 14 years and 2.9 per cent above the age of 65, the number of dependents with high care

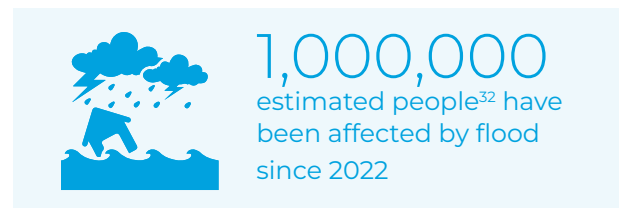
needs in the country is substantial.²⁵ The country has a declining fertility rate, from about 5.1 children/woman in 2013 to 4.5 children/woman in 2021.²⁶



On the other hand, the estimated life expectancy has remained at about 55 years in the same period. No official statistics exist on persons with disabilities in the country, although South Sudan recently signed the Convention on the Rights of Persons with Disabilities in 2023. Based on these demographic statistics, the number of dependents is set to decrease in the coming years, but this does not mean that care needs in the country will reduce with time. Conflict, environmental change, changing social structures and urbanisation result in new care challenges. For instance, urbanisation and changes in family structure have been exacerbated in recent years due to the political and economic situation in the country. This has led to difficulties in meeting the care needs of the elderly, especially in rural areas.

countries in the world.³⁰ Rainfall has decreased by 10-20 per cent since the mid-1970s, which is particularly salient since 86 per cent of the households in the country rely on rain-fed animal husbandry and agriculture.³¹ The adverse effects of droughts and floods have diminished food security and livelihoods by exacerbating resource scarcity.

Combined with high incidences of trauma, injuries and mental health issues that are common in conflict and post-conflict states, individual women and households bear increased responsibilities for unpaid care work.²⁷ The prevalence of violence against women as a weapon of war has also caused trauma for women who are victims and witnesses, as well as potentially resulting in additional children who require care. Amongst displaced populations, women usually bear the main responsibility to meet the needs of children, the elderly, and other vulnerable family members in unfamiliar and challenging environments.²⁸ The elderly also take up roles as caregivers for children and the injured in conflict and post-conflict zones such as South Sudan due to the death of parents and family members during conflicts or the separation of children from parents during flight.²⁹



This, in turn, intensifies competition between pastoralists and farmers who depend on grazing land and water resources. The losses of livestock due to climate-related factors, coupled with pre-existing rivalries, heighten the likelihood of cattle raiding. This increases the burden of unpaid care work, such as coping with water stress. Global research shows that climate change disproportionately increases women's and girls' responsibilities for providing care work.³³

Labour force participation and gendered segregation

Collating data from labour force and household surveys from 27³⁴ African countries shows that the most important reason cited by women for being out of the labour force was unpaid care work (34.4 per cent of women cited this).³⁵ Thus, understanding labour force participation trends indicates women's care work responsibilities. Women's labour force participation rate in South Sudan is slightly lower than men's (71 per cent vs 74 per cent in 2022).³⁶

Labour force participation rate in South Sudan, 2022



Women's business ownership is substantially lower than men's in 2019).³⁷



While there is a myriad of reasons for this reduced labour force participation and business ownership rate, women's disproportionate responsibilities for unpaid care work, especially in conflict and post-conflict situations, is a significant contributor.³⁸

Without nationally representative labour force data, the Integrated Business Establishment Survey (IBES) 2019³⁹ results are examined to understand gender segregation in economic activities in the country. About half of all employees who are women work in the trade industry. Other service activities make up the next biggest employer of women (14.5 per cent of all women employees work in this sector). On the other hand, men are distributed more evenly across industries. Human health and social work (17.9 per cent of all men employees work in this sector) and accommodation and food services (15.5 per cent of all men employees work in this sector) are the two biggest industries for men's employment.

There is limited data on migrant workers to and from South Sudan. Migrant workers often work as paid care workers in their destination countries and face insecure and hazardous working conditions. An ILO study using interviews from 2019-2020 found that South Sudan is a significant country of migrant destination, particularly from Sudan and a country of migrant origin, with a majority leaving for Uganda.⁴⁰ They often work in Egypt and Sudan as domestic workers. However, many South Sudanese have returned to the country due to the current conflict in Sudan. Women in female-headed households amongst migrant communities from Sudan have taken on traditional caregiving responsibilities to provide and protect their families.

Legislative, institutional and policy environment and gaps

Public policies play a crucial role in shaping the dynamics of care work. They can reinforce or alleviate the care responsibilities of individuals, particularly women and households. Care-sensitive humanitarian policies that support a care society contribute to gender equality, women's safety and empowerment, and the overall well-being of communities. They are essential in addressing inequalities in unpaid care work and inequalities in the labour force, including the paid care sectors. In this context, this section examines legislation, institutions, and policies on care in the country against the four pillars of the purple economy: universal social infrastructure, labour market regulations, physical infrastructure, and enabling macroeconomic environment.⁴¹

Universal Social Care Infrastructure

Collectively, socialised childcare, elderly care, and care for people living with disabilities are called social care infrastructure and are the principal source of care when unpaid care is insufficient to meet care demands. Adequately financed social care infrastructure that pays living wages to its workers is important for valuing, rewarding and redistributing care work. There is a lack of socialised care infrastructure in South Sudan and sparse regulation of privately provided care services. In addition, as highlighted in Section 4.3, these sectors mainly comprise women in South Sudan. The civil war and ongoing conflict have severely affected basic care service provision, with critical infrastructure under attack. There is a shortage of qualified care workers, especially doctors, nurses and teachers.

Healthcare



The country's overall healthcare infrastructure is limited, with inadequate numbers of health centres, health workers, and medicine supplies.⁴² Women are the primary health caregivers in the home.⁴³ The civil war has disrupted social and community health systems, and there is a significant lack of data on the utilisation of public health institutions, especially for children's healthcare. The government's allocations to health services increased from 1.9 per cent in 2020/2021 to 7.9 per cent in 2021/2022 national budget allocations.⁴⁴ Despite this increase, the actual expenditure does not align with budget allocation.⁴⁵ This

fails to meet the target of 15 per cent set by the 2001 Abuja Declaration on HIV/AIDS, Tuberculosis, and Other Related Infectious Diseases, agreed upon by African heads of State. South Sudanese people often rely on non-clinical medical advice and support from healthcare workers, such as midwives, traditional herbal experts and spiritual leaders. Communities also have systems to manage the spread of infectious diseases, such as organising houses to isolate people with airborne diseases and managing contaminated linen and bed spaces to prevent cross-contamination.⁴⁶

Childcare



It is estimated that 2.8 million children, almost 65 per cent of all school-aged children, are believed to be out of school.⁴⁷ The transitional constitution and law provide free and compulsory

basic education till grade eight. However, conflict and displacement have prevented children from attending school. Data on government expenditure on pre-primary education shows that in 2014, investment in South Sudan was close to 0 per cent and one of the lowest in the world.⁴⁸ The early education funding and physical infrastructure is limited, and pre-primary personnel are inadequately qualified and compensated. Pre-primary teachers are generally men in rural areas and women in urban areas.⁴⁹ Child abuse, including sexual abuse, is widespread, but reliable and accessible psychosocial support does not exist.⁵⁰ Insufficient funding has led to a significant deficit in educational infrastructure, generally inadequate conditions for teaching and learning, and substantial shortages of qualified teachers.⁵¹ FGD participants from a UN Women study reported that most children in IDP camps do not go to school because schools are far away from the camps or natural disasters such as floods make schools inaccessible.⁵² In 2023, 3.3 million children and adolescents, of whom 53 per cent are girls, will face barriers to education services in South Sudan.⁵³

Care for People with Disability



No legal provisions exist to prohibit discrimination against persons with disability, and no government programs exist to provide access to buildings, communications and other forms of

public services. Persons with disability, especially in IDPs, face multiple challenges in accessing basic services, but they do not seem to be a priority in

national plans.⁵⁴ Primary education without discrimination is mandatory for children with disabilities, according to the transitional constitution. However, little training exists to address the needs of children with disabilities, and few schools are appropriately safe and accessible. The UN Convention on the Rights of Persons with Disabilities (CRDP) was signed in February 2023. Thus, the government is expected to establish a national framework to adhere to the CRDP as a next step.

Elderly care



The Transitional Constitution recognises the rights of older persons in a broad sense. The Pensions Fund Act of 2012 protects the rights of elderly people in formal employment. The existing legislation does not adequately protect elderly people's rights and needs.⁵⁵

Labour Market Regulation



Labour Market regulations can promote work-life balance so that women and men can balance their paid employment and care work responsibilities. Furthermore, policies that discourage gender-based discrimination and encourage women's labour force participation can shift social norms and lead to redistribution of care work. It should be noted that such labour market regulations are less effective in addressing women's unpaid care needs in low-income countries like South Sudan, where a small percentage of the population is employed in the formal sector as wage employees. The Labour Act 2017 prohibits discrimination in employment based on gender and mandates equal remuneration for work of equal value. However, implementation remains a challenge and discrimination against women continues to exist in employment.⁵⁶ In 2018-2019, the country lifted restrictions on women's ability to work at night, underground, underwater and in jobs deemed dangerous.⁵⁷

South Sudan's legislation guarantees women workers 90 days of paid maternity leave with cash benefits equivalent to 100 per cent of the salaries before the leave and 45 days of breastfeeding while working half day. This is less than the ILO standard of 14 weeks. The legislation stands out for providing full coverage to women who give birth to stillborn infants for six weeks. Given the high rate of stillbirths in South Sudan, 28.8 stillbirths per 1,000 total births, as compared to the global average of 13.9 stillbirths per 1,000 total births in 2019,⁵⁸ such maternity cover is essential. There is a provision for two weeks of paternity leave with full pay to be taken right after the birth of a child. Workers have the right to return to the same or equivalent position after the maternity or paternity leave. Parental leave is important for redistributing care work since it does not limit early infant care responsibilities to the mothers. However, South Sudan has no such option under the parental leave policy. The law also has no option for flexible working options for parents with caregiving responsibilities for young children.

South Sudan has not ratified ILO Convention 189 on 'Decent work for domestic workers', and the country has no protection for domestic workers' rights. However, it has ratified ILO Convention 98 on the Right to Organise and Collective Bargaining. Such trade unions are an important avenue for paid care workers to advocate for decent working conditions and better remuneration. The Workers Trade Union Act of 2013 governs the operations of trade unions, while the Labour Act (Article 20) supplements regulations related to collective bargaining. This includes the formation of Labour Advisory Councils at national and State levels, comprising representatives from pertinent government bodies, employers' associations, workers' trade unions, and an impartial expert. Although there are two operational trade union federations and a women's union, the extent to which collective bargaining occurs remains unclear. Additionally, civil action was restricted during the conflict period.⁵⁹

Enabling Macroeconomic Environment

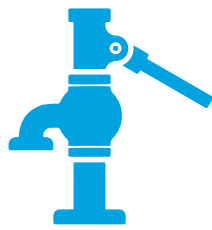


Although macroeconomic policies are a large area of concern when it comes to care work, this sub-section focuses on social protection systems. Social protection measures can be a powerful tool to redress women's socio-economic disadvantage resulting from unpaid care responsibilities and related unequal employment opportunities. Due to its legacy of conflict and continued instability, South Sudan's social protection system is underdeveloped. There is substantial scope to improve the system to address the vulnerabilities of the population.⁶⁰ In 2015, the government approved the South Sudan National Social Protection Policy Framework (NSPPF), whose overall goal is to 'respond to and address the multiple vulnerabilities faced by South Sudanese citizens, with a particular focus on the marginalised and most excluded sectors.' It explicitly integrated design features to address both paid and unpaid care work. The Ministry of Gender, Child and Social Welfare is responsible for social protection in the country. However, their capacity to design, implement and coordinate social protection programmes is limited. On the ground, various stakeholders are involved in implementing social protection programmes without a particular focus on the priorities outlined in the NSPPF.⁶¹ Social protection programmes are often implemented by NGOs, INGOs, and community-based organisations and include social safety nets for the poor and vulnerable, such as cash transfers and productive inclusion programs, such as skills and livelihood support. Gaps also exist in covering most conflict-affected and access areas.

Six of the biggest non-contributory social protection programmes include the South Sudan Safety Net Project (SSSNP), Food Assistance for Assets (FFA), Building Resilience through Asset Creation (BRACE) Phase II, Urban Safety Nets (USN), Girls' Education South Sudan (GESS) Phase 2, and School Feeding Programme (SFP). SSSNP, funded by the World Bank, provides unconditional and conditional cash transfers to the poor and vulnerable.⁶² Direct income support includes providing direct cash grants to

households headed by women and those unable to work, including people with disabilities/chronic illnesses, the elderly, and pregnant or breastfeeding mothers. World Bank has developed community-based targeting criteria to identify beneficiaries.⁶³ The project benefited 65,045 vulnerable households (423,051 people) between 2020 and 2023.⁶⁴

Physical Infrastructure



South Sudan lacks basic infrastructure due to its long history of conflict, economic instability, and rapid population growth. Rapid urbanisation due to returnees from other countries settling into urban centres, IDP living in urban camps, and rural residents migrating to escape violence have also posed major challenges to the provision of essential services in urban areas.⁶⁵ Caregivers, particularly women, have substantial domestic work responsibilities in South Sudan due to this lack of essential care-supportive infrastructure. For instance, traditional cooking methods often have negative health and environmental impacts and

are time-consuming and physically demanding. Similarly, collecting water from distant points involves significant time, physical labour and hardship. However, on average, only 0.1 per cent of South Sudan had access to clean fuel and technology for cooking between 2017 and 2021, and only 33.6 per cent of rural South Sudan and 70 per cent of urban South Sudan had access to basic drinking water services in 2020.⁶⁶

Mobile phones and the internet can also reduce domestic care work responsibilities, offering various communication, information and organisational benefits that can help caregivers and care receivers for example to access to e-commerce platforms in urban areas and relevant healthcare information. In South Sudan, only 6.5 per cent of the population had access to the internet in 2021 (16 per cent in urban areas and 6 per cent in rural areas), with only a 0.6 per cent annual increase in access between 2010 and 2021.⁶⁷ About 32.2 per cent of the population owned a mobile phone in 2021 (30.17 per cent of all women and 38.60 per cent of all men).⁶⁸ Caregivers, especially women, could save time and energy spent on care work if basic physical infrastructure such as clean energy, clean water, sanitation facilities and time and labour-saving technologies such as washing-related equipment, roads and transportation, digital technology and the internet were available.

Conclusion and recommendations

This brief snapshot of care systems in South Sudan reveals a complex landscape shaped by various factors, including economic challenges, political instability, and resource limitations, such as the absence of basic infrastructure. In crisis and post-crisis situations such as those in South Sudan, where care demands rise and public and private systems lack adequate funding and support, women and girls

shoulder the majority of care work. However, care work and gendered aspects of the social organisation of care do not seem to be recognised as a policy priority in the country. However, as a new country still developing its legislative and political landscape, there is substantial scope for advancement in care provisions. A few recommendations that emerge from this analysis are as follows:

Overall, data production in the country has been inconsistent and irregular. Thus, there are significant gaps in reliable data. Data on gender issues in household surveys and time-use surveys need to be conducted regularly to measure and monitor the social organisation of care work and the impacts of care work on individuals and the economy. The ongoing humanitarian crisis makes such efforts difficult in the near future. Thus, non-traditional data collection methods can be explored, for instance, forming gender data coalition amongst interest organisations to coordinate and harmonise survey execution and to combine results to form larger samples.

Research may be promoted to understand better how policy initiatives and interventions affect the social organisation of care work. Programmatic interventions could also be encouraged to collect data on time use to understand their impact on the extent and distribution of care work.

A comprehensive national social protection policy that is resilient to conflict and considers the needs of caregivers and care receivers would benefit the country's welfare. This includes addressing the needs of vulnerable groups, especially children, pregnant and lactating mothers, the elderly and persons with disability. Humanitarian response should also consider the unique needs of vulnerable groups, especially the elderly and persons with disability.

Not only are women and girls more vulnerable to the effects of climate change, but the social organisation of care work and their responsibilities towards unpaid care activities are significantly affected by climate change and mitigation and adaptation strategies. Thus, investments made to combat climate change should consider the needs of women and girls and be informed by them.

As a country with rates of violence against women and inadequate capacity to adequately address such cases, there is much scope for a multi-sectoral response, including health care system, social services, justice and policing institutions to integrate programmes that support caregivers in providing help to women who face violence. This includes training them in women's reproductive health and psychosocial support.

Care infrastructure should emphasise quality care services for population groups with high care needs, particularly children, the elderly and people with disabilities, including promoting private care systems.

The government may consider gender-sensitive investment in adequate infrastructure for electricity, fuel, and WASH facilities, significantly reducing women's and girls' responsibilities for unpaid domestic work.

Legal reforms are required, including flexible working arrangements, longer paternal and maternal leave, and parental leave. Such legislation would support caregivers in the formal sector to adequately meet their responsibilities as employees and caregivers.

Government support to South Sudanese women-led and women-focused organisations can support caregivers, give voice to women's needs and support their participation in peace and security processes, particularly in conflict zones. Such organisations have taken up frontline roles in providing humanitarian assistance but face substantial funding gaps.

Efforts to fund women's organisations in South Sudan would be beneficial in addressing and representing women's caregiving and care-receiving needs. This would ideally include concrete and practical steps to increase collaboration with NGOs and WROs to ensure robust implementation of gendered policies and strategies.

Policy efforts could be made to compensate care workers and regulate their working conditions adequately. This should especially target frontline care workers such as teachers, community health workers, nurses and domestic workers. Adequate gender-sensitive training can also support long-term shifts in gender norms in society.

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This paper recognises that the boundaries between paid labour contributing to household income and unpaid caregiving tasks within households are porous. For instance, caring for animals and selling animal products from these animals in the marketplace could be called subsistence work as well as care work. In the interest of harmony with international standards, this paper does not include such activities in its definition of care work.
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