



EXPERIENCES FROM THE FIELD

THE MULTIPLE FACTORS OF FRAGILITY IN SOUTH SUDAN

South Sudan is Africa's youngest nation and among the world's poorest, most fragile countries. Only by delving into the intricate system of political, institutional, economic, and environmental factors can we reconstruct the chain of causes that have led to this situation. Doctors with Africa CUAMM's intervention in Panyijar County has taken place within this dense interweave of factors of fragility.

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New infrastructure, growing GDP, and an increasing number of graduates – Africa is growing but broad swaths of poverty and extreme imbalance remain. CUAMM prioritizes its intervention in “fragile states”, i.e. countries that are struggling hard to escape conditions of total humanitarian emergency and return to the path of development¹. South Sudan is one of these countries. Independent since 2011, this is the youngest country in Africa and one of the poorest in the world, a situation exacerbated by a conflict that started in December 2013 that appears to have started to retreat only at the end of 2018. Only by delving into the intricate system of political, institutional, economic, and environmental factors can we understand how South Sudan became so fragile and vulnerable to humanitarian catastrophe.

POLITICAL AND INSTITUTIONAL FACTORS

After a short period of peace and stability, an armed conflict broke out in South Sudan in December 2013 between forces loyal to President Salva Kiir Mayardit and those loyal to Vice President Riek Machar for control over the government and the oil-rich federal states of Jongley, Unity, and Upper Nile. In 2015, a presidential decree dissolved the original 10 federal states and created 28 new ones, further fragmenting the already weak institutional framework and exacerbating the power struggles between the state's center and periphery. The failure of numerous attempts at peace has led to an increase in violence and insecurity. The worsening of this situation has led to massive population movements. In February 2017, a state of famine was declared, marking the gravity of the ongoing humanitarian crisis. In July 2017, around 6 million people (50% of the total population) were living in a state of constant food insecurity; there were 1.9 million internally displaced persons, and another 2 million were people who fled the country, mainly to Uganda, Sudan, and Ethiopia. In September 2018, a new peace agreement was reached that to be fully implemented requires forming a government of national unity that includes Riek Machar, the main opponent of President

Salva Kiir Mayardit. The forming of this government was scheduled for November 12, 2019, but the deadline for completing it was extended by 100 days.

SOCIAL AND ECONOMIC FACTORS

Since December 2013, South Sudan's macroeconomic situation has collapsed. According to the World Bank, South Sudan's GDP shrank by 11% between 2016 and 2017 and oil production plummeted. Growing defense and security spending was covered by deficit spending, printing more money, inflation (480% in 2016 and 155% from July 2016 to June 2017), and devaluation of the local currency. Combined public expenditure on health and education is around 6%, compared to 40% for defense. Basic education and health services have been maintained at minimum levels only through international aid and humanitarian agencies, though with great variability among the 28 federal states, leaving some communities with no or almost no assistance.

FACTORS RELATED TO CLIMATE CHANGE

95% of the inhabitants of South Sudan rely on agriculture, fishing, and forest resources for their livelihoods, all sensitive to climate change. Because of South Sudan's geographical features, floods and droughts have been part of regular life for generations. A lesser-known fact is that South Sudan is among the 5 most vulnerable countries in the climate change vulnerability index. Recent studies suggest that global warming here will be 2.5 times higher than the global average with more frequent extreme weather events, higher temperatures, increases in the frequency and severity of droughts and floods and changing seasons, which are already well underway and negatively affect the entire food supply chain, from production to market prices. Recent analyses have shown that conflicts are more likely in regions of South Sudan where floods and droughts occur. Though there is still widespread local knowledge of drought- and flood-resistant crops, many people consider the current conditions out of control and see themselves as unable to cope with them.

NOTE

¹ Doctors with Africa CUAMM Strategic Plan 2016–2030.

INTERVENTION IN A CONTEXT OF MULTIPLE STATES OF FRAGILITY: PANYIJAR COUNTY

Doctors with Africa CUAMM has been active in South Sudan since 2006, and it currently operates in 12 counties, 5 hospitals, and 150 health facilities, serving a population of almost 1.4 million people and employing about 1,500 local workers. In 2017, during the most acute phase of the emergency that culminated with the declaration of a state of famine in Unity State, CUAMM decided to intervene in one of the most-affected counties, Panyijar (with about 100,000 residents and displaced persons). Considered a safe area, protected from fighting as its geography makes it difficult to reach, the county has been affected by a major flow of displaced persons. The area is marshy and made up of a myriad of small islands, where there are many makeshift settlements, spread far apart and only reachable by boat or amphibious vehicles. This type of environment provided a relatively safe haven for fleeing populations but made it difficult to provide and access supplies and services of any kind, including humanitarian aid.

CUAMM's intervention in the county has focused on three areas: support to the main health facility in the area, the Nyal Health Center, supplying it with medical materials and medicines, and generally improving operations. The second line of action was to set up four first-aid posts in four remote villages, chosen with the local authorities. The third action was establishing a mobile team to provide the most isolated communities access to basic health care, prevention, diagnosis, and treatment for the most common diseases.

Though operating in this area has led to considerable logistical, institutional, and security difficulties, all three lines of action have been successful. The results: over 15 months, 30,625 patients (7,713 of whom were under 5) were visited by doctors. The main cause of morbidity in children was malaria, followed by diarrhea and respiratory infections. At the Nyal Health Center and in the

licensed health centers, 941 pregnant women were given access to at least one antenatal visit and, since March 2018, the mobile team has given routine vaccinations to children up to the age of 2.426 doses of tuberculosis vaccine were administered, 332 doses of polio vaccine, 358 doses of diphtheria, whooping cough and tetanus vaccine, and 330 doses of measles vaccine. Vaccinations were combined with antenatal visits for general consultation open to pregnant women and children up to two; 249 women of childbearing age and 199 pregnant women had access to tetanus vaccination. Nutrition status screening was introduced as part of the examination and vaccination service, as well as being implemented on a mass level, benefiting 11,190 children under 5. Although the outposts set up in the area were not intended to function as delivery rooms, their staff and mobile team attended 562 women giving birth.

CONCLUSION

South Sudan's fragility is the result of multiple factors. Current conditions in the country are the result of a combination of increasing political instability, economic crisis, and increased exposure to extreme climate events. Restoring peace and security, rebuilding macroeconomic stability and mitigating the effects of climate change are still the main challenges facing the country. Responding with a medium-term health intervention to an acute humanitarian crisis like the one triggered in 2017 in the state of Unity has been a very ambitious undertaking for CUAMM. The data above show that, despite the great difficulties of the context and its multiple points of fragility, we have succeeded in strengthening and, to some extent, building different levels of the health system in Panyijar County to respond to both basic health needs and the emergency. It should be noted that these are the first health data ever collected in this area of South Sudan.

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