



National Minister of Health, Governor of Lakes States and UNFPA Representative during the handover of an ambulance for maternal health services in Mingkaman.

Overall Humanitarian Needs in South Sudan





1. Situation overview

Conditions in the PoCs grow increasingly challenging for staff and partners. Tensions continue to simmer in the camps in Juba with reports of civil disorder amongst the IDPs.

The situation has calmed down in Bentiu, however, IUNV midwives are still waiting for security clearance to return again.

There were reports of armed skirmishes in the town of Nasser, north of Malakal and the relationship between members of the Nuer and Shilluk ethnic communities have been tense since last month's clash at the camp when three people were killed and more than 11 wounded. Members of the Nuer community have accused their Shilluk counterparts of blocking essential food and commodity supplies and aid workers who attempt to bring in supplies are being attacked. The PoC has been experiencing recurrent clashes where several people have been wounded, and as a result the GBV specialist has temporarily relocated. She will return when the situation calms down.

The number of deliveries in the Juba camps continue to rise and uptake for family planning here still remains a challenge. However, those who do ask for it are requesting long term methods such IUDs and implants. There is currently a shortage of these methods and the demand is increasing.

There is still a strong opposition to the distribution of condoms from many local leaders, religious leaders and others who argue that condom use encourages bad behaviour in young people.

Forced and early marriage continues throughout South Sudan, with a pronounced prevalence in Bentiu, where there are numerous reported incidents of forced marriage, with community leaders cited as facilitators. Staff report that engagement with community leaders has been difficult amidst the ongoing crisis.

In Awerial, protection of women and children remains an issue of concern. Communities are requesting for an increase in the number of police officers to protect the vulnerable IDPs and support free movement of people. GBV women leaders continue to raise issues of safety and insecurity at night in the camps, attacks during fire wood collection and shortages of water and lack of latrines in IDPs Site 1 camp.

Also in the RH clinics in Awerial, there is an aversion to having vaginal examinations, as well as being examined by male midwives. This is likely correlated to the rise in sexual violence and feelings of insecurity.

2. Highlights of UNFPA Emergency Response

During the reporting period an ambulance was handed over to health facilities to support emergency obstetric care services in Mingkaman, Lake States, where more than 100,000 internally displaced persons live. The ambulance is part of the project *Strengthening Emergency Obstetric Care in Humanitarian Hotspots in South Sudan*, which is funded by the Government of Japan and implemented by UNFPA. The ambulance will be managed by international NGO Interchurch Medical Aid (IMA) and will provide desperately needed transport for internally displaced women to reach life saving maternal health services.

In Juba MSF has recently left the UN House IDP camp to serve the needs of other populations in South Sudan. As a result, the UNFPA supported clinic has been taking in the patients that would have normally been attending the MSF clinic. The IMC surgeon has been attending to many medical cases including the treatment of violence related injuries in addition to the regular maternal health care.

Three UNFPA officers conducted trainings in Maridi, Western Equatoria on clinical management of rape for health staff and on psychosocial first aid for social workers and community protection committees. A total of 53 members participated.

During the reporting week, UNFPA together with UNHCR and data gathering organizations reviewed the GBV Information Sharing Protocol (ISP) which has been piloted for the last three months (August – October 2014). The suggested changes to some parts of the tools (Psychosocial Intake form and Information Sharing Protocol) will be forwarded to the Global GBVIMS surge team for their final consideration. This is part of ongoing efforts towards improved ethical collection of data and sharing of information on reported incidents of GBV by data gathering organizations.

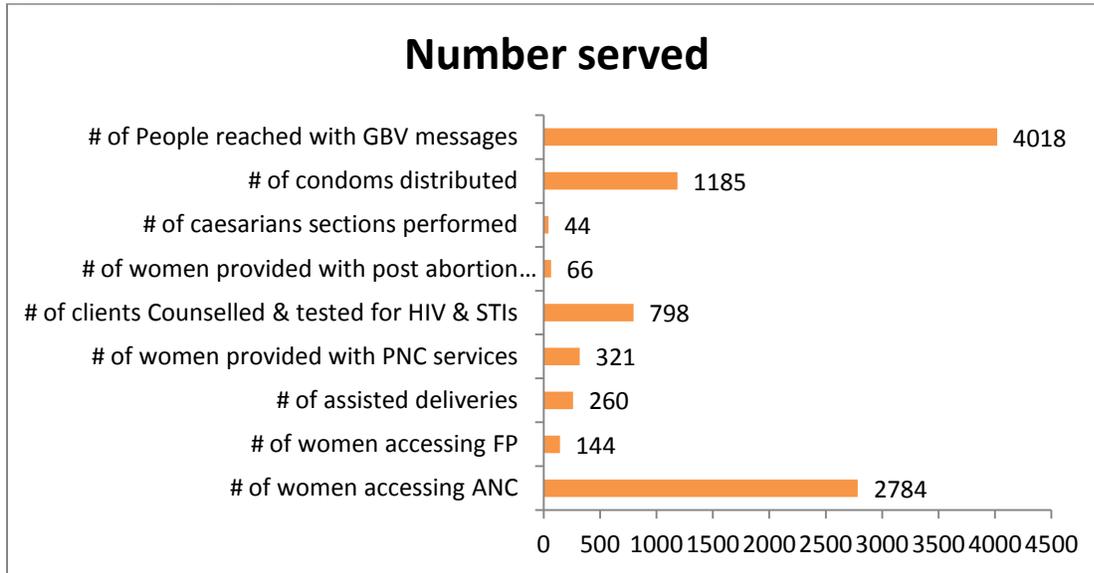


GBV Partners meet in Juba to discuss the Information Sharing Protocol

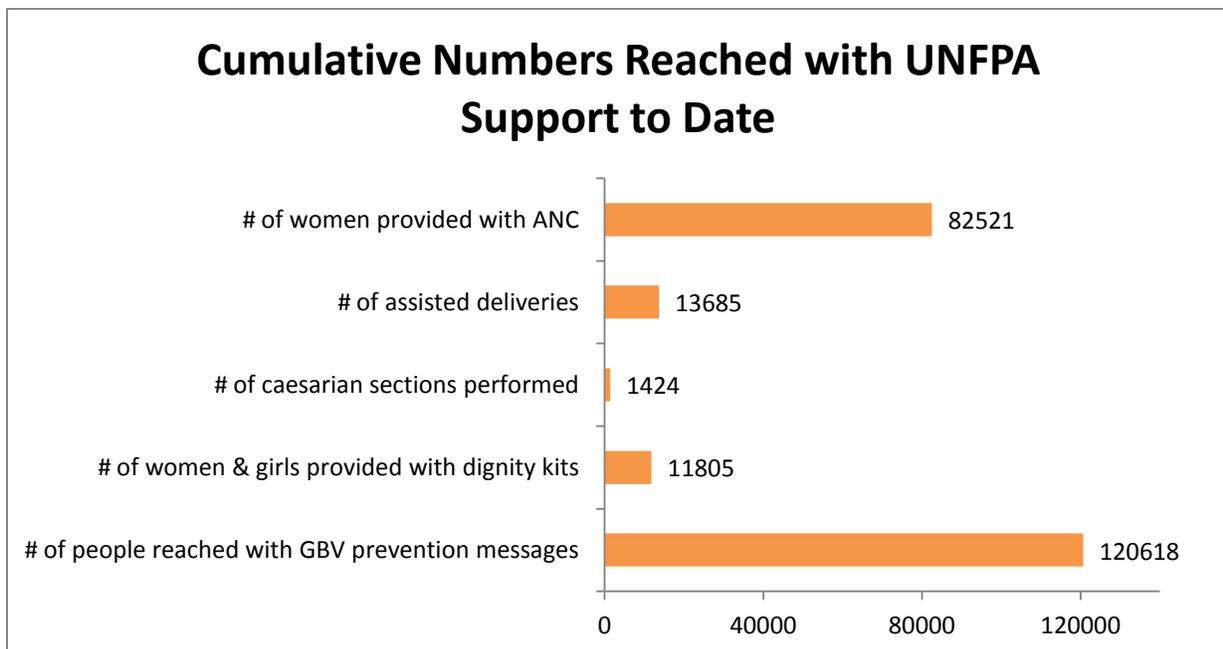
3. RH and GBV Service Delivery

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

The CO has mobilised and invested US \$ 6,413,333. The funding is from the following sources CHF US \$1,400,000; Emergency Fund US \$ 850,000; Japan Government US \$ 1,200,000; CERF US \$ 887,000; Denmark Government US \$ 500,000. Additionally, the CO has also allocated slightly over US \$ 1,5 million from the core resources to respond to the humanitarian emergency. Over 85% of these funds are already utilised or committed. We have a gap of nearly US \$11 millions out of the US \$17 million

5. Communication and Advocacy

IRC participated in a meeting on messaging in the Bentiu PoC to ensure all organizations were providing consistent messages. Safety messages such as “Lay down when there is shooting near the PoC” were translated into local language and distributed to all outreach workers and mobilisers.

Radio Miraya is airing jingles and advocacy messages in relation to the commemoration of the 16 days of activism against Gender Based Violence under the theme for South Sudan ***“Promote Peace at Home, Stop Violence against Women and Girls.”***

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