

**BRIEFING NOTE ON SOUTHERN SUDAN  
OCTOBER 2006**

**General Profile**

Southern Sudan has a land mass of about 640,000 square kilometers, with an estimated population ranging between 7.5 and 9.7 million. The population is expected to grow by as much as 3 million in the next six years as a result of natural increase in population and the return of refugees and internally displaced people (IDPs)<sup>1</sup>.

The signing of the Comprehensive Peace Agreement in January 2005 brought to an end more than two decades of hostilities between the North and South. As a result, the Government of National Unity (GNU) and the Government of South Sudan (GOSS) have been established, to form a Confederation system for governance under the rubric of one country, two systems.

South Sudan is now gradually entering a recovery and development phase however humanitarian needs still abound, with an expectation of mass return of a large number of IDPs and refugees to the South. Following the establishment of the GoSS at the federal level in Juba in July 2005, frantic efforts are being made to set up the institutions for governance. The GoSS has developed an interim Constitution, and is geared to political elections in 2007, which should pave the way for a referendum on self determination in 2011. The government only recently appointed several Commissions in the South e.g. the Commission for census, HIV/AIDS, human rights etc.

The momentum from the establishment of GoSS to the function of the ministries has been slow. Ministries were established in October 2005. Several partner ministries however continued to have a paltry staff size of between 5-10 staffs. Some of the Ministries (Secretariats during the SPLM era) continued to remain in Nairobi where they were before the signing of the CPA. Appointments to various positions has been slow, probably evidence of a fledgling Ministry of Public Services, which continues to hamper the performance of the Ministries. Most if not all ministries are in nascent stages and will require significant inputs in capacity building to get them up and running. This lack of capacity of partner ministries (human and material resources) continues to hamper work that should be done with them. Nonetheless, there is sufficient evidence to show that gradually, things are beginning to improve.

The many years of civil conflict ensured massive or near total destruction of the physical infrastructure in Southern Sudan. Most buildings lie in very dilapidated states; most roads remain unmotorable, impassable and/or mined, a large portion of the country is often inaccessible for more than half of the year (especially during the rainy season) save for air transport to particular locations. Institutional structures particularly for basic services are non existent, and above South Sudan has a paltry human resource capacity that can be enrolled into the civil service force.

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<sup>1</sup> UNOCHA Starbase, April 2004

Donors and the international community have shown commitment to the reconstruction of Southern Sudan. In anticipation of massive development efforts needed to get Southern Sudan up and running, donors committed to the establishment of the Multi Donor Trust Fund (MDTF) administered by the World Bank. In this arrangement, the GoSS is expected to match every donor dollar with two dollars, a ratio of 1:2. However since 2005, implementation modalities and conditionalities of the bank have impeded disbursement of funds for development activities. So far limited funds if ever have been released for reconstruction.

Another broad channel of funding is the Common Humanitarian Fund. Donors and other actors contribute to this basket which is one of the sources of funding to the UN agencies. The funds are largely devoted to humanitarian work, however recovery and development projects also access this funding. Agencies develop work plans which are eventually compiled into a UN work plan agreed with the Government. While this fund serves as additional resource(s) for UN agencies to implement programs, the performance has been lack luster. Donors have often failed to fully honour their commitments and/or pledges.

While Southern Sudan remained largely calm in 2005, several armed groups and militia continue to maraud. The Ugandan Lord's Resistance Army (LRA) rebels have continued operations in Southern Sudan making some parts a major security risk for any meaningful engagement. More recently, the LRA has been in peace talks with the Government of Uganda, being mediated by the GoSS. It remains to be seen what the outcome of these talks will be. However it should be noted that over the past three weeks several significant security incidents were reported in many parts of Southern Sudan.

### **Health System and Reproductive Health Status**

The health sector in Southern Sudan is extremely weak, which is characterized by sub-standard quality of services, limited coverage of health facilities vis-à-vis population size, unequal distribution and in some remote areas, there are absolutely no health facilities. There is also a significant rural urban divide with health facilities, services and personnel being more urban biased. Given the apparent lack of capacity, health services provision is largely contracted out to NGOs and other consortia. The capacity of the government at the moment remains limited to effectively regulate and coordinate health services provision to the citizenry.

Official data estimate maternal mortality ratio (MMR) in Southern Sudan to be at 1700 deaths per 100,000 live births. This is the fifth highest MMR globally after Sierra Leone, Afghanistan, Malawi and Angola. High levels of maternal mortality are linked to poor access to quality reproductive health services, including family planning.

The percentage of deliveries attended by trained birth attendants (not necessarily skilled) is 5% and contraceptive prevalence rates are low, at 1% in the South. Because of this appalling state of maternal health services, obstetric fistula is common. However, there are no prevention programs and repair is not available in hospitals across Southern

Sudan. Only in 2006 did UNFPA start work on establishing a repair and referral centre in Southern Sudan. More work still needs to be done to get the centre fully functional.

HIV/AIDS prevalence, based on scarce epidemiological and behavioral information, is estimated by UNAIDS to be around 2.3% in the adult population. Rates of HIV infection have been estimated by Sudan National AIDS Control Program (SNAP) to be at 1.6 % nationwide. However for Southern Sudan, estimates vary from 1% to 7.2% with alarming rates among certain population.

### **Gender issues**

The state of women's empowerment in Sudan varies across regions and probably is worse in South Sudan. There is no estimated data on age at first marriage for South Sudan but traditionally arranged marriage during childhood is common and the estimated adolescent fertility rate (15-19 years old) is at least 200 per 1000.

Literacy rates in Southern Sudan stand at a paltry 24%. In addition, gender discrepancies are quite pronounced in South Sudan compared to the North. For example, literacy rates for male and females in North Sudan stand at 71% and 52% respectively while it stands at 37% and 12% literacy rate for males and females in Southern Sudan).

In Southern Sudan, there has not been a systematic and comprehensive assessment on prevalence and forms of gender-based violence, though is thought to be very prevalent anecdotally. The assessments, however, indicate that the forms of SGBV depend on the socio-cultural characteristics of respective community ethnic groups (there are about 64 ethnic groups). Nevertheless, the war has led to a widespread form of a 'new' type of violence such as "gang rape". Female genital mutilation is thought to be rare. There is need to undertake a comprehensive GBV and broader gender assessment and programming in Southern Sudan.

Women's lack of access to justice for cases of violations of sexual and reproductive rights (e.g. divorce, women's access to children) is particularly emphasized by the assessments. Over 90% of day-to-day criminal and civil cases are executed under customary law, which is largely not only inconsistent with international human rights laws, but also favor men. This results in incarceration of women often with their young babies/children in prisons.

### **UN System in Southern Sudan**

Based on the Security Council resolution number 1590, a United Nations Mission in Sudan (UNMIS) was set up. In addition to UNMIS, almost all UN agencies, funds and programs have a strong and heavy presence and operations in Sudan, headed by a high level staff member. In the past, UN agencies operated under the code name "Operation Life Line Sudan" – OLS. Some of the agencies have been in Southern Sudan through out the years of conflict. Following the signing of the CPA, there was even a greater demand for UN agencies to have a full presence in Southern Sudan.

Although the majority of UN offices in Southern Sudan report to Khartoum, according to the policy adopted by the UN system in Sudan, all offices in Southern Sudan should be fully authorized and delegated to function near autonomously. All programs and projects for the South should only be developed, discussed, and agreed upon with GOSS officials. This arrangement is in line with the “One government two systems approach”.

### **UNFPA in Southern Sudan**

UNFPA established offices in Southern Sudan in June/July 2005 in Rumbek, the initial capital of the GoSS. However following the death of the Southern Sudan leader Dr. John Garang, the events in the aftermath necessitated the transfer of the capital from Rumbek to Juba. UNFPA consequently moved offices from Rumbek to Juba in Dec 2005 and the new Juba office finally became functional in February 2006.

### **Reproductive Health:**

In South Sudan, UNFPA has taken the lead in establishing solid foundation for contributing to **reduction of maternal mortality** by providing technical and financial support for development of the policy and standards on **Community Midwifery Training**. The policy document was agreed at a consultative workshop with key stakeholders and endorsed by the MOH-GOSS. This has been followed by the development of midwifery curriculum, training modules, and training of trainers and finally, training of community midwives commenced in September 2006 in the pilot sites.

During 2005/6, UNFPA provided RH kits and commodities to RH service providers in South Sudan and has supported capacity development of the newly established Reproductive Health Directorate of the Ministry of Health of GOSS. Support to advocacy and IEC activities on RH and HIV/AIDS and refresher training on RH information and services are also part of UNFPA contributions in South Sudan. UNFPA is the leader of the Reproductive Health Working Group. This is a technical body charged with the responsibility to develop the standards and norms of practice of RH in Southern Sudan. UNFPA supported the development of the General Health Policy document for Southern Sudan and has lately been providing co-leadership in the development of the Reproductive Health Policy for Southern Sudan.

The first ever fistula repair centre in Southern Sudan was established in June 2006 at the Juba Teaching Hospital. Given the poor maternal health indicators in Southern Sudan, it is surmised that fistula patients abound in Southern Sudan. Indeed at the inaugural session of the fistula repair programme, many patients turned up for surgery. This centre after additional training is provided to the surgeons will become a regional referral center for fistula in Southern Sudan.

### **Gender and Gender Based Violence:**

UNFPA initiated the GBV Technical Working Group in Southern Sudan and has been actively involved in addressing key issues affecting women particularly in relation to GBV. UNFPA with funding support from HRU facilitated a consultation process with women, women groups and leaders on issues of GBV across Southern Sudan. The

outcome of this consultation was presented at the high level symposium on GBV in Brussels in May 2006.

In principle, the outcome of the wide consultations should lead to the development of a national plan of action on GBV for Southern Sudan. This is yet to materialize. More recently UNFPA has been involved together with UNIFEM and UNMIS police in the training of the local police force on issues of GBV and human Rights. This should lead to a more positive handling of GBV issues by the police. It is a training that has brought the different UN agencies to work jointly to achieve common objectives. UNFPA is a member of the protection working group.

Earlier in the year UNFPA participated in a large survey on the Southern Sudan IDPs to determine their return intentions, living conditions and access to health care in partnership with OCHA, IOM, UNHCR and NRC. The results of this survey are being used for programming returns processes.

### **HIV/AIDS**

UNFPA currently chairs the **UN Theme Group on HIV/AIDS** that mainly deals with policy issues. This is both in the North and in the South. The theme group in Southern Sudan was recently established in June 2006 however the UNTG is already addressing some of the critical issues such as the need for concerted support to urgently build the capacity of the newly established Southern Sudan HIV/ AIDS Commission.

As a member of UN Technical Working Group on HIV/AIDS and HIV/AIDS Monitoring and Evaluation Reference Group, UNFPA is actively involved in shaping the stage for a more coherent implementation of HIV/AIDS programming in Southern Sudan. The main role of both working groups is to provide technical support for a unified M&E system, surveillance, operational research, surveys and reviews and programmatic monitoring, including resource tracking. A number of joint-programming opportunities are being examined in the context of HIV/AIDS.

### **Census**

The signing of the Comprehensive Peace Agreement (CPA) in January 2005 signaled the urgency of carrying out a population census in the entire country, **“not only because it is needed to generate data for socio-economic development planning, but also as a tool for sustainability of peace and the basis of power and wealth sharing and elections, as well as the 2011 referendum” - CPA.** Census is considered a significant and major undertaking by the people of Southern Sudan not because of magnitude of the exercise but because the results will have significant political implications. As such, Census is on everyone’s radar (the citizenry, the civil society, politicians and donors).

According to CPA, census should be conducted “in cooperation with UNFPA”. Having a one Sudan comprehensive, scientific, credible and accurate data on population distribution and characteristics should facilitate sustainability of this peace. UNFPA is fully committed to fulfilling its role of supporting the population census both technically and through resource mobilization by working with bilateral donors. The technical support UNFPA provides to the Census cannot be further underscored.

As mentioned earlier, the South Sudan Commission for Census, Statistics and Evaluation (SSCCSE) has recently been appointed. Its predecessor, the old SSCCSE (Centre) went for a long time without a designated head. Recently a Chairman to the Commission was appointed and is providing able leadership to the Census process in Southern Sudan. The general malaise that had gripped the centre for sometime has eased now. It is important to note that the SSCCSE in Southern Sudan operates from 2 bases, one in Rumbek and the other in Juba. This has coordination implications considering communication challenges in the South.

### **Major Development Challenges in Sudan and South Sudan**

The major development challenges are:

1. **Capacity and commitment** by government at policy level. This affects both the federal and state levels. It is particularly challenging to push the RH agenda in the South.
2. There is an **HIV/AIDS** time-bomb in Southern Sudan. Social and cultural taboos and misconceptions exist and now coupled with a high mobility of population (IDPs, refugees, and returnees, traders etc).
3. Lack of **viable data and statistics** and strategies or capacity for monitoring progress against MDGs and ICPD.
4. Lately, there has been a wave of rising insecurity in several parts of Southern Sudan. Should this not abate, it has the potential to undermine the efforts made at reconstruction.

On capacity development, the leadership of the Government of South Sudan faces the enormous task of managing its own transition as well as establishing functional structures and functions of the federal and state governance institutions, including the central administrative bodies in Juba. All this will require sometime. This may affect stronger program coordination and consultation with the respective national counterparts and more efficient program interventions in South Sudan.

UNFPA has secured full presence in South Sudan with qualified international staff supported by consultants and very competent national staff. The office is now focused on strengthening relationships, building new partnerships and getting to the state levels for a deeper reach into beneficiary communities. Where there are gaps in UNFPA internal capacity, action should rapidly be taken to ensure that the capacity gaps are plugged and full programming goes ahead unabated. UNFPA Southern office is continuously engaging the key decision makers of the GoSS to secure their commitment to support the UNFPA mandated areas, particularly with respect to RH information and services and 5<sup>th</sup> population census.

Total funds received for Southern Sudan in 2005 amounted to **1,618, 653USD** and this increased to **2,764,167 USD** in 2006, a significant sum being a carry-over from 2005. Discussions are underway to secure separate budget for the South.