

### UNFPA Humanitarian Response Indicators

#### Indicators for the reporting period

- 4,501 Women accessed ANC services
- 592 Women provided with PNC services
- 591 Assisted deliveries
- 69 Caesarian sections performed
- 104 Women provided with post-abortion care services
- 232 Women reached with FP services
- 839 condoms distributed



Women attending ANC at UNFPA supported RH Clinic in Mingkaman

#### 1. Situation overview

The security situation in the country remained calm generally. However, intermittent clashes were reported in some parts of Unity and Upper Nile States.

Efforts to reach political solution on the crisis continued by the Government and opposition with mediation by the Intergovernmental Agency for Development (IGAD) and the international community

Humanitarian needs remain high in the IDP sites. More than 1.5 million remain displaced in the country since the outbreak of the conflict in December 2013.

Humanitarian partners continued to provide RH and GBV prevention and services to IDPs and their host communities around the country.

#### Overall Humanitarian Needs in 2015

**12 million**

Total population of South Sudan

**6.4 million**

Estimated number of people in need of humanitarian aid

**3.4 million**

Targeted with RH and GBV services

**850,000**

Women of Reproductive age group

**140,000**

Projected number of births

**8,000**

Projected births will require caesarean section

**32,000**

Women and girls at risk of sexual violence

**20 million**

Funding required

## 2. UNFPA Emergency Response

### Reproductive Health

UNFPA continued providing lifesaving Reproductive Health services in Malakal, Bentiu, Awerial and Juba. During the reporting period 4,501 pregnant women accessed antenatal care (ANC) services, 591 assisted deliveries were conducted, 592 women were provided with postnatal care (PNC) services, 104 women were provided with post abortion care services, 1,271 clients counselled and tested for HIV and STIs, 232 women accessed family planning services, 69 caesarean sections performed and no maternal death was recorded.

Following the report of the rapid facility based needs assessment of services on RH carried out in Bentiu UNFPA dispatched RH Kits and medical equipment to Care International Reproductive Health Clinic to immediately support the emergency RH services. UNFPA midwives are also providing dedicated monitoring and support twice a week ANC services in the clinic in addition to mentoring Nurses and Traditional Birth Attendants (TBA).

UNFPA provided IOM and Care International with RH Kits and other medical supplies that are critical to strengthen services in the health facilities to meet the rising demand.

To enhance the capacity of RH services in Bentiu UNFPA conducted training for 30 Traditional Birth Attends (TBAs) working in IOM, CARE, and IRC clinics. The introduction to GBV prevention and response orientation and sensitization was also incorporated into the training.

To address the problem of unwanted pregnancies and STI transmitting which were increasing UNFPA in collaboration with INTERSOS provided capacity building training for 25 youths (Male = 13 and Female = 12) drawn from PoC 1, 2 and 3 in Malakal. The training for the youth focused on leadership skills, sexually transmitted infections, HIV/AIDS, high risk abortion and on different modern family planning methods.

### Gender Based Violence (GBV)

UNFPA and GBV sub-cluster partners continued providing support to GBV survivors in need of medical and psychosocial support in Bentiu, Malakal, Awerial and Juba.

During the reporting period a total of 4,795 (Female 2492, Male 535, Girls 1110, Boys 658) people were reached with GBV messages and 6,000 Dignity Kits distributed in Bentiu POCs, targeting mainly female headed households.

During the GBV sub-cluster first operational meeting for 2015 the partners agreed to scale up provision of prevention messages services that focus on sexual violence and the increasing partner violence

Partners conducted house to house outreach in Awerial to raise awareness and explain to community members where GBV survivors can go to find medical and psychosocial services and the benefits of obtaining services immediately for sexual violence cases at the health centre. They also continued with regular dialogue sessions with community groups including religious and community leaders on GBV prevention.



UNFPA RH Field Coordinator, Dan Onyango Maina supporting delivery of ANC services at Care International Clinic in Bentiu. Photo - UNFPA

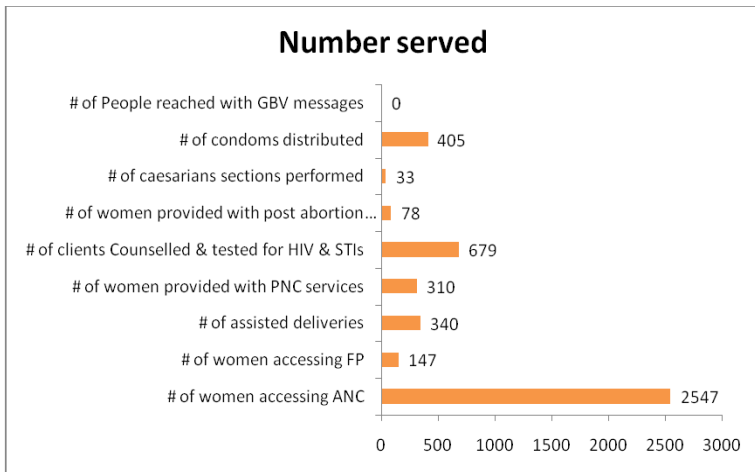
#### The Six Core types of GBV most prevalent in South Sudan

- Rape
- Sexual Assault
- Physical Assault
- Forced marriage
- Denial of Resources, Opportunities or Services

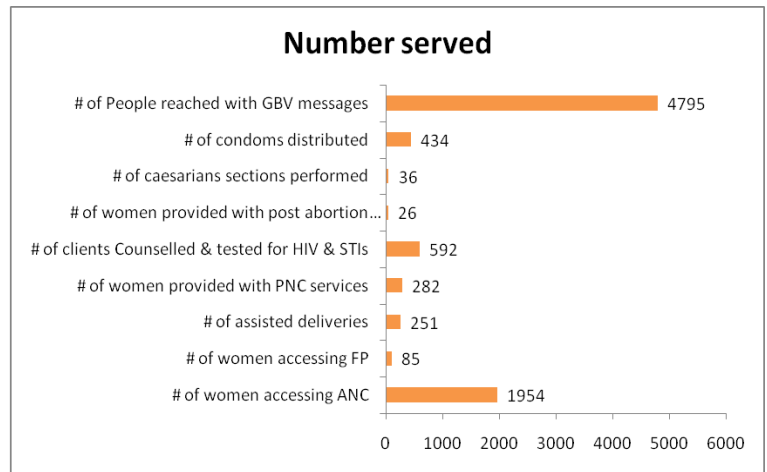


Catherine Makumi, UNFPA midwife in Bentiu handing over first set of RH Kits to IOM. Credit - UNFPA

### 3. Selected Indicators of RH and GBV Services provided during the reporting period

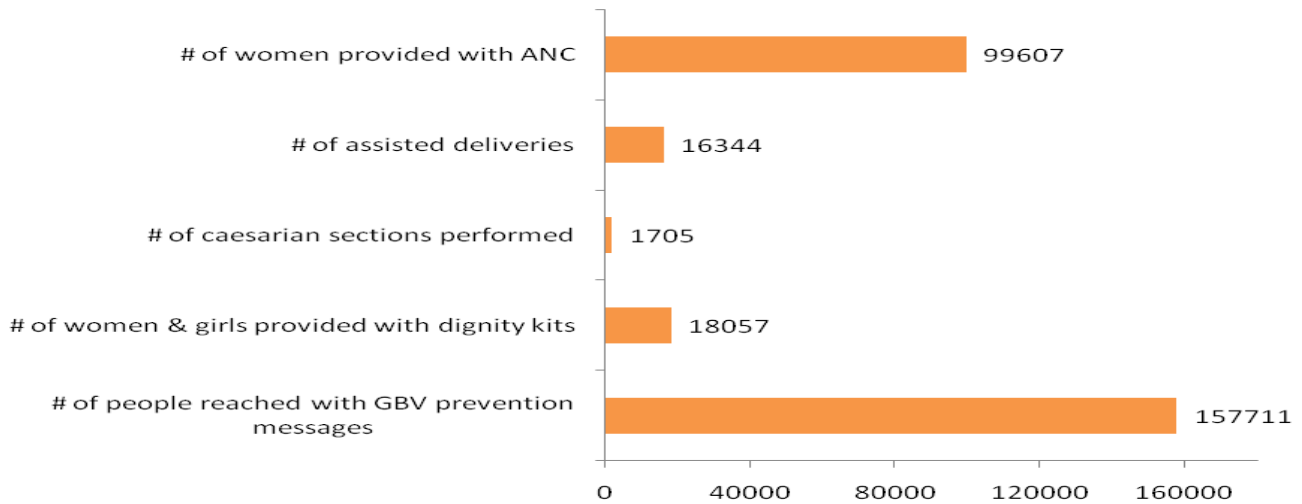


Graph 1: Numbers for week 5 - 11 January



Graph 2: Numbers for week 12 -18 January

## Cumulative Numbers Reached with UNFPA Support to Date



### 4. Funding

Humanitarian and Aid Agencies have re-prioritized their work in 2015 to primarily focus on the humanitarian needs that have resulted from the current crisis. The total funding requirements for UNFPA in 2015 to deliver Reproductive Health and Gender Based Violence frontline services to conflict affected population is **US\$20,000,000**.

### 5. Donors Supporting Operations of UNFPA in South Sudan

Canada



MINISTRY OF FOREIGN AFFAIRS OF DENMARK  
DANIDA



DFID Department for International Development



UNFPA Emergency Fund

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