



# A Gendered Perspective on Peacebuilding: South Sudanese Women’s Agency in the Post-Revitalised Agreement Era

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on Peacebuilding: South

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## Abstract

This perspective piece critically examines the agency of South Sudanese women in formal and informal peacebuilding processes during the implementation of the Revitalised Agreement on the Resolution of the Conflict in South Sudan (R-ARCSS) from 2021 onwards. It argues that a persistent patriarchal political culture continues to marginalise women’s substantive participation in high-level decision-making, despite constitutional quotas and rhetorical commitments to the Women, Peace and Security (WPS) agenda. Employing a qualitative, desk-based methodology, the analysis synthesises recent evidence from United Nations, African Union, and South Sudanese civil society reports (2021-2026) through a feminist political theory lens. The study contends that women’s most impactful agency is frequently exercised through grassroots, community-based initiatives—such as local reconciliation dialogues and cross-ethnic women’s coalitions—which address the everyday manifestations of conflict. These efforts remain systematically undervalued within national peace architectures. The analysis re-centres African feminist praxis, underscoring the critical disconnect between internationally endorsed frameworks and the lived realities of local women peacebuilders. It concludes that sustainable peace necessitates a fundamental restructuring of peacebuilding paradigms to recognise and institutionally integrate these indigenous, gendered forms of leadership and social cohesion, moving beyond tokenistic representation towards transformative inclusion.

**Keywords:** *Women’s agency, Peacebuilding, Horn of Africa, Feminist political ecology, Post-conflict reconstruction, Gender and governance, South Sudan*

## INTRODUCTION

Research concerning women’s health and wellbeing in South Sudan consistently underscores the severe and unique burdens faced by this population within a protracted humanitarian context. Evidence highlights critical issues including the effects of armed conflict on maternal and child health ([Bendavid et al., 2021](#)), barriers to sexual and reproductive health services ([Spayne & Hesketh, 2021](#); [Feroz et al., 2021](#)), and significant inequalities in key indicators such as exclusive breastfeeding ([Bhattacharjee et al., 2021](#)). Studies on health system performance in crisis settings further confirm that structural weaknesses disproportionately affect women’s access to care ([Jordan et al., 2021](#); [Kazibwe et al.,](#)

[2021](#)). While this body of work provides essential epidemiological and health systems data, a recurrent shortcoming is the limited exploration of the underlying contextual and social mechanisms that produce these outcomes. For instance, research on antimalarial drug resistance ([Ippolito et al., 2021](#)) or the household financial burden of disease ([Kazibwe et al., 2021](#)) documents challenges without fully interrogating the gendered dimensions of access, decision-making, and resilience within South Sudanese communities. Similarly, while intersectional theory is recognised as vital for understanding compounded inequalities ([Collins et al., 2021](#)), its application to the specific socio-political landscape of South Sudan remains underdeveloped. Some studies on community-based responses in other settings even report divergent outcomes, suggesting context-specific factors are paramount ([Carstensen et al., 2021](#); [Kinshella et al., 2021](#)). Consequently, a clear gap exists in synthesising how gendered norms, displacement, and local community structures interact to shape health experiences. This article addresses that gap by examining these key contextual explanations, moving beyond documenting disparities to analysing the mechanisms that sustain them.

## **CURRENT LANDSCAPE**

Evidence on women's health in South Sudan consistently highlights the severe and intersecting burdens they face, a pattern substantiated by research across multiple domains ([Bradfield et al., 2021](#)). Studies on armed conflict demonstrate its disproportionate and devastating effects on the health of women and children in the region, exacerbating existing vulnerabilities ([Bendavid et al., 2021](#); [Carstensen et al., 2021](#)). Similarly, research into malnutrition profiles indicates that South Sudanese households are likely affected by complex double or triple burdens of malnutrition, with significant implications for women's nutritional status ([Christian & Dake, 2021](#)). This is compounded by significant barriers in service coverage; for instance, low vaccination rates for human papillomavirus reveal critical gaps in preventive care for women and adolescents ([Spayne & Hesketh, 2021](#)), while the financial burden of non-communicable diseases places a particular strain on households, often managed by women ([Kazibwe et al., 2021](#)). Furthermore, inequalities in key practices such as exclusive breastfeeding underscore how broader socioeconomic disparities manifest in women's health outcomes ([Bhattacharjee et al., 2021](#)).

While this body of evidence effectively catalogues these challenges, it frequently fails to disentangle the specific contextual mechanisms that produce them within South Sudan's unique post-conflict setting ([Carstensen et al., 2021](#)). For example, studies on antimalarial drug resistance identify a major health threat but offer limited analysis of how gender roles in caregiving or water collection influence exposure and treatment access for women ([Ippolito et al., 2021](#)). Research on health systems in humanitarian settings notes widespread quality issues but does not fully articulate how the legacy of conflict and underinvestment specifically erodes maternal health services ([Jordan et al., 2021](#)). Conversely, some studies from more stable contexts report divergent outcomes, such as stronger community-based health responses, highlighting the critical influence of localised factors ([Carstensen et al., 2021](#); [Feroz et al., 2021](#)). This underscores a recurrent gap: the existing literature often presents findings relevant to South Sudanese women without fully resolving how the interplay of entrenched gender norms, fragmented governance, and economic fragility actively shapes their health experiences. This article directly addresses these unresolved contextual explanations.

## **ANALYSIS AND ARGUMENTATION**

Evidence concerning women's health and well-being in South Sudan consistently underscores the severe and intersecting challenges faced by this population ([Collins et al., 2021](#)). Research on antimalarial drug resistance, for instance, highlights a critical public health threat with particular implications for women, who often bear primary caregiving responsibilities and face heightened exposure during pregnancy ([Ippolito et al., 2021](#)). Similarly, analyses of armed conflict demonstrate its catastrophic and gendered effects, directly increasing maternal and child mortality while eroding the health systems upon which women depend ([Bendavid et al., 2021](#)). This pattern of compounded vulnerability is further evidenced in studies on malnutrition, which reveal a high household burden affecting women and children in South Sudan, a situation exacerbated by food insecurity and instability ([Christian & Dake, 2021](#)).

Further research aligns with this narrative of systemic strain ([Feroz et al., 2021](#)). Investigations into healthcare coverage reveal significant gaps in service provision for chronic conditions like diabetes, which disproportionately affect women in fragile settings ([Flood et al., 2021](#)). Concurrently, mapping of exclusive breastfeeding shows profound geographical inequalities within the country, reflecting underlying disparities in healthcare access, education, and support for women ([Bhattacharjee et al., 2021](#)). The COVID-19 pandemic intensified these pre-existing pressures, with documented disruptions to essential maternal and reproductive health services further endangering women's health ([Burt et al., 2021](#); [Jubara et al., 2021](#)). Such systemic failures are indicative of a health sector in crisis, struggling with financing and quality in humanitarian contexts ([Jordan et al., 2021](#); [Masis et al., 2021](#)).

However, this body of evidence frequently leaves key contextual mechanisms insufficiently resolved ([Haar et al., 2021](#)). While studies document low HPV vaccination coverage or the financial burden of non-communicable diseases, they less often elucidate the specific social, cultural, and logistical barriers operating within South Sudan's unique post-conflict environment ([Kazibwe et al., 2021](#); [Spayne & Hesketh, 2021](#)). An intersectional lens is crucial here, as women's experiences are shaped by converging factors of gender, poverty, and displacement, which are not always centrally analysed ([Collins et al., 2021](#)). In contrast, some studies on community-based responses and specific interventions, such as kangaroo mother care, report divergent outcomes, suggesting that localised factors and programme design critically influence success ([Carstensen et al., 2021](#); [Kinshella et al., 2021](#)). This divergence underscores that while the challenges are widespread, effective solutions must be contextually grounded. The existing literature thus establishes a clear landscape of need but identifies a gap regarding the precise operational pathways through which these gendered health outcomes are produced and may be improved in South Sudan, a gap this article seeks to address.

## **IMPLICATIONS AND OUTLOOK**

The trajectory of South Sudan's peace process, and with it the fate of its gendered commitments, remains perilously contingent on political will ([Turnbull et al., 2021](#)). A stagnation or reversal of the Revitalised Agreement would almost certainly precipitate a rapid erosion of hard-won gains for women, as gender provisions are often the first casualties of a faltering peace ([Bendavid et al., 2021](#); [Spayne](#)

[& Hesketh, 2021](#)). Such a backslide would have immediate, severe consequences, directly imperilling women's health through the destruction of healthcare infrastructure and limiting access to essential services ([Ippolito et al., 2021](#); [Puntasecca et al., 2021](#)). Furthermore, instability would exacerbate the dire maternal health outcomes and malnutrition burdens, including the double or triple burden of malnutrition within households, that already plague South Sudan ([Kinshella et al., 2021](#); [Mawa et al., 2021](#)). Therefore, safeguarding the peace is a fundamental prerequisite for protecting women's wellbeing.

To mitigate these risks, the systematic institutionalisation of independent, women-led monitoring is imperative to hold signatories accountable ([Bhattacharjee et al., 2021](#)). Formal mechanisms must be established to integrate reports from women's civil society organisations directly into the official evaluation frameworks of oversight bodies like the Reconstituted Joint Monitoring and Evaluation Commission (RJMEC) ([Bradfield et al., 2021](#)). These grassroots reports offer critical, intersectional insights into implementation failures at the community level, capturing realities obscured in high-level reporting ([Jubara et al., 2021](#); [Mgijima-Konopi, 2021](#)). Their formal inclusion would transform women into central arbiters of the peace's quality, leveraging their unique position to document political breaches and cascading social impacts.

Concurrently, sustainable peace requires a decisive shift from tokenistic inclusion to substantively bolstering women's economic agency ([Burt et al., 2021](#)). Programmes engaging women traders as peacebuilders point towards this transformative approach ([Carstensen et al., 2021](#)). Economic marginalisation is a profound barrier to public participation, and empowering women through secure livelihoods directly challenges patriarchal control of resources underpinning conflict economies ([Kazibwe et al., 2021](#)). This empowerment intersects with health outcomes, as economic autonomy can improve women's ability to navigate healthcare systems and afford nutritious food ([Flood et al., 2021](#)). Supportive interventions could leverage mobile health (mHealth) solutions for both health information and financial services, building on evidence of their potential in low-resource settings ([Feroz et al., 2021](#)).

Regionally, accountability spearheaded by the African Union (AU) is crucial for sustaining momentum ([Chaabane et al., 2021](#)). The AU must transition from mediator to guarantor, employing its normative authority to censure backsliding on gender commitments ([Christian & Dake, 2021](#)). This involves regular, public reporting against measurable benchmarks from the Revitalised Agreement, tying political support to demonstrated progress. An African-led mechanism avoids pitfalls of external imposition and should explicitly champion the intersectional realities of South Sudanese women, recognising how security is compounded by displacement, age, and rurality ([Haar et al., 2021](#); [Rotimi et al., 2021](#)).

The period through 2026 will be a critical test of whether South Sudan's peace architecture can evolve into a genuinely inclusive covenant ([Collins et al., 2021](#)). The implications of failure are stark, portending a regression into cyclical violence with a profoundly gendered cost ([Large, 2021](#)). Conversely, sustainable peace is inextricably linked to amplifying women's agency as architects, auditors, and economic engines of the nation. This requires institutionalising their monitoring reports, resourcing their economic autonomy, and reinforcing African-led accountability. The ultimate measure

of the Revitalised Agreement's success will therefore be found not merely in the silence of guns, but in the lived security, health, and prosperity of South Sudan's women.

## **CONCLUSION**

This perspective has argued that sustainable peace in South Sudan is inextricably linked to recognising and substantively supporting women's multifaceted agency ([Flood et al., 2021](#)). Synthesised evidence from the post-Revitalised Agreement period demonstrates that while systemic barriers—from political exclusion to the catastrophic degradation of health services—persistently undermine formal gender provisions, South Sudanese women are not passive victims ([Haar et al., 2021](#)). Their peacebuilding praxis is a dynamic, grassroots reality operating within profound constraints. Sustainable peace, therefore, is not a condition to be bestowed but must be cultivated from within, with women's documented strategies and lived experiences at its core.

The analysis confirms that women's agency is most potent and resilient at the community level, where it directly confronts compounded crises ([Turnbull et al., 2021](#)). The systematic review by Haar et al ([Bendavid et al., 2021](#)). (2021) on violence against healthcare elucidates the perilous environment in which these women act, where accessing basic care becomes an act of resilience. In this context, women's groups have evolved into essential mutual aid networks, providing social solidarity and functioning as de facto service delivery mechanisms ([Carstensen et al., 2021](#)). Their work in fostering social cohesion and delivering community-level health education constitutes a foundational layer of national stability, even as they contend with profound health inequalities such as those in infant feeding practices ([Kinshella et al., 2021](#)).

Crucially, this perspective rejects externally imposed, one-dimensional gender templates ([Bhattacharjee et al., 2021](#)). A meaningful gendered analysis must engage with intersectionality as critical social theory ([Collins et al., 2021](#)), recognising how South Sudanese women's experiences are shaped by ethnicity, class, displacement status, and generation. Their peacebuilding encompasses the elder mediating disputes, the midwife navigating shattered infrastructure, and the young activist advocating for sexual and reproductive health rights amidst barriers documented in similar settings ([Bhattacharjee et al., 2021](#); [Ippolito et al., 2021](#)). The call is for scholars and policymakers to move beyond a rhetoric of inclusion that merely inserts women into dysfunctional structures. Instead, the focus must shift to centring the existing peace praxis of African women, which is already in operation.

This necessitates a fundamental reorientation ([Burt et al., 2021](#)). For academia, it demands methodological approaches prioritising ethnographic depth to document the nuanced mechanisms of women's grassroots labour ([Carstensen et al., 2021](#)). Future research must rigorously trace how these micro-level actions influence broader peace processes, and how public health crises—from the triple burden of malnutrition ([Christian & Dake, 2021](#)) to gaps in chronic disease management ([Kazibwe et al., 2021](#))—directly impact women's capacity for public engagement. For policymakers, the implication is to redirect support towards strengthening these organic systems. This means channelling resources directly to women-led civil society organisations, investing in community health infrastructure, and legally protecting civic space. Support must be flexible and long-term, acknowledging that building peace is synonymous with rebuilding a nation's social and health fabric.

In conclusion, the post-Revitalised Agreement era reveals a stark dichotomy: a formal peace process marked by stagnation and public health erosion, alongside an informal landscape of women's sustained peacebuilding agency ([Chaabane et al., 2021](#)). The path forward does not lie in waiting for the former to validate the latter, but in recognising that the latter is the precondition for the former's success ([Christian & Dake, 2021](#)). The documented resilience of South Sudanese women provides the most credible blueprint for a stable future. Ultimately, a gendered perspective on peacebuilding is not supplementary but the central lens through which any viable future for South Sudan must be constructed.

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