



Interim UNFPA RH Field Coordinator, Wondimagegn Fanta (on Detail from Ethiopia CO) discusses with displaced women from Corfulus in Upper Nile State to identify risks and incidents of GBV and other protection needs. Photo - UNFPA

Overall Humanitarian Needs in South Sudan





South Sudan Country Office

Situation Report #54 (20 Dec 2014 – 4 Jan 2015)

1. Situation overview

The country generally experienced an uneasy calm during the festive season but some areas had various types of disturbances. Intermittent fighting was reported in the hotspot States among armed groups especially in Unity and Upper Nile States. The warring parties continue accusing each other for triggering the recent clashes that erupted in Unity and Upper Nile states. The Intergovernmental Authority on Development (IGAD) has strongly condemned the renewed violence and appeal to the belligerents for an immediate ceasefire. Due to the current situation the IGAD adjourned the peace talks in Addis Ababa until mid-January. Following the clashes that erupted between SPLA and SPLA-IO in Unity State, UNOCHA estimated that 2,036 people had newly arrived at the Bentiu PoC site during the last week and are awaiting verification. 351 new people were also verified and registered in Melut.

There has been an increase in the number of ambushes on the roads and tensions re-ignited in Nasir where small arms fire, RPGs were reported. According to media reports, inter-communal violence in Lakes State led to 44 fatalities thus movement along Rumbek-Yirol road was restricted by UNDSS until further notice.

In the areas where there were no direct armed conflict, the holiday season brought out an increase in other criminal activities. Public drunkenness, especially among idle youth in Juba translated to a rise in thefts and carjackings targeting areas where staff members of UN agencies live. In other places like Malakal there was a reported increase in the number of physical altercations between IDPs. In one of the incidences of direct threat to service providers an SPLA soldier who was observed to be drunk took his pregnant wife to the IMC clinic seeking delivery services. According to the medical staff, the baby was already dead in the womb possibly due to delay in seeking services. The soldier upon learning the status did not want to hear the explanation and threatened the IMC Midwife insisting that the health professionals were to blame for the death of the unborn. The dispute was finally settled by the intervention of UNDSS and UNMISS MLO.

As of 29 December, Tomping PoC site in Juba, Central Equatoria was closed down, with displaced people having been relocated to UN House PoC site where they continue to receive humanitarian assistance. UNFPA continues to provide the usual RH assistance to the IDPs.

Basic RH kits and supplies continue to be a challenge to service delivery in Malakal as a result of the looting and destruction of the Malakal Teaching Hospital.

While activities of the UN Organisations in Bentiu continue to be largely concentrated in the 6 PoCs, there are serious ongoing discussions within the humanitarian community on the need to extend support beyond the PoCs. The State Government, in the weekly humanitarian meetings with the humanitarian community, has also sent a strong message on the need to extend humanitarian support beyond the PoCs. A number of NGOs have now started doing assessments beyond Bentiu and even in to the surrounding counties. Distribution of both Food



South Sudan Country Office

Situation Report #54 (20 Dec 2014 – 4 Jan 2015)

and Non-Food Items has also been undertaken in Bentiu town, covering the populations that are camping there and from surrounding Payams. With no government or private health infrastructure left in Bentiu, all indicators for MNH and SRHR of adolescents, young people and adults continue to be in very bad shape.

2. Highlights of UNFPA Emergency Response

With the arrival of Colleagues from Ethiopia, Namibia and ESARO on detail assignment, UNFPA presence in humanitarian activities in Malakal and Bentiu has greatly increased. Within the first week of their arrival, they have been able to participate actively in the humanitarian meetings, field assessments and provided vital information which will feed into the planning for humanitarian interventions in the two locations. Reactivation of the RH and GBV sub-clusters working groups is already underway.

A Facility based rapid assessment of services on RH, STI/HIV and Clinical Management of Rape (CMR) survivors has been conducted in IOM Clinic in Malakal to determine the current needs. Malakal Teaching hospital was also visited to arrange the availability of the ANC room in the hospital to be used by IOM Mobile Health team during their outreach RH service provision for populations in the town.

UNFPA together with UNOCHA, WFP, UNICEF and IOM carried out a joint mission to Dingtoma 2 IDP camp in Melut County in Upper Nile State to assess existing services and identify gaps on RH, STI/HIV and CMR services to improve service provision. A joint needs assessment including on protection for IDPs from Maban and Corfulus County's hosted in Malakal town was also carried out by a team composed of UNOCHA, UNHCR, UNFPA and WFP

UNFPA has also taken its place in the Health and Protection Clusters in Bentiu, and will take leadership of Reproductive Health and GBV in both clusters respectively. The GBV coordinator ran a session on GBV during a protection meeting.

A number of challenges have been highlighted. Key among this is the potential disruption of Comprehensive EmONC service at the Malakal hospital after the departure of the Obstetrician in Bangladesh - FPU Level II hospital. A number of medical equipment and supplies including contraceptives are also running low due to increase in demand as a result of the dry season which has eased movement to access the health facility. Some of these were not replaced after the destruction which occurred at the beginning of the conflict.



UNFPA team of Olive Makuwira (IUNV Midwife) and Wondimagegn Fanta (Interim RH Field Coordinator) along with some staff of Malakal Teaching Hospital assessing the remaining RH kits. The hospital is one of those which were greatly affected by destruction at the beginning of the conflict and is not yet fully functional due to lack of basic and crucial equipment. Photo – UNFPA

On a positive note, the two IUNV Midwives stationed in Yei assisted in the delivery of ten babies to happy mothers on Christmas day.



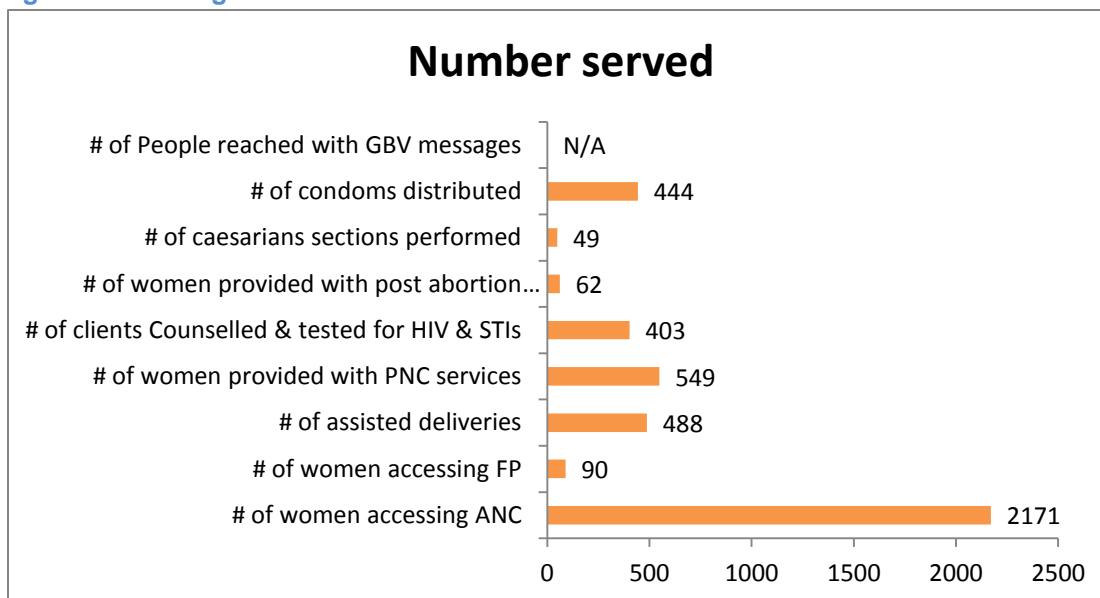
South Sudan Country Office

Situation Report #54 (20 Dec 2014 – 4 Jan 2015)

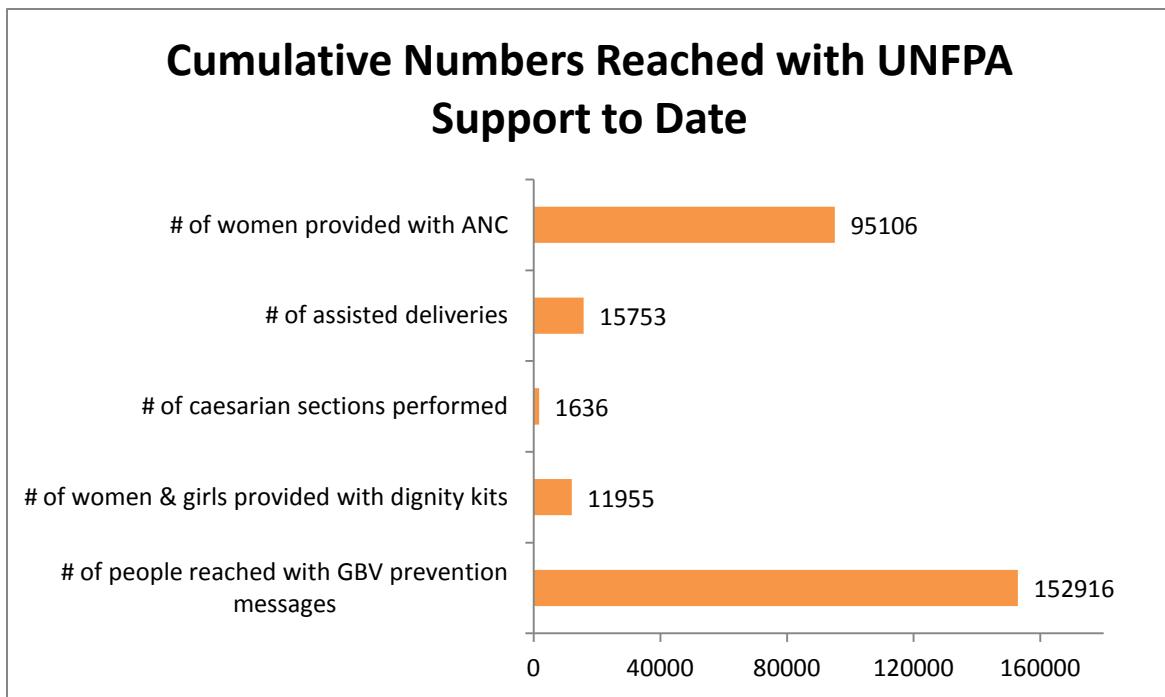
3. RH and GBV Service Delivery

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:





South Sudan Country Office
Situation Report #54 (20 Dec 2014 – 4 Jan 2015)

4. Resource Mobilisation

Over 90% of the funds allocated for humanitarian activities before the forth quarter of 2014 have already been utilised or committed.

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