South Sudan’s Violence: The Health Implications

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Since South Sudan’s internal conflict struck roughly four months ago, concerned nations, organizations, and individuals scrambled for a remedial response. The pressure, particularly from the international community engineered by a number of Western and IGAD countries, mounted. Soon after the outbreak of the crisis both the Juba Government and the Opposition pledged to back any endeavors that steer the fragile state towards harmony and reconciliation. Consequently, these efforts arguably proved fruitful, culminating in the signing of the cessation of hostilities agreement (CoH), inked on January 23, 2014 in the Ethiopian’s capital, Addis Ababa. While more preparations were underway to broaden discussions on the explanations of the crisis for robust, long-term solutions, the CoH pact was already faltering, with both parties accused of breaching it. Violent confrontations heightened, especially in various pockets of Unity, Jonglei, and Upper Nile states.

A plethora of media reports has stressed an increasing dire humanitarian situation in the affected areas, with thousands of civilians—many of them children, elderly, and women—getting stranded at the UN camps across the nation. In total, humanitarian agencies suspect that over ten thousands people have been killed and a million others internally displaced. In Juba alone, the nation’s capital where the violence was birthed, the UN houses over forty thousand of the internally displaced, some of whom lost their homes during the skirmish and who are now desperate for basic services. The Addis talks have not been forthcoming, at least not as quickly as hoped. The two parties to the conflict, Juba and the Opposition, seem to have little interest in agreeing on an adequate humanitarian intervention that this crisis demands. While the violence rages and many more people are being made homeless, basic human needs plummet, and poor health strikes hard, particularly among children, women, the elderly and persons with disabilities.

This review surveys the implications of current violence on health in South Sudan, and suggests what may be done in response. The parties to the conflict, in partnership with the international community, are therefore urged to immediately forge understanding over an immediate humanitarian intervention access. Priority places are wide-ranging, but considerable emphasis needs to be
placed upon Upper Nile region where the violence has been raging for the last few months. Similarly, this review suggests that the situation of the internally displaced persons in Juba requires a unique solution comprising a combination of locally improved security situation and compensation for those who lost their homes to the violence.

**Violence and strained humanitarian services**

The United Nations High Commissioner for Refugees (UNHCR) expresses concern of severe food shortage for thousands of the internally displaced and refugees across South Sudan. The agency attributes this dilemma to an increasing insecurity and constraints that are currently hampering relief efforts since the commencement of the current conflict in the country. The rainy season, which makes many dirt roads essentially impassible for at least five months annually, is going to strain these efforts even more. This puts the internally displaced and refugees, majority of them children, women, the elderly, and persons with disabilities, at an alarming risk of starvation and disease burdens.

In the rainy season, waterborne illnesses and malaria infection often go on a substantial rise. The prevalence of these health problems gets increasingly high in overcrowded areas with poor hygiene, which is typical of refugee and the displaced person’s settings. Such conditions are even more worrying, given that the UN has been accused of negligence.

Despite evidence of rising human suffering in the country due to persistent violence, the Addis talks are being framed to largely respond to the interests of the same political forces that are responsible for the outbreak of the conflict, discounting even the needed involvement of the civil society. Disappointingly, a recent round of talks was only devoted to figuring out what political principles to declare pertinent. The Voice of America reported (March 31, 2014), however, that the new round of talks has now been suspended for a month. This leaves a lot to be desired as far as generating possible, speedy remedy to the humanitarian calamity plaguing the country.

Constantly, the humanitarian agencies are reminding us that the feeding and health conditions of the internally displaced persons are getting compromised, with likely catastrophic results. Common knowledge indicates that young children and the elderly are more likely to bear the brunt of various health consequences. For instance, childhood mortality is now alleged to be increasing in the UNMISS compounds in Juba (UN observer). The UN camps are a breeding ground for morbid health due to overcrowding and deficiency in necessary services, such as quality diet, clean water, and decent housing. And as the rains approach, these challenges are likely to get out of control even further. The UN in

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Juba recently showed a devastating scene of the internally displaced standing in dirty streams of floods after it rained heavily in the city. The flood rains are normally unhygienic and are likely to produce deadly diseases, including cholera.

Yet, none of the parties to this conflict seems concerned about these emerging health issues. Rather, the parties now appear more fixated on military confrontations, a strategy that ostensibly perpetuates violence and extends human suffering. Fears and restrictions make humanitarian access equally challenging. These dire circumstances call for immediate policy recommendations as we outline below. Our suggestions, if taken seriously, may alleviate many, if not all, of the risks South Sudanese citizens presently face as a result of the current violence.

**Policy Recommendations**

The first step to realizing improved access to basic services among the internally displaced persons is through lifting restrictions and widening of humanitarian access across the country. The UN has expressed concern of both insecurity and government’s restrictions on its work. These obstruct humanitarian services, making it difficult for the vulnerable population to benefit from existing efforts. Although some of the UN activities have been wanting, pervasive restrictions on the agency heighten the sufferings of the South Sudanese affected by the war. To this, the government and the UN systems should work out an understanding that prioritizes humanitarian access. The government and the opposition should immediately cease military operations where the internally displaced are concentrated. This is a necessary intervention that improves security for effective humanitarian services distribution.

Secondly, several families remain under hostile living conditions in the UN compounds across the country, particularly in Juba. These families need an immediate government response that seeks both streamlined security and financial resources for direct service delivery in the camps and to engineer possible resettlement. That is, the government should earmark funds to provide food and medicines for the internally displaced persons, while organizing for the relocation of these persons. The distribution of these funds and related services to the needy should be assigned to internationally or locally reputable organizations, such as the UN World Food Program, to avoid maladministration. The government may also plough acres of fertile land and plant seeds, close to rural population centers, in anticipation of the months ahead when the displaced persons return to their homes. This would reduce the threat of eminent famine.

Thirdly, portions of the funds should be utilized to resettle the internally displaced persons, especially those in UN camps in Juba. Numerous families who were violently forced out of their residences in the city need a robustly organized and secure return. Because of the December hostilities, many of these families remain in an understandable state of anxiety, and their return home must be made attractive in terms of safety. Before such persons or households are
requested to voluntarily return to their previous residences, considering that the houses remain habitable, regional forces should be deployed to relevant areas to provide protection and security surveillance for at least a year. Those residing in the UN camps in Juba have little trust in the state security apparatuses, making it difficult for their voluntary return to their houses without prior, external security assurance.

Finally, those who lost their homes to the conflict should be compensated financially in order to rebuild their lives. The compensation, administered by an international organization or a universally trusted local institution, requires basing on the value of the residence and the current needs of the household members, including size and lost incomes for all previously employed adults. Likewise, the compensation can be instituted within the framework of the ongoing peace talks so that it is seen as part of accountability and reparation to the victims. These efforts save lives as well as the government’s deteriorating image. But the central thrust of all this is to protect the vulnerable populations from threats of conflict-mediated morbidity and mortality.

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The Sudd Institute is an independent research organization that conducts and facilitates policy relevant research and training to inform public policy and practice, to create opportunities for discussion and debate, and to improve analytical capacity in South Sudan. The Sudd Institute’s intention is to significantly improve the quality, impact, and accountability of local, national, and international policy- and decision-making in South Sudan in order to promote a more peaceful, just and prosperous society.

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