



Participants in discussion at the Clinical Management of Rape training in Aerial. Photo: UNFPA South Sudan

Overall Humanitarian Needs in South Sudan





1. Situation overview

Tension remains high country wide.

South Sudan's rival forces traded accusations on Friday over violations of a cessation hostilities agreement after fighting broke out in Unity state, forcing aid workers and civilians to seek protection at the United Nations base in the capital, Bentiu.

During the violence approximately 340 civilians fled from Bentiu and took shelter with UNMISS troops stationed at the airport, who later escorted them from the airport to the protection of civilian area in the UNMISS compound outside Bentiu. The opposition is now claiming to be in full control of Bentiu.

The situation in Maban county's Bunj, where several aid workers were killed last week, remains calm. Aid agencies are still operating with minimal staff due to the tense security environment, but essential humanitarian operations are continuing in the four camps.

The United Nations Security Council paid an emergency visit to South Sudan on 12 – 13 August, in a bid to end the crisis through engagement of the two warring parties. The visit came amid reports that arms were coming into South Sudan to set the stage for more fighting when the dry season begins. At the end of the visit, the Security Council Members described the meetings with the two warring leaders as "rather disappointing." No tangible solutions to end the conflict were forthcoming from the leaders other than blaming each other for breaking the cessation of hostilities agreements. Before leaving, the UNS Council President reread to the press a statement adopted earlier by the 15-member expressing readiness to consider "all appropriate measures" against those who undermine the peace, stability and security of the country.

After the failure of both parties to meet the 10 August deadline to conclude a peace agreement, the Intergovernmental Authority on Development (IGAD) has extended the deadline for the peace talks to 28 August and postponed the proposed heads of state and government summit scheduled for Sunday. The IGAD heads of state and government also announced this week that they would convene a summit in Addis Ababa to decide on appropriate measures to take against any party in the conflict that is seen to be perpetuating the war.

2. Other intervening situations likely to affect humanitarian work

- a. The upsurge in criminal acts involving armed carjackings & residential robberies/theft, is still ongoing throughout Juba affecting both national and international UN personnel along with the international community.
- b. Increasing IDP agitation and factional violence due to idle youth and ethnic tensions in POC areas is becoming a threat to service provision and staff safety.
- c. Linked to ethnic tension are notable escalation of revenge attacks that are likely to increase cases of sexual violence against women and girls.



- d. Notable occurrences of security incidents involving physical attacks and rape of women by unknown men this past week across various IDP locations. It is critical for UNMISS to step up protection of civilians through patrols in areas outside of PoC bases which have been identified as high risk corridors.
- e. Government concern about the possibility of Ebola in South Sudan due to the high level of internationals coming in and out of the country is likely to provide immigration challenges especially for nationals of the affected (West African) countries. All those originating from these countries or those having transitted through the countries in the last 21 days are likely to be quarantined for 30 days. (Implications for UNFPA will be mainly on some of the Midwives coming from these countries when it comes time for their R&R/leave as well as TA which could have been sourced from the affected countries).
- f. Looming floods and famine are likely to affect funding for non-food/shelter needs as attention will be focused on relocation of IDPs and feeding of increased populations beyond IDPs.

3. Highlights of UNFPA Emergency Response

UNFPA continues to provide lifesaving services as part of the humanitarian response, with notable progress in the area of GBV response.

During the reporting period a total of 2952 (2119 women, 556 men, 233 girls, 44 boys) were reached with GBV awareness messages. Partners noted increases in reporting of incidents, which can be linked to the persistent awareness raising that has taken place, coupled with a maturing relationship between actors and their communities. In Mingkaman, Awerial a total of 21 frontline service providers (14 males and 7 females) were trained in clinical management of rape. The training included non-clinical staff and helped to ensure understanding of the survivor centred approach by all service providers involved in the handling of a survivor of GBV.

The 2nd quarter GBV subcluster Bulletin was published on Thursday 14 August and has been appreciated by many stakeholders. The bulletin highlights the progress of GBV results in areas where GBV actors have sustained operations since January, revealing that only 188,565 women and girls are estimated to have access to GBV services against a target of 400,000.

A notable achievement include the finalization of the GBV Strategy at the GBV SC meeting on Thursday 14 August. The strategy emphasizes the need to scale up a more basic package of interventions and to integrate this package within multi-sectoral responses planned for in the humanitarian operational bases and through the rapid response mechanisms. ODFA has expressed interest in supporting implementation of the strategy and has requested for the development of a costed operational plan to be shared in time for their new 2015 financial year starting October 2014.

In the area of reproductive health, there has been a steady increase in the number of women and girls seeking antenatal care in the reproductive health clinics in the camps. However,

getting women to come to the clinic to give birth remains a challenge due to influential cultural beliefs as well as fear about what will happen to them in the unfamiliar environment.

Staff members in the reproductive health clinics in Juba are training community mobilizers to encourage women and girls to give birth in the clinic instead of at home. The mobilizers (many of them traditional birth attendants) are taught how to convince community members to consider coming to the clinic where midwives and clinical officers can help save the lives of women and their babies. This past reporting period saw a total of 140 safe births that were assisted in the clinics in Juba.

On the other hand, Reproductive health workers are concerned about abortion incidents in Malakal and Juba PoCs where several fetuses have been found thrown in latrines. More information is being gathered to inform an appropriate response.

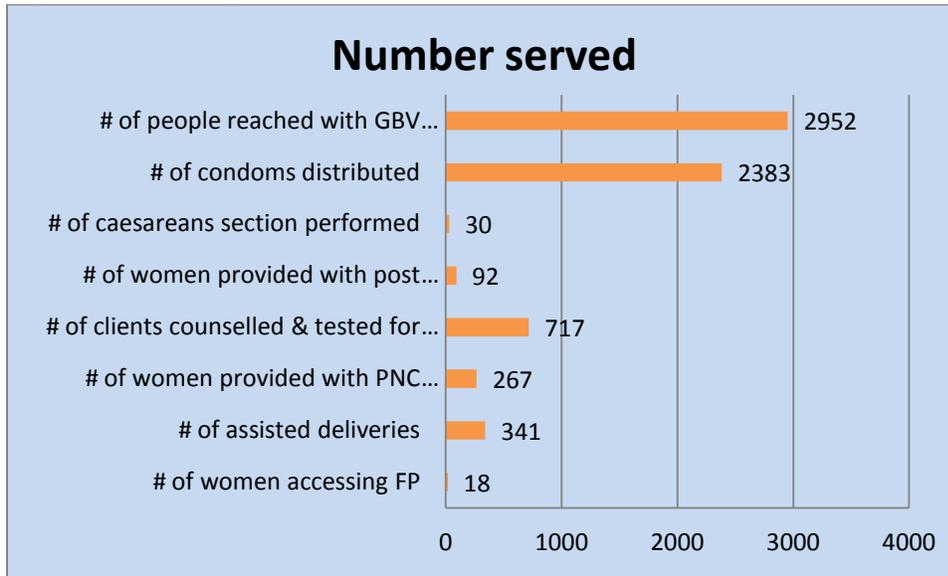


Midwife Catherine Makumi trains community mobilizers in UNFPA supported reproductive health clinic in Tongping Camp, Juba.

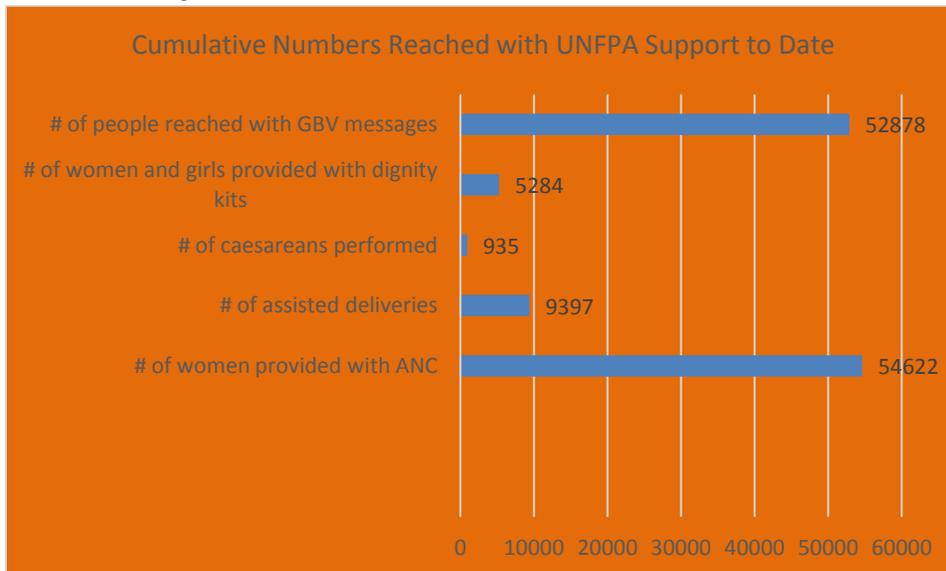
3. RH and GBV Service Delivery

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





4. Resource Mobilization

During the reporting period, the funding situation was boosted by the confirmation of approval of US\$ 1,000,000 for RH and another US\$794,625 for GBV from the CHF Standard Allocation 2. However, an increase in allocation of emergency funds for GBV is still required, to sustain operations initiated early in the response and ensure implementation of strategic actions such as building capacity in psychological first aid, survivor centred approach among frontline actors and scaling up engagement with men and boys.

5. Communication and Advocacy

GBV advocacy efforts continue with radio spots and billboards. Communications staff and programme officers are collaborating to come up with key messages that can be used to aid in resource mobilization.

6. Other Challenges and Needs

Reproductive Health: According to the Crisis Response Plan 2014, UNFPA is targeting 2,8 million people with RH services. To date, an estimated 1 million people (35.7% of the total), people have been reached by RH humanitarian response. UNFPA humanitarian response in RH area covers mostly Juba, Awerial, Bor, Bentiu and Malakal.

There is a need to extend UNFPA RH interventions in Melut and Maban counties (Upper Nile state), Pariang, Leer, Mayendit and Koch counties (Unity state). The new sites have an estimated population 1,420,000 people who are in need of assistance.

In addition, among the sites covered by UNFPA RH interventions, only three (Juba, Awerial and Malakal) have RH staff appointed to ensure the coordination of RH services. Therefore there is a need for at least 2 additional RH specialists to cover the 2 remaining sites. This number should be increased to 4 upon the extension of RH interventions in the areas currently not covered.

GBV: The targeted population is 400,000 while to date 188,565 have been reached. Overall, GBV specific programming is almost exclusively limited to PoC sites and IDP settlements (where approximately 10% of the displaced population currently resides). Across the rest of the counties in the crisis-affected areas, GBV programming is largely limited to awareness raising and community outreach.

Although approximately 45 organisations participate in sub-cluster meetings, fewer than 15% of those are specialized in providing GBV response services in emergencies.¹ The availability of trained medical personnel to handle Clinical Management of Rape (CMR) and basic psycho-

¹ Participants in the South Sudan GBV sub-cluster include representatives from the Government, U.N. agencies, International NGOs and local NGOs and donor agencies.



social support continue to be insufficient. Specialized mental health expertise is completely unavailable. As a result, the provision of GBV prevention and response services is not uniform or standardized, and can vary significantly in quality and availability from one location to the next. The situation is particularly acute in Unity (where 6 out of 9 counties have no GBV partners present, and even in Bentiu POC, IRC is the only partner implementing GBV programming) and Upper Nile (only Malakal PoC has the GBV prevention and response services as of July 2014 with plan to scale up in Wau Shilk and Nasir.)

Staffing needs will be similar for RH to have at least one GBV coordinator in each of the states of UNFPA operations. If not possible, there would be need for a “roving” GBV SC Coordinator and Information Management Specialist to improve UNFPA’s capacity to meet the growing demands.

Contact Information

Mr. Barnabas Yisa
UNFPA Representative
UN House Compound, Building No. 4, Yei Road
Juba, South Sudan
Tel: +211-956444486
Email: southsudan@unfpa.org
<https://twitter.com/UNFPASouthSudan>