

### UNFPA Humanitarian Response Indicators

#### Indicators for the reporting period

- **12,543 Women accessed ANC services**
- **2,059 Women provided with PNC services**
- **1,558 Assisted deliveries**
- **115 Caesarian sections performed**
- **161 Women accessed post-abortion care services**
- **757 Women reached with FP services**
- **10,396 Condoms distributed**
- **15,954 People reached with GBV messages**



Mr. Barnabas Yisa, UNFPA Representative handing over a vehicle to INTERSOS to ensure survivors of GBV receive immediate attention and be assisted to access services. © UNFPA/Amadou Barazé

### 1. Situation overview

The security situation within the country has been very volatile and unpredictable the past weeks. The spread of conflict caused massive displacement of population and disrupted humanitarian aid deliveries as aid organisations were forced to withdraw from war zones.

Efforts to reach political solution to the South Sudanese crisis continued by the Inter Intergovernmental Authority on Development (IGAD) and the international community.

The draft peace agreement proposal by the IGAD was not accepted by the parties involved in the South Sudanese conflict.

The IGAD is yet to announce the next date for the resumption of peace talks.

Despite the current situation, UNFPA continues to be present in the hotspot areas with staff providing life saving services and supporting RH and GBV partners for timely and quality service delivery.

UNFPA continues ensuring uninterrupted availability for key emergency RH Commodities by ensuring constant availability of drugs, supplies, equipment and other commodities in the field.

### 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 MISP. UNFPA has since deployed staff in the field to coordinate and support partners and Government interventions.

During the reporting period 12,543 pregnant women accessed antenatal care (ANC) services, 1,558 assisted deliveries were conducted, 2,059 women were provided with postnatal care (PNC) services, 161 women accessed post abortion care services, 4,656 clients counselled and tested for HIV and STIs, 757 women accessed family planning services, 115 caesarean sections performed.

#### Mingkaman, Lakes state

Mingkaman is still home to 71,367 IDPs going by the last IOM biometric verification count of people in Mingkaman. More IDPs keep coming in from other areas and refugees returning from Uganda and Kenya too. UNFPA continues supporting the RH Clinic in Mingkaman which is manned by staff from Bor State Hospital through partnership with IMA World Health.

#### ANC attendance at health facilities

Despite movements of people to and from Bor, ANC attendances like other RH indicators have remained stable. Largely women and children have remained stayed in Mingkaman and the services especially for pregnant women remain very much important. ANC attendances have averaged at 200 per week over the last 21 weeks.

#### Deliveries assisted by skilled health provider

Deliveries in Mingkaman have been stable, averaging at 30 deliveries per week since the beginning of 2015.

An increasing number of deliveries still take place at home especially in areas far from the facilities, however there is increasing reporting of these births by the CHWs. The availability of dignity kits in some health facilities is expected to increase on both ANC attendances and deliveries in these facilities.

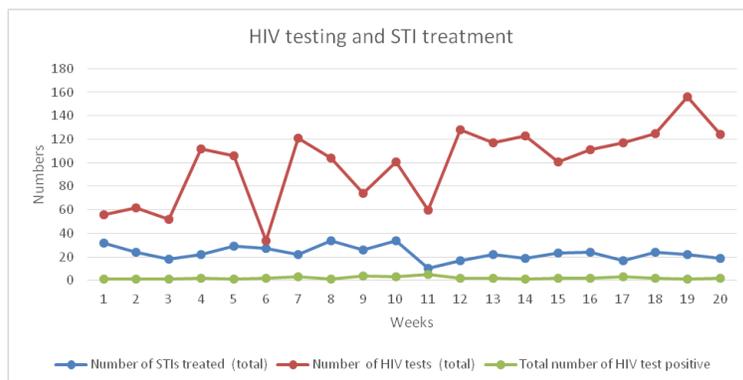
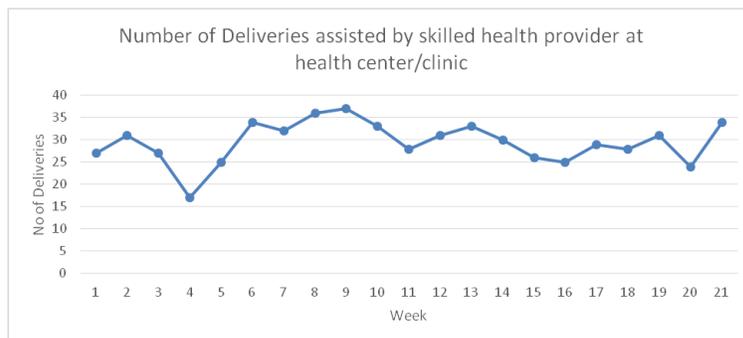
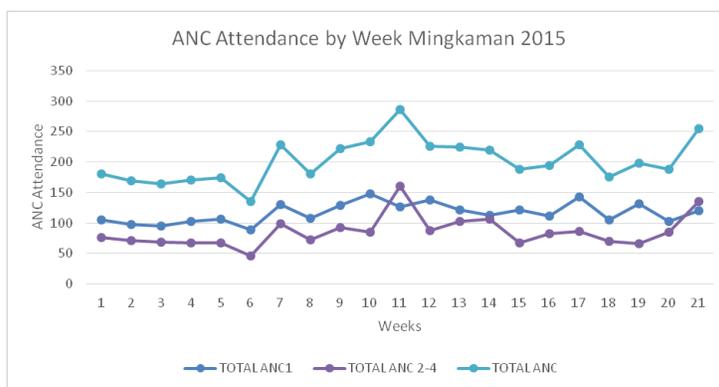
#### HIV/AIDS and STIs testing

UNFPA has led the integration of HIV/AIDS services in the emergency response in Mingkaman. Having introduced HIV counselling and Testing as part of ANC services in the UNFPA supported RH clinic, demand for HCT and other related services rose in Mingkaman. Using staff from Bor State Hospital ART was given to HIV Positive mothers for PMTCT of HIV. However other patients were also enrolled on treatment.

More than 95% of new ANC attendees are now tested for HIV and efforts are made to ensure those that did not get tested on their first visit are attended to.



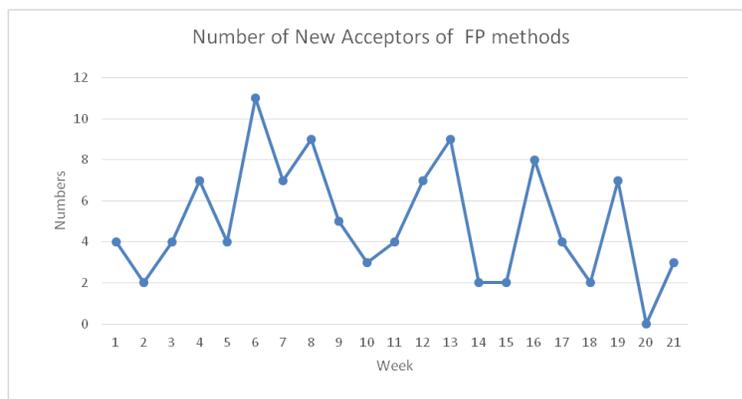
A UNFPA supported WPE worker explains the training on life skills to a donor visiting a Women Centre in Mingkaman. © UNFPA



## New Family Planning Acceptors

Despite the deep rooted cultural attitudes and beliefs in Modern family Planning methods, inroads have been made to provide communities with information about modern family planning methods. New acceptors have been registered as shown in the chart below, the most preferred methods being Depo and Long Term Methods,

More efforts need to be put into awareness creation and dispelling myths around Family Planning to improve acceptance.



## Bentiu, Unity State

UNFPA continued to support partners (IRC, IOM, MSF and Care) in GBV and SRH services delivery in Bentiu.

On job trainings on proper waste disposal, hand washing and management of water resources were conducted by UNFPA midwife to strengthen capacity of 10 health workers (3 Male and 7 female) in Bentiu for SRH response. Health workers continued to be mentored on RH & emergency obstetric care.

UNFPA continued engaging community leaders from PoCs in dialogue around key thematic issues related to RH and GBV to seek their support in mobilizing IDPs for RH and SGBV services.

Another meeting facilitated by UNFPA involving 52 women leaders from the PoCs in attendance with discussions covering topics such as prevention of unwanted pregnancies, early marriage of girls, prevention of Sexual and Gender-Based Violence and family planning.

The women acknowledged that most of the cultural practices could be an impediment to full realisation of people's sexual and reproductive health and rights.

### • Gender-Based Violence (GBV)

In Mingkaman, Lakes State, 315 (164 Girls and 151 women) completed 2 months of skills building activities and graduated in a colourful ceremony in the four women's and girls' centres. 315. In these centres, activities have been integrated with material support for GBV risk reduction and mitigation. Major items distributed within this reporting period were sanitary pads, sandals, mats, sugar, wrapping materials (kangas), umbrellas, bathing soap, washing soap. A total of 51 vulnerable women in Site 2 and site 0 benefited from these supplies.

Follow up training on advocacy and basic psychosocial skills for 41 women's leaders was conducted to ensure that they are using the skills learnt to advocate for their own rights. Clinical Care for Sexual Assault Survivors training was conducted for 16 health care providers (7 female and 9 Male).

UNFPA partner SAADO oriented 40 Male champions on the use of GBV IEC materials in pictorial presentations to enable them to carry out awareness raising effectively and in a more interactive manner.

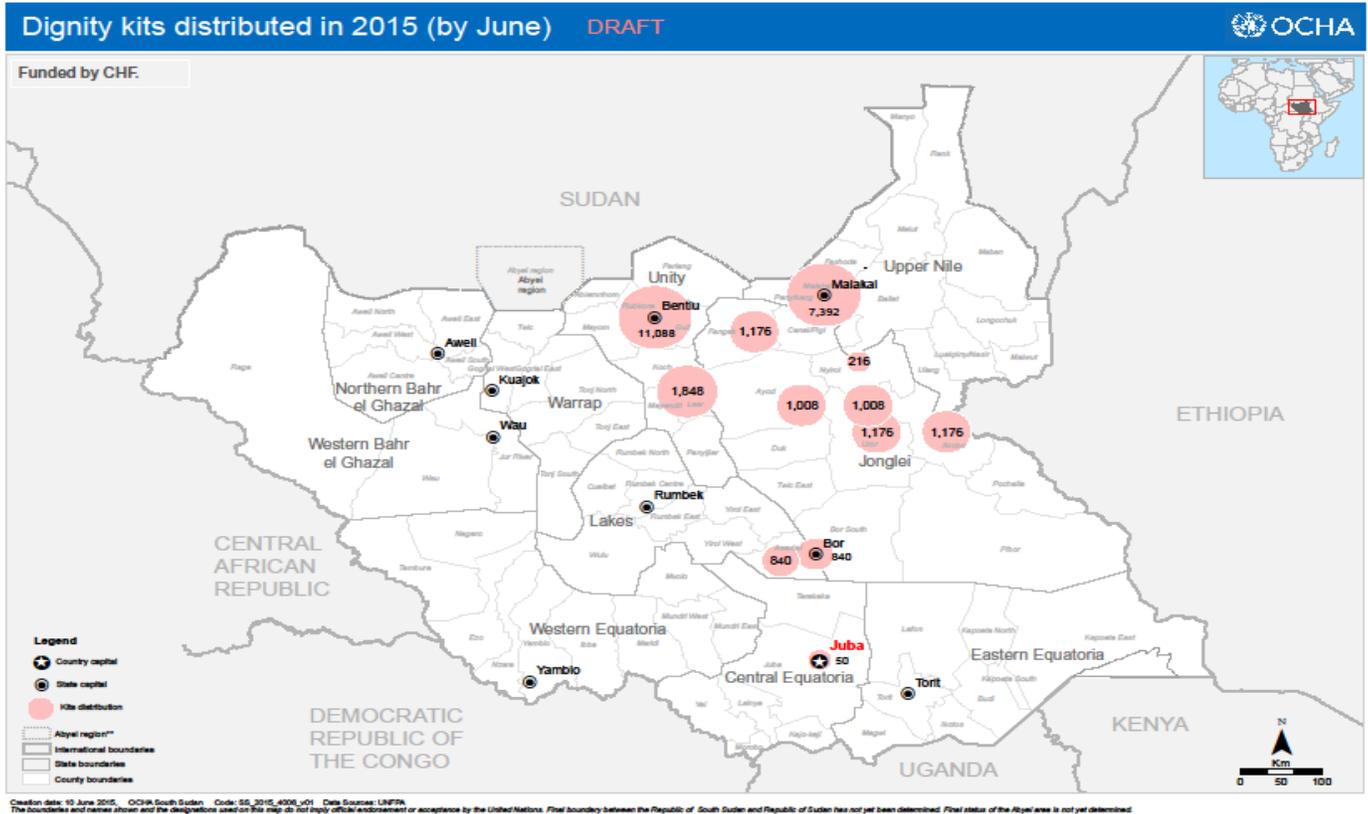


Women received dignity kits in Bor, Jonglei State © UNFPA

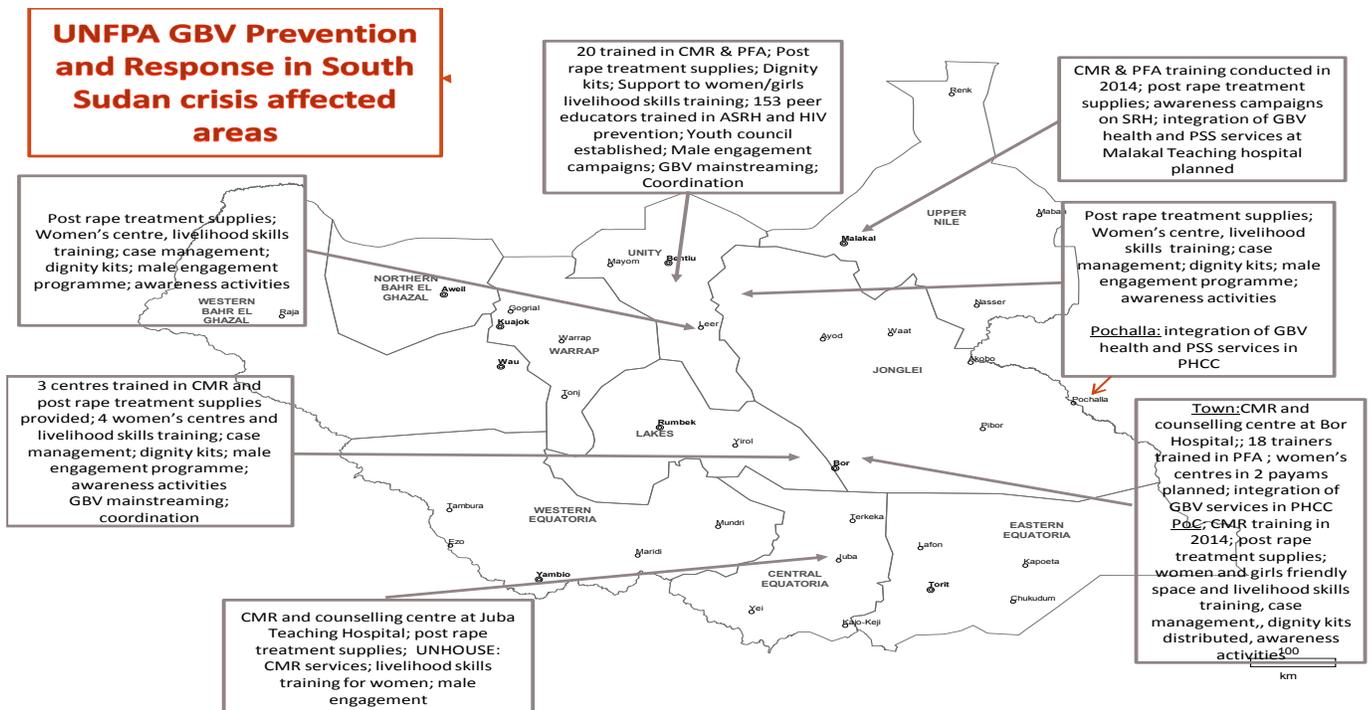
Radio talk shows were conducted every Friday from 7:00 to 8:00pm on topics around early and forced marriages and its related negative effects on young girls, denial of resources such as access to family planning services, women's health including menstruation, traditional myths and reality, hygiene and girl's education. According to women talked to, the radio talk show has made it possible for a number of women and girls, boys and men to get knowledge on what they would not talk about openly at home. This is an indication that the programme has become an important way of reaching young people on sensitive issues around RH, GBV and HIV.

UNFPA supported the commemoration of World Menstrual-Hygiene day 28<sup>th</sup> May under the theme "Men in menstrual and hygiene of women and girls." The theme helped to engage men to support women and girls with adequate supplies during menstruation and to discourage the pulling out of girls out of school for marriage. During the celebration, over 600 dignity kits were distributed to women and girls.

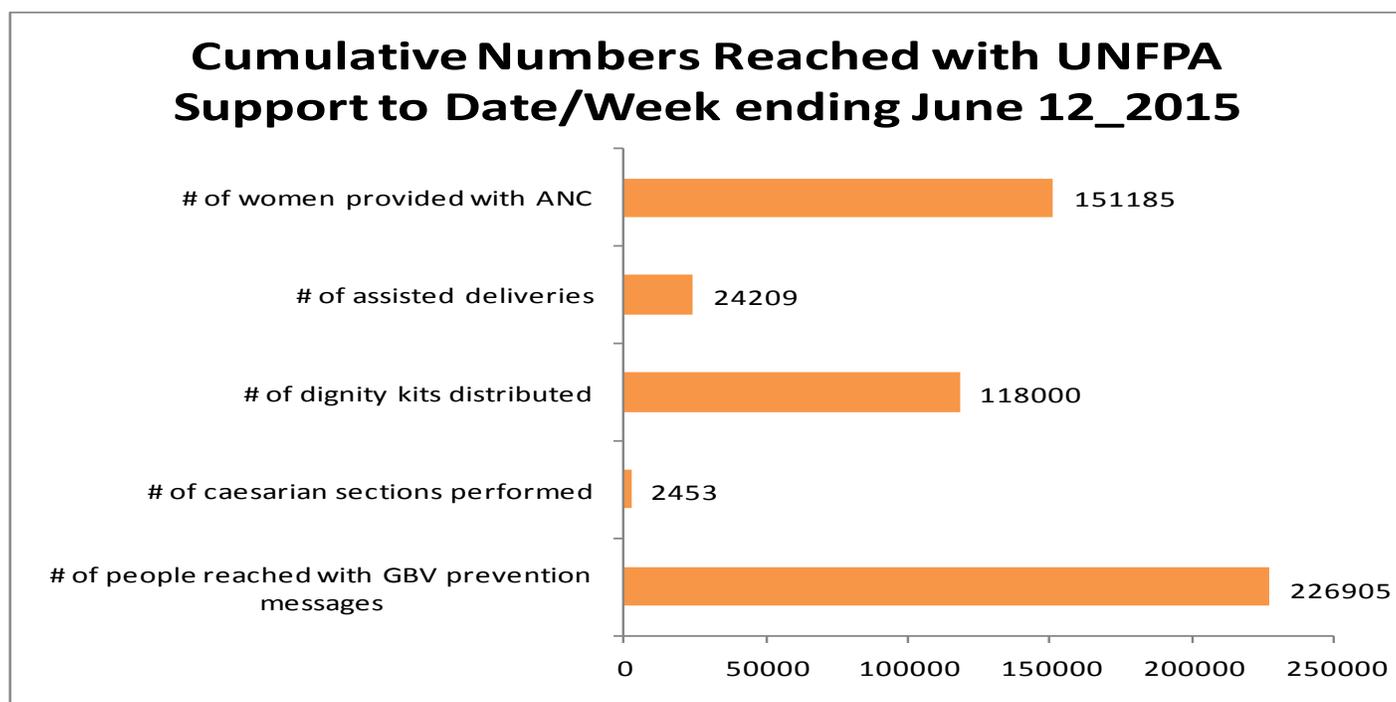
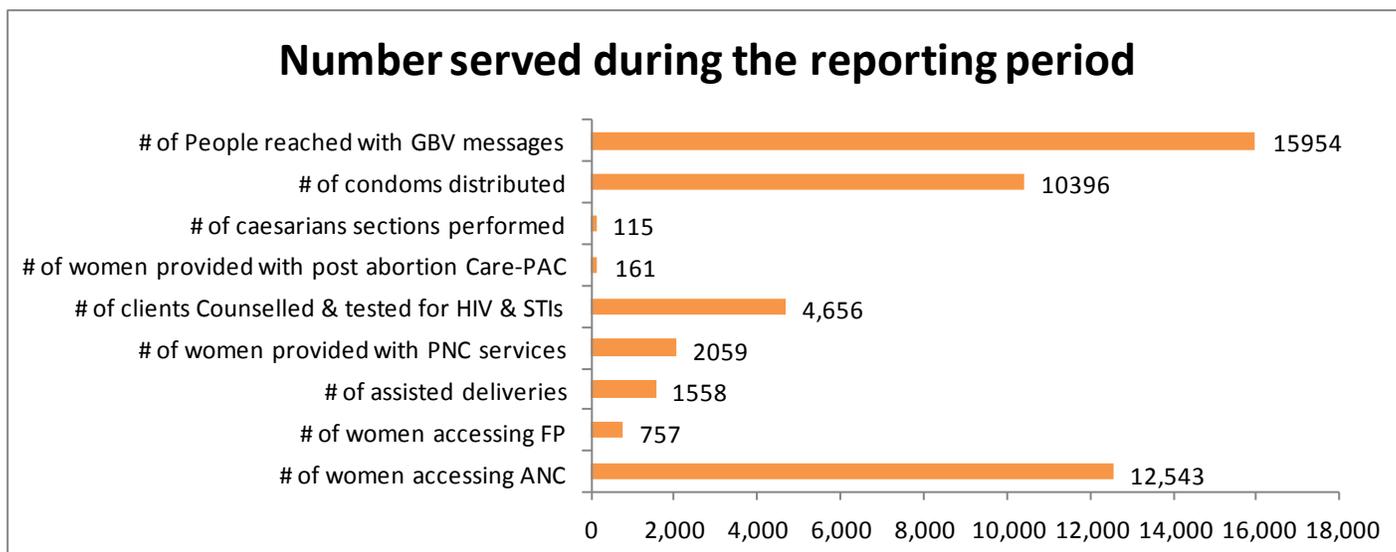
UNFPA received 25,850 dignity kits. In the coming weeks, women and girls in the targeted distribution sites (as shown in the map below) will receive these much needed supplies.



UNFPA supported the development of a guidance note on safety and security for GBV survivors in humanitarian settings. The draft of this guidance note which presents a menu of options that actors can consider in various programming contexts was presented to the GBV Sub-cluster on 18 June. It is currently under final review by a technical committee and is expected to be completed by end of the month.



### 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

#### Contact information

Mr. Barnabas Yisa  
UNFPA Representative  
UN House Compound, Building No. 4, Yei Road  
Juba- Republic of South Sudan  
Tel: +211-956444486  
Email: [southsudan@unfpa.org](mailto:southsudan@unfpa.org)

Dr. James Okara Wanyama  
Humanitarian Emergency Coordinator,  
UNFPA-South Sudan,  
UN House, Building 4, Yei Road,  
Juba- Republic of South Sudan,  
Tel: [+211 954134962](tel:+211954134962) / [+211 921039670](tel:+211921039670)

Amadou Baraze Nakaka  
Communications Specialist  
UNFPA-South Sudan,  
UN House, Building 4, Yei Road,  
Juba- Republic of South Sudan,  
Tel: +211 955467841