The Relationship between Health and Education Services, and Local Conflict Dynamics in South Sudan

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Acronyms

BHC	Boma Health Committee
BHNP	Boma Health National Policy
CED	County Education Departments
CHDs	County Health Departments
CSRF	Conflict Sensitivity Resource Facility
DAC	Development Assistance Committee
DG	Director General
EIE	Education in Emergencies
EP&R	Emergency Preparedness & Response
EPI	Expanded Programme on Immunisation
EU	European Union
FCDO	Foreign, Commonwealth and Development Office
FGD	Focus Group Discussion
GBV	Gender Based Violence
GESI	Gender Equality and Social Inclusion
GESS	Girls Education South Sudan
GRSS	Government of the Republic of South Sudan
HDP	Humanitarian, Development, Peace Nexus
HPF	Health Pooled Fund
HSTP	Health System Transformation Programme
IDPs	Internally Displaced Persons
IPs	Implementing Partners
KII	Key Informant Interview
MOE	Ministry of Education
MOH	Ministry of Health
NGO	Non-Governmental Organisation
OECD	Organisation for Economic Co-Operation and Development
PHCC	Primary Health Care Centre
PHCU	Primary Health Care Unit
SMoH	State Ministry of Health
SPLM-IG	Sudan People's Liberation Movement – In Government
SPLM-IO	Sudan People's Liberation Movement – In Opposition
R-ARCSS	Revitalised Agreement for Resolution of Conflict in South Sudan
TOR	Terms of Reference
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNOCHA	United Nations office for the Coordination of Humanitarian Affairs
USAID	United States Agency for International Development
WFP	World Food Programme
WHO	World Health Organisation

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Executive Summary

The primary purpose of the research assignment was to explore both the positive and negative influences of health and education services on local conflict dynamics. Given the unremitting humanitarian context in which health and education development initiatives are taking place, the assignment also aimed to identify ways to better integrate Humanitarian, Development, and Peacebuilding (HDP) initiatives.

The overall approach employed three primary lenses: applied political economy, conflict transformation and the HDP triple nexus in exploring the relationship between health and education service provision and local conflict across the locations. Given the diversity and size of South Sudan, field locations were purposively selected to maximise the possibility of obtaining interesting data that might cast light on the research questions.

The study adopted a multi-method critical realist approach, starting with a desk review and combining participatory data gathering approaches; focus group discussions and key informant interviews at community level. Qualitative data, analysis and interpretation was the predominant approach ensuring its collection was conflict sensitive and trauma-informed. Limitations included the challenges of consistent sampling, information and data challenges as well as under-representation from warriors and young women. In addition, assessing contributions of inequities and grievances to latent conflict is challenging.

Education and Local Conflict Dynamics

There is a large literature on the relationship between conflict and education as well as its role in peacebuilding if it is inclusive and equitable. Education is a critical part of the enabling environment contributing to stability, participation in democratic processes, and the functionality of society. Conflict affects schools and children's education significantly in South Sudan. The schools visited reported a variety of experiences with violence reaching across urban and rural environments: through the effect of politicians stirring up conflict and catalysing it from afar, or from 'tit-for-tat' revenge killings targeting educated people. School populations were sometimes caught in cross-fire and were not considered safe havens in any location, often being targets for looting and destruction. Schools on boundaries between conflicting ethnic groups are more likely to be closed due to conflicts and when conflict breaks out, minority students from conflicting sides can be unwilling to cross lines fearing they may be targeted

Education sector respondents were strongly of the opinion that education can and does play a significant role in peacebuilding and developing social cohesion 'immunising' students from participating in pathways leading to violence. If a young man has completed primary school, respondents considered it less likely they would become involved in violence as well as being less vulnerable to negative political messaging. In urban centres, positive and intentional peace messaging in schools when conflict breaks out between tribes aimed to differentiate between conflict 'out there' between groups in rural areas, and their relationship in town. Social mixing between groups was also considered critical in breaking down enmity between groups but requires additional peacebuilding investments, such as peacebuilding clubs.

Education services can potentially contribute to conflict at any level, through inequitable distribution of resources across different groups. Such disparities, at a minimum, contribute to latent conflict and the possibility of violence in the future. They may also entrench unhelpful patterns of political patronage. For example, if appointed to a position of power the opportunity is used to allocate as many resources as possible to your own group, community or tribe. This temptation is heightened by the potential short-term nature of tenure from high political turnover. Whenever there is a change in political power, the incoming person appoints a raft of their 'own people' to positions within their mandate.

At national level, a number of respondents asserted this was the case noting particular politicians taking advantage of their position to ensure their communities benefitted. The Education Census conducted in 2023 has some very basic data indicating structural inequities; for example, higher levels of school coverage in Bahr El Ghazal and Equatoria compared to other areas, but what is needed is a map showing school distribution across the country with their functional status to assess this in depth. At County level opportunities to influence decision-making were considered limited to the design stages of NGO programmes. Organisations reported

being steered to certain geographic areas on the basis of various rationales which may be legitimate. At community level, aid heightening tensions were found in two realms. Inconsistent government salaries, means that training opportunities and incentives from international partners are highly valued. Insufficient resources mean some teachers and volunteers within a school are supported while others not, generating considerable tensions in schools and communities. Secondly, and similarly is which girls receive school incentives, although this has been managed well by implementing partners.

Lack of services reportedly contributes to conflict in two ways: as a factor when politicians stir up conflict for political purposes, or to steer NGOs and programmes to specific areas exacerbating disparity. Stakeholder awareness of disparities is a factor in assessing contributions to degrees of latent conflict. This is low across the country which does not negate possible contributions to latent conflict and structural grievances in the long-term, but the lack of transparency means accountability and political urgency to address such issues is absent. Conflict causality is clearer where disparities and lack of fairness are visible. This occurs at boundaries between groups, such as refugees and host communities

Links between education and conflict are influenced by multiple factors affecting individuals and families and whether children are able to participate in education, or are needed to undertake other activities. A combination of these factors determines whether and how they are involved in violence or not, as well as the potential success of education in enhancing social cohesion and positive normative values. Field findings indicate that direct, clear causal linkages, both positive and negative, between education provision and local conflict dynamics are difficult to establish. Perceptions of the positive role that education can play mitigating conflict are strong, through changing mindsets and providing alternative livelihood pathways reducing divergence to violent paths. Education resource distribution, most visible in infrastructure provision, risks entrenching long-term disparities; particularly urban-rural divides and relative political power divides between groups at local levels. This is, through a combination of current leadership norms, influence over decision-making processes, coupled with pragmatic aid selection criteria shaping choices. This confluence of factors can feed into and reinforce local inter-communal violence creating strengthened vicious cycles. Perceptions of the negative role of political influence, coupled with a failure to be seen addressing disparities or delivering on community expectations around basic education service provision, continue to undermine the legitimacy of the government. The potential for education to maximise its positive societal influence reinforcing stability, peacebuilding and preventing conflict is under-utilised.

Recommendations:

To enhance the role that schools and the education sector play in developing social cohesion:

- Target technical social cohesion support to schools located in border areas between ethnic groups, secondary urban centres with some diversity, and interfaces between groups with acute issues such as refugee and host communities.
- Develop peace clubs, linked to PTAs ensuring community voices are involved reducing potential gaps between students and adults in the community.
- Strengthen the peace education dimension of the curriculum and the ability of teachers, volunteers and the community to engage with students and be involved in it.
- Ensure that peacebuilding programmes link to schools, involving them as platforms for community discussions on conflict issues and navigation of choices increasing mutual understanding, capacity development such as skills for students, teachers, PTAs, on conflict resolution.

To prevent assistance reinforcing unhelpful patronage patterns, disparities between groups and latent conflict generation:

- Develop a spatial map reflecting school locations and their status to better address distribution inequities from an evidence-base.
- Consider piloting a multi-stakeholder governance mechanism, that can monitor education inputs from an evidence-base. This could be linked to communications and greater public transparency to encourage accountability and strengthen trust in local authorities.

- Identify any particular barriers that prevent implementation of activities aimed at addressing disparities. For example, key access roads requiring linking to other investment projects.

To integrate education programming better within broader development and humanitarian approaches.

- Encourage livelihood strengthening within school situations.
- Pilot additional wealth generating schemes at schools.
- Enhance the role of PTAs in developing and articulating expectations of schools as safe havens.

Health and Local Conflict Dynamics

Health provision itself does not bring peace as the root causes of any conflict need to be addressed directly. But health services may be part of the issue, and can also create stability through improved health outcomes, economic security, and as a vehicle for assisting improvement of governance. In South Sudan, the health sector is increasingly under attack, experiencing a rising number of targeted attacks, but can also provide a neutral starting point for conflicting parties to work on common issues.

Health services negotiating access to conflict-affected people is a contribution to peacebuilding, as it not only serves the people but reminds conflict actors of their obligations to civilians and human rights. In specific locations, health staff and their organisations have been able to act as intermediaries to bridge local communities and warring parties, to prevent fighting, negotiate temporary ceasefires, and use health facilities to bring conflicting communities together to dialogue. Most health staff do not have the skills or leverage to resolve conflict, but can have an impact on domestic issues in the community and work across different political spheres of influence (e.g. SPLM-IG/SPLM-IO lines). From a social cohesion perspective, health facilities have an important role to play as public arenas demonstrating universal values, so all patients can receive equal treatment. Generally, this was the case but access to facilities does depend on the level of tension between groups. In some cases, health facilities can act as neutral locations.

The research did not unearth significant instances where health service provision explicitly caused conflict between groups. However, this is likely to be a reflection of the locations visited and those spoken to, not the fact that health services can potentially contribute to structural drivers reflecting marginalisation and generating resentment, as has been clearly demonstrated in the literature. The health sector tends to consider utilitarian perspectives, in determining resource allocation, which favours majority populations-those also with the most political power. Care needs to be taken to ensure that other political factors are not overlooked in selecting facilities to support, particularly where disparities are clear to affected communities. In this regard it is possible that HSTP may inadvertently reinforce some minor existing structural biases. Development of a map that has a spatial overlay of ethnic distribution versus health facility distribution would enable better exploration of these issues and ensure that potential fuelling of structural grievances is avoided, particularly along ethnic boundaries. In addition to the positive contribution of the health sector to social cohesion there is the potential for poor health service provision to contribute to social instability through poor performance, lack of responsiveness and accountability of government. Positive efforts to improve legitimacy are there but not necessarily visible to communities.

A number of agencies working in conflict-affected locations noted correlations between population movement, displacement and their health service provision. Provision of health services is considered by some to be direct support to the opposition, leading to speculation that withholding assistance to communities is effectively a weapon of war and may be a form of punishment. Bombing close to facilities was also considered a form of intimidation of civilian populations suspected of being opposition aligned and suspected of potentially moving populations to government-controlled areas. Such interpretations are difficult to underpin with hard evidence, but their potential validity is supported by a long history of access denial in South Sudan reflected in the grey literature and humanitarian media. Provision of health services is also a significant pull factor feeding interpretations that it can influence population movement.

Findings indicate clear direct, causal linkages, both positive and negative, between health provision and local conflict dynamics with practitioners contributing to peacebuilding and peace-making catalysing ceasefires,

access to civilians, and working cross-line. At the softer end of the scale, they have provided public spaces for safe interactions between groups and modelling ideals of service transcending tribalism with multi-ethnic staffing. However, there are opportunities to further enhance these strengths. The importance of health service provision in people's lives as a factor in decision-making for mobility or staying put is profound. For this reason, it is also a key factor influencing stability. Provision of quality health care is a key central element determining quality of life and its absence can influence social instability, undermining nascent trust in government and their legitimacy and stimulating public protest. The political economy of selection is difficult to assess. However, it is clear that care is needed in identifying at risk locations to avoid reinforcing potential structural inequities.

Recommendations:

Aiming to further enhance the role that health facilities can play in developing social cohesion:

- Strengthen links between health and education systems through provision of health education, including messaging to reinforce the concept of health as neutral in conflict arenas and the primacy of human rights. Use school facilities wherever possible for health education during outreach, EPI or other mobile health service delivery as well as to encourage people to pursue education in general, and the importance of South Sudanese working for each other.
- Encourage, communities to take greater ownership of facilities and develop messages to reach young warriors that health and education facilities as community assets should not be looted.
- Inter-community peace agreements should also include provisions recognising that facilities are neutral and not part of any conflict to be attacked or looted and that they function as safe havens for all.

To further strengthen the intermediary role of health workers:

- Develop and provide training in mediation and negotiation skills in key health organisations as well as for government health workers.

To prevent assistance reinforcing disparities between groups and latent conflict generation:

- Develop a spatial map illustrating facility locations, their status that can be overlaid with different aspects, such as maps of ethnic areas, conflict fault lines, population densities, political dimensions to ensure better distribution addressing inequities or risks from an evidence-base.
- Ensure that facilities receiving support are indeed functional at a minimum level of quality care to reduce instability.

Humanitarian, Development, Peace Nexus

There have been a number of attempts aimed at improving HDP work, including UN initiatives utilising Area-based leadership approaches. Similar to other complex environments, respondents reported poor coordination and leadership across sectors is a considerable challenge and each continues to be siloed. Other issues at play include potential clashes over guiding principles, caution working with authorities, and capacity issues. At local levels a degree of sensible spontaneous coordination between health organisations was found. Sharing information, drugs and supplies, and logistics as well as coordinating around coverage. Where working this is reliant on personal relationships and specific linkages, while humanitarian clusters active on the ground, are positive in coordination, it tends to be within the humanitarian sector alone.

From a programming perspective, aside from inadequate coordination and cooperation, for HSTP there is reportedly some duplication of humanitarian agencies covering existing facilities. What is needed is better coverage of areas where there are no services as well as better understanding and coverage when there is population movement, particularly of conflict-affected communities. Peacebuilding was not found to be included in any aspect of the IPs or government work. This is a severe gap and needs to be addressed even if only at the social cohesion end of the peacebuilding spectrum. Some isolated positive examples of HSP

programming were found. From the education perspective, education in emergencies is not considered a high priority for donors.

Chronic, perennial funding issues continue to hamper the possibilities for strong HDP programming, with some donors funding humanitarian and development activities out of different mechanisms. Humanitarian funding is generally more flexible but often shorter-term creating pressures on the adoption of long-term perspectives. From an HDP perspective peacebuilding has always been the 'neglected pillar' with low levels of funding likely to remain the case. This will increase the vulnerability of some communities to conflict.

There are clear opportunities to develop HDP work further, but given reduced funding, rather than top-down approaches, supporting localised, incremental, consistent practical HDP programming is important. This requires supportive donor pressure, incentivisation of positive actions, and changes in the current aid architecture.

Recommendations:

To enhance HDP coordination:

- Focus on encouraging improved local coordination through county or state-based coordination mechanisms, rather than new structures. Create formal bridges in processes such as the annual OCHA-led humanitarian analysis and needs assessment with peace and development actors to better link them. Develop planning capacity in local actors.

To enhance HDP programming:

- Embed intentional learning within existing mechanisms, to develop practical briefs with specific examples and tips for IPs to draw on in different sectors, supported by a series of learning events to help stakeholders consider how to address nexus issues in an integrated manner. Support surge capacity in different sectoral teams and invest in longer-term disaster risk management and planning around floods involving both humanitarian and development actors. Integrate social cohesion and peacebuilding messages throughout all activities.

To improve funding mechanisms:

- Intentionally use humanitarian responses to integrate appropriate longer-term thinking such as around preparedness. Develop accountability for HDP Action in reporting and incentivise collaboration. Enhance budget flexibility in development programmes, such as through innovation funds, contingency funds and development of dedicated HDP activities.

Section 1: Background

Introduction

The political situation in South Sudan is currently characterised by an unstable and invisible peace agreement and increasing political tensions and conflict with the Vice President on trial and elections appearing to move forward after an adjustment and extension to the R-ARCSS agreement; being scheduled for December 2026. Chronic community level conflict blurred with political conflict appears to be escalating in a number of locations: notably Upper Nile, Jonglei as well as Warrap, Western and Central Equatoria. The combination of this conflict, increasing climate change shocks, recent large-scale flooding during 2024, and consequent food insecurity continues to generate widespread displacement and humanitarian needs. Given this context, this research aims to start to address gaps in the evidence base, and deepen understanding of the relationship between the political economy of the education and health sectors at South Sudan national, state, and community levels and local conflict dynamics and how the international community's policies and programmes may feed into these dynamics, either positively or negatively, and thus how this can be better managed to improve the conflict sensitivity of interventions in these sectors.

Conflict sensitivity has two fundamental dimensions of analysis that then inform programming decisions and directions. Firstly, analysing the impact of the context and conflict dynamics on the provision of education and health services and secondly considering the impact of the provision of health and education services on the conflict dynamics and various contexts. The first component has already been covered in previous CSRF efforts and is more broadly well documented in the literature.[1] This prior work serves as a background to this part of the research. The second component is more complex and under-researched, as evidenced by the dearth of both grey and academic literature covering this aspect.

This is due to the complex, multifactorial, non-linear nature of conflict, where both positive and negative consequences of, and relative importance of factors influencing dynamics may emerge much later, or contribute in latent, less visible forms. Or it may be that other factors are far more significant and overwhelm any potential influences or role that the provision of services may have affecting dynamics. The operation of multiple factors simultaneously may also mean that particular combinations within specific contexts over time are more momentous.

Purpose

The primary purpose of the research assignment was to explore the influences of health and education services on local conflict dynamics. The emphasis being on the influence, positive and negative, of health and education services on local conflict dynamics rather than the influence of conflict on the provision of these services.

The intention is to shed light on the complexity and relationships between health and education service provision in the sampled locations and provide a snapshot of stakeholder perceptions and an opportunity to explore any comparative aspects that may emerge. This 'snapshot' is then expected to identify further promising avenues for exploration that can inform research within the longer time frame of the next FCDO support strategy. Given the unremitting humanitarian context in which development initiatives in health and education are taking place, the assignment expects also to identify possible ways to better approach the Humanitarian, Development, and Peace (HDP) 'triple nexus' in a more integrated way. The overwhelming imperatives associated with the humanitarian situation mean that effective long-term investment in health system strengthening and institutional development of the education system are even more challenging to combine in a meaningful way, particularly within a global environment of transitioning international assistance sector and increasingly constrained funding.

Key Research Questions

1. How does education and health service provision have a negative or positive impact on conflict dynamics/stability at the community level (if at all)?

2. Within the context of deep humanitarian needs in conflict-affected locations, what alternative approaches to HDP programming might more effectively strengthen health and education systems for the long-term?

Approach

The overall approach employed three primary lenses: applied political economy, conflict transformation and the HDP triple nexus in exploring the relationship between health and education service provision and local conflict across the locations. Key elements from various analytical approaches were employed in a hybrid form tailored to the needs of the assignment including: Applied Political, Economic Analysis, Conflict analysis and Power analysis.

There are various levels at play in South Sudan from national to sub-national, influencing the conflict dynamics and stability at the community level. This means that overall analysis is grounded in systems and complexity

[1] CSRF, April 2025, Conflict Sensitivity Review: Education and Health Programmes in South Sudan

thinking, considering the interconnectedness and relationships between these levels, as well as additional elements at the ground level including historical ethnic relationships and cultural dimensions.

Given the diversity and size of South Sudan, field locations were purposively selected to maximise the potential to obtain interesting data that might elucidate the research questions. To this end the following broad criteria were employed to assist selection of research sites:

Primary criteria for field research locations:

- a range of diverse geographic situations across South Sudan.
- a range of conflict categories or types of dynamics (recognising their overlapping nature) including:
    - conflict touching on or reflecting national IO/IG political dynamics
    - intercommunal conflict – between tribes, ethnicities, or different groups
    - intra-communal conflict – between sub-clans or sections in a tribe
    - intra-communal – within a community
- access to both rural and urban sites

Secondary practical criteria for field research location:

- Conflict-affected areas where current security levels will not overly affect travel
- Locations where CSRF partners are on the ground with networks and so able to facilitate access to key informants and stakeholders
- Locations where CSRF staff have deep expertise and local languages to facilitate discussions

Methodology

The study adopted a multi-method critical realist approach, combining participatory data gathering approaches; focus group discussions, key informant interviews and group interviews at community level, as well as ground observations. In practice, given the context, there was a heavy reliance on qualitative data collection, analysis and interpretation. The study was conducted according to ethical guidelines including ensuring informed consent of stakeholders and their confidentiality and privacy. The research was also conducted ensuring conflict sensitivity and a trauma-informed approach.

1. Desk Review and analysis of grey and academic literature
2. Virtual and in-person Key Informant Stakeholder semi-structured Interviews at national, sub-national and community levels
    a. Service providers
    b. Relevant government authorities, particularly at County and State level
    c. Civil society actors
    d. Community leaders
    e. Women leaders and young women
    f. Young men
    g. Policy actors and analysts
3. Participatory Focus Group Discussions using exercises to elicit stakeholder perspectives on topics such as: Brainstorming, Proportional and Simple Ranking, Mapping of services against conflict and ethnic dynamics and potential timelines (if possible and appropriate).

Table 1: Categories and Numbers of People Interviewed/Consulted

Table of Consultations by Location					
Location of field visit	Number of Respondents	No KIIs	No FGDs	Gender M	F

	involved in Consultations				
Juba, Central Equatoria	34	29	0	23	11
Kapoeta, Eastern Equatoria	36	7	2	23	13
Chukudum, Eastern Equatoria	43	11	4	33	10
Leer, Unity State	25	16	1	22	3
Maban, Upper Nile	54	16	5	45	9
Aweil, Northern Bahr El Ghazal	55	15	2	48	7
Total					

	Table of Consultations by Stakeholder Category
Category	**Number of Respondents involved in Consultations**
Government Officials Education, Health and Humanitarian	20
Health and Humanitarian Sector partners and practitioners	48
Education and Humanitarian Sector partners and professionals	33
Peace/Conflict practitioners, Political or Development Analysts	22
Multilateral/Donor	19
Community Members	91
Other (e.g. Court Officials, Politicians, etc.)	3
Total	**236**

*N.B. For the purposes of categorisation, Government officials are those holding administrative positions at county level or above. If practitioners or working at hospitals, PHCCs, PHCUs or implementing partners then they are categorised under health sector practitioners (even if they are government facilities). Similarly with teachers under education sector.
**FGDs involved 5 or more members of communities or stakeholders in a location

Limitations and Challenges

Consistency of sampling across field locations: a combination of factors at play during the field work period meant the team had differing amounts of time at each research field location. Factors included, changing security conditions, altered flights schedules and a need to substitute one of the field locations.[2] A large number of stakeholders were interviewed across all sites (see Table 1.), but the composition of the sample in terms of the types of stakeholders varies across the sites. This variation was influenced not only by the length of time at the location, but also the availability of key informants, other competing events taking place at the same time, and inclement weather (heavy rain limiting travel to some rural locations). This has resulted in a diversity of different types of information across the locations complicating the formation of a clear general picture of results, which heightens the risks of over-extrapolation from the data.

Information and Selection Bias: Under-representation from two key groups may have created a degree of selection bias. Warriors and young women's perspectives are under-represented. This was due to availability and access. The research team did not access cattle camps due to time and weather constraints and secondly, while able to interview a few women community leaders and health workers, the majority of schools visited

[2] The initial plan had been to visit Tonj or Warrap as a key location to explore the research questions in a context where intra-communal conflict between Dinka sections is active and has been historically significant. However, partly due to political developments (a key senior political leader Nhial Deng Nhial left the SPLM), partly increased levels of conflict; both intra-communal and IO/IG dynamics, partly increased security concerns due to some aerial bombardment, meant a decision was made to shift sites, which had a knock-on effect altering timings for flights and time at other locations.

either did not have any women teachers or they were not on site during the visit. A lack of formal documentation of selection processes for HPF, (which then influenced HSTP) and for education programmes was limited, although the topic was covered in interviews. Recall bias is also a potential factor given the paucity of direct examples cited by respondents (see below).

Data challenges:

Spatial data: Geo-spatial mapping and analysis enables consideration of the relationships between the distribution (or absence) of service provision, conflicts and the political economy of resource allocation. Such datasets better enable analysis of the inter-relationship between conflict and service delivery (recognising that the relationship may be two-way; conflict constraining delivery, with a lack of service delivery in a location also potentially reflecting structural drivers of conflict), especially if overlaying areas of political influence and conflict hotspots on to such a map.

It has proved difficult to obtain consistent data across South Sudan, both from a quantitative and qualitative perspective. In particular, obtaining sound maps of service locations has been challenging. At the macro level for both education services and health services there are large databases available. For the health sector the South Sudan Health Service Functionality Dashboard kept up to date by MOH, WHO and supported by World Bank and FCDO, has a set of maps illustrating various national indicators (e.g. functionality per population, distance by settlement from facilities, etc.), but does not have a map of the actual health facilities themselves, particularly the PHCCs which are critically important. The education sector is also served well statistically by the MOE South Sudan Education Statistics website,[3] as well as the GESS website,[4] which both give impressive overall statistics (assuming they are reasonably accurate) around numbers of enrolled students, eligibility for GESS incentives and levels of support. However, where the schools are actually located is also not easy to identify. In some cases, more detailed maps which do show this information have been developed by the UN for some locations,[5] but not consistently across all counties. In addition, this absence is also the case for the major conflict fault lines between ethnic groups as well as within large groups such as the Dinka or Nuer between sections.

Transparent, accurate data is important to be able to deliver assistance in a conflict sensitive manner and ensure that political dynamics are not so easily able to entrench inequities and potential injustices. Maps of facilities at both macro and micro levels are particularly useful for easily identifying patterns of distribution and disparity that can reflect important potential or latent issues. The lack of this type of data hampers the potential for success in answering some aspects of the research questions, it also reduces the possibilities for triangulation or confirmation of information received as well as limiting possible emergence and interpretation of other potential patterns and their consequence.

Empirical Evidence, Political Sensitivities and Perception: The examples, observations and opinions that have been put forward by respondents vary considerably in the degree they can be validated by empirical evidence. Clear, verifiable information, as noted above, is difficult to obtain. Aggregated data does not always exist. In some cases, it may exist but might not reflect reality due to political sensitivities attached to it (which may be valid or not depending on your positionality). Transparent data may contradict or not fit political narratives stakeholders wish to communicate. Or data might exist but not in the public domain, or shared with stakeholders due to a combination of its sensitivity, or as it might potentially compromise the sources of information. This in turn may influence their ability to operate and relationships with critical stakeholders. As a result, the team has drawn on the literature, and slightly oblique data; that may not explicitly illustrate the point, but which does provide a degree of support to the interpretation outlined. Where opinions are towards the speculative end of the spectrum or reflect perceptions not able to be supported, this is noted and these points may be introduced only for discussion purposes to illuminate broader potential issues at stake.

[3] See map for example at https://emis.mogei.gov.ss/dashboard?year=2026. The statistics available also provide tantalising information without the context of being mapped.
[4] See map for example at https://girlseducationsouthsudan.org
[5] For example, see UNICEF Social map of Leer County to be found at https://www.unicef.org/southsudan/media/776/file/Leer-County-social-map.pdf

Latent Conflict: Contributing to possible structural inequities that may or may not come to light is effectively building up latent conflict. The concept of latency means that, from a practical perspective in this research, it is difficult to assess the *degree* of contribution to potential conflict that service provision may be supporting. This adds a greater degree of subjectivity to information interpretation. While always the case to some extent with qualitative data, it does undermine levels of certainty. For example, when asked for specific examples illustrating their points, respondents were not always able to provide them, or drew on examples from a relatively long time ago (e.g. up to twenty years ago). This suggests potentially competing interpretations: on the one hand, a lack of evidence, and so possibly minimal connectivity between service provision and conflict. On the other, given the frequency of opinions that there is a linkage, but reflecting a bias,[6] and confirming the complexity of causality, validity and importance of multiple factors.

Brief Summary of conflict dynamics and categorisation of the locations visited

Leer – Unity State: Categorised for the research as intra-communal conflict – between sub-clans or sections in a tribe but touching national political dynamics. Thus, SPLM-IG versus SPLM-IO overlaid onto inter-sectional Nuer conflict dynamics with Leer County majority population being Dok Nuer, surrounded by Panyijar County populated by Nyuong and Mayendit County being comprised of mainly Haak Nuer.

Kapoeta – Eastern Equatoria State: Categorised for the research as mainly inter-communal conflict – between different tribes. In the areas visited this was between the Toposa and the Didinga, primarily over grazing, land, and natural resources. The Toposa - Turkana cross-border conflict dynamics were reduced during the period visited due to an ongoing EU-funded peacebuilding program. Other conflicts at the Eastern end (e.g. Turkana/Nyangatom, Dassenech-Nyangatom, etc) were not considered. SPLM-IG-SPLM-IO dynamics are now emerging more strongly but were not impacting on the sites visited.

Maban County – Upper Nile State: Categorised for the research as mainly inter-communal conflict – between different groups. In particular between the Sudanese refugees from Sudan (The Funj) and the host community of the Maban. SPLM-IG-SPLM-IO dynamics had been prevalent previously but now reduced for a variety of factors, and not impacting on the refugee-host community dynamics currently. *

Aweil – Northern Bahr El Ghazal: Categorised for the research as mainly inter-communal conflict – between different groups. In particular between the refugees from Sudan (The Misseriya and Reizegat) and the host community of the Dinka Malual. There are also long-term traditional cross-border conflict dynamics between these groups in terms of cattle-raiding and transhumant migrations from north to south.

Chukudum, Budi – Eastern Equatoria: Categorised for the research as mainly inter-communal conflict – between different tribes. In the areas visited this was between the Toposa, Didinga, Logir and Buya tribes primarily over cattle, grazing, land, and natural resources.

- See CSRF County profile Maban https://csrf-southsudan.org/county_profile/maban/

Section 2: Education and Local Conflict Dynamics

Introduction: There is a large literature on the relationship between conflict and education as well as its role in peacebuilding (especially when compared to that of the health sector).[7] It is accepted that provision of education does not bring peace per se, but if inclusive and equitable it is a critical part of the societal enabling environment contributing to stability, participation in democratic processes, and the functionality of society.[8] There are also some significant pieces of research on the education situation in South Sudan. A key paper by

[6] For example, a combination of interviewer bias and social desirability bias, or wanting to please the interviewer.

[7] See for example: Price, R. (2019). *Lessons Learned from Education Programmes' Contribution to Peace and Stability* (K4D Helpdesk Report 577). Institute of Development Studies, Brighton, UK. Or Millican, J. (2021). *Education and Stability Learning Journey: Lessons learned and emerging issues*. K4D Emerging Issues Report 37. Brighton, UK: Institute of Development Studies. DOI: 10.19088/K4D.2022.013 and Haider, H. (2021). *Education, Conflict and Stability in South Sudan*. K4D Emerging Issues Report 46. Brighton, UK: Institute of Development Studies. DOI: 10.19088/K4D.2021.129 or Bush, K. & Saltarelli, D. (Eds.). (2000). *The Two Faces of Education in Ethnic Conflict: Towards a Peacebuilding Education for Children*. Florence, Italy: UNICEF Innocenti Research Centre. https://www.unicef-irc.org/publications/pdf/insight4.pdf

[8] See UNESCO. (2016). *Education for Environmental Sustainability and Green Growth*. Paris, France: UNESCO.

Novelli et al (2016) found clear inequalities in access, resources and outcomes in the education system in South Sudan, reflecting in particular, the correlation between low levels of education and high levels of conflict.[9] Thus, the areas of the country with the highest levels of conflict since 2011 (Unity, Upper Nile, and Jonglei) have the lowest percentage of students in upper primary. It also notes that specific development and assistance policies and strategies aimed at addressing the education issues in South Sudan have concentrated on increasing student enrolment and the very low levels of girls' education rather than addressing the rural-urban divide or conflict-affected areas.

Figure 1: Destroyed School in Aweil

Findings from the field

Conflict Touching Schools Directly: Conflict affects schools and children's education significantly in South Sudan. For example, UNICEF noted that in just the first half of 2025, 1,281 schools remained closed due to conflict and insecurity.[10] The schools visited also reported a variety of conflict experiences with violence reaching across urban and rural environments. From urban to rural through the effect of politicians stirring up conflict and catalysing it from afar; from rural to urban environments 'tit-for-tat' revenge killings may target educated people to inflict as much pain as possible on the receiving community. This suggests an implicit value attached to education and a recognition of the importance of educated leaders. School populations were sometimes caught in cross-fire. For example, in Chukudum, schools in the town are in the main unfenced, and so were sometimes caught in cattle-raider cross-fire (Logir, Toposa or Buya) as they moved through the grounds to access cattle and livestock on the other side (or sometimes grazing on school grounds). This may result in pupil and teacher deaths from stray bullets. Schools were not considered safe havens in any location and are often targets for looting and destruction. In Eastern Equatoria, schools on boundaries between conflicting ethnic groups are more likely to be closed due to conflicts,[11] and in such cases when there have been conflict outbreaks, and if the school is open, minority students from the conflicting sides can be unwilling to cross lines fearing they may be targeted. For instance, where there are land conflicts and disputed territories around grazing access between the Didinga and Toposa, this constrains people's movements when tensions are high. Specific schools were not cited, not least as many schools in this area are not functioning at all due to lack of teachers. In Unity State, schools noted they had been looted and destroyed during violence at various points in time. In addition, when conflict is raging, anyone sheltering at schools may be killed if caught by the enemy. In other locations visited this was not the case, but historically there are plenty of references documenting education facilities being attacked in South Sudan.[12]

[9] Not surprisingly this clearly reflects the impact of conflict on education. Harder to assess in this situation is the degree of any causal linkage between a lack of education and the possibility of increased conflict.

[10] UNICEF Humanitarian Situation Report No. 6 accessed at: https://www.unicef.org/documents/south-sudan-humanitarian-situation-report-no-6-mid-year-30-june-2025

[11] Also noted in the literature, see for instance P.60 for details in UNESCO International Institute for Educational Planning. (2023). *Education sector analysis: South Sudan*. IIEP-UNESCO Dakar. https://unesdoc.unesco.org/ark:/48223/pf0000387120

[12] E.g. One illustration from many, see 'Global Coalition to Protect Education from Attack, Education Under Attack 2018 - South Sudan', 11 May 2018, where UNICEF notes that from start of conflict in 2013 to 2016, more than 800 schools were destroyed. Or In

Contributions of the Education Sector to Social Cohesion and Peacebuilding

Respondents in the education sector were strongly of the opinion that education can and does play a significant role in peacebuilding and developing social cohesion. The academic and grey literature suggests that education can indeed play a useful role in peacebuilding and social cohesion.[13] Positive examples cited though, reveal some contextual nuances.

Education can 'immunise' students from participating in pathways that can lead to violence: Several peacebuilding respondents (from Unity State and Eastern Equatoria primarily) noted that in their view and experience, if a young man has completed primary school, they will not become involved directly in violence themselves. This premise was tested in focus groups where possible. In Chukudum, young men agreed and noted that if you are educated there are two reasons why you won't go on cattle raids. The first is that you don't have the skills to be a successful cattle-raider and are more likely to be killed if you go raiding.[14] They described this as not having been to 'cattle-raiding school'. Secondly, that those with an education valued their lives more and considered there were potentially more opportunities for other livelihoods. It was thought by teachers and peacebuilders also to be the case for politically-manipulated militia in other parts such as Unity State, as young men in the cattle camps are those with weapons, and willing to risk themselves to gain benefit (e.g. cattle and loot) and perceptions were that they are potentially more open to political messaging without critical analysis. Similarly, in Aweil it was noted that delays in the education bureaucracy at a critical time for young people affects these choices dramatically. Marking results can take a year and then a year before potentially continuing education. This leaves young adults with an awkward gap potentially disrupting their education significantly.[15]

Schools as Platforms for Peacebuilding: In Kapoeta, a large urban centre, positive and intentional peace messaging in schools when conflict breaks out between two tribes was reported. The intention being to differentiate between conflict 'out there' between the groups in the rural areas, and the relationships between them in town. However, this is challenged by the way that educated people may also be targets, with conflict reaching across the rural-urban divide. Proactive peacebuilding and preventative communications could be reinforced further.

Contributions to improved Social Cohesion: In Maban, tensions between host communities and refugees were reported to have improved through sharing facilities and mixing of students from both communities at secondary school level. However, there are additional dynamics amongst the refugees with this positive mixing at school unable to be leveraged within the refugee community itself. Thus, efforts from education implementing partners to organise an inter-school debating competition, with the three secondary schools debating each other in each school in each refugee camp. The opportunity was rejected by one refugee community which did not wish to share the same space or interact with the refugees from another location.[16] So, students are well integrated but communities are unable to bridge divides suggesting a need for more intentional inter-community peacebuilding as well. A further challenge was found in Aweil. Government official

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2017, the Education Cluster reported that 31% of all schools in South Sudan suffered some form of attack by armed forces or non-state armed groups between 2013 and the end of 2016, including military use and threats targeting students and teachers. https://www.refworld.org/reference/annualreport/gcpea/2018/en/122331

[13] See Zebun Nisa Khan. *(2016) Role of Education in Building Social Cohesion. International Journal of Secondary Education.* Vol. 4, No. 2, 2016, pp. 23-26. doi: 10.11648/j.ijsedu.20160402.12, Price, R. (2019). *Lessons learned from education programmes' contribution to peace and stability*. K4D, Knowledge, Evidence and Learning for Development. https://opendocs.ids.ac.uk/opendocs/handle/20.500.12413/14482 and UNESCO. (2022). *New understandings of education's contributions to peace: Technical note* (ED/PSD/GCP/2022/04). https://unesdoc.unesco.org/ark:/48223/pf0000381530 amongst others.

[14] The young men describing this situation had personal experience that underpinned their views and they gave examples of educated young men they knew who had died in this manner. On the other hand, there was a young woman in a focus group who noted that her brother had been educated in Kenya, but on returning to South Sudan had taken up cattle-raiding. His motivation was not entirely clear but was described as a lack of job options.

[15] Potentially resulting in a cessation of education completely if early marriage or pregnancy occurs or young men join militias.

[16] This was due to the fact that refugee camps in Maban reflect political divides from Sudan. Following the split in the SPLM-N on the other side of the border, Abdulaziz Al Hailu's supporters aligned with RSF, while Malik Agar's supporters are aligned with SAF. Some camps have mixed allegiance but Doro is often considered to be majorly aligned with Malk Agar and SAF. See Danish Demining Group. (2013). *Displacement, disharmony and disillusion: Understanding host-refugee tensions in Maban County, South Sudan*. ReliefWeb for background details

policy is to amalgamate services for both host communities and refugees to encourage integration. From a social cohesion perspective this is a sensible approach. However, the Wedweil refugee camp residents noted the school was very problematic and enhanced tensions rather than cohesion for several reasons: the host school curriculum is not the same as that in Sudan; the standard of teaching (differing expectations between students and parents); and the school location several kilometres from the camp. This means a hot walk for students who are harassed on the way to and from it by locals; particularly intimidating for the girls. As a result, they were advocating for their own school in the camp where they themselves would teach their children. This again points to the gap between the school environment where attitudes may be potentially more easily managed and outside in the community where other factors play a role. This requires additional peacebuilding investments. There are other positive examples in the grey literature providing evidence of the positive role of education in enhancing social cohesion.[17]

The Role of the Curriculum: While this aspect was not analysed in depth, peacebuilding is incorporated into the curriculum in a strand within social studies connected to citizenship. While the official rhetoric in the policy and guidance documents emphasises its importance, on the ground it does not appear to feature strongly. This suggests supplementary approaches to reinforce messages would help such as peace clubs.

Education Services and their contributions to causing or exacerbating conflict

Contributing to structural grievances at national, state and county levels*:* A key dimension where education services can potentially contribute to conflict at any level of society, is through inequitable distribution of resources across different groups, with some benefitting more than others.[18] Such disparities, at a minimum, contribute to latent conflict and the possibility of violence in the future. It may also potentially entrench unhelpful patterns of political patronage, or maximising partisan greed through political power. For example, if appointed to a position of power the opportunity is used to allocate as many resources as possible to your own group, community, tribe.[19] This temptation is heightened by the potential short-term nature of your tenure due to high political turnover. Whenever there is a change in political power, the incoming person appoints a raft of their 'own people' to positions within their mandate.

- *At the national level*, a number of respondents asserted this situation was the case from personal experience and named particular politicians taking advantage of their position to ensure their communities benefitted; for example by ensuring their communities were selected to receive a new school building.[20] Firm, evidence to triangulate this (or not), is difficult to obtain, requiring an understanding of both spatial data showing school locations and historical timelines showing when the school was constructed (linking it to specific programmes and powerholders). The Education Census conducted in 2023 has some very basic data indicating structural inequities,[21] for example, higher levels of school coverage in Bahr El Ghazal and Equatoria compared to other areas, but the information is not in sufficient depth to be able to analyse properly. What is needed is a map showing school distribution across the country with their status (functioning, non-functioning, whether they have sound infrastructure, teachers present or not, etc.).[22] At the county level, government officials know the situation and such information could be built up county by

[17] See for example this UNMISS case in Rumbek- Example – positive from Rumbek https://peacekeeping.un.org/en/south-sudanese-students-break-ethnic-boundaries-through-peace-and-human-rights-clubs#:~:text=Students%20at%20Abukloi%20Secondary%20School,respective%20home%20communities%20as%20well. FCDO conflict adviser also noted the positive peacebuilding work in schools along conflict faultlines in Jonglei that has had a good impact on attitudes and tolerance between conflicting tribes.

[18] See, for example; Moro, L. N., & Tolani, N. (2021). *Education in South Sudan: Focusing on inequality of provision and implications for national cohesion*. Conflict Research Programme, London School of Economics and Political Science. https://eprints.lse.ac.uk/111063/1/CRP_education_in_south_sudan_published.pdf

[19] For example, it was reliably reported that Governor Louis Lobong pays the salary of the doctor in the clinic located in his own community to ensure that there are good medical facilities there.

[20] One community visited had two school buildings (both not being used); an old structure and a new one. This suggests the allegations may be accurate but it was not clear why there were two and the old one was not rehabilitated. The community said that they did not know why not either or even why they had been selected to receive support.

[21] See, Ministry of General Education and Instruction. (2023). *National education census summary report 2023*

[22] As noted in the limitations section, such information is political and its availability would not suit all stakeholders as then transparency may contradict their narratives.

county. This could provide a basis to assess whether there are patterns reflecting political or ethnic biases or not. [23]

- *At State level:* Similarly, it was suggested by respondents that this was the case at State level but again there is insufficient data to establish how this may be manifested and whether or the extent to which this is the case for the education sector.
- *At County level:* The opportunities to influence decision-making at this level were considered limited to interactions with NGOs when the project or programme is in the design stages. Organisations were reported to be steered to certain geographic areas on the basis of various rationales which may be legitimate or not in different situations, such as: the absence of other organisations, conflict or security reasons, or access (see below).
- *At community level:* Within communities, aid heightening tension was found in two realms:
    - *Incentives for teachers and volunteer teachers:* Given inconsistent distribution of government salaries, regular support, training opportunities and incentives from international partners are highly valued. Insufficient resources mean some people are supported and others not. This generates considerable tensions in the school and community, and is considered unfair.[24] Similarly, volunteer teachers usually do not receive any support at all from partners or government. They may have varying degrees of qualification often being returnees from neighbouring countries, or local graduates. Payroll is another ongoing issue: in all schools visited, teachers are maintained on the government payroll whether present and teaching or not. In most cases, there were few teachers present as they had jobs elsewhere. This is due to two reasons; firstly, most haven't been paid for work already undertaken. Secondly, for compassionate reasons; in a few cases (as with the health sector), personnel had died but the small amounts occasionally distributed are still important for the family. This means many working as teachers are without pay apart from some in-kind community contributions. Positively, in some counties the CED were slowly trying to update records to reflect reality and in one case enable volunteers to be paid.
    - *Incentives for girls attending senior years in primary school under GESS:* The second aspect is which girls receive incentives. In some cases, tensions were due to eligible students not being at school and enrolling at the right time and so missing out. In others, girls of the same age but not the right class felt they should also receive support. Some education partners reported a few cases where teachers had tried to take a small portion of the incentive feeling they too should receive something but these were managed well by IPS with the schools and so were increasingly rare.[25] A further aspect that may yet create issues in this regard, appears to be a function of the success of the GESS programme. Enrolment ratios of girls to boys is now about 50% and in a number of cases, schools had more girls than boys, creating potential for boy's increasing resentment with negative implications for gender relations. This deserves further research.

Marginalisation as a local conflict driver: Lack of services is reportedly used in two ways contributing to conflict and maintenance of the status quo: as a factor for politicians to stir up conflict for political purposes (along with provision of money, weapons and ammunition). The intent being to manoeuvre for political appointments and change, as well as personal gain.[26] It was also suggested such a situation enables government officials to

[23] It would also enable analysis of other patterns: for example, any relationships between conflict and functional or non-functional schools. Where teachers are present or not and why? Which communities are underserved and why? Ideally such maps could identify and overlay conflict lines and where they tend to be manifested.

[24] While no instances of resulting violence were noted, it is an issue: For example, an education implementing partner reported that the gap between teachers supported and those not supported by them was 72. Of these 72, already 10 of them now remain at home saying they are going farming, others who were supported under USAID now go mining instead. Of 186 teachers in their database of the schools they support, 46 have deserted because of this issue.

[25]The programme has been running for a very long time; over a decade, and so most of these issues had been overcome. The team attended a couple of school validations in Juba, to better understand the way the process was conducted. No issues were seen on these occasions but it is recognised that it may be different in rural locations or other contexts. Nevertheless, the education partners contacted and interviewed appeared to have similar experiences in this regard.

[26] Stirring up conflict allows politicians to point fingers at others, saying that they are unable to control the situation and so need to be changed (either so they themselves, or others they favour, can gain a position). Personal gain might be the kudos, and political advantage gained by supporting their own people with weapons or ammunition demonstrating they are a good leader delivering resources to their community, reinforcing political patronage norms. The 'spoils' from such conflict; ie cattle or goods were reported to go to those directly involved, not the patron.

steer NGOs and programmes to specific areas. For example, from a Didinga perspective, several respondents noted their view that Chukudum had been kept on a higher official security rating for much longer than was warranted by the actual levels of conflict. According to them, this enabled the influencing of resources and programmes away from the location to others.[27]

Disparity Visibility: In assessing contributions to structural inequities and degrees of latent conflict being generated, a factor is the level of awareness of stakeholders of the issue. At the community level in rural areas, degrees of awareness of what is happening in other parts of the country at national or even state level appears to be very low. This does not negate the possible contribution to latent conflict and potential structural grievances over the long-term, but the lack of transparency means that accountability and political urgency to address such issues is absent.[28]

Conflict causality is clearer where disparities and lack of fairness are visible across communities. This occurs at boundaries between groups, such as refugees and host communities. In Maban for example, refugees receive water points, teacher incentives, education materials and higher quality education, as well as greater access to scholarships for tertiary education (sometimes in other countries), which is not the case for host communities. This is a source of considerable ongoing tension according to respondents.[29]

Key Contextual Findings Influencing interactions between Education and Conflict: Links appear to be influenced by multiple factors affecting decision-making for individuals and families and whether or not children are able to participate in education, or are needed (or choose in some cases) to undertake other activities. A combination of these factors determines whether and how they are involved in violence or not, as well as the potential success or otherwise of education in enhancing social cohesion and positive normative values.

1. Economic and Livelihood Factors

Functionality, Cost and quality of Education: In theory, primary and now secondary education are free in accord with the 2017-2027 National Education Policy and 2023 Presidential Order reiterating it. Textbooks are also supposed to be provided to schools. The reality though, is that the government does not regularly pay teacher salaries (for many months at a time) and so many teachers are not at their posts, especially in rural areas, taking other jobs to earn an income. This means many rural schools are not functioning. In those that are, parents are usually asked to provide a contribution to help cover costs; this may be to support salaries or incentives for teachers and volunteers as well as other general upkeep or materials.[30] Despite being a relatively small amount and often able to be paid in kind (e.g. through food) this is a significant burden for many families and drop-outs occur if parents cannot continue to contribute support. Thus, stress on livelihoods impacts the levels of education and choices to continue or not. Linked to this, value for money was also raised. For example, in both Kapoeta and Chukudum, many noted that low teacher motivation meant they were often not at school, inactive in the classroom, or even reported to be under the influence. This has resulted in motivated students shifting schools trying to find one with better quality teaching, creating instability. At the end of the day when parents view children's exercise books with nothing in it to suggest learning, they become unwilling to pay the contribution, also leading to dropout.

Livelihoods, Economics and Education: Strong livelihoods are critical to generate wealth to cover the cost of education. The success of rural livelihoods is

Figure 2: Destroyed School in Aweil 2

[27] These respondents cited as evidence the fact that there is more than one school building to be found in some Toposa areas. In fact, the research team did visit such an area, where a community had two school buildings, but the reasons for this were not entirely clear. In other locations such as Leer we were unable to talk to conflict protagonists from both sides of the conflicts, but these issues were not highlighted. Rather schools and health facilities were considered to be targets for looting, while motivating factors for inter-sectional conflict were a combination of national IO/IG issues overlaying ongoing conflict dynamics associated with cattle, revenge and other such disputes.

[28] For an interesting discussion of disparity visibility, perception, awareness and objectivity see Must, E. (2016). *When and how does inequality cause conflict? Group dynamics, perceptions and natural resources* [Doctoral thesis]. London School of Economics and Political Science.

[29] Agencies noted this reflects two issues leading to the bias: the combination of restrictive humanitarian mandates specifying resources to be used majorly for refugees (this is both donors and agencies) and poor conflict-sensitivity practice.

[30] Again – in theory teachers' salaries are covered by the government but these are very low and received very intermittently. None of the government teachers interviewed had received anything for several months, although a few had been notified their salaries were at the bank, but when they tried to access the money at the bank, no concrete funds were available.

dependent on participation of the whole (or most of) the family. Livelihoods were found to be under great stress in all locations, due to a combination of factors: the collapsing economy, with GDP dropping to 2015 levels, prices increasing 93-fold, as well as issues associated with mismanagement of natural resources, and the 2024 oil shock.[31] Escalating conflict in many locations, coupled with climate change and extreme weather events across South Sudan (e.g. large scale flooding and more frequent drought and infrequent rains) is also impacting on livelihood security.[32] In Eastern Equatoria specifically, the harvest appeared visibly poor and communities were not expecting a good harvest, with existing crops threatened by large numbers of birds. Additional stresses included reduced assistance from humanitarian and development actors, including cuts in school feeding programmes, support to schools and climate resilient livelihoods.

***Gender Roles and Livelihoods**:* Gender roles are evolving in pastoralist, agro-pastoralist and piscatorial societies and vary depending on tribe and location.[33] Such roles also influence family priorities and which children remain at school or are required to support family livelihoods more directly. In some locations it is the children who value education more than the parents. In Leer, Unity State, amongst the Nuer, both men and women are responsible for contributing to the family livelihood with gender divides similar in neighbouring tribes. Men are involved in agriculture (e.g. clearing, ploughing and tilling work) and looking after the livestock, while women weed and cultivate as well as other activities such as charcoal production, small businesses etc. In Eastern Equatoria, it is still predominantly the responsibility of women to ensure food is on the table, while men are responsible for looking after the family wealth; i.e. the cattle. Children were also expected to protect crops, look after small livestock and contribute something to the family. Focus groups reported high societal pressure to fulfil these roles and if, for example, women can't put food on the table they are considered failures as wives, mothers and women. Fulfilling these expectations is a key reason for the huge increase in gold artisanal mining by women and girls (taking them away from school)

[31] See, World Bank. 2025. South Sudan Economic Monitor, Seventh Edition: A Pathway to Overcome the Crisis. Accessed at http://hdl.handle.net/10986/42974

[32] For a summary of Climate security facts in South Sudan see; SIPRI, & NUPI. (2025, March 3). *Climate, peace and security fact sheet: South Sudan*. Stockholm International Peace Research Institute.

[33] See for example Stites, E. (2024, April). *Gender dynamics in pastoralist livelihood systems in Africa*. Tufts University Feinstein International Center, Boston.

seeking to earn a little money. If successful, gold is sold in Kapoeta and food for the family immediately bought.[34] [35]

Dowry, cost of girl's education and values attached to educated women: Dowries and bride prices are still well established in all locations visited. As an indicator of the value of education, the level of dowry expected to marry an educated women varied across the locations. For example, in NBEG the dowry for an educated woman was reported to be around a hundred cattle, while for an uneducated woman, around thirty or forty. This has changed over time with increases in dowries reflecting community' views on education. Some communities still consider a girl's education as an investment to be returned through the dowry, (in some places the costs of education, both the investment already made as well as the total amount, are factored into the dowry price such as in Chukudum). This is also the case for early pregnancy where fines take into account the costs of remaining education and parents will demand that the man responsible repays the money used to educate her. As livelihood stress increases there is potentially family pressure to drop-out, and for early marriages to take place, to access the dowry and pass responsibility for daughters to other families.

2. Identity, Diversity and Education*:* Identity and culture are strong drivers of social norms, behaviours and community values around education. In the strong pastoralist locations 'cattle culture' is still remarkably strong, so, raiding, honour in exacting revenge, dowries, wealth accumulation and redistribution are still associated with this livelihood, although it is also changing slowly.[36]
    a. *Student Social Identities, values and behaviour:* More than one teacher identified the competing expectations on students. Behaviours and values expected by and enforced by teachers in the school environment are not necessarily the same as those operating in the community. Teachers noted that when they see poor behaviour outside of school (e.g. fighting or teasing students from another community) they will address it when back at school. The student is ashamed but acknowledges the different expectations in different contexts.
    b. *Cattle-Raiders versus Teachers as heroes and partners:* Education as a desirable quality is in tension with traditional roles. Women in community focus groups in Eastern Equatoria, were asked whether teachers or warriors and cattle-raiders are considered better catches as partners (after having established the characteristics of what constitutes an ideal Toposa (or Didinga) man). So, if a new teacher arrives in the village at the same time as a successful cattle raider just returning with captured animals, who would the women rush to welcome? This proved to be a dilemma. After much discussion (and laughter) they decided that they would rush to the cattle raider first as it was exciting to have the animals in front of them, but in the long-term the teacher was the better bet, even if they receive a low intermittent salary. An educated person has greater potential to obtain other work (albeit now curtailed with the economy and aid transitions).
    c. *Homogeneity and heterogeneity of student bodies:* In rural schools visited (where functioning), the student body is usually and primarily ethnically homogeneous, so possibilities for mixing and normalising the 'other', promoting social cohesion and encouraging shared public spaces, are reduced compared to urban settings. But in larger urban centres such as Kapoeta, Aweil and State capitals, a larger degree of heterogeneity is happening allowing a degree of breaking down barriers and increasing social cohesion. Students (and teachers or volunteer teachers) may be from and exposed to other different environments, such as returnees from surrounding countries or IDPs from other parts of South Sudan. In secondary smaller towns, as might be expected, diversity reflects the surrounding groups with easy access to it.

[34] During the Kapoeta visit, large numbers of women were seen travelling in groups every day, to the gold fields where they would stay for a number of days before returning home. This phenomenon was reported to have increased dramatically after the withdrawal of USAID funding, so many were coming from Kapoeta North which was hard hit by this. Men are also at the sites as well and do the heavy digging, while women undertake the sifting and washing.

[35] Note the lower enrolment rates of girls in Eastern Equatoria as supporting evidence of these identity issues.

[36] For example, respondents in Leer noted that patterns of violence have changed and intensified with no quarter given to vulnerable groups and previously those traditionally given safe passage (women, children and the elderly). Instead, anyone in a community is liable to be attacked and killed, as well as medical and education facilities targeted for destruction to inflict as much pain as possible on the enemy. This echoes Joshua Craze's findings from his research in Warrap. Craze, J. (2022). *'And everything became war': Warrap State since the signing of the R-ARCSS*. Small Arms Survey.
https://www.smallarmssurvey.org/sites/default/files/resources/SAS-HSBA-Warrap-report.pdf

d. *Girls' Education Incentives and community mobilisation:* The impact of GESS incentives on girls' enrolment and continuing education was clear and the schools visited reported on the importance of the incentives and community mobilisation in changing behaviours and attitudes of communities and families towards girls' education. This was reflected in the almost enrolment parity between boys and girls reached. In two areas in fact, more girls than boys were found to be enrolled. This is very positive at face value, but begs the question of how it may affect gender relations, boys and their expectations and possible resentments. This requires further research. In Leer at one town primary school with greater numbers of enrolled girls, this was attributed to boys being more likely to drop out due to drug-taking considered more vulnerable to peer pressure than girls.

Figure 3: Leer Primary School

Discussion of Contextual Factors, livelihoods and conflict linkages

The above factors directly influence pragmatic choices on possible 'career' pathways by boys and girls in the areas visited and the extent to which conflict pathways may be fed or not. Functionality of schools, coupled with the challenges of poverty and survival (plus the other factors mentioned) mean children may drop out for the family to survive. At one school visited in a rural, conflict-affected area, with no teachers or volunteers (volunteer teachers tend to be in locations closer to urban centres with a range of services and opportunities as they are often returnees) children have to travel to another location if they wish to be educated, increasing risks and vulnerability (especially if you are a girl) and competing with livelihood priorities; rural boys end up tending cattle with their age set. Peers may then involve you in cattle-raiding, for dowries, revenging killings or recovering stolen livestock.[37] In the absence of pursuing education, livestock, agriculture or mining are the only options. Urban options may be work in the market, labouring or shining shoes. Girls in Eastern Equatoria, were still considered to be more trustworthy than boys in the home (looking after younger siblings and helping with cooking and livelihoods), but given the poverty imperative, artisanal gold mining has become a huge competing influence with education. This is likely to become an increasingly important livelihood option affecting conflict dynamics, politics and power dynamics as resources, land and access become increasingly contested around gold, ethnic ownership and administrative borders. A recent attack by youth in Budi point to this as a likely target for violence and increasing contestation.[38] This shift is likely to impact on community security and stability as well as health, further affecting education possibilities. For example, stakeholders reported an alarming increasing incidence of rape and sexual violence against women, who are vulnerable on the way to and from mining areas, despite travelling in groups. They are also unsafe at the actual sites as they have to sleep in the open and if they do find gold, they become targets for theft when taking it for sale to Kapoeta. A few cases are taken to the hospital but most rural women keep quiet or report the incident to the

[37] Choices and influences on why young people decide to join armed groups is discussed at length in Brett, R., & Specht, I. (2004). *Young soldiers: Why they choose to fight.* Boulder, CO: Lynne Rienner Publishers.
[38] See for example, Radio Tamazuj https://share.google/iHoDyhup5TNZy5PJq

chief due to the stigma attached. The inability to tackle or control the issue reflects an increasing instability and erosion of both customary law and order mechanisms as well as formal policing.[39]

Education is increasingly valued by communities (reflected by increasing enrolments), but at community level, especially in rural areas, competing societal norms affect pathways to violence within pastoralist tribes, including the Nilotic, Ateker, and Surmic groups. Pressures on livelihoods, societal norms (dowries, masculine normative expectations meaning that young men will still need to be involved deeply in this livelihood protecting family and community wealth). Without alternative livelihood options and possible wealth generation, coupled with a strong ongoing investment in peacebuilding and shifting some of the current societal norms, cyclical violence is likely to continue. Three key sets of factors drive young men to join armed militias that may also serve as community defence mechanisms (an important role for young men) such as the 'White Army' of the Nuer, the Azande 'Arrow Boys' of Western Equatoria, as well as the Titweng and Gelweng ('cattle guards') of the Dinka.[40] Identity factors, livelihood stresses, the inability of the government to provide broader security and justice, are all push factors driving young men to follow this path, while education and the lure of possible productive livelihood pathways such as working in the aid sector serve as alternative options offsetting paths to violence.

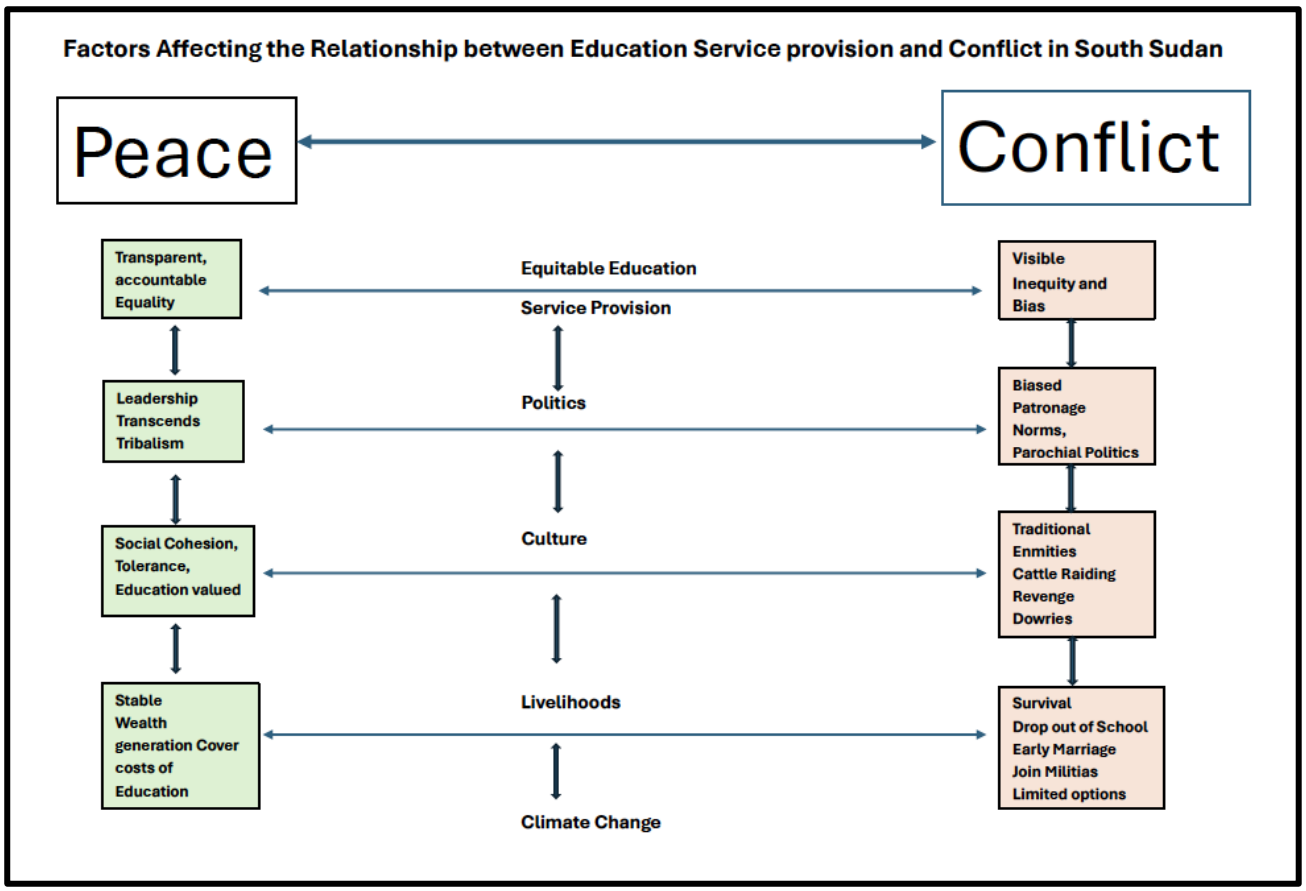

Figure 4: Diagram Showing Factors Affecting Education and Conflict

[39] At the moment, it appears that artisanal mining in South Sudan does not yet use mercury or cyanide to help extract gold, but it is used in Southern Kordofan and in Sudan, as well as in neighbouring DRC, so it may find its way south given the alleged involvement of some of the same actors, albeit on the financial side of it. If it does become introduced there may later be environmental issues to add to the 3.3% loss of tree cover since 2000 impacting rangelands – see Kei Emmanuel Duku's InfoNile article: South Sudan's Gold Rush: A Story of Livelihoods and Challenges accessed at https://infonile.org/en/2024/10/south-sudans-gold-rush-a-story-of-livelihoods-and-challenges/#:~:text=He%20emphasizes%20that%20many%20miners,with%20the%20support%20of%20InfoNile.

[40] See for example Saferworld Informal Armies
In the Murle – a peacebuilding blog https://dt-global.com/blog/age-sets-peacebuilding-in-south-sudan/#:~:text=The%20animal%20represents%20agility%2C%20strength,since%20South%20Sudan's%20civil%20war.

Conclusions for Education and Conflict

Field findings indicate that direct, clear causal linkages, both positive and negative, between education provision and local conflict dynamics are difficult to establish. Perceptions of the positive role that education can play mitigating conflict through both changing mindsets and providing alternative livelihood pathways that prevent uptake of traditional routes that may increase the likelihood of divergence to violent paths are very strong.

The opaque multifactorial nature of conflict and interplay between contextual factors that influence human behaviour means linkages between education service provision and local conflict dynamics are mostly indirect or secondary in nature, principally contributing to latent conflict which may or may not be manifested. While the potential for education to maximise its positive societal influence reinforcing stability, peacebuilding and preventing conflict is under-utilised. Aside from systemic political failure, this is due partly to inevitable resource deficiencies, partly capacity issues and partly countervailing social forces around identity and cultural practices.

Education resource distribution, most visible in infrastructure provision, risks entrenching long-term disparities; particularly urban-rural divides and relative political power divides between groups at local levels. This is, through a combination of current power and leadership behaviour norms, potential influencing of decision-making processes, coupled with pragmatic aid performance and selection criteria driving forces shaping choice. This confluence of factors can feed into and reinforce local inter-communal violence creating strengthened vicious cycles making sustainable peace hard to achieve.

Perceptions of the negative role of political influence, coupled with a failure to be seen attempting to address disparities or deliver on community expectations around basic education service provision, continue to undermine the legitimacy of the government and fulfilment of the social contract.[41]

Schools and the education sector appear to be underutilised platforms for supporting community social cohesion and peace, as well as resilience, self-reliance and good governance. In this regard, they hold greater potential for peacebuilding and influencing societal norms and values as well as creating community stability.

Recommendations

The following recommendations emerge from the findings noted above. However, they have also been shaped by a pragmatic acknowledgement of the global situation with its transitioning international development and assistance sector likely to result in further funding reductions and priority shifts. This is coupled with the deteriorating internal political, social, conflict and economic situation. This means that there needs to be a major shift in thinking from both the aid sector in their approaches as well as the participants that are involved in the programmes.

- *Social Cohesion and Peacebuilding:* Aiming to enhance the role that schools and the education sector play in developing social cohesion.
    - Target technical support on social cohesion to: (a) schools that are located in border areas between and with overlapping ethnic groups in long-term conflict, (b) schools in secondary urban centres with some diversity of ethnic groups and the potential for greater access of different groups from surrounds to access schools if there are improved relations, (c) Interfaces between groups with acute issues such as refugees and host communities.
    - Develop peace clubs, linking them to PTAs i.e. incorporating and ensuring community voices are involved not simply student populations with a potential gap between students and adults in the community.
    - Strengthen the peace education dimension of the curriculum and the ability of teachers, volunteers and the community to engage with students and be involved in it.

[41] The assertion that provision of education services affects the legitimacy of the government is backed up by the broader literature, see for example: Thyne, Clayton (2006). "ABC's, 123's, and the Golden Rule: The Pacifying Effect of Education on Civil War, 1980-1999." *International Studies Quarterly*. Vol. 50, pp. 733-754

- Ensure that any peacebuilding programmes in the area also link to schools in an informal component.[42] This could add a long-term preventative dimension by involving schools by providing opportunities for their use as platforms for community discussions on existing conflict issues and navigation of choices (not necessarily any actual dialogues between groups which usually require them to be conducted in neutral locations), increasing mutual understanding, capacity development such as skills for students, teachers, PTA, on conflict resolution, etc.

- *Political Economy of Resource Allocation and Government legitimacy:* To assist in preventing manipulation and diversion of assistance reinforcing unhelpful patronage patterns. Ensuring education support programmes do not contribute to disparities, further marginalisation of groups, latent conflict generation through disparities in service distribution, or reinforcement of political power dynamics benefit some groups over others.
    - Develop a spatial map illustrating school locations, their status (functioning / non-functioning) that can be overlaid with different aspects, such as maps of ethnic areas, conflict fault lines, population densities, considering political dimensions (such as IO/IG areas of competition). This can be utilised to ensure better distribution addressing inequities from an evidence-base.
    - Consider piloting a multi-stakeholder governance mechanism consisting of government, civil society, community representation, etc., possibly at County and State level that can monitor the inputs from an evidence-base.[43] This could be linked to communications and greater public transparency on decision-making to encourage accountability, strengthen trust in local authorities and support the development of a social contract.[44] Decision-making could also be informed by the development of specific criteria that address inequities, marginalisation, and a consideration of conflict dynamics.
    - Identify any particular barriers that prevent the implementation of activities aimed at addressing such disparities. For example, key access roads may need to be prioritised, linking with other investment projects.

- *Self-Reliance and empowerment:* Look for ways to situate and integrate education programming better within broader development and humanitarian approaches that recognise the interlinking factors that contribute to the broader vicious cycles that link education and conflict and determine success in education.
    - Encourage livelihood strengthening within school situations (e.g. development of school gardens, creation of space for children to learn livelihood diversification to help support teachers and volunteers as well as reduce the burden on families).
    - Pilot additional wealth generating schemes at schools (these will be different models in rural and urban areas) to increase the financial stability of teacher and school processes. Possibly under the auspices of an alternative community governance mechanism that has school or PTA representation.[45]
    - Enhance the role of PTAs in developing and articulating expectations of schools as safe havens (perhaps in clusters with other PTAs?).

- *Future Education Programming and Targeting* (See also Annexes for additional discussions): Depending on the objectives of future education programming and the priority geographies selected, it would be useful to undertake the following to assist in further addressing equity issues that may contribute to conflict drivers or longer-term (latent or apparent) structural grievances:
    - Undertake a broad country-wide conflict analysis that would serve to identify (a) the most acute correlations between conflict-affected areas and absence of education service provision (the GESS

[42] Skilled facilitators with sufficient preparation could undertake innovations such as bringing cattle-raiders, militiamen etc into schools to talk about their experiences as well as having students accompany community dialogues as appropriate.
[43] This would need the buy-in from local authorities,
[44] For example, townhalls, bulletin boards etc.
[45] Successful examples in other parts of the world have included community savings and loans schemes with an agreed component of wealth generated is channelled into the school. Running small transport schemes (eg boda-bodas), or on an even more modest scale, selling of snacks, coffee, etc. at the school.

coverage statistics may be used an as initial indicator to explore disparities and the reasons for them – which may also have a cultural or livelihood dimension). It should be recognised that the two aspects are mutually reinforcing; conflict-affected communities are likely to have reduced programming support due to the conflict, and the consistent long-term absence of education services and the pathways provided, may increase the likelihood of prevailing conflict. (b) the overall patterns that could inform longer-term planning in this regard, recognising that the current development resources constraints mean it is unlikely to be able to cover all the current needs identified.

- In each selected geography, conduct a more explicit applied PEA/Conflict analysis that identifies, not only the basic conflict dynamics, but also (a) considers the political economy and political power relationships in that area (b) which groups may have suffered from long-term marginalisation in respect of service provision, (c) Any specific physical barriers that have exacerbated the situation, which also need to be addressed. (This could include factors such as the need for investment in improved access.).[46]
- Consider adjusting the balance and levels of different educational inputs to the specifics of each local context. For example, this may be with respect to: incorporation of peacebuilding programming investment alongside the education inputs, levels of peace educations, focus of social cohesion prioritisation, level of community communications addressing cultural contexts and dynamics (e.g. levels of prioritisation of girl's education, incorporation of a greater degree of livelihood, or school self-reliance mechanisms).

Section 3: Health and Local Conflict Dynamics

Introduction: Similar to education, health provision does not bring peace per se as the root causes of any conflict need to be addressed directly. Health services may be both part of the issue, but can, in a number of ways also assist in creating social stability through improved health outcomes, and improved economic security, and can be a vehicle for assisting in the improvement of governance. Good health in a population helps to maximise the positive impact of other dimensions of life. For example, ensuring people are economically productive in the implementation of their livelihoods; fewer days lost not working due to sickness, increased productivity due to reduced morbidity factors and disease burdens, as well as the associated impacts on families having to compensate for these burdens (for example, children having to take up the burden of obtaining a family livelihood if a parent is unable to do so, so missing school, etc.). A simple example that was raised many times in the field was the importance of being able to obtain a diagnosis and treatment for malaria, which has an immediate and significant impact on people. Similarly, the impact of ill health on children's ability to attend school, or the extent to which they can be effective learners. Being able to access health facilities also reduces the immediate costs and stresses on families trying to manage ill health, or health emergencies as well. In addition, the impacts of conflict and trauma on the mental health of all affected by it, have both immediate and long-term effects that also affect other aspects of violence. For example, trauma can impact levels of tolerance, and abilities to manage domestic conflict leading to increased levels of stress and gender-based violence.

Within active conflict zones, the health sector can on occasions also provide a neutral starting point for conflicting parties to work on common issues. The accepted myth that health care and the health sector is a neutral force in such settings is enshrined in various human rights documents as well as the Geneva Convention. These documents essentially acknowledge that all humans are the same and have rights to the highest attainable standard of physical and mental health. While "countries have a legal obligation to develop and implement legislation and policies that guarantee universal access to quality health services and address the root causes of health disparities, including poverty, stigma and discrimination."[47]

The largest healthcare programme in South Sudan is the ambitious Health System Strengthening Programme (HSTP) which is aiming to achieve its objective of strengthening South Sudan's healthcare system by enhancing

[46] While this may not be possible to address due to funding constraints, there may be aspects that can be alleviated through mobilisation of other programmes. For example, community food for work to improve some feeder roads, etc.
[47] WHO factsheet on Human Rights accessed at https://www.who.int/news-room/fact-sheets/detail/human-rights-and-health#:~:text=Every%20human%20being%20has%20the,equitable%20access%20to%20health%20services.

governance, monitoring and service delivery. However, it is attempting this in a context of increasing conflict and instability. The health sector itself is also increasingly under attack, most recently in Jonglei, experiencing a rising number of targeted attacks on health facilities. For example, there have been eight attacks on MSF staff and facilities in 2025. This has included bombing (by helicopter gunships), e.g. Old Fangak Hospital, the looting of Ulang Hospital forcing its closure, while 2 MSF boats were attacked while delivering supplies to Nasir County Hospital. Aside from the intense escalation of attacks on health facilities in Jonglei in recent months, these types of incidents have also been experienced in other parts of the country such as at Morobo County Hospital which was looted with two ambulances burned.[48] Within this overarching situation it is opportune to consider how and whether the health sector does influence local conflict dynamics. The positive contributions of health to social cohesion and peacebuilding will be considered first followed by a consideration of any negative influences.

Figure 5: Host community Maban

Key Findings from the field

Contributions to Social Cohesion and Peacebuilding:

Health Service Provision as a Primary Pillar of Social Stability: The health of people, as noted in the introduction to this section, is a fundamental pillar of social stability, enabling people to fulfil all the other aspects of their lives positively and in accord with their wishes and abilities. In this regard it is the basis for leading a full and productive life. In addition, the ability to access and receive appropriate health care, simultaneously reduces the additional stresses associated with ill health; burdens on other family members to obtain livelihoods, additional costs of access to health care or the longer-term impacts of morbidity and life expectancy. As a result, effective health service provision is a critical contributor to social stability. In the context of this research though, of more immediate focus are the impacts of health service provision if implemented poorly, as this aspect is likely to shape the immediate conflict dynamics more directly and visibly than perhaps longer-term effects of sound health programming. Although it is acknowledged that ill health impacts in conflict-affected environments can have significant intergenerational consequences (aspects such as mental health and trauma affect families, communities and society more broadly for generations). It is also the case that without addressing health service provision properly, all aspects of social and economic development are likely to be less than maximal).

Negotiating Access to Opposition controlled areas and Conflict-affected communities: Historically the links between health service provision and humanitarianism have been strong and international agencies such as ICRC and MSF in particular have a long global history of negotiating access to conflict-affected communities and continue to do so in South Sudan and in the current political environment (particularly in Nasir, and Ulang

[48] See Page 25 - Doctors Without Borders/Médecins Sans Frontières (MSF). (December 2025). *Left behind in crisis: Escalating violence and healthcare collapse in South Sudan*.

areas of Upper Nile). Other implementing agencies interviewed, both international and South Sudanese health agencies, have also been able to gain access to conflict-affected communities. This has been critically important, not only to provide stable services to desperate populations, but also to continue reinforcing the normative concept of the health sector as a neutral actor in conflict-affected arenas.

This concept is something akin to the idea of the 'Kings clothes', as conflict is clearly a political and structural determinant of health and so neutrality is immediately undermined. Without challenging and addressing the political dynamics explicitly, provision of health services could even be considered a form of complicity suiting military and political actors and supporting a systemic status quo. The dilemma for implementing agencies is that, if they do not maintain good relationships with conflict actors they will be denied access to the civilian populations they serve to do their jobs.[49] Relationships in such circumstances are critical and one interviewee recalled a number of occasions in the field during violent conflict in 2022 when as a health professional they were even in a position to challenge the behaviours of the government around their treatment of prisoners, which is both rare and courageous.

Negotiating access can be considered a contribution to peacebuilding in its own right, at higher and community levels. It not only serves the people but reminds conflict actors of their obligations to civilians and human rights. While successful the process maintains space for interactions with conflict protagonists and dialogue albeit with stakeholders outside of the conflict. The context in South Sudan suggests that this space is deteriorating. The overall trends in access denial for all humanitarian interventions including provision of health are tracked by UNOCHA in their humanitarian updates. A glance at the last few months of 2025 demonstrates an increase in the difficulties agencies are experiencing in this regard.[50] Respondents noted that obstructions are now 25% higher in 2025 compared to 2024. The types of impediments are various, but at the serious end of the spectrum include attacks, harassment and looting of assets. At the less serious end they include increasing government bureaucratic requirements (SPLM-IO were reported not to impose any major restrictions on access so far), delays in permissions, cases of minor extortion. These are particularly experienced by agencies trying to access SPLM-IO controlled areas. (See Table 2)

Table 2: Comparison of South Sudan Access Restrictions and Operations Interference 2024 and 2025

	June	*July*	*August*	*September*	*October*	*November*	*Total*
Access Restrictions 2025	6	3	9	6	12	2	*38*
Operations Interference 2025	4	8	14	5	9	8	*48*
Access Restrictions 2024	2	1	1	0	0	0	*4*
Operations Interference 2024	7	3	1	2	1	9	*23*

*Source: Compiled from OCHA monthly Humanitarian Access Snapshots 2025[51]

The Health Sector and ceasefires: Linked to the above point, in South Sudan, the health sector has a positive history. In specific locations, particular health staff and their organisations have been able to act as intermediaries to bridge both local communities and warring parties, to prevent fighting and negotiate temporary ceasefires. One senior government respondent in Aweil recalled his organisation (UNICEF) being able to negotiate a temporary ceasefire between conflicting parties in the Lakes region during the civil war (between Dinka militias split in their fighting for the North and South) in the early 2000's to be able to conduct a vaccine campaign. This involved dialogue with the leaders of all groups in that area. The most well-known example, was the six-month ceasefire negotiated by President Jimmy Carter in his work with the Carter Center

[49] An interesting paper explores these dilemmas in the context of Israeli health services in Jerusalem, see; Amiad Haran Diman & Dan Miodownik (2024) *Social Cohesion and Collective Violence: Latent Variable Approach to Explaining Riots in East Jerusalem*, Studies in Conflict & Terrorism, 47:12, 1772-1799, DOI: 10.1080/1057610X.2022.2074394

[50] Reporting by agencies in terms of access and the differing barriers encountered is inconsistent as some agencies are reluctant to provide details for fear of impacts on their relationships with conflict actors, or they may be more absolutist and if they are managing to access populations by whatever means then they consider that they still have access. Thus

[51] N.B. These numbers reflect the whole of South Sudan and all humanitarian agencies who have reported. The majority of incidents were experienced by UN agencies but many agencies have differing perspectives on access and this probably represents under-reporting.

in 1995, to be able to tackle Guinea worm.[52] The most impressive work encountered in this research was in Leer County, Unity State where an organisation (UNIDOR) was extremely active in peacebuilding during 2021-2022. They were an implementing agency under the Health Pooled Fund (HPF) and their leaders reported negotiating with military and conflicting parties, not only to access conflict-affected areas to provide health services, but also using health facilities to bring conflicting Nuer sections and communities together to dialogue, encouraging access, ceasefires and a cessation of conflict.

Health staff as Community Mediators: In most locations the conflicts are not sufficiently active or hot to prevent health facilities from operating, or creating issues for the health facilities. In this regard the Primary Health Care Centres (PHCCs), Primary Health Care Units (PHCUs) and at the Boma level, staff reported that they do not have the skills or any leverage for bringing communities together to prevent or resolve conflict, but they can have an impact on issues at the community grassroots level. This is particularly in regard to assisting families resolve domestic issues and in cases of gender-based violence. If unable to sort these issues out themselves, positively they are also able to bring in the traditional elders and other appropriate community members that can settle the problems.

Health Staff involved in Cross-line Collaboration: Health personnel at their best are also able to work together even if they find themselves within different political spheres of influence. A positive ongoing example of cross-line collaboration and medical neutrality was found in Leer County. The County is divided between SPLM-IO and SPLM-IG controlled areas, with the majority of Payams surrounding the town being under the control of SPLM-IO. However, despite the political tensions at national level and active conflict in other locations, personnel within the government health system (i.e. in principle covering both IO and IG appointments) continue to communicate and work together well. The key medical referral facilities: Leer County Hospital and an MSF facility are both in the town. This means that if there are medical emergencies in rural areas, then patients have to cross control lines to reach the town centre. The County Health Department (CHD) reported being in regular communication with rural health facilities with good cooperation on all aspects of service provision, including vaccine campaigns, drug supply, and responding to emergencies. Health personnel in IO controlled areas, confirmed this and noted that in an emergency, they only had to call the County Health Director in town and explain the situation and the sole ambulance would be sent to collect the patient. This requires passing through the numerous checkpoints on access roads quickly and safely (on the main road between Aduk and Leer Town one checkpoint is controlled by the SPLM IG while the other six are controlled by IO militias/troops). Health personnel and implementing agencies were reported to be the only people able to pass through checkpoints without paying a fee.

Health Facilities as Safe Havens: From a social cohesion perspective, health facilities have an important role to play as public arenas explicitly demonstrating universal values, so that all patients can receive equal treatment no matter their ethnicity, gender, or religion. Generally, health sector interventions were also reported to bring people together positively (see also points below). Respondents reported that whether one can access facilities does depend on the level of tension between groups. For instance, in Jonglei there were communities reported who did not feel able to move to access clinics. If tensions are reduced then restrictions are reduced and people can access facilities, although it was acknowledged that people do feel uncomfortable when there are tensions, to attend a health facility. In such cases, pregnant women would rather be attended by local Traditional Birth Attendants (TBA's) than risk moving through potentially hostile territory. Reaching some facilities may mean crossing 'enemy territory' and when conflicts are active this results in having to travel further to an alternative option to avoid the risk. The main problem for some appeared to be the lack of access to functioning health facilities; in Chukudum a Buya family the team met had travelled overnight walking for seven hours or so with a sick child (one of twins) to go to the hospital in the absence of any closer facility in their area. A positive example in Eastern Equatoria was reported at a PHCC visited in Nyapedit, located in Toposa-land. Here, despite poor relations between neighbouring Didinga and Toposa communities, Didinga and others are still able to access the clinic and receive health services. Importantly, they are also able to overnight safely close to the clinic. This is significant as it is effectively a stop-off on the way to Kapoeta town in potentially hostile territory.

[52] This was not noted by any respondent during the field work phase, but the lead researcher remembers it being recalled during negotiations and lead up to the development and signing of the Machakos Protocols, in the early 2000's when he was working in South Sudan. It is also noted in the literature –see - https://www.gpb.org/news/2025/10/01/jimmy-carter-and-guinea-worm-disease-heres-look-back-at-his-decades-of-work

If travellers stay overnight in the bush rather than close to the clinic, they are vulnerable to attack if encountered by armed militia. Any female (no matter their ethnicity) was reported to be potentially vulnerable to sexual violence in such a situation.[53]

Figure 6: Community Member

Staff Diversity: A universal potential conflict sensitivity risk is reflected in the human resourcing of any sector, including health. Staffing can reflect structural biases (which demographic groups have received education, opportunities, have the resources to access training, and why). Differences may also reflect other cultural values such as which groups prioritise education and have a strong commitment to ensuring their children complete school. Health agencies considered the ideal situation to be a team of staff from a range of ethnic groups, positively modelling desired national diversity (and a move away from tribalism). Communities on the other hand would rather have someone from their own community treating them, but were not necessarily averse to being treated by someone from another ethnic group. There were few negative conflict-sensitivity staffing issues reported although these could be interpreted more in the light of risk management. For example, two agencies undertaking health programmes (but primarily humanitarian) identified occasions where they had not deployed staff in an active conflict-affected location if the staff were from the opposing ethnic group for security reasons. This was a management 'duty of care' decision and was considered too great a risk to deploy them. Technical health staff from an opposing conflict party may or may not be considered a problem depending on those involved. For example, in times of tension between groups when accessing health facilities, patients may fear they will be harmed by a health practitioner from the opposite group. In the case of a patient dying under these conditions, blame and allegations of harm may be voiced. In other situations, in the context of long-standing inter-group rivalries (rather than acute high levels of active violence) staff from the opposing group travel successfully as an integral part of a broader health team. Acceptance is usually even higher if the staff person has technical skills. In a PHCC in Kapoeta South it was found that all of the senior and technical staff of the clinic were from the Lotuko tribe, while those in less qualified positions were Toposa. The relationship between the Lotuko and the Toposa, in whose land the clinic was located, is not that positive. When community members asked staff why there were no Toposa holding those positions, the Lotuko staff responded that educated Toposa were not available, otherwise they would be. They encouraged them to take education more seriously as the reason for a lack of available Toposa staff is because they do not send their children to school.

Health Services and their contributions to causing or exacerbating conflict

The field research did not unearth significant instances where health service provision explicitly and directly caused or triggered conflict between groups. However, that is likely to be a reflection of the locations visited and those spoken to, not the fact that health services cannot be part of a set of structural drivers reflecting marginalisation and generating resentment. Health service provision is not in reality neutral, and there are ongoing risks that raise questions for future health care programming in conflict-affected areas.

Inequitable Distribution and latent structural grievances: In principle, there is always the possibility of developing structural grievances through unequal resource distribution in South Sudan. The possibility of such

[53] The communities in Toposa-land consistently noted a huge increase in the incidence of rape both outside and within the communities themselves, perpetrated by their own men. Their interpretation of this trend was firstly, the increase in importance of artisanal mining. See education section for more detail.

a contribution from the health sector is often latent, (at the current time – partly given the paucity of health services). Respondents in the areas visited did not identify specific causal linkages between health service provision and structural or political conflicts. But, failure of government to fully actualise John Garang de Mabior's 'Village to Town' policy and then to provide services to some groups and not others, with benefits accruing to one ethnic group over another, have been very significant as drivers of conflict. A good example of this is described in detail concerning the conflict between Dinka Padang and the Shilluk in Upper Nile in 2015.[54] Creation of a county in Akoka attracted investment from government in administrative buildings and humanitarian groups moved in to provide services (for example, the Kalazar clinic on the east bank of the White Nile). This generated deep resentments in the underserviced, Shilluk community who also pointed to the visible disparities in Melut County (another 'Dinka County') which catalysed the militarisation of the Shilluk and served as a driver of inter-ethnic conflict.

This example was a direct consequence of the strategy of creating administrative boundaries to enable channelling of resources, to some groups rather than others. The provision of health services was situated centrally in this equation illustrating that inequitable distribution of health resources is still valid, and programmes need to be mindful of the possibility. For example, from the South Sudan dashboard it can be seen that inevitably there are geographic areas and ethnic groups that are relatively under-served compared to others. This appears to be mainly due to their remoteness and poor road infrastructure; for example, in the Ilemi Triangle in Kapoeta East, or Raja County in Western Bahr El Ghazal.[55] For such groups, in addition to geography, there may also be elements of ethnic structural marginalisation at play. The Nyangatom are on the political periphery partly due to geography and partly because they are often considered to be part of the larger Toposa tribe (and so are presumed to have access to a degree of political power). They are also still practising traditional transhumant movement with their livestock and so are difficult to assess from a health surveillance perspective.[56] The Fertit in Raja do not have any current representation at the national level of South Sudan politics, partly as they are also made up of a series of smaller tribes.

Some observers argue that in such a conflict-affected context, provision of equitable health services is a potentially important stabilising factor, rather than a focus on its absence. This is likely to be correct, if there is also sufficient transparency, and information, available to demonstrate it to populations that may otherwise feel marginalised with respect to service provision (be this in accord with reality or not). This suggests that some investment in developing improved public communications around health service provision, might be useful to demonstrate the neutrality of this important public good. Such transparency may also encourage a degree of accountability from power-holders in this regard, if there are choices to be made around resource allocation that may be to the advantage of one community over another. A clear, transparent evidence base is important for this to be effective and achieve the desired effect of reducing perceptions of marginalisation.

On the other side of the coin, in determining levels of support and resource allocation (assuming insufficient funding for consistent universal coverage) the health sector tends to consider utilitarian perspectives, numerical population figures and ability to access service indicators to determine resource allocation, which generally favours the majority populations- those also with the most political power. If considered in this light, both the Nyangatom and the Fertit are small populations and lack of prominence in political decision-making forums reinforcing the possibility of their being left out. Geographic considerations do need to be considered alongside population figures to reduce the possibility of ethnic marginalisation becoming a more serious conflict driver.[57] The size of these groups does reduce risk severity, nevertheless for fear of being marginalised

[54] See Craze, J. (2019). *Displaced and immiserated: The Shilluk of Upper Nile in South Sudan's civil war, 2014–19*. Small Arms Survey.
[55] The South Sudan WHO/MOH dashboard shows the settlements and areas distance to health facilities at https://southsudanhsf.shinyapps.io/hsf_dashboard/ with darker settlement areas indicating a longer distance to the nearest health facility.
[56] There is an interesting article looking at this problem specifically with the Nyangatom and how it might be better managed – see: Wild, H., Glowacki, L., Maples, S., Mejía-Guevara, I., Krystosik, A., Bonds, M. H., ... & Barry, M. (2019). Making pastoralists count: geospatial methods for the health surveillance of nomadic populations. *The American Journal of Tropical Medicine and Hygiene*, *101*(3), 661-669.
[57] The lead researcher has experience in Myanmar where sole consideration of population density without geographic and ethnic consideration of minorities has fed into structural grievances in a significant manner.

by the Dinka, the Fertit have joined the opposition SPLM-IO.[58] This also suggests that at local levels there is always a possibility that service provision if not carefully assessed can potentially reinforce divides and perceptions of marginalisation in turn potentially manipulated by unscrupulous politicians.[59]

Disparity Awareness: The examples above note the importance of disparity visibility as a factor in catalysing grievance. It appeared from interviews that, compared to education provision, people's levels of awareness of where health facilities are located and accessible and functioning are heightened at county administration level as well as within the broader population. For example, in Maban respondents noted the severe gaps in service provision in some areas (e.g. Banashawa and Jinmagda Payams)[60] considered marginalised for a long time, although this particular issue is exacerbated due to accessibility reasons (flood-prone areas and poor road access). However, it suggests, perhaps not surprisingly, health is ranked higher than education in people's considerations, which reinforces the need to ensure equitable distribution and access, if at all possible, even where there are funding constraints.

Figure 7: Meeting with Chiefs in Bunj

The Political Economy of Selection: The above situation means that the political economy of selection of facilities for support needs to be considered. In the current situation, HSTP does not appear to leave much space for manipulation. This is because HSTP inherited HPF facilities previously selected covering seven states and supplemented them with health facilities in three other states supported by UNICEF. The use of the lot selection process under HPF reportedly also limited the scope and possibility for direct political manipulation of which clinics and health facilities received support and which didn't.[61] However, the team was not able to find formal documentation of the decision-making process for HPF. There are also, still, health facilities not supported by government from their own funds, the large HSTP programme or other agencies. The total

[58] The Fertit are a group of tribes including the Bongo, Bviri, Kreish, Bai, Banda, Jur and others – see Human Rights Watch at https://www.hrw.org/reports/1999/sudan/SUDAWEB2-12.htm#P539_62807. For a report on their political situation see Small Arms Survey. (2018). *Identity and Self-determination: The Fertit Opposition in South Sudan*. HSBA Briefing Paper. Geneva: Small Arms Survey.

[59] As described in the education section.

[60] See for instance, UNICEF Social Map of Maban County available at https://www.unicef.org/southsudan/media/781/file/Maban-County-social-map.pdf

[61] See also - Widdig, H., Tromp, N., Lutwama, G. W., & Jacobs, E. (2022). The political economy of priority-setting for health in South Sudan: a case study of the health pooled fund. *International Journal for Equity in Health*, 21(1), 1-12. In addition, while not assessing the PEA of decision-making, nevertheless the HPF evaluation conducted by Integrity in 2018 did not find any significant conflict sensitivity issues, it did make assumptions there was strong conflict sensitive practice due to implementing partner expertise. But it did not find evidence of any formal application of conflict sensitivity approaches. See – Integrity, 2018, *Evaluation of the South Sudan Health Pooled Fund*, FCDO, viewed 12 January 2026, https://iati.fcdo.gov.uk/iati_documents/35675062.pdf.

number and where they are located and whether functioning or not has not been possible to determine.[62] HSTP had originally hoped to support 1158 facilities which was reduced to 816 causing a degree of distress in those communities whose facilities they had originally been assured would be supported and then were taken off the list. This has been reduced by a further 108 in early 2026 as a result of further funding reductions. The process to make these final choices was reportedly undertaken by the HSTP steering committee in accord with objective criteria around distance to access a facility, and maximum possible coverage- initially at national level. The selection was then checked with State level officials who were able to make changes or substitutions in the selection provided they had a very strong rationale (such as that populations had moved, certain services were being used more than others, etc.).

The better mapping of health facilities across the country with the data from the South Sudan Health Facility Dashboard,[63] also provides an improved oversight possibility for ensuring that structural bias is limited, by allowing for intentional strategic planning and clear rationales for decision-making.

Nevertheless, given there are some gaps in the numbers it is possible that HSTP may inadvertently reinforce some minor existing structural biases.[64] Firstly there is an assumption that the distribution of HPF supported facilities was fair and not already reflecting biases (this is not able to be checked). Secondly, in examples such as the relative ongoing marginalisation of the Buya in Eastern Equatoria which, as described in the education section, was reported to be used as direct motivation to stir up local conflict. In the transition from HPF to HSTP changes in the selection of some facilities may also have occurred with the changes in implementing partners. Some respondents speculated that new partners had different relationships with authorities in the lots they were bidding for, and that they may also be under different pressures. The selection of facilities in the three additional states and two special Administrative Areas that were added to the HPF selection for HSTP, were negotiated directly with the State Ministries of Health. This approach had pros and cons; on the one hand it brought decision-making closer to the ground. On the other, decisions may reflect local politics, which is a possibility given that appointments at this and the County level are often political rather than merit-based.[65] This means that grievances may be reinforced at this level, and being more visible to local populations, may be more acute in its contributions to latent conflict.

However, development of a map that has a spatial overlay of ethnic distribution versus health facility distribution (as well as education facilities as well,) would be worth developing cautiously (given its potential political sensitivity), to better explore these issues and ensure that potential issues and fuelling of structural grievances are avoided, particularly considering shared facilities along ethnic boundaries (see below).

Health Facilities as conflict arenas: While it did not emerge as a common occurrence, nevertheless In Leer County, one health facility was the subject of direct competition between groups. This is the clinic at Luol on the borders between two Counties, Mayendit and Leer in 2015. The issue is around which community 'owns' it. The facility was established and shared between the two communities without problem until a new border between two Payams was established. While the exact delineation of the border is not established, nevertheless unfortunately the facility stands roughly where the border is. The name of the clinic has exacerbated the situation as this implies it belongs to one of the communities. The County administration has mediated an uneasy truce enabling both communities to access it, but it remains unresolved. The facility itself has not created the conflict but rather is the arena for contestation between the two communities each wishing to 'own' it.

Relationship of Health Service Provision to Social Instability: In addition to the positive contribution of the health sector to social stability and cohesion already outlined, there is also the potential for poor health service provision to contribute to social instability. A couple of indicators encountered suggest this to be the case. The recent events surrounding Akobo hospital in 2024 highlights this potential. In mid-2024 ICRC withdrew their

[62] If there are political problems associated with these choices, they have not been raised by any respondents, which suggests (a) they are not serious drivers (b) they may be affecting local dynamics but in a latent form (c) are not yet sufficiently visible to have an impact either as a primary or secondary conflict factor, being perhaps located in remote areas.

[63] See dashboard at https://southsudanhsf.shinyapps.io/hsf_dashboard/

[64] This assumes that if there was a major issue, it would have emerged by now or be raised in the interviews.

[65] See also - Majak, J. C. D., & Dhieu, B. D. (2025). Public Health Leadership in Fragile States: Lessons from South Sudan's Health System. *International Journal of Research and Scientific Innovation (IJRSI)*, *12*(15), 398-409

support to Akobo hospital expecting to hand it over to HSTP and other partners. A gap in the level of support to the hospital during handover, the perception of government neglect, a number of patient deaths during this period and fears that services would be downgraded sparked civilian protests.[66] The situation in Maban is very similar with reduced levels of service, anecdotally leading to an increased number of deaths (including maternal mortality) in October 2025.[67] A second example was provided by Maban communities. As noted, pressures on the health care system from reduced funding, coupled with challenges of service quality, lack of drugs and senior qualified staff, may also result in some facilities becoming overwhelmed or the creation of tensions within desperate communities. For example, in Maban, as the quality of service has declined at the Bunj hospital, patients desperate to see a medical practitioner, move to the one alternative facility supported by a faith-based organisation. On Sundays it is closed but patients arrive the afternoon before the facility opens the following day, in order to ensure a place in the very large queue (which does not guarantee seeing someone). It was reported that due to a lack of understanding of the triage system, coupled with anxiety for ill family members and not wanting to share facilities, people have become very aggressive when acute patients are moved up the queue and are seen before their family member. In addition, huge pressure is being put on the healthcare system in politically conflicted areas through bombing and direct attacks which also destabilises communities in those areas, as they move to seek health services. This level of poor performance was not linked by any respondents directly to local conflicts between groups per se, but was considered to add another layer to the social stress which populations are under, which builds underlying tension and competition over access to health care.

Legitimacy of Government: A key finding from the 2022 PEA of priority-setting in HPF,[68] noted the large degree of power asymmetry between donors and the Ministry of Health (MOH) leading to a lack of government ownership. With the transition to HSTP, there has been an opportunity for government to be seen to be in greater control and management of health service provision and delivering to the people potentially improving the legitimacy of government in the eyes of the people. Respondents considered HSTP important and positive in principle, also with a degree of nationalisation across the health sector and increased government control in management occurring, enabling greater functionality in times of conflict. However, the greater degree of power exerted by the MOH was perceived by local health officials to be limited to the central level, as they still feel disempowered and unable to address the issues confronting them. Trust in government at community level has also not been strengthened yet, due to factors that have negatively influenced perceptions. Firstly, the quality and level of health care is universally considered to have declined across all the visited locations. This was consistent across all stakeholders interviewed from community, implementing partners, to government health officials. While HSTP was designed to provide a basic consistent package across the country, neither intending to be comprehensive nor replace the HPF, nevertheless while still making a contribution, it is struggling to deliver. The challenges were consistently articulated as follows (putting aside the obvious gap between the levels of funding required to address demand compared to the resources available):

1. *The ongoing failure of the medical drug supply chain:* Delays in stock reaching facilities, provision of inappropriate drugs, out-of-date or near out-of-date stock, incomplete inventories, lack of requested drugs. Insufficient quantities – frequent stockouts of needed medications after only a few weeks meaning facilities are often unable to treat patients properly and have to refer them onwards or in urban environments provide prescriptions to private pharmacies who also often do not have stocks. Many unhappy examples were given by government health officials of having to destroy out-of-date pharmaceutical stock (delivered already out of date, or nearly out of date, or so unaligned with needs they were not being used).
2. *Workforce challenges:* Lack of available trained staff (due to a combination of low salaries, lack of consistent payment schedules, long delays (several months) in the ongoing payment of staff incentives, recruitment delays.

[66] https://www.radiotamazuj.org/en/news/article/akobo-county-residents-protest-neglect-poor-health-services

[67] There has also been a history of protest in this town increasing the risk of further instability. Back in 2018 there were violent protests against UNHCR and the aid community at the perceived inequities of resource distribution between refugees and host communities. While the field team was undertaking the research there were also rumours of instability and protest in the market.

[68] **Widdig, H., Tromp, N., Lutwama, G. W., & Jacobs, E. (2022).** The political economy of priority-setting for health in South Sudan: a case study of the health pooled fund. *International Journal for Equity in Health*, 21(1), 1-12.

3. *Referrals:* While HSTP is basically a primary health care programme, nevertheless the state and teaching hospitals supported, where patients are referred to, are also unable to operate effectively for the same reasons.

Positive efforts to improve legitimacy and do a good job are there but not necessarily visible to communities. Government health professionals at State and County, and even Boma levels, while expressing frustrations at the challenges, and being unable to influence higher levels of government, in some cases, were attempting innovative management methods to overcome them. For example, trying to better manage drug stocks through inventory rotation and redistribution, shifting excess stock from some locations to others where they were needed (limited success due to limited transport availability as well as the overall supply issues of needed drugs). In Aweil, discussions were underway across State government departments to try and provide temporary cash flow solutions to the delays in salaries and incentives payments. Their fear being that key senior medical staff would leave to seek more secure livelihoods and once departed would not be able to be replaced, further reducing health system functionality. Health service implementing partners sometimes have access to additional humanitarian funds that enable them to supplement drug supplies or address other deficiencies. In local areas there appears to be reasonable coordination across the sector with such agencies sharing drugs, supplies and logistics when they can. This does mean that the clinics supported by such agencies are preferred over other clinics and services, which can also lead to their being overwhelmed.

Discussion: This is a significant missed opportunity for the government to strengthen its legitimacy at the grassroots level. Assuming that good health service provision was to translate into people's understanding that good governance of the health sector was a result of improved government management. Opinions on this varied depending on the respondent. Community expectations of government performance are not high. Their primary interest is in the government providing security and ensuring peace over anything else; opining that given they are unable to achieve even this, provision of salaries and services is not surprisingly beyond them. Health officials considered the primary issue to be management at Juba level, with little power or ability to do anything devolved down from the Ministry to State and County level.[69] Similar to an earlier point, this situation suggests that where there have been positive successes in improving services, public communication could assist in ensuring that it is attributed to government health department actions. For example, resolving drug supply problems at the local levels.

Health Services and Conflict Correlations: A number of agencies working in Upper Nile and Jonglei noted various correlations between population movement, displacement and their health service provision. The active conflict between SPLM-IG and SPLM-IO is creating many displaced people in the conflict-affected areas, in Upper Nile and Jonglei.[70] Where people move when forced to by conflict, is influenced by many factors, including whether and where they might have family who can support them, the situation in major towns, where there might be better security or protection, as well as where they may be able to access services or support to disrupted livelihoods. It is not necessarily dependent on which conflict protagonist may control which areas, although if attacked by one side you are more likely to seek safety in areas controlled by the other. At the time of research, agencies noted that population aggregations were more to be found along the Sobat River corridor in IO controlled areas, due to the attacks on civilians mainly from SSPDF and their allied armed groups in the latter half of 2025, including aerial bombardment.[71]

There is some discussion as to links and patterns between health service provision and its manipulation or use by military actors. Points made by those interviewed (noting that these are observations not evidence):

- *Health Services and Conflict-Affected Populations:* In such an active conflict arena where population movements are volatile and prevalent, humanitarian agencies providing health services aim and plan to

[69] One government health leader reflected a common perception when he asked the research team; "How would you interpret these behaviours any other way than that the government does not really care at all for the people?" (Behaviours in this case referring to months and months of delays in and continuing lack of certainty on payment of any salary, no drugs in facilities, etc. The perception being that the senior ministry officials in Juba were hugely bureaucratic, take forever to make any decision, do not care sufficiently about what is happening on the ground with the people and have the power to do better.)

[70] This was during the field work period, since then there has been further fighting in Jonglei, Equatoria and Unity.

[71] See Page 5 UNMISS – UN Mission in South Sudan. (2026, January). *Brief on violence affecting civilians July - September 2025*. ecoi.net

deliver them in the areas where large populations have moved, so as to support as many people as possible: health services are thus directly linked to population movement.

- *Denial of Health Service Provision:* To access these populations, agencies need to conduct negotiations and dialogue with the government and with the militaries and militias involved. This has been subject to denials and access incidents in both SPLM-IG and SPLM-IO areas. (See Table 2).
- *Health Services and attacks:* It was noted that there has been an increase in direct attacks on health facilities, which have been bombed (SSPDF are the only forces that have the capacity for aerial bombardment), and looted.[72] It was also suggested by one respondent that when delivering health services there are also often aerial bombardments or attacks very close to their locations. However, there is no firm data to substantiate this particular suggestion as being intentionally linked to health facilities. Nevertheless, it is very clear that civilians have been targets of airstrikes, aerial bombardments and indiscriminate shelling, mainly by the SSPDF and allied forces. Accurate numbers of civilians affected are not definitive due to difficulties of access.[73] While not necessarily systematic, it is possible that displaced populations are further harassed, as UNMISS cite an example of this in Nassir County where SSPDF reportedly shelled Burebiey settlement on the Sobat River which was hosting displaced civilians from Nassir and other neighbouring areas impacted by the armed conflict. Other settlements in this area along the Sobat have also been targeted.[74]

The possible interpretations of these observed correlations depend on your standpoint.[75] Understandings and views raised in discussions with respondents included the following: that the government considers provision of assistance (including health service provision) to communities in non-government held areas as a form of direct support to the opposition;[76] that withholding assistance to communities in conflict-affected areas is effectively a weapon of war and may be used as a form of punishment.[77] If attacks close to provision of services are conducted, one perceived reason might be that opposition militia may be believed to be in that location or among civilian populations, or that it is a form of intimidation of the civilian population if they are suspected of being aligned to the opposition (noting that senior military personnel are well aware of the presence of health organisations in the areas under attack, as they are always informed by the agencies before they deliver any services, where and when they will be there.). One interpretation was that aerial bombardments also aim to move populations to government-controlled areas where they may be better controlled under the administration.[78]

Such interpretations are difficult to prove or underpin with hard evidence, but their potential validity is supported by a long history in such access denial in South Sudan reflected in the grey literature and humanitarian media.[79]

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[72] See recent MSF medical facility in Lankien bombarded: https://www.bbc.com/news/articles/c20dq9e3qr7o or Save the Children supported PHCC in Walgak, Akobo which was attacked, with two vehicles initially taken (and then returned) – see https://www.savethechildren.net/news/south-sudan-save-children-office-and-healthcare-centre-destroyed-and-looted-violence-escalates

[73] Ibid Page 5

[74] Ibid Page 5 and 6

[75] It should be noted that the research team did not interview military personnel or government staff in these locations.

[76] This is also confirmed by previous research - See Maxwell, D., Santschi, M., Moro, L., Gordon, R., & Dau, P. (2015). *Questions and challenges raised by a large-scale humanitarian operation in South Sudan* (Working Paper 33). Secure Livelihoods Research Consortium (SLRC). - whose research suggested that government officials held this perception even back in 2015 and this still holds today from respondent views.

[77] While not health support alone, the number of recent examples of humanitarian assistance being looted or stolen is increasing. For example, repeated attacks on WFP food convoys in Baliet County in February 2026, causing a statement to be issued by donor agencies, https://www.norway.no/en/south-sudan/norway/news-events/statement-on-attack-against-wfp-convoy/

[78] It was suggested by those pursuing this possibility, that an authority's legitimacy is fundamentally questioned if there is no population residing under them on the ground and they appear to prefer to be under a different authority. Furthermore, it is harder to manage any narratives on the political and conflict situation if the people are far from you.

[79] See for example Ibid Dan Maxwell noted above, or Maxwell, D., Santschi, M., & Gordon, R. (2014). *Looking back to look ahead? Reviewing key lessons from Operation Lifeline Sudan and past humanitarian operations in South Sudan*. Secure Livelihoods Research Consortium. https://docs.southsudanngoforum.org/research-paper/looking-back-look-ahead-reviewing-key-lessons-operation-lifeline-sudan-and-past books such as Donini, A. (Ed.). (2012). *The golden fleece: Manipulation and independence in humanitarian action*. Kumarian Press.

Provision of health services is also a significant pull factor: Agencies reported that their field staff are often questioned by populations wanting to know where and when mobile health services are going to be provided, so that they can then ensure they are in that area to access them. In more stable locations such as Maban, refugee respondents noted the importance of health services in their decision-making on whether to move to Ethiopia, return home or seek an alternative destination. For example, a recent IOM survey in Bor found that 42.8% of people had moved to an area because there were health services available.[80] While in a similar survey by them at Bentiu, respondents noted the factors required for them to return to their homes (mostly in Unity State) were: Security 67.7%, provision of humanitarian services 36.3%, Support in shelter preparation 24.3%.[81] The reduction of service provision and humanitarian support, including health was highlighted as a factor affecting a family's decision-making to move. In Maban it was reported that reduced health services have also been one factor in the move by many refugees back to Sudan, despite the increasing levels of conflict between the RSF and SAF in areas near the border.[82] The loss of humanitarian support also creates a push factor to other less positive livelihood options. For example, young refugee men are being actively recruited by militias from both sides of the Sudan conflict across the border in South Sudan with financial incentives and if they choose not to take that option, they may instead choose to head to the artisanal gold mines close to the borders to support their families.[83]

A combination of the reduced quality of care in the 10 clinics across the refugee camps (recently handed over to HSTP) and lack of referral services compounded by the absence of senior medical personnel in the hospital in Maban have had a big impact on how people view the health services and their levels of dissatisfaction.[84] The refugees in particular, have very few personal resources to be able to access alternative health sources (e.g. travel to other locations, such as Juba, Malakal, Bentiu, etc.).

On the other side of the coin, although not mentioned by stakeholders explicitly, health service provision in a location is also likely to be a stabilising factor restraining population movement. This also yields a peacebuilding dividend through reduced burdens on host communities, extended family, and humanitarian agencies when people are displaced, the likelihood of improved agricultural production and feeding of families, rather than crops going to waste, feeding conflict parties or being destroyed or left to animals or birds.

Conclusions for Health and Conflict

Findings indicate that there are clear direct, causal linkages, both positive and negative, between health provision, broader social stability and local conflict dynamics.

In addition to the fact that health provision is a fundamental pillar of social stability, health practitioners and their organisations have contributed significantly to peacebuilding and opportunities for peace-making in South Sudan while implementing their work and endeavouring to provide services to the people. They have catalysed ceasefires, access to civilians, continue to work cross-line, as well as on occasion acting as mediators and dialogue facilitators between conflicting groups. At the softer end of the scale, they provide public spaces for safe interactions between groups and can model national ideals of service, transcending tribalism with multi-ethnic staffing. However, there are opportunities to further enhance these strengths.

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[80] See P4. International Organization for Migration. (2024, February). *DTM South Sudan - Intentions Survey - Bor (01 - 29 February 2024)*. IOM, South Sudan. https://dtm.iom.int/es/node/46971.

[81] See P.9 International Organization for Migration. (2024, December 20). *DTM South Sudan - Intentions Survey - Bentiu (01 - 29 February 2024)*. https://dtm.iom.int/fr/node/46966?close=true.

[82] There are multiple factors involved in these decisions, such as; whether they have land at home, who in the family might move and who stays, whether there are possibilities of obtaining a harvest, where young men may be in danger of being conscripted by armed groups, etc.

[83] It was reported that the split within SPLM-N between Abdulaziz Al-Hilu from the Nuba Mountains (now allied to RSF) and Malk Agar from Blue Nile (now allied to SAF) is still having a huge impact on relationships between refugees in Maban and that Malik had recently been down to the camps on a recruitment drive.

[84] The key doctor at the hospital reportedly moved to Unity State and Bentiu Hospital where they could guarantee the regularity of his salary due to the use of locally available oil revenues which are used to pay civil servants. It was noted by some respondents that this situation was also possible in Maban, but local authorities were not yet mature enough to use the revenue in this way. This particular doctor's loss has been felt severely by the population as he was mentioned many times. People from all communities want him back and the services to be provided at least at the same standard as previously.

The importance of health service provision in people's lives as a factor in decision-making for where to move, or whether to return in a conflict-affected situation is profound. For this reason, it is also a key factor influencing stability. Provision of quality health care is a key central element determining quality of life and its absence can influence social instability, undermining any nascent trust in government and their legitimacy and stimulating public protest. Increasingly in South Sudan it would appear that health facilities are a target by conflict actors, either as a way to inflict as much pain as possible on communities (through destruction, looting, and disruption) or as a tool of war through influencing access.

Visible, inequitable distribution of health service provision, other services and resources can contribute directly to catalysing conflict as reported by expert respondents and in the literature. However, at the sites visited, no examples of health service provision directly triggering violence in their areas were recalled by respondents. Nevertheless, this is a high risk given it has occurred in the past, and consideration of geography spread and ethnic overlays need to be considered in addition to immediate utilitarianism criteria when decisions on distribution of support are considered. The political economy of selection is difficult to assess without formal process documentation, and until the violence is expressed or voiced in locations on the ground it is difficult to know whether or not decisions are contributing significantly to latent grievances, without field visits. However, further care is needed in identifying at risk locations in the future.

Recommendations

- *Social Cohesion and Peacebuilding:* Aiming to further enhance the role that health facilities can play in developing social cohesion.
  - Strengthen the link between health facilities and the education system.
    - When providing health education sessions, in addition to specific health messages combatting ill-health and disease, communication and strong messaging should be developed that reinforces the concept of health as neutral in conflict arenas, the primacy of human rights and that practitioners no matter where they are from or which ethnicity they are bound by the Hippocratic oath and Declaration of Geneva.
    - Choose to use school facilities wherever possible for health education during outreach, EPI or other mobile health service delivery.
    - Health workers should also lend their support when providing health education to encourage people to pursue education in general and the importance of practitioners (men and women) from all tribes working together as South Sudanese for each other.
    - Encourage, communities to take greater ownership of facilities and when interacting with communities develop messages to reach young men and warriors that health and education facilities as community assets should not be looted. (Across both sides of any conflict).
    - Explore the development of possible community accountability mechanisms in a range of different conflict contexts to ascertain whether there are (a) conflict conditions that better enable such possibilities to be realised (b) ways that community accountability could be introduced (c) and explore the possibility of models worth piloting in practice.
    - Inter-community peace agreements should also include provisions around recognising that facilities are neutral and not part of any conflict to be attacked or looted and that they function as safe havens for all.[85]
  - To further strengthen the intermediary role of health workers; Develop and provide training in mediation and negotiation skills in key health organisations as well as government health workers. While there are clearly people with these skills present already, they can be enhanced and institutionalised further in health implementing agencies, partly to counter staff turnover as well as deepen the skill base in local organisations (key technical staff in government departments, not so vulnerable to political appointments could also be included).

[85] It is recognised that this is unlikely to change behaviours but every opportunity needs to be taken to strengthen normative values around these issues and re-establish traditional values.

- *Political Economy of Resource Allocation and Government legitimacy:* To assist in ensuring health provision does not contribute to disparities, further marginalisation of groups, latent conflict generation, or reinforcement of benefits to some groups over others.
    - Develop a spatial map illustrating facility locations, their status (functioning / non-functioning) that can be overlaid with different aspects, such as maps of ethnic areas, conflict faultlines, population densities, considering political dimensions (such as IO/IG areas of competition). This can be utilised to ensure better distribution addressing inequities or risks from an evidence-base.
    - Ensure that facilities that do receive support are indeed functional at a minimum level of quality care to reduce instability.
    - Explore the possibility for developing greater devolution and distributed power models of health service management to State and County level, with respect to addressing service inefficiencies and improving its quality. In addition, explore accountability mechanisms that incentivise good performance in this regard (for example, citizen scorecards around particular aspects of service provision that are within the mandate, capacity and power of local health authorities to address).
    - Explore potential ways to improve public transparency and communications reflecting positive health service provision improvements and contribute to the potential for increased state legitimacy.

Overall Conclusions on Service Provision

While each set of services has been considered in their separate pillars, there are some common aspects that can be drawn out on how they may contribute to peace or conflict dynamics.

Both health and education service provision are factors potentially influencing local and higher-level conflict dynamics both positively and negatively, particularly if local dynamics escalate to such an extent that they influence the national level.; or that they are linked to national level influences. Service provision can never be entirely neutral and they operate within a broader set of factors that may be different in each particular context. Depending on that 'basket' of factors, the risks surrounding service provision and the dangers of being conflict insensitive may be more or less and in turn may increase the likelihood of active violence as a result.

While there are historical precedents demonstrating how boundaries have been used to manipulate and channel resource distribution, and service provision has and is being instrumentalised to some extent as a tool of war to punish communities in perceived opposition areas, the research findings from the sites visited suggest that service provision can also be used for parochial political purposes to manipulate conflict and violence at the local level. The purpose being to maintain power dynamics or shift political environments within government (for personal or community gain).

As a result, there is a need to pay greater attention to active long-term management of these aspects at all levels. This means that:

To better manage the potential negative contributions of service provision to conflict:

- Distribution of services at all levels needs to be seen to be equitable and fairly distributed across different groups. This may mean that on occasion it is more important to consider different groups rather than solely numbers of beneficiaries or people that can access the service. Otherwise, there is a risk of contributing further to latent conflict. This needs to be taken more seriously through better data and improved planning.
- Particular care needs to be taken along boundaries between groups. While potentially a peace dividend if access is possible by both groups and managed in conjunction with peacebuilding and peace education, it may also serve as a visible level of disparity which at worst may trigger conflict or contribute to grievances.
- Fair distribution of services and resources requires strong transparent governance processes that are based on a sound rationales and evidence. Given the prevalent political patronage patterns in South Sudan, there is the possibility and space for a degree of manipulation and potential for channelling of resources to particular recipients or communities. To strengthen government legitimacy (assuming there is genuine political will to do so), improved mechanisms need to be developed that enhance accountability and objective decision-making based on evidence.

Service provision is also a critically positive societal force that is not only an active pull factor for population movement and family decision-making but also can serve to stabilise (or destabilise) communities. In the current context this role continues to be significant, as evidenced by IDP and refugee movement or lack of movement. For health services this is also influenced by the quality of service available. Service provision can, but rarely, extends beyond technical contributions at the current time. Both health and education services have greater potential for being intentional platforms for community organising and social cohesion.

To better enhance the positive contributions of service provision to peace:

- Both services need to integrate clear explicit messages conveying desired normative values such as medical neutrality, services being assets for all not simply the community within which they are situated.
- Coordination and mutual reinforcement of each other's societal benefit can also be included within the context of Humanitarian, development and peace nexus programming (HDP). (See next section).

Section 4: Humanitarian, Development, Peace Nexus

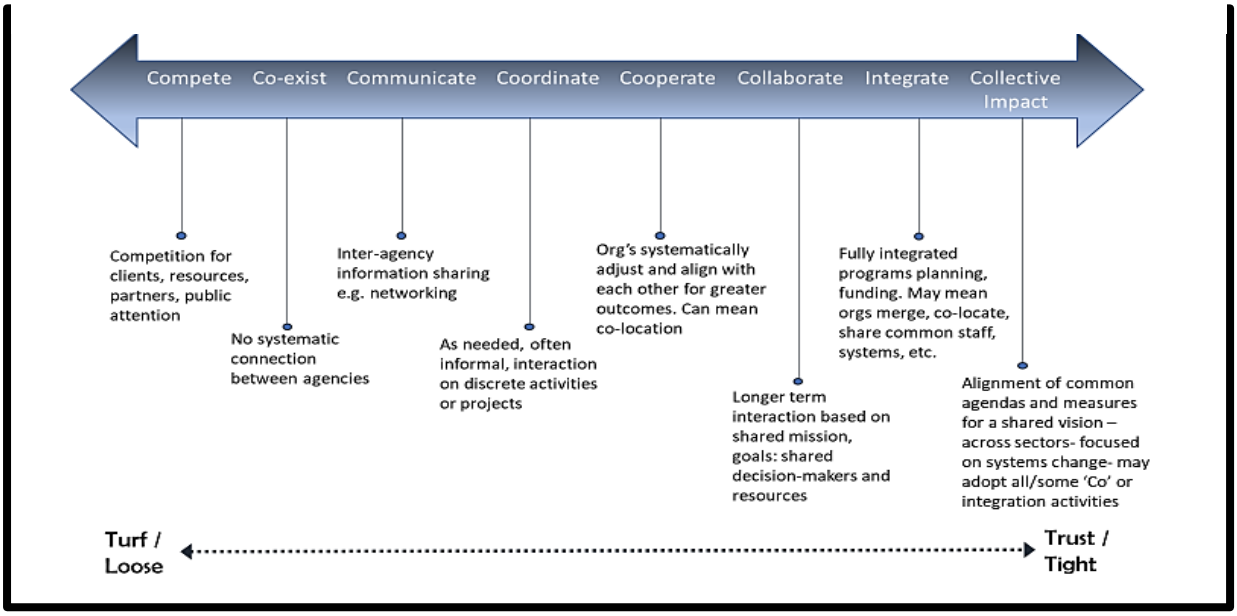
Introduction

The eleven recommendations in the OECD's DAC triple nexus paper of 2019 paper, consider humanitarian, development, peace nexus work under three main areas: firstly coordination, secondly programming, and thirdly better financing mechanisms. Findings in these three areas form the basis for structuring this section. While a secondary priority within the research into the health and education sector, and given there is a large body of literature on HDP identifying a myriad of issues, the focus in discussions was on identification of improved practices on the ground and recommendations from respondents. However, the paucity of examples of good practice was striking, suggesting that there is a long way to go for the sector to fully adopt this way of thinking and working. It was apparent that neither the health nor education sectors have developed many innovative approaches to HDP programming. This is mainly due to the lack of a common understanding of how to go about it, coupled with systemic constraints, attitudes and barriers to develop a set of innovations.

In South Sudan there have been a number of attempts aimed at improving this, including the UN initiatives utilising an Area-based leadership approach, with lead agencies in different areas; for example, UNDP in Western Bahr El Ghazal, IOM in Bentiu and UNHCR in Malakal. However, funding issues for the coordinator positions is no longer there and so coordination has reverted to a variety of other bodies such as UNOCHA humanitarian clusters at the national and state levels as well as development sector-specific forums. These appear to vary in the extent to which they are active or not depending on whether OCHA is on the ground for the humanitarian work. From the spectrum in Figure 8. It was found that essentially the majority of aid work sits firmly at the left-hand end of the spectrum. At a minimum, agencies should be working to the middle of the spectrum and the situation of 'Cooperation'.

Figure 8: The Collaboration Spectrum

Fig



(Adapted from Weaver, Liz from the Tamarack Institute and posted to the Collective Impact Forum https://www.collectiveimpactforum.org/tags/trust)

1. Field Findings on Coordination

Table 3. Key coordination fora in South Sudan.

Coordination Body	Type
Strategic Advisory Group	Development
Donor Working Group	Development
Donor Working Group	Humanitarian
Resilience Advisory Group	Humanitarian-Development
Reproductive Health Coordination Forum	Development
National Steering Committee	Development
Heads of Coordination/Heads of Mission (HoCs/HoMs)	Humanitarian
National & Sub-National Health Clusters	Humanitarian
National & Sub-National Education Clusters	Humanitarian
National Education Forum	Development
National Education Coalition	Development
Non-Government Organisation Forum	Development
Peacebuilding Partner's Coordination Forum	Development
Integrated HDP office in the RCO office	Humanitarian-Development
Durable Solutions Working Group	Humanitarian-Development

Source: Adapted from Qaddour et al, P.13 – see footnote) [86]

[86] Qaddour, A., Yan, L., Wendo, D., Elisama, L., Lindahl, C., & Spiegel, P. (2025). Leadership and governance, financing, and coordination and their impact on the operationalization of health interventions in the humanitarian-development nexus in South Sudan. *PLOS ONE, 20*(5), e0312788. https://doi.org/10.1371/journal.pone.0312788

The Key Issues Identified by Respondents:[87] Working on the Humanitarian, Development, Peace nexus requires sound coordination and as can be seen from Table 3. there are a multitude of coordinating bodies for the pillars, but it is not clear how many stakeholders either sit on more than one forum across the divides, or whether there are possibilities for bridging the forums in some form. Similar to other complex environments, respondents reported that coordination between the humanitarian, development and peace sectors is a considerable challenge. In particular linking to the peacebuilding sector.[88] A consistent response across all of the respondents was the siloed nature of their work and how difficult it is to work across the sectors. This has been an ongoing issue globally. While dual mandate organisations are able, to some extent, to consider flexibility within their own organisations, interviewees from both humanitarian and development sectors also reported that poor leadership is a key component and that it is very rare for anyone to take a lead on an HDP initiative. There is a combination of issues at play here: strict humanitarian organisations still consider there to be issues working across the nexus as they feel that development and peacebuilding have strong political dimensions leading to a potential clash over humanitarian principles. This attitude does not encourage cross-fertilisation. There is caution over working with authorities on joint efforts, partly as they are increasingly blocking assessments and as they are reported to focus on compliance, unhelpful control and creating barriers. There is also little capacity to lead, with local authorities and organisations not necessarily having the planning skills at the local level. This is further constrained by the lack of sharing more useful information, analysis and insights between organisations. This may be held back, either because it may be politically sensitive or it may provide a competitive edge for agencies to obtain funds, especially in the light of competitive tenders or calls for proposals.

Examples of Positive actions being undertaken:

- At local levels it was found that there is a degree of sensible spontaneous coordination between health organisations. Health agencies reported examples of sharing information, drugs and supplies, and logistics (e.g. boats, cars) as well as coordinating around coverage and travel to locations. Where it is working this is reliant on personal relationships and specific linkages. However, all parties agreed that coordination could be improved further.
- Where active on the ground, clusters may take a positive role in coordination, but this tends to be within the humanitarian sector alone and clusters are not well suited to an exploration of other dimensions of the nexus.

Suggestions for improvements: There is clearly no shortage of opportunities for improved coordination at all levels from national down to the local, however:

- *Localise Coordination:* Given the realities of the funding situation at the moment, focus on encouraging improved coordination at the local level through either county or state-based coordination mechanisms, rather than developing any new structures or being overly ambitious.

- *Development Programmes as the foundation:* Utilise existing large programmes in education, health, or resilience and humanitarian clusters to be the practical foundation for coordination pre-emptively. Thus, HSTP, as an example, has a degree of overlap where humanitarian or dual mandate agencies may be covering the same clinics or health facilities. This reportedly sometimes means that there is some duplication when an emergency crisis does arise with partners aiming to support the same facilities. The Lot system could be utilised now, using IPs with the local health authorities to identify who is working at which facilities, which areas are most subject to recurrent crises, be that flooding, conflict, or other issues. A degree of preparation is then easier to apply in responding when the inevitable occurs.

87 Being Mainly from the health and education sectors rather than the humanitarians.

88 See for example, Natalia Chan & Nora Schmidlin, Conflict Sensitivity Resource Facility (CSRF) April 2023 Towards a conflict-sensitive HDP nexus in South Sudan: A collection of lessons available at https://csrf-southsudan.org/search-results/?wpv_post_search=Triple+Nexus+South+Sudan&wpv_aux_current_post_id=235891&wpv_aux_parent_post_id=235891&wpv_view_count=235860

- *Develop Planning Capacity:* Incorporate planning training into IP HSTP programme support so that local health authorities develop improved skills and preparedness. For example, according to one CHD, in their county there were flooding problems and associated Bilharzia issues that recurred annually, but they were never prepared for the upsurge in incidence of Bilharzia.

- *Create formal Bridges in sector processes:* The annual OCHA-led humanitarian analysis and needs assessment (HNO/HRP) is a formal process which draws upon broader research and data and upon sector specific data but does not appear to have any formal engagement with peace or development actors to identify how better to link the two.

2. Field Findings on HDP Programmes

The key issues Identified: As noted, above, there is inadequate coordination and cooperation between all partners in coordination let alone actual programming on the ground. For HSTP there is reportedly some duplication of humanitarian agencies covering existing facilities. What is needed is better coverage of areas where there are no services as well as better understanding and coverage when there is population movement, particularly of conflict-affected communities. Peacebuilding was not found to be included in any aspect of the IPs or government work. This is a severe gap and needs to be addressed even if only at the social cohesion end of the peacebuilding spectrum.

Examples of Positive actions being undertaken:

- Health education programmes visiting schools in Northern Bahr El Ghazal, were also undertaking first aid training to teachers and volunteers in Schools in case they need to become first responders or frontline responders.
- The CSRF mentoring programme for local implementing partners on conflict sensitivity encourages incorporation of deeper context analysis and its application to different forms of programming. While perhaps a minimalistic approach to peacebuilding, ensures that there is improved peace and conflict awareness that could be built on.
- In some of the areas there has been flood mapping to enable dykes to be built. However, this is usually requested by the government at the last minute when it is already too late.

Suggestions for improvements: There is clearly no shortage of opportunities for improved coordination at all levels from national down to the local, however, aspects that could be starting points include:

- *Link to intentional learning:* Within either existing global learning mechanisms, through a partner, fund some work to more explicitly develop an evidence base documenting efforts and approaches to nexus programming and testing specific areas of learning to inform broader praxis. A product of such work could be the development of 'nexus' briefs or sheets with a menu of specific practical examples and tips for IPs to draw on in different sectors, that could be adapted in different contexts.[89] Supported by a series of learning events to help stakeholders consider how to address nexus issues in an integrated manner. Convening such events also facilitates local and excluded voices (e.g., gender, disabled, ethnic voices, etc.) on these issues to enable better approaches, potential solutions, and possible policy options to emerge.

- *Dual purpose or surge mobile Teams:* Ensure that in each area there are potential teams trained that can be mobilised to form mobile health units in a crisis. In an ideal situation these would be pre-composed teams that could come together consisting of health personnel from areas less likely to be affected that can then be used in other areas within a state or county. They are then in place and can be supported with funds and supplies from humanitarian agencies. Perhaps more realistically, humanitarian health agencies operating in an area develop a surge team. A suggestion from one dual mandate organisation was that

[89] The literature currently has generic advice such as 'undertake joint analysis or/and joint planning'. This does not really result in change as it is not helpful for practical programmers who understand such a basic principle already. What they want and need is a set of examples – e.g. If your outreach health programme has an education component then incorporate peace messaging, human rights message around humanitarian expectations. Add an additional day for training school teachers and volunteers on first aid and first response actions.

their health education team could be provided with additional skills so that in an emergency they could be deployed as a mobile unit. Similar to this, such a health education team could be provided with some skills around peacebuilding so that by adding on a day's training they could provide workshops on peace to their existing first aid training work.

- *Flood Planning and Response:* [90]Many respondents pointed to the recurrent and cyclical flood patterns that occur in their areas, if not annually, then often and certainly periodically. Funding cycles and Short-term humanitarian responses do not encourage better preparedness, prevention and planned responses. Building on some experience and initial work in a few areas, each area should map high ground areas where people move. It is clear that some work has been undertaken in mapping already, but interestingly respondents seemed unaware of this foundational work, which suggests that communications are also an issue in the development and peace sectors. While such land is at a premium, identification of facilities that can be used for response and preparedness (e.g. school facilities or community hall that can be used as temporary health clinics or where mobile units can set up) or allocations of land for such purposes with open shelters can be made ready prior to such events. Longer-term planning could also be overlayed on top of such mapping. For example, dykes to safeguard passageways to such locations, or raised roads. While some communities may have DRR committees, they were not mentioned during discussions, which suggests that there is a lack of communication across sectors, they may not be active or that the mitigation measures necessary may not be within their abilities to manage. Dykes for example, require large investments of funding, but strategic incremental actions during dry seasons could mitigate the inevitable cyclical humanitarian inputs to some degree. A key aspect here is the lack of leadership and deciding who should take the lead role. This should probably be local authorities being mentored through a process, best undertaken with health departments from a health perspective initially and then perhaps introducing other parts of the system. In identifying through the mapping process particularly vulnerable areas that are often cut off for long periods of time from access to health facilities due to floods, it may be appropriate to develop or provide some additional training for TBAs and health workers so that they are better able to function without support.

- *Integration of Social Cohesion and peacebuilding messages:* Health and education programmes need to be analysed to see where simple social cohesion and peacebuilding elements can be incorporated. Ideally IPs should link with a peacebuilding organisation to undertake the exercise. For example, in all clinics and health facilities, posters with strong messages noting that all peoples are welcome and will be treated the same. Similarly, when conducting outreach with health education or EPI, how can these activities be better infused with social cohesion and peacebuilding aspects. Basic negotiation and mediation skills could also be considered for some recipients – e.g. head teachers, or health facility managers. Skills should be attached to some basic scenarios to ensure they are useful. For example, how to negotiate access for health workers to conflict-affected areas. How PHCU staff might become resource mediators for Boma staff navigating issues around GBV and CSRV, or trauma-informed clinical consultations. Key implementing partners could be trained on basic dialogue process management if they are in a position to bring communities together or elders and traditional leaders in conflict circumstances. How to build on such access discussions, or bring in peacebuilders under certain conditions.

- Funding supplements within Humanitarian Responses: Dual mandate organisations noted the relative flexibility of humanitarian funds compared to development funds. They suggested that with better planning there may be opportunities to build some preparedness and other additional aspects into some budgets, that would then have benefits to better meet the needs of both development and humanitarian actors.

3. Field Findings on Finance Mechanisms:

[90] For further discussion in detail see: Moro, L., Palmer, J. and Hrynick, T. (2024). Key Considerations for Responding to Floods in South Sudan Through the Humanitarian-Peace-Development Nexus. Social Science in Humanitarian Action (SSHAP). www.doi.org/10.19088/SSHAP.2024.005

The key issues Identified: Chronic, perennial issues continue to hamper the possibilities for strong HDP programming. Some donors fund humanitarian and development activities out of different mechanisms and often situated in different global locations. While humanitarian funding is generally more flexible it is often shorter term (although there was a move towards multi-year funding led by FCDO) creating pressures on the adoption of long-term perspectives. From an HDP perspective peacebuilding has always been the 'neglected pillar' with low levels of funding and this is likely to remain the case. Funding for peacebuilding has suffered hugely globally and is likely to decrease further as a result of shifting donor priorities. In South Sudan cuts to UNMISS are very visible with field offices being closed. Peacebuilding organisations have also been under funding pressures and the combination is likely to increase the vulnerability of some communities to conflict.

From the education perspective, education in emergencies is reported not to be a high priority for donors in South Sudan as those funding education tend to do so through their development programmes. In addition, many stakeholders do not really consider education to be strictly life-saving and so and when humanitarian funds are available, support to this sector is a low priority, which suggests that education elements need to be integrated into other interventions where possible.

Competition amongst actors for humanitarian funding in particular (the perception is that there is relatively more funding available in this sector than in the development funds) is fierce and tends to constrain coordination and sharing amongst actors. In the health sector it is also still reported to increase a sense of turf including in geographic coverage this has affected the interactions between humanitarians and HSTP and created tensions over roles and responsibilities (sometimes they are the same organisations).

Positive actions undertaken:

- As noted above, dual mandate organisations are often at an advantage if they are receiving humanitarian funds in addition to being part of a development programme. Clever financial management enables them to use their humanitarian funding to undertake additional activities that contribute to both humanitarian and development activities simultaneously.

Suggestions for improvements:

- *Develop Accountability for HDP Action:* While there has been a heartening trend towards developing accountability to affected populations in the humanitarian sector, the reality is that spending and performance in the aid sector are fundamentally linked to donor expectations and compliance demands. For implementing partners to improve their performance in this regard therefore the fastest way to change behaviours is for donors to be more active in this regard. This means, building HDP requirements into designs and reporting. Getting past a tick box approach by those involved, where compliance is only embedded in rhetoric, requires activities that have built in learning.

- *Develop institutionalised Built-in Budget Mechanisms:* Within development budgets incorporate a 10% line that allows for flexible emergency interventions and broaden that to include demonstrable HDP bridging activities that are not already budgeted. Within large grant management programmes (whether sectoral e.g. within education, health, infrastructure, or humanitarian funds) ensure there is a small unallocated fund (not already pre-designed activities) for HDP innovation and learning that has to be reported against and which the management organisation of the fund can allocate to any of the grantees on receipt of suitable proposals. In addition to incorporating expectations within all proposals, ideally develop a specific MDTF dedicated for HDP activities.[91]

- *Incentivising Collaboration:* Collaboration is rarely incentivised by donors and FCDO should explore possible mechanisms for partners that prioritise active collaboration (rather the system is fundamentally based on unhealthy competition – even if involving consortia). For instance, intentionally incentivising (this means

[91] While the current funding landscape suggests this is a 'pie in the sky' suggestion, nevertheless there is such a dedicated fund operating in Myanmar. This may be worth exploring for lessons learned and adapting such a model.

ensuring allocating funds within pools/proposals) and pairing up organisations working in the same geographic areas on complementary nexus dimensions. For example, FCDO partners that have strong peacebuilding credentials (either funded through NGOs like Saferworld, Pax Christi, Finn Church Aid, etc. or programs such as the Peacebuilding Opportunities Fund (POF) managed by Oxford Policy Management), or those at country level with humanitarian or development partner organisations operating in the same area to explore how better to inform each other's work. Similarly, how new humanitarian needs emerging in specific partner locations could be met by complementary humanitarian partners. Ensure that EIE funding is focused on developing mechanisms and innovations to bridge the humanitarian-development divide in the sector.

Conclusion

There are clear opportunities to develop HDP work further, but given the combination of reduced funding in development (including peace) and humanitarian sectors, how to support actions on the ground demands a rethink. The imperative to do more with less is strong, which suggests that rather than driving top-down approaches on actors instead supporting localised, incremental, consistent practical HDP programming which enhances effectiveness and efficiency and increasingly shifts thinking within all assistance actors. This requires supportive donor pressure, incentivisation of positive actions, and changes in the current aid architecture that mitigate the systemic constraints that allow the status quo to be maintained, without challenging the current siloed, competitive approach.

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