



EXPERIENCES FROM THE FIELD

SOUTH SUDAN: CAUGHT BETWEEN WAR, FLOODS AND EPIDEMICS

South Sudan exists in a state of chronic instability, which makes a purely emergency or vertical approach inadequate. Even in this time of growing humanitarian distress, CUAMM's approach is a collaborative one, working hand in hand with local authorities to build a system capable of responding to primary health needs.

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At the start of 2021, two years after the signing of South Sudan's most recent peace agreement, OCHA¹ noted how the country remains in a state of crisis, with mounting humanitarian needs. The persistence of political instability, high levels of internal conflict and severe climate events have forced over one million people to continue to migrate internally, most obliged to seek refuge among communities they come upon as they travel – people they deprive of a portion of the already scant resources available. There is severe food insecurity, a social fabric far too weak to protect the most vulnerable and health services that are incapable of guaranteeing basic care, and certainly not of containing an epidemic. At the moment, pursuing development seems impossible.

Since Doctors with Africa CUAMM began working in South Sudan in 2006, we have witnessed a civil war that lasted for over five years, continuous and violent clashes between clans for control of the territory, outbreaks of cholera, measles and now COVID-19, and extensive flooding. We have had to rebuild and/or re-equip looted health facilities, organize mobile clinics to reach displaced families and refugees in remote areas, launch mass vaccination campaigns and deal with problems of insecurity and logistics, all while continuing to provide routine health and nutritional assistance. We build, distribute drugs and food supplements, get ourselves around in the region to provide and supervise services, but everything becomes even more difficult and costly, in terms of both time and resources, when most roads are impassable and there are attacks and ambushes in the surrounding area. All of this complicates not only our immediate response to emergencies in the most hard-hit areas, but also our efforts to keep existing services fully functional and operational throughout the territory. And the need for those

services also continues to grow, due both to the emergencies themselves and to the closure of facilities in neighboring territories and the termination of humanitarian programs launched, then abruptly shut down, in the most acute phases.

A purely emergency approach is not sufficient to respond to a state of what is now chronic instability. Limited in time, fragmented, vertical and sectorial, and focused on specific problems for the benefit of specific groups of individuals as dictated by the priorities of major international donors, humanitarian interventions are unable to create the conditions that would make it possible to overcome the crisis and create a new and lasting local system, and indeed, end up further weakening what is already in place.

Doctors with Africa CUAMM responds to emergencies as they arise in the areas where we are present by taking the same approach we use to support the development of the local health system. In other words, we make our emergency response a *component* of the latter, an opportunity to further enhance it, integrating the development and emergency facets together. Based on hand-in-hand work with state and district authorities, it is an approach that restores decision-making and leadership responsibilities to them, rather than to the donors and NGOs to whom they have been delegated for years.

The aim is to help the authorities to identify a few clear priorities toward which to channel both their own resources and those that their partners can allocate to them, scaling back expectations vis-à-vis outside support and taking on a more active role both in everyday life and crisis situations.

NOTES

¹ Humanitarian Needs Overview 2021, OCHA