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UNICEF/Operation Lifeline Sudan Southern Sector Perspectives, March 1991

UNICEF OLS

March 1991

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UNICEF OPERATION LIFELINE SUDAN
SOUTHERN SECTOR

PERSPECTIVES
MARCH 1991



UNICEF/OPERATION LIFELINE SUDAN
SOUTHERN SECTOR

PERSPECTIVES
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1. OVERVIEW

Two years into Operation Lifeline Sudan, UNICEF, indeed the UN, is still negotiating every step of the way, every action, every strategy to meet the increasingly desperate needs of civilians at risk in Sudan.

At the same time conditions facing the civilians in south Sudan's conflict zone remain precarious, and we may see a major influx of Sudanese returning from Ethiopian refugee camps, and maybe even Ethiopians themselves, due the precarious security situation in Ethiopia.

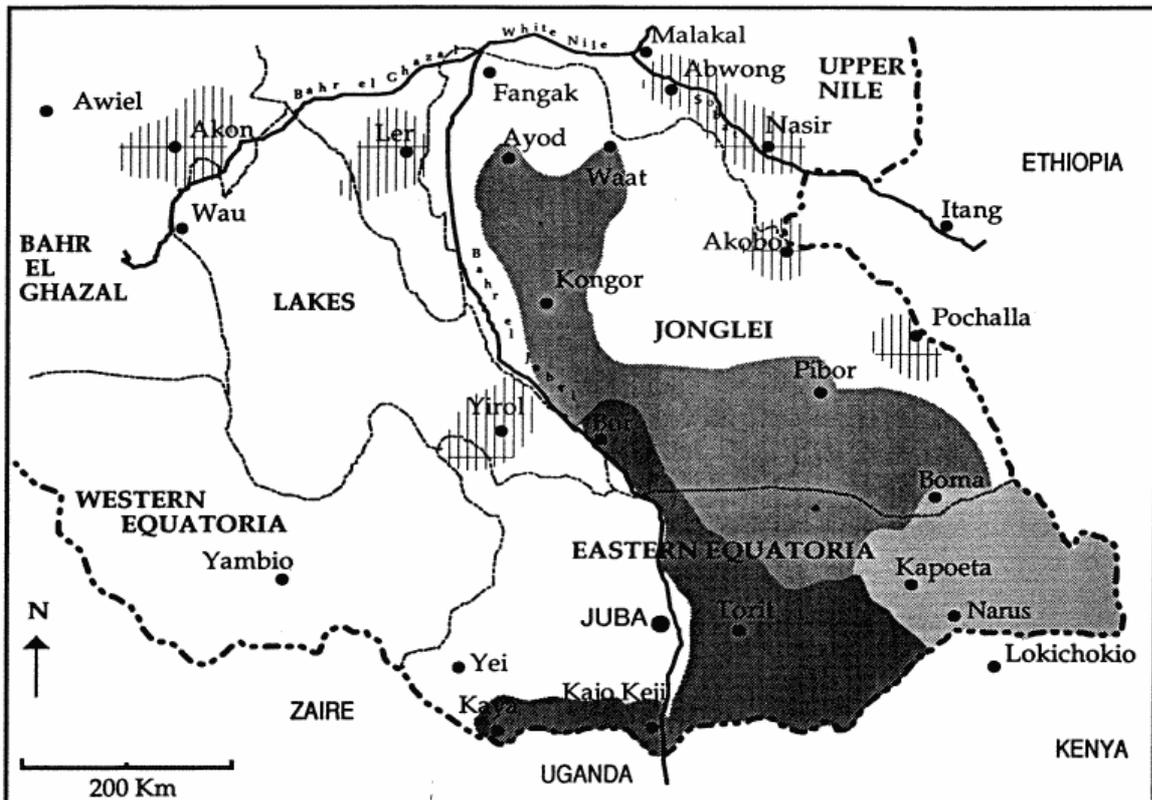
OLS runs the risk of going the way of all earlier emergencies; loss of institutional memory and re-inventing the wheel.

The institutional memory has been lost through a change of Government in Sudan three months after the start of the Operation, two changes of UN project management at the executive level, supervisory changes in participating UN Organisations, no follow-up meetings between heads of co-operating agencies since March 1989 and competition from newly emerging crises in various parts of the world.

The result is that a disproportionate amount of time is spent on responding to queries about the Operation from partners in the Operation, explaining concepts and actions which are fundamental to the Operation and responding to unspecific accusations of failure to honour aspects of the agreement, or of impropriety.

The challenge now is to promote a general understanding of the principles of operation, a re-affirmation of roles and responsibilities, a recognition that styles of emergency assistance are different between small NGOs and the UN, (e.g. the UN must be non-partisan and monitor and report upon all assistance provided) and the re-introduction of dialogue between the Government of Sudan and the Sudan Peoples' Liberation Movement with the UN as moderator. This type of dialogue was responsible for the early successes of the Operation.

As the only source of support to a wide range of groups, tribes and populations in south Sudan, Operation Lifeline Sudan must stand firm in the interest of civilian populations. UNICEF must be supported in its commitment to "first call for children of the Sudan", and the UN in general, prepared to cope with implementing OLS in a climate of escalating civil war and an apparent de-emphasis on humanitarian concerns, by both parties to the conflict.



SOUTHERN SUDAN

- Unrestricted Access
 - Restricted Access due to Insecurity
- Dry season Access Only
 - Access Only by Air

The boundaries and names shown on this map do not imply official endorsement or acceptance by the United Nations

2. SUMMARY

Politics continue to upset the delicate web of humanitarian assistance. Projects are hampered by an almost complete lack of transport in and out of the country. Nevertheless, UNICEF support to health, water, education, nutrition, immunisation, cattle vaccination, agriculture and administration programmes in partnership with NGOs and local people continues, despite a shortfall of 70% in funding requirements for 1991.

3. SITUATION ANALYSIS

3.1 Today, relief operations are severely curtailed by the closure of airspace over SPLA-administered areas of southern Sudan and insecurity on access roads from Kenya and Uganda. The situation for many of the population of the most inaccessible zones remains precarious and difficult. Programmes are most severely affected in these zones. Ironically these most distant areas were also the most affected by climate in 1990, and agricultural production was poor.

The dry season, November - April, is the only time when the northern locations of SPLA-held territory such as Nasir, Pibor, Ayod and Akon can be accessed by road, yet many roads are closed due to underlying political contradictions.

3.2 Achievements

Despite lack of infrastructure, many of the more accessible areas have benefitted from training activities and increased involvement of beneficiaries in relief distribution and rehabilitation work. The progress towards community participation in programming is far advanced in areas such as Chukudum, Torit and Bor. Field offices are open, co-ordination meetings held on a regular basis and efficient community programming is within reach.

Integrated programming by Unicef and SRRA has resulted in significant achievements:

- 200 health units and health centres are staffed and supervised by trained local personnel providing curative and preventative health services and essential drugs distributed to over 1 million people.
- 4 hospitals now fully operational.
- 200 schools functioning with an emphasis on such subjects as school gardens and health education;

- 350 handpumps have been repaired and are now maintained by local maintenance teams;
-
- over 144,000 children have been immunised against measles and over 85,000 women against tetanus
- over 57,000 MT food produced as a result of 1990 seed and tools distribution programmes.
- over 300 MT of agricultural seed from the 1990 harvest have been preserved for next season through a community-based seed storage programme; and over 2 million cattle, children's main food source, protected against rinderpest.

3.3 Logistics and Security

In late 1990 problems between Toposa tribesmen and SPLA became more and more acute and clashes more prevalent. Large areas of Toposaland were declared off-limits to international personnel by the SPLA as a result of the insecurity. Programmes have been drastically reduced.

Relief vehicles moving to Kapoeta were attacked a number of times. The situation became so dangerous that the UN declared the road impassable for their vehicles. The problem in Toposaland is an example of negative politics.

3.4 Nutrition levels in SPLA-administered areas appear generally fair, yet experience of emergencies shows that they can fall very quickly as the traditional pre-harvest hunger period progresses, or if conditions change.

4. STRATEGIES

4.1 Self Reliance

UNICEF's strategy remains the mitigation of crisis through enablement of the people, thus promotion of self-reliance remains a priority. However, although progress has been made in training and significant steps taken towards community involvement, difficulties with the local civil authorities have been compounded by flight bans and other physical constraints.

The programme with the Toposa is part of the OLS strategy. The approach is pragmatic: the Toposa tribe have been impeding OLS programmes by shooting at relief vehicles - WHY? The Toposa have been largely left out of the emergency relief programme. International agencies have found it difficult to reach them; Toposa are suspicious of UN/NGO intentions and are not pro-SPLA, consequently the authorities are not keen to help them. The UNICEF strategy therefore is to attack the root cause of this

dissatisfaction and the programme involves meeting chiefs and ordinary people, on their own ground, to work out mechanisms of support which are tangible and sustainable. The main thrust is the already successful vet programme for rinderpest vaccination of cattle linked to immunisation of Toposa children by Toposa people nominated by each community.

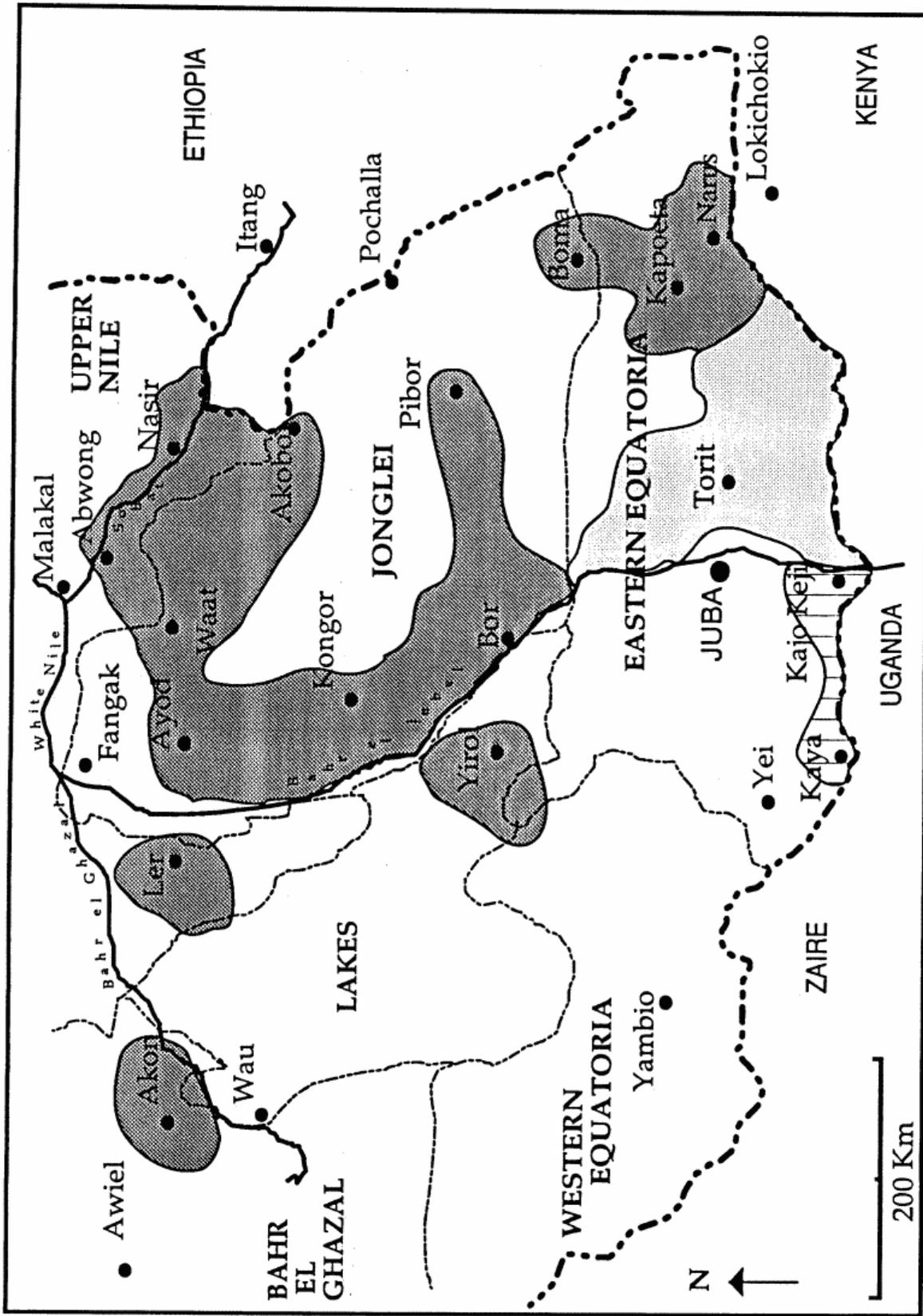
The education programme also has community participation as a priority. Communities are involved in building and maintaining schools, assisting in paying teachers and planning and helping with school activities. (See Map)

4.2 Access

In the more remote areas, the same strategy is applicable, if only the areas could be reached. UNICEF must continue to press those preventing free movement of humanitarian supplies and personnel utilising every means at its command including sharing of statistics, photographs, evaluation reports and situation reports.

4.3 Presence & Co-ordination

UNICEF plans for opening sub-offices in three remote locations remain on hold whilst efforts are made to increase the transport and logistics capacity. These offices represent the beginnings of social services in each area, a form of stability that attracts both trained individuals from the local community and the indispensable services of the international NGOs. These efforts will be intensified in the second quarter of 1991



SOUTHERN SUDAN EDUCATION PROGRAMME

UNICEF/SKI Primary School Programme

International Aid Sweden School Programme

Diocese of Torit School Programme

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The UNICEF sub-office planned for Nasir, has yet to open its doors for full-time business. However, programmes have been initiated. The most successful (the seed programme) worked because of its simplicity and involvement of traditional networks. However, other more technical activities are suffering due to the absence of full-time assistance and encouragement from international personnel.

The UNICEF sub-offices in Kapoeta, Torit, Bor and Kongor are working closely with SRRA. One of the most difficult tasks, however is to ensure accountability and avoid a "top-down" approach which is so easy to adopt in times of desperate emergency. UNICEF invests considerable time and energy into liaison with the local authorities, which is very gradually paying off, but which will require a consistently high level of UNICEF input if success is to be maintained.

4.4 Capacity Building

The training programmes initiated and sustained under OLS are key to the future and one of the most successful parts of the operation. UNICEF supports directly, financially and with co-ordination, the very impressive efforts of a number of NGOs in training in health, immunisation, education, water, agriculture, nutrition and management. Our current strategy is a continuation of the training programme to include more community representatives to ensure future sustainability.

The health programme is currently supporting the training of traditional birth attendants, community health workers, hospital attendants, nurses and medical assistants. Each level complements the next. The area covered by OLS southern sector is as large as Uganda and has a large and vulnerable population for whom basic health services are essential to survival. The daunting task of providing such a service demands that more and more individuals be trained, but the need for careful and continuous supervision and encouragement of each trainee has led the health programme to place emphasis on quality and avoid churning out too many health workers to be adequately monitored. As the programme moves from strength to strength, its capacity to supervise and maintain outreach increases. A major constraint remains the problem of access. Unrestricted flights, open roads, better maintained vehicles are all part of the requirements of this massive and hugely effective project.

The water programme has to date concentrated on training over 20 local maintenance teams for handpump service and repair. So far the result has been a startling increase in functioning handpumps in Torit, Chukudum, Kapoeta and Bor. The teams now move on to the next stage of outreach which is training of community caretakers.

4.5 Project Tracking

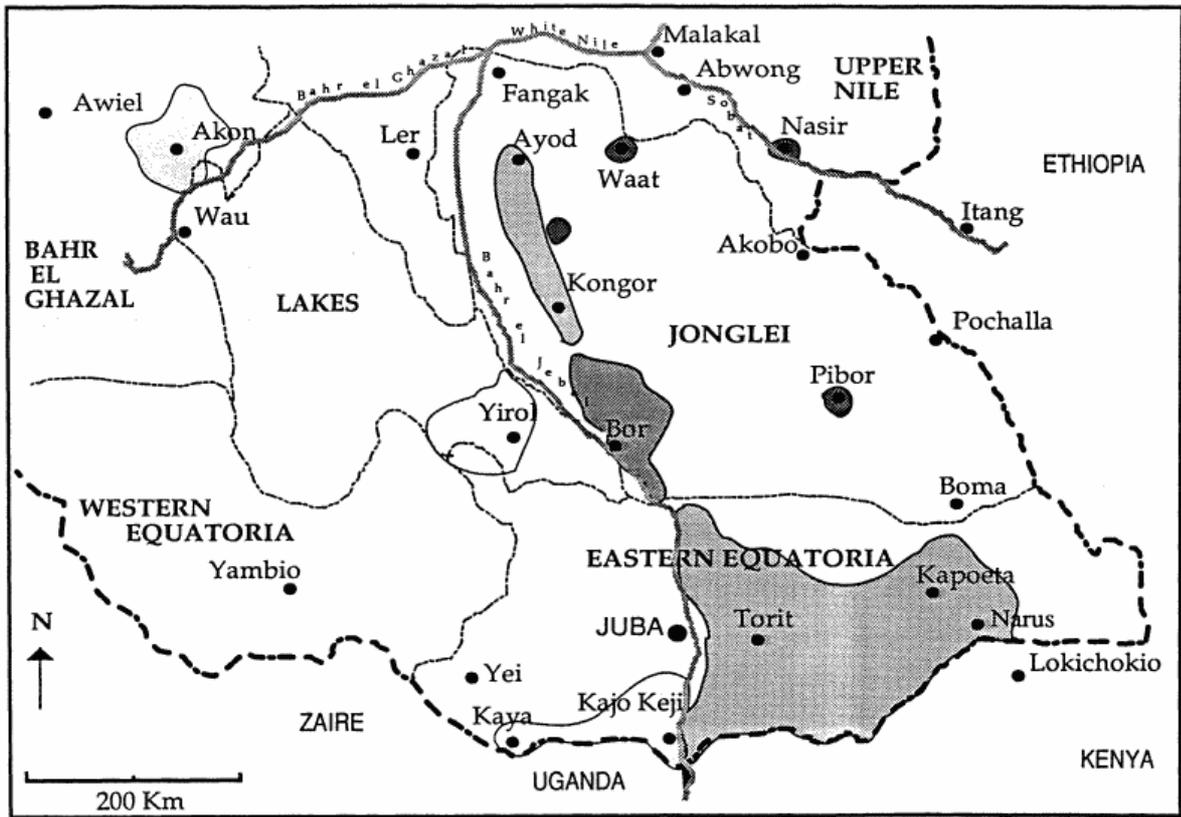
A vital element of UNICEF project activities is monitoring and evaluation. Detailed information has been built up in all sectors covered, leading to shifts and improvements in project systems, plans and even goals. Systems of information collection ensure consistent data and provide the programme with one of its most important foundations: transparency. Each project is scheduled for evaluation in 1991; these exercises will strengthen the project, its staff and OLS as a whole. Once again the problems of access arise. Only through free access can the programmes be properly evaluated and future direction charted for OLS.

As a result of the assessment of crop production in 1990, the agriculture programme emphasis shifted in 1991 from seed distribution towards seed preservation.

3.6 Anthropological Linkages

UNICEF has begun to use anthropological information to improve links with programme beneficiaries (tribes, groups, sub-groups etc.).

As a result of the effectiveness of kinship networks in sustaining the seeds and tools programme, activities in 1991 stress community participation to an even greater extent than in 1990, including decisions of seed type, value, and storage systems. In 1991, UNICEF plans to participate in immunisation with mothers and siblings, tribal chiefs, elders, and herdsmen, in a sustained effort to get the service as far as possible into the hands of the beneficiaries, to ensure motivation, and reduce costs.



SOUTHERN SUDAN

WATER PROGRAMME

- Hafir Rehabilitation
- India Mark II Rehabilitation
- Tropic II Handpump Rehabilitation
- Wateryard Rehabilitation
- Proposed Interventions

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3.7 The situation in southern Sudan is vulnerable. Every step towards diversifying the ability of people to survive is out-distancing the threat of disaster one small step at a time. UNICEF remains committed to preventing emergency through self-reliance in all areas of the south, not just those immediately accessible. The sustainable strategies that it is hoped will lead to a Sudan that emerges less often into the headlines as a land of starvation and desperation, require longer term funding commitments than we are receiving at the moment.

UNICEF has already taken the plunge into Sudan with significant investments and given its staff longer contracts to ensure continuity and sustainability. We need the same from all our partners.

4. FUNDING REQUIREMENTS

Against an appeal which covers 1991, UNICEF has received some 30% of funds required. (See graph overleaf).

5. CONCLUSION

UNICEF is invaluable to Southern Sudan as a key part of the mosaic of relief work provided by international agencies and local groups. We need long term funding and political support from outside and we need to continue to develop our own response and planning capacity as we are doing at the moment. We need the support of donors, NGOs and the UN as a firm and effective interlocutor with the Government of Sudan. Given these, there may well be a chance for the people of Sudan.

UNICEF/OLS SOUTHERN SECTOR
FUNDING STATUS, MARCH 1991

