



IUNV midwife in Bentiu trains community mobilizers how to engage beneficiaries in uptake of RH services

Overall Humanitarian Needs in South Sudan





1. Situation overview

The situation remains tense country wide.

In Juba, the situation in the PoCs continue to be volatile, as intertribal clashes within communities continue, as well as hostility towards humanitarian actors. IDPs are also becoming increasingly hostile towards the security staff in the camps in Juba.

The arrival of the dry season has resulted in increased violence, as expected and the new fighting is magnifying the already serious humanitarian crisis.

In general, securing space for women's activities remains a considerable challenge. Many of the tents allocated for women and girls in the PoCs are currently occupied by IDPs in need of shelter. Camp management is slow to take action regarding the relocation of IDPs so that the spaces can be used for their intended purpose.

The escalated tension in Malakal has increased vulnerability of women and girls to GBV and interrupted access to reproductive health services. Women cannot access psychosocial support services for GBV because disgruntled youth have blocked the entrance to the health facility. Many women are completely cut off from almost all services. They feel intimidated and are afraid to walk long distances to access all services including health and RH.

The interethnic situation in Malakal also continues to intensify. People carrying food or materials into one camp are routinely intimidated and harassed by members of opposing tribes with the intention of confiscating food so that it does not reach its intended recipients. Women, who are always responsible for shopping are naturally the primary targets. This will inevitably force women and girls to take risks to find food and charcoal either within or outside the PoCs.

Low intensity fighting on the ground in Bentiu resulted in the relocation of staff, including the UNFPA GBV specialist and IUNV Midwife, who are currently based in Juba until the situation becomes calm enough for them to return to their field work .

The United Nations Security Council condemned the series of clashes between the SPLA and Opposition forces in South Sudan's Unity and Upper Nile states last week, adding that the deadly fighting had violated cessation of hostilities agreements and demonstrated an absence of commitment by both sides to peace and the political process.

Some progress was made on the latest round of peace talks when rival factional leaders agreed to command separate forces in the would-be government of national unity during a transitional period in a bid to end the conflict. The IGAD has issued another 15 days ultimatum for the warring parties to finalise the talks on formation of national unity government and other issues. President Kiir will retain his position as head of government and rebel leader Riek Machar will be the prime minister.



2. Highlights of UNFPA Emergency Response

In an effort to increase male engagement, a total of 36 church youth members (4 female and 32 male) were trained for 2 days on GBV prevention, risk identification and mitigation in the community of Mingkaman. The young men were sensitized on what they can do to help curb the incidences of GBV and the youth indicated that early and forced marriage is the most common type of GBV happening in the community and that this is exacerbated by poverty and conflict.

UNFPA raised awareness among female church leaders on GBV concepts, causes, consequences and available services. A total of 43 women were reached and they agreed to meet weekly in the church compound to discuss GBV issues. The trained religious leaders have already conducted their first awareness raising in their respective communities. A total of 783 (461 Male and 322 female) were reached with GBV messages.

In reproductive health, the number of unwanted pregnancies continue to rise at an alarming rate. In response to this, partners have focused on more aggressive family planning advocacy including the use of community mobilizers to encourage people to use family planning methods.

In Malakal, a workshop was held for 50 community health workers from various partners to train on mobilization of women to go for FP services to avoid unwanted pregnancies and reduce abortions in the PoCs. As a result of the workshop, 141 women were mobilized for FP services, 663 for ANC, 267 for PNC, 10 for PMTCT and 55 for STD testing.

In Bentiu, there was a training aimed at increasing the knowledge of the mobilizers on how to give simple RH messages in order to increase community awareness of RH services offered in the UNFPA supported clinic and to encourage them to attend the clinic and make use of the services. The training reached 14 people (5 females, 9 males).

In Juba, trainings were held in both of the PoCs that reached 8 midwives. The trainings focused on improving the plotting of partographs so that complications in pregnancy can be detected earlier.

A mobile clinic that started out as a temporary service for the IDP population in Mingkaman has proven so successful it has been decided to keep it running at least through December 2014. The Bor State Hospital Outreach Reproductive Health Clinic, opened in March and is providing life saving services for the approximately 100,000 displaced people who currently live in Mingkaman. The project was planned with the expectation that the staff would return to Bor Hospital as the IDPs returned to Bor, however as the majority of the displaced people still live in Mingkaman the clinic will remain to serve the needs of the most vulnerable.

So far the clinic has provided antenatal care to 1429 women, and 640 of these women have returned for follow up visits. Skilled health professionals have facilitated 328 deliveries.

Of particular note is the success that has been seen in terms of HIV testing and counselling. The clinic has made HIV counselling and testing a routine component of its ANC and 100% of the women coming for antenatal care have been tested and counselled for HIV, a number far above the norm in South Sudan. To date 13 women have tested positive and with support from Bor hospital the clinic has been able to provide ART to the nine women that accepted.

The number of first ANC visits to the clinic has varied significantly from month to month, with an average of 250 patients per month. Taking the population of Mingkaman into consideration, this represents nearly 90% coverage, which is three times the national average.

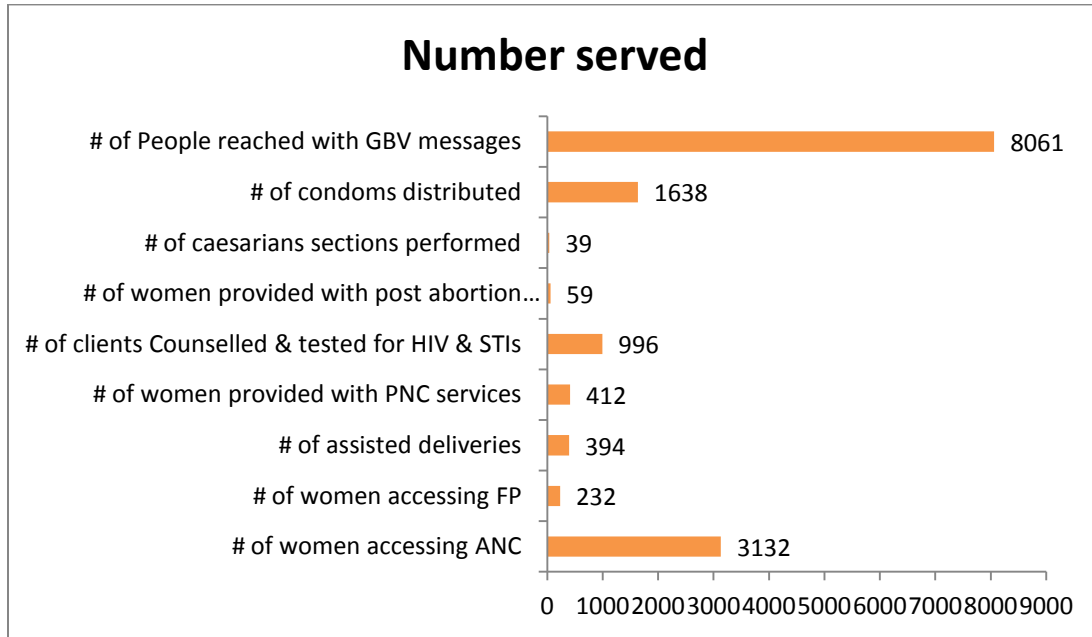


Health workers in Malakal are trained on how to mobilize community members to make use of Family Planning services.

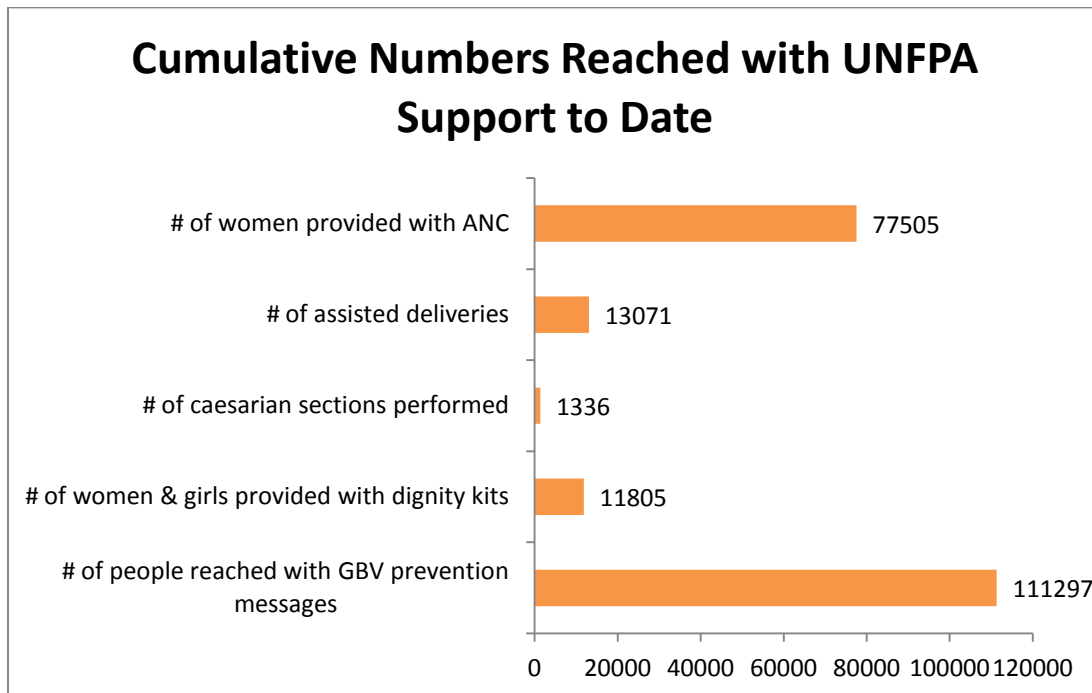
3. RH and GBV Service Delivery

The table below summarizes selected indicators of service delivery for the reporting week.

Figure 1: showing indicators and numbers of individuals served



Cumulatively, using selected core indicators, the status since 15 December 2013 is as summarized in Figure 2 below:





Pregnant women waiting for antenatal consultation at UNFPA supported RH clinic in Mingkaman IDP Camp

4. Resource Mobilization

The CO has mobilised and invested US \$ 6,413,333. The funding is from the following sources CHF US \$1,400,000; Emergency Fund US \$ 850,000; Japan Government US \$ 1,200,000; CERF US \$ 887,000; Denmark Government US \$ 500,000. Additionally, the CO has also allocated slightly over US \$ 1,5 million from the core resources to respond to the humanitarian emergency. Over 85% of these funds are already utilised or committed. We have a gap of nearly US \$11 millions out of the US \$17 million

5. Communication and Advocacy

In Mingkhaman the County authorities have instructed INTERNEWS to stop playing a radio GBV message aimed at encouraging survivors of rape to seek medical assistance immediately after assault. The Ministry of Gender, Child and Social Welfare is said to have intimidated and threatened the INTERNEWS personnel.

Contact Information

Mr. Barnabas Yisa
 UNFPA Representative
 UN House Compound, Building No. 4, Yei Road
 Juba, South Sudan
 Tel: +211-956444486
 Email: southsudan@unfpa.org
<https://twitter.com/UNFPASouthSudan>