

COUNTRY EXPERIENCES

South Sudan

Prepositioning and Preparedness: Emergency reproductive health supplies save and improve lives



Africa's largest refugee crisis since the Rwandan genocide

Working closely with partners in South Sudan, UNFPA has reached more than 2 million people in affected areas with sexual and reproductive health (SRH) and gender-based violence (GBV) services since 2014.¹ Initiatives supported by UNFPA have saved and improved lives through the prepositioning of essential reproductive health supplies in five humanitarian hubs, strengthening the national health system and supply chain, and training and deploying midwives. Despite the high level of insecurity, UNFPA continues to work to meet needs for family planning, ensure the availability of emergency obstetric care services, and prevent and respond to GBV in South Sudan.

¹ Information is updated on a rolling basis. The figure shown is 2014 to June 2018. See the UNFPA Transparency Portal at www.unfpa.org/data/transparency-portal/unfpa-south-sudan and UNFPA Humanitarian Emergencies at www.unfpa.org/data/emergencies/south-sudan-humanitarian-emergency.

HUMANITARIAN NEEDS



7 million
Total people in need



1.75 million
Women of reproductive age



210,000
Pregnant women



2.29 million
Young people

Devastated by five years of fighting, the world's youngest country is among the deadliest for mothers

HUMANITARIAN SITUATION

More women in South Sudan die during pregnancy and childbirth than in nearly any other country in the world, with an estimated 789 maternal deaths per 100,000 live births. One quarter of women do not have access to family planning information or services, and only 6 per cent of maternal health needs across the country are met each year.

"I've seen it with my own eyes, women dying because of bleeding," recalls Nyomon Lilian, 25, whose studies to become a midwife was disrupted by the war. "We heard gunshots in the school. I took my uniform, and left behind my books and everything else," she said.

UNFPA works in South Sudan to support the health, safety and dignity of women and girls affected by the ongoing humanitarian crisis. Yet as the conflict continues, with increasing insecurity and economic decline, access to lifesaving supplies and services is deteriorating.

Over 4 million people have been displaced, nearly 1.9 million of them internally and 2.1 million have become refugees, fleeing to neighbouring countries. South Sudan also hosts 280,000 refugees, mostly from Sudan, along with some from other countries. Of those who are internally displaced, up to 85 per cent are estimated to be women and children.

Overall, 7 million people are now in need of humanitarian assistance and protection in South Sudan. Among them are 1.75 million women of reproductive age, including at least 210,000 pregnant women, with an estimated 280,000 live births per year. Brutal killings, rape and other human rights violations continue unchecked and have become a persistent reality for civilians. GBV remains pervasive throughout the country and goes largely unreported; GBV survivors have little to no legal redress. Food security continues to deteriorate: some 6.1 million South Sudanese people and refugees in the country were severely food insecure in September 2018.²

² Data for South Sudan is generated by a MISP calculator.

The looting and destruction of healthcare facilities as well as targeted attacks on health workers have decimated the health system: only 40 per cent of health facilities in the country remain functional or partially functional. Existing government service delivery systems are overstretched and in some cases have completely collapsed. Nearly 500 attacks on healthcare workers were documented in 2018, including 115 deaths. South Sudan is the most dangerous country in the world in which to deliver humanitarian assistance.

The majority of health partners in South Sudan rely on emergency reproductive health kits, including post-rape treatment kits, procured by UNFPA to provide services for sexual and reproductive health and the clinical management of rape. UNFPA Supplies, the thematic fund for family planning, provides 100 per cent of the contraceptives for the entire country, including distribution of condoms to young people and sex workers. The storage infrastructure for pharmaceutical supplies is one of the poorest in the region, however, making it difficult to preposition and hold buffer stocks. The poor infrastructure also has an impact on the security, quality and safety of products. Shortages are widespread, with stock-out rates at service delivery points reaching 60 per cent. Overall challenges include barriers to humanitarian access, weak logistics management information systems, and limited numbers of personnel trained in supply chain management.

Objectives

- Build the capacity of health workers in logistics management as well as in the Minimum Initial Service Package (MISP) for reproductive health, and the Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies.
- Establish and capitalize on partnerships and effective coordination of partners for a more effective and timely response.
- Ensure reliable availability of reproductive health services and supplies in hard-to-reach areas as well as hard-to-reach populations.
- Increase funding for the prepositioning of reproductive health supplies.
- Gain access to areas with high security concerns and deliver assistance.



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Strategy and interventions

UNFPA is present in five humanitarian hubs: Interventions building on strong partnerships, UNFPA has taken effective action in the following areas:

Humanitarian hubs with prepositioned supplies: UNFPA prepositions supplies in five humanitarian hubs — Bentiu, Juba, Malakal, Rumbek and Wau – to reach more crisis-affected people across the country. The hubs are staffed to provide hands-on frontline technical assistance and prepositioned supplies that can be mobilized quickly to support delivery of services for sexual and reproductive health and GBV response. UNFPA has signed more than 30 Memorandums of Understanding (MOUs) with partners for the distribution of reproductive health supplies to service points for last-mile delivery. For example, UNFPA partnered with UNICEF and the World Food Programme through the Inter-Agency Standing Committee (IASC) Logistics Cluster to support transportation and warehousing in the humanitarian hubs. Hiring reproductive health field coordinators, logistics staff and midwives helped to strengthen coordination with partners in the hubs as well as nationally. A partnership with the South Sudan Health Pooled Fund has secured the delivery of reproductive health commodities from the national medical stores to health facilities across the country.

Emergency RH kits: UNFPA leads the procurement and distribution of emergency reproductive health kits and capacity building for their use. Reproductive health supplies are a vital part of the UNFPA contribution to the humanitarian response in South Sudan. UNFPA supports the integration of these supplies into the national medical supply chain management system, and distribution to the last mile through partnership with the Health Pooled Fund (HPF), funded mainly by the UK's Department for International Development (DFID).

Data on gender-based violence: UNFPA has led efforts for the inter-agency GBV Information Management System (GBVIMS) to collect data from service providers, analysed the trends and rallied partners to respond. UNFPA supports training for social workers and health staff to sensitively and



UNFPA is helping to educate women about voluntary family planning methods in South Sudan.
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Progress and results

January 2017 to June 2018



818,619
Total people
reached with GBV
and SRH services



89,008
Young people
reached with
SRH services



691,500
People who directly
benefited
from RH kits



65,400
Women and girls
reached with
dignity kits



338
Youth facilitators
trained on SRH and
GBV services

UNFPA supports three one-stop care centres, called Family Protection Centres, to support GBV survivors in Juba, Rumbek and Maluakon. Integrated services are provided under one roof, including clinical treatment for rape, psychological first aid, counselling, legal support and other services. UNFPA has established 10 women-friendly spaces in displacement camps. In addition, UNFPA supports youth corners in five facilities in three states. In 2011, there were only six obstetricians and eight midwives in South Sudan; since then, more than 25 obstetricians and 600 midwives have been trained by UNFPA and partners.

Source: Information is updated on a rolling basis. See the UNFPA Transparency Portal at www.unfpa.org/data/transparency-portal/unfpa-south-sudan and UNFPA Humanitarian Emergencies at www.unfpa.org/data/emergencies/south-sudan-humanitarian-emergency

professionally meet the needs of GBV survivors, including the provision of psychosocial support, post-rape treatment with emergency contraception, and HIV post-exposure prophylaxis.

Lessons and conclusions

- The repositioning of vital family planning, maternal health and post-rape treatment supplies in South Sudan has helped to keep shelves stocked and reduce shortages of lifesaving supplies.
- The creation of humanitarian hubs has addressed needs at a lower cost, enabled access to speedy technical assistance by partners and improved access to reproductive health supplies throughout the region. The strategic field presence through field hubs has increased relevance, visibility and timely humanitarian response with local engagement.
- Developing the service delivery capacity of government and local NGOs has strengthened access to sexual and reproductive health and GBV services within South Sudan in both development and humanitarian contexts.
- Partnerships with organizations with strong logistical capacity such as the World Food Programme, the Health Pooled Fund and in-country NGOs have assisted in distributing reproductive health supplies. Expanding UNFPA's partner network has helped to reach more women and girls with much-needed information and services, and has mobilized community and youth activities.

Partners

Across
Action Africa Help - International (AAH-I)
Action for Development (AFOD)
Adventist Development and Relief Agency (ADRA)
Africa Humanitarian Action (AHA)
Amadi State, South Sudan
American Refugee Committee (ARC)
Amref Health Africa
Catholic Medical Mission Board (CMMB)
Christian Mission Aid (CMA)
Christian Mission for Development (CMD)
Collegio Universitario Aspiranti e Medici Missionari (CUAMM)
Comitato Collaborazione Medica (CCM)
Cooperative for Assistance and Relief Everywhere (CARE)
Cordaid
Health Link South Sudan
Health Pooled Fund (HPF)
Healthnet TPO (Transcultural Psychosocial Organization)
IMA World Health
Impact Health Organisation (IHO)
International Committee of Red Cross (ICRC)
International Medical Corps (IMC)
International Organization for Migration (IOM)
International Rescue Committee (IRC)
INTERSOS
IntraHealth
IsraAID
Juba Teaching Hospital
Medair
Médecins Sans Frontières (MSF - Holland, MSF-Belgium, MSF-Swiss, MSF-France)
Nile Hope
Real Medicine Foundation (RMF)
Relief International
Reproductive Health Association of South Sudan (RHASS)
Save the Children South Sudan
Serving in Mission (Doro - SIM)
United Nations Children's Fund (UNICEF)
United Nations High Commissioner for Refugees (UNHCR)
Universal Intervention and Development Organisation Republic of South Sudan (UNIDOR)
Universal Network for Knowledge and Empowerment Agency (UNKEA)
World Food Programme (WFP)
World Health Organization (WHO)
World Relief
World Vision

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Cover photo: Nyomon Lilian, who became a midwife through UNFPA-supported training, attends to a mother and her newborn at the Juba Teaching Hospital.
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