# The health of South Sudanese refugees: one million and counting

## **Background**

The international community was shocked in August 2017 when the number of South Sudanese refugees in Uganda reached one million. It was news that made the world focus on this devastating conflict which is now into its fifth year and with no end in sight. There was a scramble to revive the peace agreement and the United Nations Security Council under Secretary General Antonio Guterres held a special session to review the humanitarian crisis in the country. The spotlight on the refugees was timely.

The United Nations High Commissioner for Refugees (UNHCR) defines a refugee as: "a person who is outside their country of nationality due to a well-founded fear of persecution for reasons of race, religion, nationality, particular social group membership or political opinion and is unable or unwilling to avail themselves of the protection of their country or return to it".

The number of refugees continues to rise, not only in Uganda, but also in Sudan, Ethiopia, Kenya, Democratic Republic of Congo (DRC) and Central African Republic (CAR). South Sudanese are leaving the country in droves, uprooted from their home once again to seek refuge across the borders. Many more continue to seek refuge as internally displaced persons (IDPs) in the protection of civilians' sites throughout the country.

## **Numbers of refugees and IDPs**

The infographic shows that, as of 30 September 2017, the numbers of refugees from South Sudan in the region, about 17% of the 12.7M population, are staggering:

- Total South Sudanese refugees in the region: 2,096,139
  - o Uganda: 1,034,106
  - o Sudan: 447,287
  - o Ethiopia: 416,886
  - o Kenya: 110,377
  - o DRC: 85,426
  - o CAR: 2,057
- Arrived in camps in 2017: 637,455

There are also:

• 279,160 IDPs within South Sudan

It is also worth mentioning that 63% of the refugees are children under the age of 18 years. The total population of concern according to the world body is 4.24 million people. It is estimated that by the end of 2017, the number of South Sudanese refugees expected to be hosted in the region will be 2,130,500.

# **Causes of mortality among refugees**

According to the UNHCR, the factors contributing to deaths among refugees freshly arriving in the camps are:

- Overcrowded living conditions which facilitate increased transmission of infectious diseases;
- Poor nutritional status (and consequent lowered immunity) due to lack of adequate food before, during and after displacement;
- Inadequate quantities and quality of water to sustain health and allow personal hygiene;
- Poor environmental sanitation;
- Inadequate shelter.

## Focus on refugee health

To alleviate the health problems that refugees face, many of the international NGOs working in the camps focus on basic services that save lives. Some of the key aspects of interventions for refugee health are:

- Basic health services: health clinics, distribution of mosquito nets, etc.;
- Support to pregnant women and lactating mothers;
- Water, sanitation and hygiene needs;
- Nutrition and food assistance, such as supplementary feeding for children aged 6-23 months;
- Immunization services for children;
- Provision of adequate shelter.

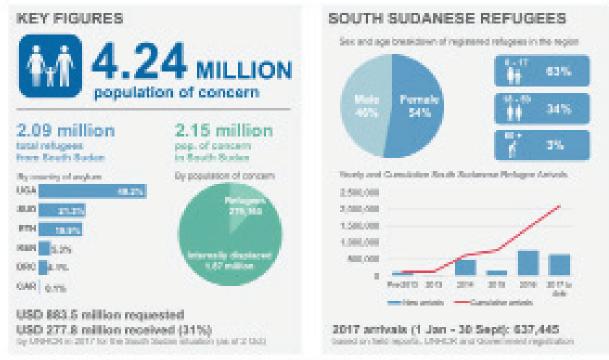
UNHCR has provided the following indicative parameters and values to be used for planning purposes:

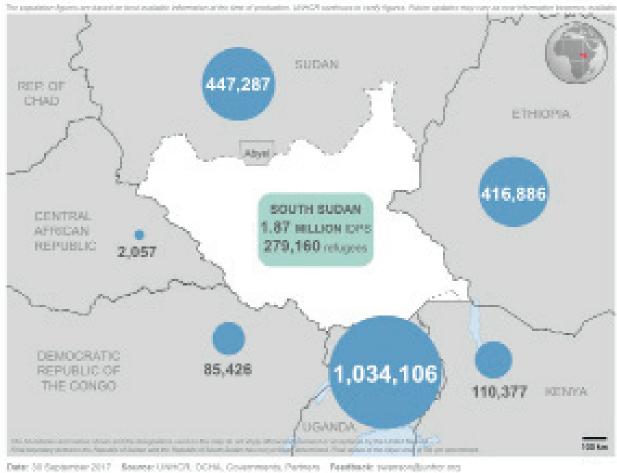
# SOUTH SUDAN SITUATION

Regional overview of population of concern

as of 30 September 2017









South Sudanese refugees queue for food in DR Congo camp (Credit - UNHCR)

- Water Minimum survival 7 litres/person/day. Target 15-20 litres/person/day;
- Food Daily caloric requirements 2100 Kcals/person/ day;
- Sanitation Excreta disposal 1 Latrine/20 persons;
- Shelter Minimum shelter area 3.5 sqm/person;
- Minimum site area 30 sqm/person.

## Mental health and psycho-social support

One of the key aspects of refugee care is mental health. Many refugees experienced severe trauma caused by the war that may have long-lasting effects on their lives. Many have lost their families, especially unaccompanied children who are left to fend for themselves in a new environment. Many become involved in high-risk behaviours to cope with these changes. To deal with such occurrences, referral mechanisms and specialized services such as psycho-social support, medical services, legal aid and safe shelters must be in place.

## **Gender based violence**

Refugee and IDP women and young girls continue to be exposed to different forms of sexual and gender based violence (SGBV), including early marriage. Many were victims of rape or have been exposed to terrible ordeals of a sexual nature. They have to confront cultural barriers that hamper their access to jobs, education, and vocational and life-skills' training opportunities. Special programmes must be made available to provide education, support and training not only to the health staff, but also to the community around the women.

#### **Conclusion**

As more and more South Sudanese continue to stream across the borders to the neighbouring countries, the focus has shifted to how to care for them. With many unaccompanied children and households headed by women, the NGOs struggling to care for the refugees need to be supported. The country risks

having a generation of children who will go without schooling and who will suffer the long-term effects on their health from the undernutrition and mental trauma. The only way to end this health crisis affecting so many of our vulnerable people is for peace to return to South Sudan.

## References

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I thank UNHCR for the infographic from the "UNHCR South Sudan information sharing portal" at <a href="http://data.unhcr.org/SouthSudan/regional.php">http://data.unhcr.org/SouthSudan/regional.php</a>

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