



GBV and Reproductive Health specialists completed CMR training in Malakal . Photo: UNFPA South Sudan

Overall Humanitarian Needs in South Sudan





1. Situation overview

The situation remains tense country wide.

In Juba, theft and carjackings continue to be a problem, and the issue of disgruntled youth turning to violence in the PoC camps is becoming more of a regular occurrence. There have been reports of IDP youth attacking the security guards at the camps in Juba and in Bor, a UN International staff member who was a passenger in a UN vehicle was assaulted by a local man.

Experts from the UN, South Sudan and Russia are investigating the helicopter crash that resulted in the death of two Russians two weeks ago. The initial probe indicates the UNMISS helicopter was shot down.

East African leaders from the regional bloc IGAD warned South Sudan's warring sides on Monday that there could be no further delays in forming a unity government and threatened sanctions if the latest agreements were not adhered to. The United States and Europe have already imposed sanctions on commanders from both sides, but diplomats say real pressure for a deal needs to come from neighboring states.

A communiqué signed by both sides in the Ethiopian capital Addis Ababa calls for the formation of a transitional government in the next six weeks that would include the new post of prime minister. Under the agreement, President Salva Kiir is to keep his post, while the opposition loyal to his former deputy Riek Machar would nominate the prime minister, whose powers would be defined in peace talks.

Interclan fighting in Luanyjang area, Warrap State resulted in the deaths of about 40 people, including the area chief. Sources in the area have said that the clashes were ignited by dispute over a pregnant girl.

Ebola checks continue at the Juba International Airport, with reports of people returning from ebola affected countries being quarantined until it is determined they are free of the deadly disease. Finally, cholera cases continue to decline. As of 07 September 2014, a total of 6,065 cholera cases including 139 deaths were reported in the country.



Highlights of UNFPA Emergency Response

UNFPA continues to provide lifesaving services as part of the humanitarian response.

In the area of GBV prevention, information dissemination sessions through door to door visits and group meetings both inside and outside the PoCs reached a total of 3205 individuals (2800 women and girls, 120 men and 280 boys). Meetings for women and girls were held with IMC and UNFPA at clinic sites in Juba PoCs to discuss reproductive health services to women and girls, including the health consequences of sexual assault and the GBV services available. In UN house PoC 3, the sessions are aimed at the new IDPs who are being relocated from Tomping to Juba 3.

GBV Information Management Training in Yambio was completed for psychosocial counselors during the reporting period. A total of 27 (17 females and 10 men) were trained. The participants were drawn from World Vision, CMMB and UNHCR community services unit. Finally, psychosocial and case management service for survivors of GBV in PoCs is ongoing.

In Mingkaman, RH and GBV Field Coordinators successfully followed up a teenage pregnancy in the community and ensured she made regular visits to the facility. She had a successful delivery at the RH clinic under the supervision of UNFPA and facility staff. Referral had been planned, and this case has provided an opportunity to campaign against teenage pregnancies with local leaders who were involved at all times.

Also in Mingkaman, RH specialists carried out mentorship on Postabortal care in two facilities (Mingkaman PHCC and SMOH/IMA RH clinic). In partnership with a WHO Consultant on HIV/AIDS, RH specialists visited 4 facilities and discussed efforts to scale up HIV Counseling and Testing for Pregnant women both at the facilities and during outreach sessions.

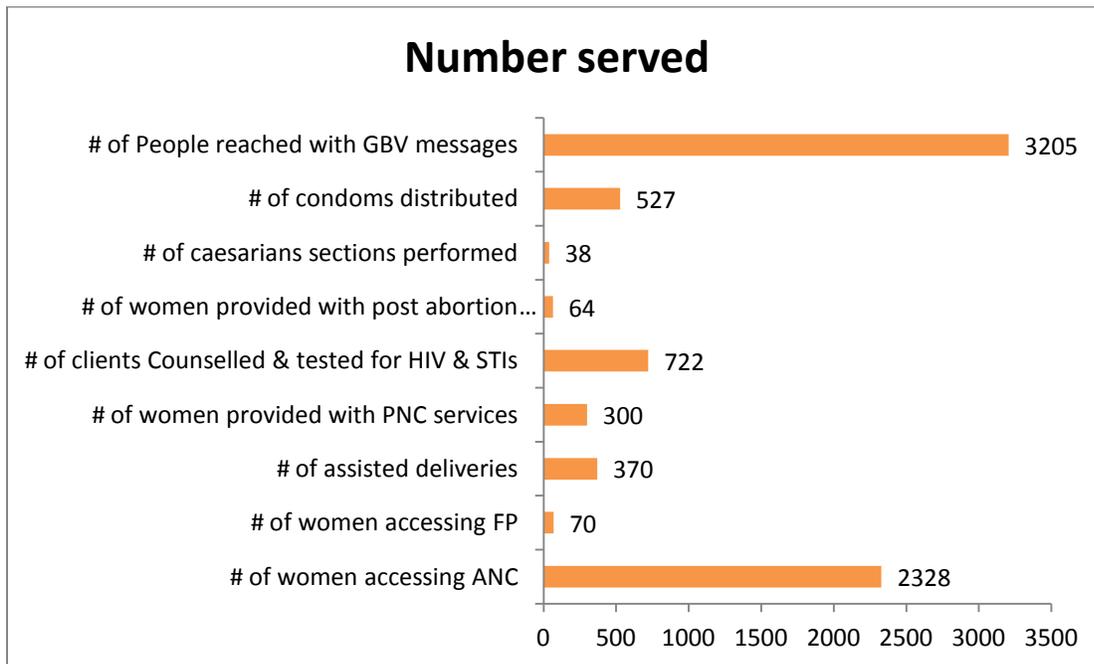


A newborn baby at the UNFPA-supported RH clinic in Tomping PoC, Juba. *Photo: UNFPA South Sudan*

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:



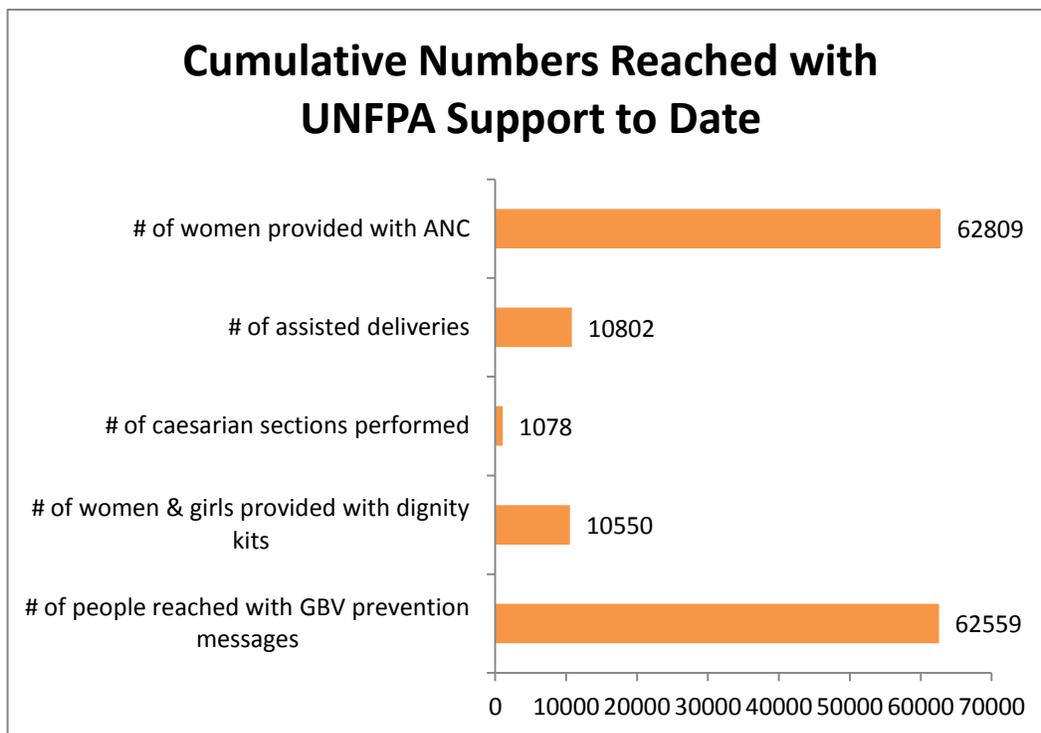


Notable achievements in the reporting period include the UNFPA facilitated clinical management care for rape survivors (CMR) training in Malakal. A total of 14 health service providers (IMC, IMA, MSF, UNMISS and IOM), one GBV Specialist (UNICEF) and one gender Specialist (UNMISS) (8 women and 8 men) attended the training and adopted an action plan to improving CMR in POCs in Malakal hosting 18,000 IDPs and in the host communities harboring IDPs in large numbers such as Wau-Shilluk (with 38,000 IDPs).

Challenges continue to be the high number of unwanted pregnancies and abortions that are being reported throughout the country. The issue has been raised with the Health Cluster and the GBV and Protection Clusters, and UNFPA has assigned a working group to develop our common message on the topic. Safety and security for women outside the PoCs when going for firewood and other livelihood activities still remains a challenge especially in Bentiu. However, UNMISS is increasing patrols.

An assessment of IDP settlements in Marik, Lakes State was conducted and found IDPs with little access to RH services. UNFPA supported mobile clinics visit the area three times a week but have not yet recruited midwives to participate in the mobile clinic. (Discussions are underway to have staff at IMA/SMOH Jonglei Clinic to participate).

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





4. Resource Mobilization

5. Communication and Advocacy

Radio talk-shows on RH and GBV related issues continue within crisis affected areas. UNFPA together with INTERNEWS created a program called “**Your Concern today**” which helps educate communities on RH and GBV issues.

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