Supporting Peace and Health in South Sudan

HART visit to Wau, South Sudan: January 2018

Humanitarian Aid Relief Trust
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Abbreviations

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<tr>
<td>ARCSS</td>
<td>Agreement on the Resolution of the Conflict in South Sudan</td>
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<td>DFID</td>
<td>Department for International Development</td>
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<td>FCO</td>
<td>Foreign Commonwealth Office</td>
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<td>Government of South Sudan</td>
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<td>HART</td>
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<td>HLRF</td>
<td>High Level Revitalization Forum</td>
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<td>IDP</td>
<td>Internally Displaced Person</td>
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<td>IGAD</td>
<td>Intergovernmental Authority on Development</td>
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<td>MCH</td>
<td>Maban County Hospital</td>
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<td>MoH</td>
<td>Ministry of Health</td>
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<td>SPLA</td>
<td>Sudan People’s Liberation Army</td>
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<td>SPLM</td>
<td>Sudan People’s Liberation Movement</td>
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<td>SPLM-IO</td>
<td>Sudan People’s Liberation Movement – In Opposition</td>
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<td>TGoNU</td>
<td>Transitional Government of National Unity</td>
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<td>WHO</td>
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Overview

After decades of war, South Sudan finally gained independence in 2011. However with it the country inherited a legacy of violence, inequality and poverty. There was little accountability or justice for crimes committed during the previous war, and insufficient reconciliation to tackle unsolved tensions and grievances.

It was unsurprising then when two years later fighting erupted between President Salva Kiir’s Sudan People’s Liberation Movement (SPLM) and the opposition force led by former vice president Riek Machar, Sudan People’s Liberation Movement – In Opposition (SPLM-IO). Human rights violations have been committed on both sides and large parts of towns and essential civilian infrastructure has been looted, destroyed or abandoned.

Now in its fifth year of civil war, rebel groups have proliferated along ethnic or tribal lines in localised militia, causing further disruption and devastation. Ceasefire agreements continue to be broken as the political elite have failed to take effective action to end the suffering. The most recent ceasefire agreement has reportedly been upheld by the SPLA but not by SPLA-IO.

Humanitarian Aid Relief Trust (HART) visited South Sudan in January 2018 to meet a number of those displaced by conflict, and witnessed the overwhelming humanitarian crisis that they are now facing. During our visit we heard what local people want their own government to do to promote peace in their country and how the international community can help this process.
The Political Situation

In February 2018, one month after our visit, negotiations began in Addis Ababa, Ethiopia between 14 political factions to discuss how to bring an end to war and destruction. The talks were instigated and mediated by the Intergovernmental Authority on Development (IGAD), the East African bloc who originally initiated the Agreement on the Resolution of the Conflict in South Sudan (ARCSS) in August 2015.

Following the original agreement, the war was temporarily halted as it brought together and initiated a new power sharing model between the 4 warring parties; SPLM and SPLM-IO, SPLM former detainees, and a coalition of other political parties.

However, in July 2016, just 3 months after the long-awaited transitional government of national unity (TGoNU) finally formed as Machar returned to Juba\(^1\), war erupted again. Rebel groups have since proliferated, dividing along tribal lines causing more fighting on local levels and increasing instability.

\(^1\) http://www.sudantribune.com/spip.php?article58800
Talks were suspended temporarily after two weeks in February 2018 when the parties reached a deadlock on governance and security arrangements, underlining the immense challenge of instigating prolonged peace in South Sudan②.

**Security and Government Reform**

“They should come up with a peaceful transition of power, an agenda of change and a peaceful way to compete against each other in a democracy” Archbishop Moses Deng, HART Partner

During HART’s visit, we spoke to our partner Archbishop Moses Deng from the Diocese of Wau regarding the current political situation. During our discussion, he outlined what steps he would like the Government and opposition to take (outlined below) to promote a unified and peaceful state.

1) **Security Sector Reform (SSR)**

a) South Sudan needs to demobilise, disarm and rehabilitate the rebel groups. Integrating the groups into the current SPLA will create a “time-bomb” as this will not ease tensions. Current military elites in SPLA, who fought during the previous civil war within Sudan, receive large salaries and therefore without any other prospects, are reluctant to make way for trained new soldiers. The Archbishop suggested an enticing retirement package e.g. a generous pension and land where they can live.

b) There is a need to create sustainable employment programmes for soldiers who joined the rebel groups during the war who do not have other skills, so they can be integrated back into their own communities and neutralise tensions. These initiatives would clear the way for a new united army who are given proper training and achieve promotion based on experience.

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2) Constitutional Review

The current constitution, which replaced the 2005 Interim Constitution of Southern Sudan, was ratified two days before South Sudan gained independence in July 2011 just 6 months after the referendum. The Archbishop explain the constitution was “done in a rush”, with too much power given to the president. The president, Salva Kiir, is Head of State, Head of Government and the Commander-in-chief of the armed forces.

He suggested a review of the constitution to devolve more power to represent of the numerous tribes and ethnicities in the country. He endorsed an electoral review within this process which should involve the appointment of a national parliament. The next elections are currently expected to be held in August 2018.

3) Economic Review

South Sudan is one of the world’s poorest countries with little development or economic growth expected if the conflict continues. In July 2017, the Government of South Sudan increased the national budget by 30% although the finance ministry noted that one third would need to be donated by international funders.³

Our partner is concerned that foreign Governments will stop funding South Sudan because of corruption - South Sudan has recently been named 2nd most corrupt government⁴. They also see this as an opportunity for the Government to prove they are concerned about the nation’s interests and will undertake reform.

He believes that while the Government relies on international funders, greed and self-interest will predominate.

**Addressing Accountability**

Government and opposition forces have continuously acted with impunity. The most recent cessation of hostilities agreement commenced on Christmas Eve, 2017 but within hours each side was accusing the other of violations. Monitoring agency Ceasefire Transitional Security Arrangements Monitoring Mechanism (CTSAMM) documented an attack on Christmas Eve by the rebels that killed 15 people and wounded 26 others\(^5\) in former Unity State.

Condemnations and threats of imposed sanction have not been enough to prevent the warring parties from committing crimes against civilians such as killings, torture and sexual violence and child abductions. The US recently called for an arms embargo which had previously been rejected by the UN Security Council\(^6\). Both China and Russia, permanent members of the Security Council, have interests in South Sudan.

The African Union have recently taken a stronger stance calling on members to consider sanctions. However, Uganda, Kenya, Sudan and Ethiopia may either have close ties to President Keir or interests which may deter them from imposing sanctions.

> “Everybody has guns and that is a big challenge in South Sudan. There are challenges in the Government and the soldiers are not being paid therefore the rule of law is not being adhered to. If people are held accountable the fighting will be reduced.

> “Please ask the UK Government to help stop the fighting. Ask them to place pressure on South Sudan government to pay their soldier and implement the rule of law. There are weapons everywhere, so we need help with tracking and removing guns. We just want to go home to live our own lives.”

Executive Chief and Hai Masna Camp Manager, James Aguer Kan

Following decades of war and conflict, civilians find it easy to access to arms, and with no accountability for committing crimes such as killings or sexual violence, some engage in violence with impunity.

Displaced civilians to whom we spoke told us that they had fled their homes because of fighting between the cattle herders and farmers. Due to conflict, herders have had to divert migration cattle routes to escape, often wandering across farmers’ land. When the cattle eat the farmers’ crops, often violent attacks ensue.

Cattle are a form of wealth in South Sudan, and cattle raids are a problem, especially during dry season. Cattle owners now take up arms to defend their livelihoods. More than 5000 civilians have been killed since 2011 in these raids.\(^7\)

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\(^5\) [https://www.voanews.com/a/south-sudan-cease-fire/4210001.html](https://www.voanews.com/a/south-sudan-cease-fire/4210001.html)


Increased competition between communities over dwindling resources like water and pastures causes further conflicts and tensions. People have to flee for their lives from such conflicts, taking nothing with them. Two women from Wadalelo, around 55km from Wau, recount their experiences:

“We were sleeping when we heard the shooting. Everyone ran. All our homes, sorghum and possessions were burnt. Two boys in my family were killed.

“I lost everything, including 22 goats. My house and groundnut harvest was burnt. I have no clothes or other possession – only these clothes from last January. I sleep outside but do not have blankets.”

Ashalla Kur

“I left Wadalelo in March [2017] because of the fighting between the cattle herders and farmers. My husband died before this when he was sick during the fighting and I was no able to get him to a clinic. I remember seeing a pregnant woman being shot and a small child being beaten by a tree. I hope for the conflict to end so I can bring up my children in peace.”

Asunta Adero

The Humanitarian Situation

The humanitarian situation in South Sudan is dire. 4.5 million people have been forced to flee their homes since 2013, 1.9 million remain displaced in South Sudan whilst tens of thousands have been killed. With barely any infrastructure, getting aid to the needy is difficult and dangerous. Road convoys are frequently attacked and looted. Therefore, most is delivered by air to landing strips.
We visited two IDP camps in Wau; Hai Masna Camp and Cathedral Camp. Similar problems are faced the people in each camp: food rations were insufficient; basic healthcare was free but clinics rarely had supplies; little access to water; dirty latrines; women’s vulnerability and difficulty looking after children.

In March 2017, thousands fled to Wau for safety from conflict. The camps were set up in haste and after 4 months in which they had to scavenge for food, the World Food Programme provided rations for the IDP’s. In both the camps we visited the monthly rations are:

- 7.5kg of Sorghum
- 500ml oil
- Small cup of salt
- Small cup of beans

Many people reported that this ration only lasts 15 days of a month. There is little surplus as they are unable to grow their own crops because of insecurity outside the camp. They try to reserve extra food for people who are sick or pregnant women.

“We can only cook once a day as the rations are not enough. This causes our children to be malnourished and we can’t send them to school as they need to help us find firewood to sell.”

Rebecca Anyaro Uraya, Head of Women Committee in Hai Masna camp

New arrivals to the camps do not receive ration cards and therefore are more vulnerable to starvation and disease. 552 people are without rations in Hai Masna Camp (at time of reporting) and when we visited Cathedral Camp they had just received 82 new households who were all in desperate need of rations.

Crammed living conditions and overflowing latrines are just two of the issues which cause health issues in the IDP camps. While there is a free clinic in each camp, there are few medicines available and people are often referred to the hospital where they have to pay to see a doctor.

“6,000 are living in [Hai Masna] camp. So many are sick and there is no one to fix it. There are only some medicines available for children and none for adults. If someone becomes sick we have to collect firewood and sell it in town to pay for a doctor. Even for common illnesses like coughing, diarrhoea and vomiting”

Executive Chief and Hai Masna Camp Manager, James Aguer Kan

Education Assessment

“To stop the violence in South Sudan there is a need to educate the next generation and to train young people in skills that will enable them to earn their livelihood through peaceful means instead of joining rebels or community militia groups as a source of livelihood as it is currently happening.”

Archbishop Moses Deng, Diocese of Wau

Doro Refugee Camp (Maban)

Maban is a town just south of the border with Blue Nile State in Sudan. Blue Nile has suffered decades of conflict and attacks from the Government of Sudan causing many people to flee across the border. 145,000
people have fled from Sudan to the Upper Nile Region, the majority of which (58,000) reside in Doro Refugee Camp.8

School was not in session during our time in South Sudan but we did arrange to visit one of the schools in the camps. There are 7 schools in total in Doro Camp with an average of 100 children per class. Teachers are paid $100 per month and the refugee schools are all free for the children. Funding comes from Lutheran World Federation. Government schools do not always have consistent resources and many of the host community attend the refugee school as they have a better reputation and results.

For many children school is a 5 minute walk, but for those who live in the extended camp site it can take 30 mins to walk and up to an hour during the rainy season. The teachers explained the hardest thing for the students was being hungry as no food is provided at the schools. They also mentioned girls experience discrimination and are often forced into early marriages at the age of 13 to 14. Family pressures and cultural traditions reinforce the decision for girls to leave school and enter into marriage.

**Eastern Bank (Wau)**

In Wau we visited the Eastern Bank of Jur River County, a settlement of 50,000 people who are trying to rebuild their lives after years of displacement. HART’s Partner the Diocese of Wau are invested in supporting the people in this area and we visited three out of 10 schools that are currently funded by the Diocese.

We visited Emmanuel School which consists of a primary and recently-opened secondary school. Piantok is a larger school which also provides primary and secondary education to 1016 students, 600 of whom are girls. The charity Girls Education is South Sudan9 provide a financial incentive to girls who attend which has increased the number of female registrations year on year.

Both schools lacked windows which causes damage to the class rooms during the rainy season as well as allowing thieves to enter and steal their already limited chairs and desks.

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8 [http://data.unhcr.org/SouthSudan/region.php?id=25&country=0](http://data.unhcr.org/SouthSudan/region.php?id=25&country=0)
9 [http://girlseducationsouthsudan.org/](http://girlseducationsouthsudan.org/)
St Johns College (Wau)

St Johns College is situated within the Archbishop’s compound and opened in 2010 with just 2 students. This year, 200 students enrolled to study either Theology, Education or Business. They offer short and long courses, being respectful to the gender balance to ensure women get equal chance to study.

In 2017 they established their computer lab however they only have 5 computers and limited internet access which is a problem for 200 eager students.

The college has received funding from the Diocese of Poole (which is twinned with the Diocese of Wau). They provide funding for 1 Theology Teacher and 1 Computer teacher amongst other things. Global Care\(^ {10}\), an international Christian charity, has provided funding for 47 students to enrol in a 1 year course studying Education.

The college has no clean water source on site and limited use of power which is taken from the Diocese. Text-books are limited, as are desks and benches. The staff of the college are clearly dedicated to enhance the standard of learning at the college, however at times lack the resources to do so.

Health and Wellbeing Assessment

By Colonel Bates ARRC FIHM FRSPH, HART Trustee and former Director of the British Army Nursing Services

Meeting the advocacy, aid and humanitarian needs of people living in areas controlled by non-state armed groups is complex. It is further complicated by the ineffectiveness of central government in the states and counties due to Juba’s policy of decentralisation which abdicates its responsibility for command and control outside of Juba. This perpetuates the internecine fighting and denies the people the conditions that they need to rebuild systems of state such as health, education and justice.

Decades of conflict have led to the sub-optimal health system in South Sudan which has some of the worst results in the global health indicators:

- Access to health care is available to less than 50% of the population
- The country currently has approximately 1.5 doctors and 2 nurses for every 100,000 population (World Health Organisation (WHO) recommends 180 doctors and 250 Nurses for every 100,000 population)
- According to the Government of South Sudan and WHO, the life expectancy in South Sudan is 47 years, a striking 26 years less than the Global average of 68
- The maternal mortality ratio is 2054/100,000 live births – one of the highest in the world

We were told by clinical staff in all the locations we visited that the government policy of treating humanitarian aid the same as all other commodities imported into the country causes inertia and sometimes blocks aid getting through.

The system for admitting foreign aid workers and medical teams into the country is overly bureaucratic and has driven the health system into stasis. Some aid workers are in country e.g. Medecins Sans Frontieres and Samaritan’s Purse (many are Kenyan and Ugandan expats) but are thinly spread. There is also a perception that the security situation totally inhibits any work being done on the ground which is not entirely true, but the risk is higher than working in stable countries like neighbouring Uganda.

\(^{10}\) https://www.globalcare.org/project/wau-teacher-training/
Finally, medical and nursing schools, as well as universities as a whole, have suffered because of the protracted conflict. Maban University is now located in Juba following evacuation during the war with the north. Juba are not paying the professors and lecturers so courses are not being run in many disciplines including medicine, nursing and midwifery. A large quantity of Juba University Teaching Hospital’s equipment including diagnostics was moved north to Khartoum during the war and has not been replaced.

Opportunity for Assistance

The UK Government is in a strong position to lead in assisting GoSS to build its essential services like health. UK has provided military and police advisers previously to help facilitate SSR/DDR and policing so the Department for International Development (DFID) and the Foreign Commonwealth Office (FCO) know the ground and understand the strategic issues. The thirst for stabilisation through SSR/DDR in counties such as Wau should be recognised and a wider supporting network should be provided to facilitate leadership in central government in close collaboration with the local Governors and their staffs.

There also seems to be little interest from China, India and Russia in building capacity in the health or any sector. This could open the way for UK to take a lead in bringing strong regional players such as Ethiopia, Kenya and Uganda to add impetus. Healthcare in South Sudan really is a tabula rasa (blank slate) and the UK should act now to prevent further unnecessary suffering through disease and starvation.

DFID/FCO should review the level of ambition and effort to assist the Ministry of Health (MoH) with building back a better health system in RSS which exceeds that which was there during Colonial times and prior to the series of wars between Sudan and latterly in the Republic of South Sudan itself.

Evidence gathered during HART’s Visit

Maban County Hospital (MCH)

Maban (which means people of the land) County Hospital caters for a population of 140,000 refugees, 90,000 people in Blue Nile (who can no longer use their hospital in Al-Kurmuk) as well as the 70,000 local population in Bunj plus people from as far away as Malakal and Lomochok who have no secondary care facilities in their own counties.

MCH also treats SPLA sick and injured from both sides of the border. With one basic operating theatre and only one full time surgeon - Dr Evan Atar from Samaritan’s Purse - it is the only surgical facility in Upper Nile State and also provides trauma care. With 120 beds, laboratory and pharmacy the Primary Health Care Centre (which Dr Evan told us was expanded by Samaritan’s Purse when they were forced out of Kurmuk Hospital in 2011) now has the capability to manage multiple emergency care or trauma cases.

MCH is well run, clean with improved sanitation and is a credit to Samaritan’s Purse who continue to manage it in cooperation with the MoH. Dr Evan and his staff are short of medicines and needing a dedicated Tuberculosis (TB) ward as well as more reliable equipment for the operating theatre. The 4 doctors, 40 nurses, midwives and auxiliaries treat malaria, infectious diseases, TB, leprosy, epilepsy, asthma, kala-azar, and obstetrics including care for mothers throughout labour and post-natal care.

Wau: Hai Masna IDPs Collective Health Centre

Run by a locally trained nurse, Santino Lual, and supported by HealthNet and the Ministry of Health, it is manned by 1 Clinical Officer, 1 Nurse (Santino), 1 Community Midwife and 2 Community Health Workers.
‘This is too few staff to cover the IDP population as they are all part-time.\textsuperscript{11} There are no medicines available for adults only paediatric medicines are supplied by UNICEF’. 

‘Adults have to pay 500 SSP for medicines in town pharmacies and a doctor’s consultation is 2000 SSP in the MoH Wau Hospital’.

Mary Help Hospital, on the other side of town, will treat the poor for free but they have to walk a long way to get there. People are on half rations and although priority is given to the sick, children and pregnant mothers, supplies are inadequate and the health team have to treat illnesses related to malnutrition.

\textbf{Eastern Bank - Jur Health Centre (supported by HART with funding from Guernsey Overseas Aid and Development Commission).}

Our partner, Archbishop Moses Deng and his colleagues wish to build or convert an existing building to meet the health needs of the people on the east bank of the Jur River as they are not effectively served by the State clinic.

The project will be supported by careful management as there will be a need for trained staff, provision of medicines and equipment, maintenance of infrastructure including sustainable power sources and sanitation. The Archbishop is confident that these will be available and further funding can be made available.

\textbf{Mary Help Women and Child Friendly Hospital}

This excellent facility is located near the airport on the outskirts of Wau. It is well led by Sister Gracy who is overseeing its phased construction. Mary Help Hospital’s foundation was laid in August 2013. It is currently on its 2\textsuperscript{nd} stage of construction. It has an initial bed capacity of 150 with plans to expand to 500 beds, operating theatres and a perinatal suite.

It is a mother and child friendly hospital, providing them with maternal and child services but out-patient services, and emergency services are accessible to both men and women. Medical services are also provided through outreach activities using students on clinical placement in Aweil Civil Hospital, Wau Teaching Hospital, Comboni Hospital (also Catholic), the Military Hospital and Primary Health Care Centres.

\textsuperscript{11} Should be @ 10 - 15 nurses and midwives for this size of population with no doctor support.
UNICEF supplies child immunisations including fridges and solar power but adult consumables and drugs are sourced through funding provided by other donors. The well-equipped diagnostics laboratory suffers through lack of sustainable power and would benefit from reliance on the diesel generators.

Sister Gracy explained that the nursing and midwifery college is transferring its main operation from Wau Teaching Hospital across to Mary Help because of the lack of space.\(^{12}\)

The Mary Help College of Nursing and Midwifery’s main objective is to improve the health sector of the South Sudan. The college graduated 93 community health workers, 76 Registered Nurses and 41 Midwives between 2008 and 2014. All are now contributing to strengthening the rural and urban health sector in South Sudan. The new curriculum which has just divided training for nurses and midwives and is providing ‘top up’ degree and diploma programmes for nurses and Community Health Workers.

This programme is awaiting final accreditation from GoSS Ministry of Education and Ministry of Health and is academically supervised by the University of Bahr El Ghazal. Currently 160 students are studying 1st, 2nd and 3rd year courses. 80 new students are expected to join this year. The college partners with the Episcopal Churches in South Sudan which provide scholarships for a small number of student nurses and student midwives.

Mary Help also facilitates a WFP/UNICEF sponsored nutrition clinic for 350 children and an outreach programme for some 30,000 children. They are ‘admitted’ to a 1 month cycle providing feeding with high energy bars and a hygiene programme. Poole Africa Link has raised £1470 (at time of writing) for this programme\(^{13}\).

Sister Gracy is proud of her hospital and nursing college but has the same challenges as all the other health workers whom we met which are caused by ineffective or non-existent governance preventing access to essential resources. Apart from problems of shortages of power, drugs and money to pay for the 3\(^{rd}\) phase of the hospital build, Sister Gracy said that she is critically short of lecturers and would love to see UK nurse tutors lecturing in the college. This programme has been supported by Poole NHS Hospitals Foundation Trust led by a consultant anaesthetist\(^{14}\).

\(^{12}\) http://maryhelpwau.com/mary-help-nursing-college/
\(^{13}\) https://www.justgiving.com/africa-link
Recommendations

To the Government of South Sudan

- Promote civilian disarmament which will encourage people to settle conflicts without the use of arms.
- Reform the security sector to rehabilitate rebel militia and unify a new nationwide army with proper training.
- Hold a constitutional review which addresses the balance of power
- Put measures in place to prevent corruption and to build trust so international donors continue to support your country’s development

To the UK Government

- Encourage the GoSS to accomplish constitutional reform as has worked for Rwanda, Eritrea and Uganda.
- Guide the GoSS on how to develop their health services which are seriously underfunded and disorganised.
- Continue to support UN Security Council decision for an Arms Embargo.

To the International Community

- Stop selling arms to South Sudan Government or rebel groups in order to reduce the violence and prevent more deaths.
- Not to reduce support for this new nation which has suffered so many problems, many associated with the legacy of the previous war in which 2 million civilians were killed, 4 million displaced and tens of thousands abducted into slavery (many of whom are still missing) – together with devastated infrastructure, widespread unemployment and poverty and a traditional culture which included intertribal conflicts.
- The people are resilient and resourceful and it is crucial to enable them not to become a ‘failed state’. There is great potential and it is essential to enable the people to realise this, to rebuild their land and to develop the fundamental principles of democracy and justice.

Acknowledgements

We are very grateful to Archbishop Moses Deng and his staff for their hospitality and invaluable help in providing logistics for our trip. We also record our gratitude to all whom we met for all their help with our programme and providing such useful information.