



## **INTERNATIONAL MEDICAL CORPS (UK)**

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### **UK Associate Parliamentary Group on Sudan: Parliamentary Hearing on Sudan's Comprehensive Peace Agreement Submission from IMC UK**

#### **International Medical Corps UK - Background / History of Working in South Sudan**

International Medical Corps UK (IMC UK) set up its operation in southern Sudan in 1994, when it established partnerships with local nongovernmental organisations, village health committees, and local health providers to support health care in the region. IMC UK helped re-establish a county-wide primary health care system and provided support for the local referral hospital in Tambura County, Western Equatoria. Once the fighting ended, and refugees and internally displaced people began to return to their homes, IMC's programmes in Tambura and Yambio expanded significantly to accommodate more than 95,000 returnees in need of health care and basics such as food, water, and shelter. As a member of Operation Lifeline Sudan, IMC UK has been committed from the outset to providing humanitarian assistance to those impacted by the war and famine throughout southern Sudan.

IMC UK is currently IMC providing primary and secondary health care in Southern Sudan, serving over 550,000 beneficiaries in 4 states, through 36 PHC facilities and 1 secondary level hospital, implementing projects in nutrition, HIV/AIDS, infrastructure, education & training, and building human capacity. IMC UK is also receiving support from the Basic Service Fund to implement a primary health care and water and sanitation programme for vulnerable groups in Akobo County, Jonglei State.

#### **Abstract - South Sudan since the CPA**

Four years after signing the CPA, Southern Sudan continues to face a host of problems. The promise of the provision of basic services in the agreement is yet to be addressed fully, with Southern Sudan featuring repeatedly at the bottom of development indexes which include the highest maternal mortality rate and lowest rate of child immunization; 97% of the population has no access to sanitation and 1.2 million will require food assistance this year.

Despite the efforts of the government of Southern Sudan and humanitarian organisations, the distribution of aid and efforts to improve access to basic services have not been sufficient enough to help those most in need and thus contribute to confidence the Sudanese have in the CPA. IMC UK would like to draw on its experience in the following areas to highlight issues IMC UK has been confronted with when working in South Sudan which have the capacity to jeopardise the CPA.

#### **1. The Humanitarian Response and Coordination**

After the signing of the CAP, The UN launched a major humanitarian operation involving 6 UN agencies and a host of NGOs targeting 190,000 in Western and Central Equatoria but this is not sufficient to cope with the multitude of problems caused by the conflict.

There are not enough resources - money and manpower, to address the emergency situation in Southern Sudan. Partners in Southern Sudan requested USD 412 million as part of the UN consolidated appeal, but have only received USD 59 million so far. The UN Mission in Sudan calculated that the absolute bare minimum amount required in order to keep people alive in Southern Sudan until the end of the year to be USD 85 million.

Most states only have one or two NGOs covering tens of thousands of IDPs – when at least 10 NGOs per state are needed in order to support humanitarian operations adequately. The

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European Commission's Humanitarian Aid Office (ECHO) has complained on many occasions of there not being sufficient implementation capacity, even from international and established NGOs

However it is the lack of funding from donors to cover legitimate overheads of NGOs as well as delays in payment, which is a major challenge to operational capabilities, particularly as NGOs such as IMC UK who work in South Sudan do not have the resources to cover overheads because of difficulties in attracting funding for South Sudan from other sources such as fundraising the public. Therefore this puts NGOs who work in South Sudan at financial risk. The funding terms of IMC UK's project with the Basic Services Fund, for example, meant that IMC UK would be in arrears throughout the duration. IMC UK also received payment installments late which generated a variety of cash flow problems, and consequently additional challenges with implementation and staff security.

IMC UK has encountered funding shortages with its work to provide basic health care and build the capacity of local health service providers in South Sudan. IMC UK is currently running a training institute for the training of certificated nurses and midwives and is desperately trying to secure funding so the institute can continue. IMC UK has been unable to achieve this so far despite the urgency and critical needs of maternal health in Southern Sudan; there are only a limited number of trained midwives in Southern Sudan and the maternal mortality rate in Southern Sudan is the highest of the world. Twenty two midwives will graduate at the end of this year. IMC UK would like to admit another group of students for trained but doesn't know if this will be possible.

Work on improvements to and the (re)construction of health facilities is also essential but institutional donors are not funding such activities at present. The provision of drugs, vaccines, and medical supplies is another unresolved issue by the humanitarian community. This is being has to be done by costly airfreight charter at present.

In terms of operational ability, IMC UK found many issues were not properly considered and thought out in the CPA, population figures being one such example. Accurate and reliable data is essential for rational planning, effective implementation and use of resources. However IMC UK and others have serious objections regarding the accuracy of the census accepted by South Sudan.

### **2. Security**

Inter-tribal violence has been responsible for the deaths of more than 2,000 and the displacement of 350,000. The violence has spiralled out of control, with attacks and counter-attacks. Also in West Equatorial State, the LRA is making the security situation increasingly difficult. Since late 2008, more than 230,000 have been displaced as a result of the LRA. Early on in the conflict, attacks were focused on cattle stealing, but attacks in the last months seem more directed towards simply killing – the recent massacre of 185 close to Akobo on 2<sup>nd</sup> August had nothing to do with cattle. In Juba, there was a campaign for disarming people. Maybe 10,000 arms had been found, but an estimated 2,000,000 are still in circulation. IMC UK noted that there was a hope, particularly with female beneficiaries, that with the CPA, the number of violence incidents would become less frequent and there would be greater stability. Nonetheless, this has not proven to be the case. The conflict has also diverted resources away from development – 30% of the government's expenditure went on defence and security in 2008, although unofficial figures estimate this could have been as high as 60% (Chatham House). The government's budget for agriculture is very minimal and spending on education and health remains very low.

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The ongoing conflict and instability in the region has made it much more difficult for IMC UK to be able to reach and treat those who are vulnerable and in need. It has become riskier to transport goods, including drugs and vaccines. The insecurity has also made the supply of food much more difficult, at a time when food aid on a large scale is becoming an absolute necessary to stem the expected rise in malnutrition. Transportation of supplies by boats on Akobo River was also impeded for several weeks because of attacks. Several food convoys from WFP (by truck and boat) were attacked and the WFP has only a limited capacity to transport food by air. All of which has had an impact on IMC UK's nutrition project in Akobo.

It has also become too dangerous for IMC UK to attend coordination meetings with other NGOs and UN agencies. More recently, IMC UK's staff in Malakal had to look for shelter at UN compounds after shooting incidents. One of IMC UK's health facilities was plundered and destroyed during the recent conflict on 29<sup>th</sup> July by LRA. Although IMC was not targeted as such, staff were forced to flee. The health facility has not been functioning since the attack. Likewise, because of LRA violence, all 23 expatriates from the UN and WVI were evacuated from Ezo, in the neighbouring county of Tambura.

Finally, the conflict has inevitably led to an increase in the number of vulnerable people, especially IDPs, who require assistance. This is particularly the case in Jonglei and Upper Nile State as well as in Western Equatoria State.

### **3. Food security**

The combination of late rains and failed harvests, insecurity and displacement, disruption of trade and high food prices have resulted in food insecurity in Southern Sudan. In Aweil, one of the worst hit areas, the level of severe acute malnutrition is twice the emergency threshold rate. The WFP predicts it will need 22,000 MT to respond to the food shortages – half of this will be for Jonglei state, which has been one of the worst hit states. The rate of malnutrition has not reached its peak yet and IMC UK expects this will happen later in the year and to be confronted with a situation worse than last year. The Global Acute Malnutrition in 2009 is at 16.9% compared to 15.6% in 2008. Moderate Acute Malnutrition is also on the increase, at 14.2%, up from 12.4% in 2008 and Severe Acute Malnutrition dropped slightly from 3.2% to 2.7%.<sup>1</sup>

IMC UK is responding to the effects of food insecurity through its nutrition project in Akobo Hospital which includes a supplementary feeding programme, stabilization centre, and outpatient therapeutic programme. IMC UK strongly believes an outreach programme in South Sudan is necessary in order to be able to do more to respond more effectively to the food insecurity and malnutrition, namely through conducting screening at village level on a wider scale in order to identify and treat those the most vulnerable members of the population.

### **4. Access**

Getting access to those most in need is a major obstacle in Southern Sudan. There are less than 200km paved road for the whole of Southern Sudan. Because of this, humanitarian agencies only have access to 40% of those in need, and access becomes more problematic with the onset of rainy seasons.

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<sup>1</sup> United Nations Office for the Coordination of Humanitarian Affairs, Annual Needs and Livelihood Assessment, August 2009



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In Walgak Payam, IMC UK is running one Primary Health Care clinic and four Primary Health Care units (PHCU). The Primary Health Care units are not accessible for 8 months a year. Walgak does have an airstrip, but it is not possible to land if it has rained the week before. There are no also regular commercial or World Food Programme flights to Walgak. Drugs, vaccines, medical supplies, and even food for IMC staff has to be flown in by charter.

A similar problem exists in Pochalla county, where IMC UK has just started to work. Between 2007 and July 2009, Pochalla county did not receive any drugs and various health facilities closed due to staff shortages and damage to facilities. There are no roads and no bridges and it takes up to three days to reach the farthest district.

Difficulties with access also affects the ability of IMC UK and other agencies to distribute long life treated insecticide nets on a much bigger scale in order to prevent malaria.

### **5. Darfur**

One of the major issues with the CPA is that it does not address nor take into account the situation in Darfur. There are rumours the North is supporting armed groups in the South; intertribal violence within Southern Sudan creates an image South Sudan not being ready for independence. IMC staff have recently heard the LRA might try to penetrate, through Southern Sudan, into Darfur.

### **Conclusion**

IMC UK has found strong support, in principle, for the basic services component of the CPA by the local communities IMC UK assists and works with. Where services have been extended, they have been appreciated and valued by the local population. Although there have been some improvements in access to schools, health facilities such as IMC UK's training institute for midwives, the provision of basic services have fallen short of what was promised by the CPA.

Southern Sudan continues to be a challenging and problematic environment for humanitarian organisations to operate. The region has not received enough support in terms of requested funding it needs in order to provide the basic services provision of the CPA. When agencies such as IMC UK do receive funding to provide these basic services, they have found the terms of funding unfavourable and insufficient to support their operations. This makes the situation they are working in increasingly tough, given the difficult environment with persistence of inter-tribal conflict, worsening food security situation and poor access IMC UK faces already faces with working in Southern Sudan, and in addition increased the numbers who require assistance.

The basic service element of CPA will require greater support and commitment from the international community as the next stage of the CPA approaches. One of the fears of IMC staff running projects in South Sudan is that the elections and the referendum in particular, will lead towards an increase of violence and exacerbate what has already been described as a "humanitarian perfect storm". Ensuring that basic services are in place for the general population would therefore give the CPA a degree of legitimacy and therefore the support of the South Sudanese, as without concrete investment, support for the CPA will diminish.