

## **1<sup>st</sup> Report from Kuron 25<sup>th</sup> February 2013**

### **Chris and Guro Huby**

We are more than half way into our stay here now and it feels as if we are just beginning to find our feet. A lot has happened, we have learned a lot, and we are quite busy. We are having a fantastic experience and adventure, and we are very grateful for this opportunity to return to the Southern Sudan. Things are not always easy, and there are low points; when it is too hot and nothing works. We then look at one another and ask: “whose idea was this”? We answer in unison: “Erling Sævareide”, who persuaded us to come out. That man has a lot to answer for.

We came here for the Donor Conference, which seems a very long time ago now. We moved up to the Health Centre the week after the Conference and since then we have spent the week in the clinic and the week-ends in the Kuron Village. From now on we may both spend more time in Kuron to write proposals.

We were given two main tasks when we came here. Chris was to concentrate on the Clinic and how the work and staff there could be supported. I was to help out at the Donor Conference and write the report. Then I started to look for suggestions for how “community involvement” with the Toposa and “integration across Kuron projects” might be improved. Inevitably that has meant straying into the area of health.

We came here for two whole months, and were therefore able to spend time trying to find out how the clinic and the Kuron Village work. This has been a good thing, because our briefs were very broad and we had to try and narrow things down to something doable and useful. It has been important to understand a bit of the culture – both of the local Toposa, the Kuron Peace village itself and the relationships between them.

This has made our first month very interesting! I have accompanied the Peace project on trips to cattle camps for raid surveillance and checking on possible quarrels between the Jie and the Toposa. I have also been to two evening meetings in villages to campaign for education and persuade the Toposa to send their children to school. I have accompanied the Agriculture project to a village meeting. I have sat in on meetings at the Clinic and in Kuron, I have taken part in meetings of the Kuron women’s group and have had the privilege of seeing the Kuron women baking co-operative being born! I have taken part in the daily life of the Clinic, where usually something interesting is happening – and at times something harrowingly tragic, such as the death of a child.

My Juba Arabic from 35 years ago is slowly returning to me and luckily quite a few here in Kuron speak Arabic so I can communicate. Very few women in the villages speak Arabic however, and there aren’t people to translate there, which is very frustrating. I am learning a bit of Toposa, but it is quite hard. It is all about inflection and pronunciation, and I have to say and hear words over

and over again to get them right. I make loads of mistakes, as when I introduced Chris as “milk” (akile), rather than “husband (ekile). Unlike Juba Arabic Toposa also has a grammar, but nobody can explain it to me and I have to work it out from examples people give me.

I can now say useful things like “my children are three”, “there is no water” and “my Toposa name is Nakurro, which mans rain. However, I don’t get much of what is coming back and communication is very limited. But we are all enjoying it, and I am a source of endless amusement!

Chris spends more time in the Clinic, where he has helped clinically to get an insight into the service, and also to try and take some pressure off very overworked staff. He has also done staff appraisals. Some staff has left, and new people have been found, but the skill mix is now not optimal for a facility of this kind. The workload is therefore unreasonable for the skilled staff, and this is without taking holidays and maternity leave into account.

The organisation and running of the Clinic does seem to need some thought. Much of this you will know from Dr. Hetta’s reports. The Clinic is some 8 kilometres away from the village of Kuron and there is no regular communication. This leaves the clinic isolated and vulnerable in cases of emergency. Staff accommodation is basic and in need of improvement. The most pressing problem however is the lack of long term funding and a strategy for development. For example, the clinic provides a high quality service to those who manage to get there, but these are comparatively few. For every child saved many more die in the villages. Moreover, many of the illnesses seen at the clinic can be prevented or managed with low cost and evidence-based interventions in the community, but the clinic has no manpower or resource to do this work. We are trying to create awareness and discussion about the situation of the clinic in Kuron. and together we have tried to come up with suggestions for a longer-term strategy to develop the Clinic.

There is progress in some areas, with good co-operation from the Peace Village. Work at the “Sisters’ House” is nearing completion. This is a big, airy and comfortable house situated 3 minutes walk from the clinic, where the Health Clinic staff will be able to move shortly. The clinic now has water, which helps a lot in our daily life, This progress is in large part due to Erling Sævareide’s presence. He is very good at making things move in a quiet and efficient way.

Chris is working to establish a School health service for minor cases of illness among the schoolchildren. This means that they do not have to come all the way to the clinic for minor illnesses, and the Clinic has less work.

I have written two proposals for Clinic funding; one for short-term bridging funding to tie the clinic over until long-term solutions are found, and one for a community-based maternity service. Together we have written a discussion paper about a possible long term strategy that involves two projects: a community health program to prevent and manage minor illness in the

villages, and the clinic as a service that can manage more complex cases. We have presented this paper to Kuron and are discussing it with the Senior Management Team. We hope to discuss the future of the Clinic with the Minister of health of Eastern Equatoria State when she comes here this week-ends as part of a UNICEF fact finding mission. We also hope to follow this up with a meeting with her in Torit on our way back to Juba, possibly together with Ezra, the Sudanese Deputy Director.

So much for health. Work to promote Toposa involvement and integration across the different Kuron projects: Agriculture, Peace, Health, Education and Pastoral Care, has I think to take the long view. We tried to put in a proposal for an “outreach project” that included all projects, but more groundwork has to be done to identify where the projects overlap, and there has to be a discussion about what “involvement” really means to create the kind of common understanding that is needed for a sharp proposal. We are however working to put in a proposal for a less ambitious project on women’s income generating opportunities, which can be a good start for future work to better involve the Toposa in development work. Since gender roles are central issues to all projects some cross project strategies may also develop.

I have also done some work to explore how a project on violence against women can be made to work in conjunction with the clinic, and may do some focus group research training and help with an evaluation of the agriculture project. At the moment I am writing a “Concept paper” about what Kuron needs to develop further to present to the UNICEF delegation expected tomorrow.

We have another 3 weeks to go before we head home. Our aim here has been to be critical enough to make people think differently about their work and solutions to problems that occur, but not so critical that we will not be asked back. For now however, we are looking forward to coming home, to what is hopefully left of winter and skiing, our children, grandchildren and friends, and a diet that occasionally excludes beans.....