

UNFPA Humanitarian Response Indicators

Indicators for the reporting period

- 10,932 Women accessed ANC services
- 1,810 Women provided with PNC services
- 1,390 Assisted deliveries
- 124 Caesarian sections performed
- 199 Women accessed post-abortion care services
- 755 Women reached with FP services
- 10,396 Condoms distributed
- 18,998 People reached with GBV messages



UNFPA staff meeting with Youth Peer Educators in Bentiu © UNFPA

1. Situation overview

The security situation remains tense countrywide. Intermittent clashes were reported in some states early this month coupled with inter communal fighting mainly due to cattle rustling. These incidences continue to hamper the efforts of aid organisations to respond to the escalating needs.

Efforts to restart negotiations between the South Sudanese parties are still underway in Addis Ababa. The Intergovernmental Authority on Development (IGAD) and the international community continued appealing to the belligerents for a political solution to the crisis. The country celebrated its 4th Independence anniversary on 9 July.

UNFPA presence in the humanitarian settings has helped improve indicators in sexual and reproductive health and GBV prevention and services.

UNFPA continues ensuring uninterrupted availability of RH Commodities, drugs, supplies and equipment in 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 that will require caesarean section
- 32,000**
Women and girls at risk of sexual violence
- 25 million**
Funding required

2. UNFPA Emergency Response

• Reproductive Health

UNFPA continued responding to the crisis by supporting partners to provide lifesaving RH/GBV services as outlined in the MISRP. The RH data reports show good progress of some key indicators such as ANC services, family planning and condom distribution.

During the reporting period 10,932 pregnant women accessed antenatal care (ANC) services, 1,390 assisted deliveries were conducted, 1,810 women were provided with postnatal care (PNC) services, 199 women accessed post-abortion care services, 3,397 clients counselled and tested for HIV and STIs, 755 women accessed family planning services, 124 caesarean sections performed.

In Bentiu, Unity State, UNFPA continued with the identification of visible pregnant women among the new IDPs arriving in Bentiu POCs. A total of 482 pregnant women were identified and oriented to the nearest health clinic for ANC services and other SRH services and received clean delivery kits.

UNFPA continued engaging community leaders in Bentiu PoCs to mobilize IDPs to improve the demand and utilization of SRH, FP and HIV/STI prevention services available in the health clinics. Fourteen community leaders attended a meeting on family planning/child spacing and the use of condom.

UNFPA ensured continuous training of the health care staff in Bentiu in order to meet the demand of the beneficiaries. In this regard, seven staff (5 males and 2 females) have been trained on drugs administration and essential drugs used in ANC including the proper documentation on the ANC cards.

UNFPA held a follow up meeting with Youth Peer Educators on their activities. 25 peer educators have engaged their peers through lectures in the public places like water points and schools and also one-to-one discussion in the markets place where they sensitized them on how to prevent STIs/HIV/AIDS infections. Some 1439 young people between 15 and 35 years (553 male and 388 female) were reached with messages on adolescent reproductive health with emphasis on condom use, STIs/HIV prevention and GBV issues.

In Mingkaman, Lakes state, 26 health care workers were trained on Basic Emergency Obstetric and Neonatal care with support from UNFPA. Another group of 34 health care workers and GBV case workers were trained on Clinical management of Rape. All trainings registered a positive knowledge gain on evaluation. Action plans developed and intensive follow up and mentoring of trainees will be done by a team of facilitators drawn from UNFPA, Health Link South Sudan, IMC and CHD.

During the reporting period 366 (141 IMC, 225 RH clinic) women attended ANC services in Mingkaman. They were reached with messages on danger signs in pregnancy, ANC, family planning and the importance of delivering in health facilities.



UNFPA midwife in Malakal, Patronilla Khagai attending to an IDP mother and baby in the PoC clinic. © UNFPA

- **Gender-Based Violence (GBV)**

Psychosocial services, prevention messages, trained of various GBV elements etc)

In Bentiu, Unity State, the protection contingency plan has been updated due the influx of new IDPs in Bentiu POCs. The new plan will help respond to the needs of the 103,000 IDPS in Bentiu POCs.

UNFPA delivered 461 boxes of dignity kits to Bentiu for distribution to beneficiaries.

The Protection cluster will start to track sexual exploitation and abuse cases. UNFPA is designated as lead agency for this activity.

Bentiu Youth council is participating in tracking and reporting sexual and abuse cases.

In Mingkaman, Lakes State, IMC assumed responsibility for GBV programming from 1st June after taking over from IRC who exited Mingkaman end of May. Since then, IMC took over management of 4 community based women centers and GBV outreach activities in Site 0, 1, 2 and Ahou. These activities are funded by UNFPA.

GBV staff (3 Response Officers, 1 Prevention Officer and 5 Community Mobilizers) transitioned to IMC from IRC to ensure continuity in the implementation of GBV activities.

UNFPA conducted CMR training for 9 GBV staff (7 Female and 2 Male) from the partner IMC.

Psychosocial skill building activities (corseting, embroidery...) and information dissemination sessions were conducted at four women centers, (Site 0, 1, 2 and Ahou) with total number of beneficiaries reached 88 women and girls. The main topic of the discussion session is forced/Early marriage and denial of resources.

Community Based protection networks in their awareness sessions reached up to 356 participants on rape, early and force marriage. Out of this; men=95; women=92; boys=83; girls=86.

A total of 243 (121 female and 98 Male) community members were reached through focused group discussions.

700 dignity kits were distributed to women and girls of reproductive age, lactating mothers, pregnant women and adolescent girls in Mingkaman.

UNFPA partner HDC distributed 100 dignity kits and 500 hygiene kits in IDP site 3.

GBV Staffs participated in the identification of extremely vulnerable individuals for possible registration by IOM. This will address the problem of vulnerable women and girls who have never accessed services, especially food and NFIs.

UNFPA partner IMC continued to receive GBV cases and to provide confidential Case Management services to GBV survivors and facilitated weekly case management supervision session with four Response Officers. The issues discussed included; brainstorming on challenges cases, challenges in referrals and completing documentation of cases.

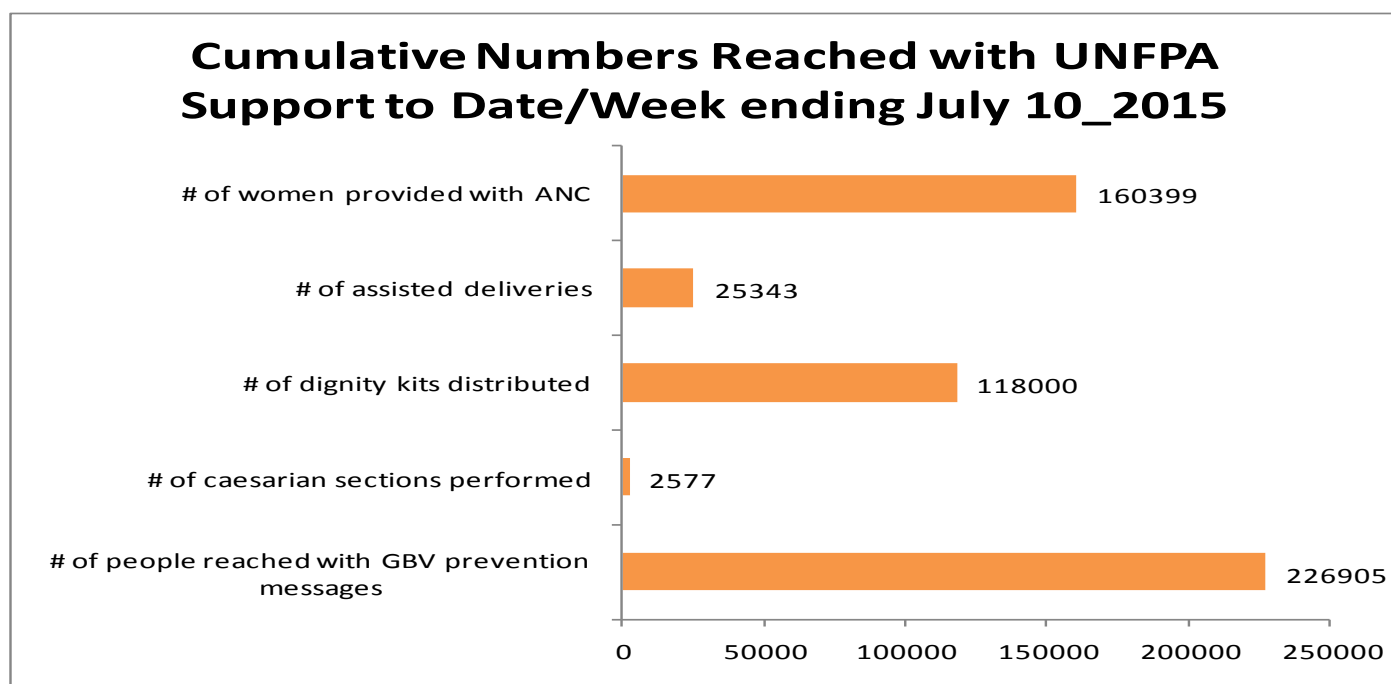
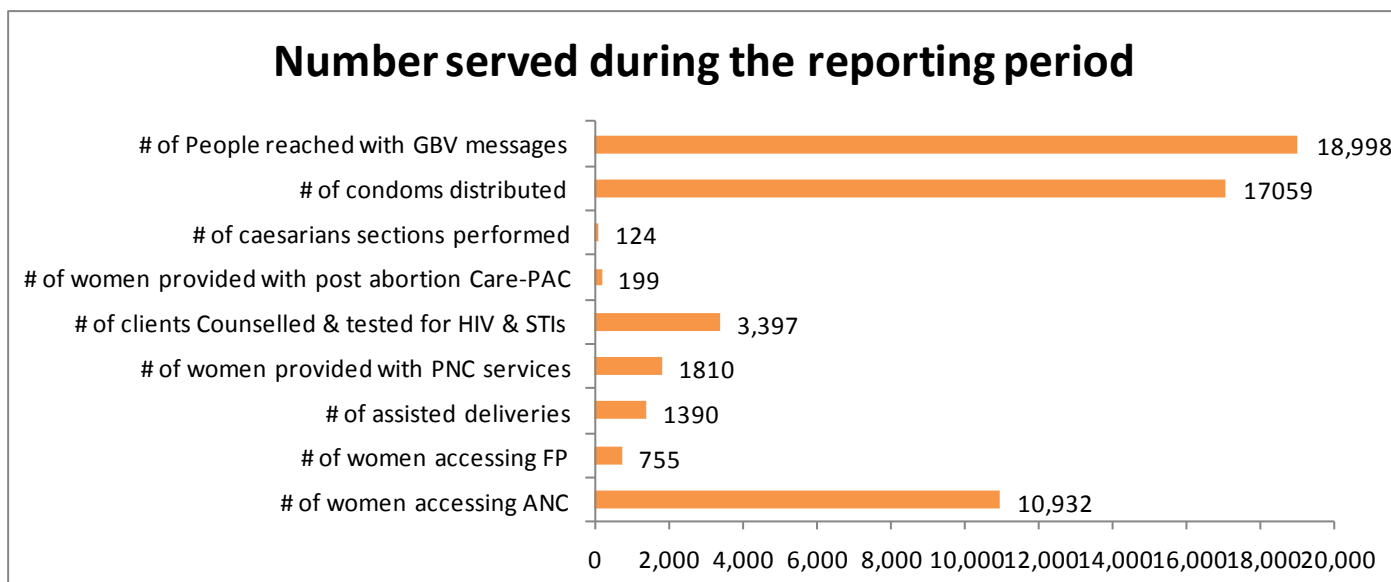
Recruitment of 440 beneficiaries (320 in embroidery and 120 in crocheting) for skill training classes are on-going in site 0, 1, 2 and Ahou women center.

UNFPA provided sanitary materials (50 cartons of sanitary pads and 200 underwear's) to IMC as part of risk mitigation measures for women and girls. Distribution will be done to vulnerable women and girls of reproductive age during skill building and information sessions.



GBV staff cutting bed sheets in preparation for skills training classes in Mingkaman and Ahou Women Centres. © UNFPA

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



4. Donors Supporting Operations of UNFPA in South Sudan



Ministry of Foreign Affairs of Denmark
DANIDA



DFID Department for International Development



UNFPA Emergency Fund

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