

UNFPA Humanitarian Response Indicators

Indicators for the reporting period

- 7,575 Women accessed ANC services
- 1,402 Women provided with PNC services
- 1,494 Assisted deliveries
- 121 Caesarian sections performed
- 212 Women accessed post-abortion care services
- 418 Women reached with FP services
- 12,050 Condoms distributed
- 15,954 People reached with GBV messages



Young people in Bentiu after a training on HIV/AIDS facilitated by UNFPA staff. © UNFPA

1. Situation overview

Recent eruption in renewed fighting in Unity and Upper Nile states has continued to displace hundreds of thousands, majority of them women, girls and children seeking shelter at UNMISS POC camps. More than 650,000 people are affected by the upsurge of the conflict. (HC statement, 18 May 2015)

The situation in Southern Unity state has deteriorated further this reporting period. Over 155 staff of 22 organizations have been relocated from the location. The most affected counties are Leer, Ganyiel, Nyal and Koch.

Also, 40 staff of 4 organizations have been relocated on the 18th of May from Melut in Upper Nile. There are also planned relocation from Kodok, and Malakal.

The Intergovernmental Authority for Development (IGAD) and the international community expressed deep concern on the current situation in South Sudan and urged the warring parties for immediate cessation of hostilities. They called on all the parties to engage meaningfully in the peace process so as to bring about a political solution to the crisis and end the war.

UNFPA together with Reproductive health and GBV partners continued service delivery for both IDPs and their host communities and assessing the needs for the new arrivals within the POCs. Most of the new arrivals have reported serious atrocities including sexual violence against women and girls, and abductions of young boys.

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

During the reporting period 7,575 pregnant women accessed antenatal care (ANC) services, 1,494 assisted deliveries were conducted, 1,402 women were provided with postnatal care (PNC) services, 212 women accessed post abortion care services, 2,753 clients counselled and tested for HIV and treated for STIs, 418 women accessed family planning services, 121 caesarean sections performed.

In Bentiu, Unity State, UNFPA conducted CMR/PFA and BEmONC trainings during the reporting period aimed at strengthening capacity of health workers in Bentiu for SRH response. Twenty (20) participants (12 females + 8 males) drawn from 4 RH partner organisations (CARE International, IRC, IOM, and MSF) in attendance for CMR/PFA. The aim is to refresh and reinforce technical capacity of health service providers from health facilities on survivor centered clinical care and psychological first aid to rape survivors.

BEmONC training with 14 participants (11 male + 3 females) drawn from the 4 RH partners. The aim of this training is to strengthen partners' capacity for provision of emergency obstetric and neonatal care to the affected populations in Unity State.

HIV & AIDS training is ongoing, with 62 young people from Bentiu PoCs already trained.

With the current flux of new arrivals in UNMISS Bentiu POCs, UNFPA joined an inter-cluster team for a rapid assessment and the SRH assessment established that there are visibly pregnant mothers and mothers with newborns among the IDPs. UNFPA convened the RH Working Group and agreed on an immediate intervention that was carried out with the following services were provided:

- 100 Dignity kits were distributed to females of reproductive age
- 100 Clean Delivery Kits (Mama Kits) distributed to all pregnant mothers =100 pieces
- 150 Mosquito nets to pregnant and lactating mothers.
- ANC consultations were also conducted with ANC cards being given to pregnant mothers.

In Mingkaman, Lakes state, both IDPs and host communities continued attending ANC services at the RH mobile clinics. All women attending ANC for the first time were counselled and tested for HIV/AIDS. During the reporting period 778 women attended ANC services, 116 women delivered under skilled attendance across the facilities, 549 women were reached with messages on danger signs in pregnancy, ANC, family Planning and the importance of delivering in the facilities in the women centres in Mingkaman, messages were delivered by the health care workers.

UNFPA provided RH Kits to Bunagok PHCC in Mingkaman as part of its efforts to strengthen County Health Department Capacity to deliver Quality RH Services.



Bor State Hospital staff working at UNFPA supported RH clinic for IDPs and their host community in Mingkaman with visitors from Japan. © UNFPA

Gender Based Violence (GBV)

In Awerial, women leaders carried out community dialogue on GBV in all the sites in Mingkaman, Ahou and Marik reaching a total number of 2500 (500 men, 2000 female).

Advocacy for GBV mainstreaming is beginning to bear fruits. In Mingkaman, a total of 7000 fuel efficiency stoves have been received as a result of UNFPA advocacy. Additional 4500 stoves are still expected. This intervention will greatly reduce women and girls's exposure to sexual violence while collecting firewood and will also conserve the environment.

In a similar demonstration of GBV mainstreaming, the FSL cluster specifically consulted with the GBV Working Group in deciding the selection of farm land and have committed to closely monitor any incidents of GBV related to the farming activities.

On 22 May IRC will complete the handover of the GBV programme to IMC in Mingkaman. UNFPA facilitated this transition and will now fund the full package of GBV activities previously co-shared with UNHCR.

Youth Engagement

Youth Council as champion for young people's sexual and reproductive health.

UNFPA held a successful dialogue with the Bentiu UNMISS PoC Youth Council – the representative leadership of all young people in Bentiu PoCs. This is the second in series of dialogues with various community leadership structures in Bentiu PoCs that are aimed at lessening resistance to key SRH programming and interventions both by UNFPA and implementing partners.

The dialogue was followed by a one-day HIV and AIDS training for the Council members. Youth HIV/AIDS and Peer Education trainings will continue.

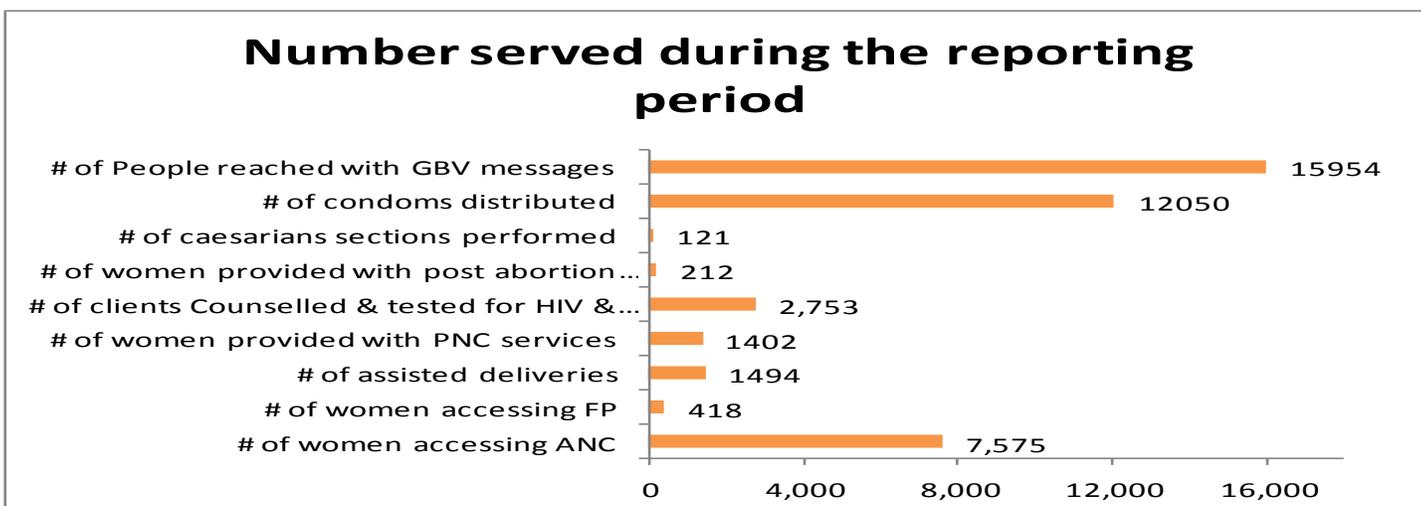
The aim of the dialogues is to elaborate to the PoC leadership the mandate of UNFPA, discuss key thematic and programmatic areas, and to seek the engagement and support in mobilizing communities for RH and SGBV services.

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

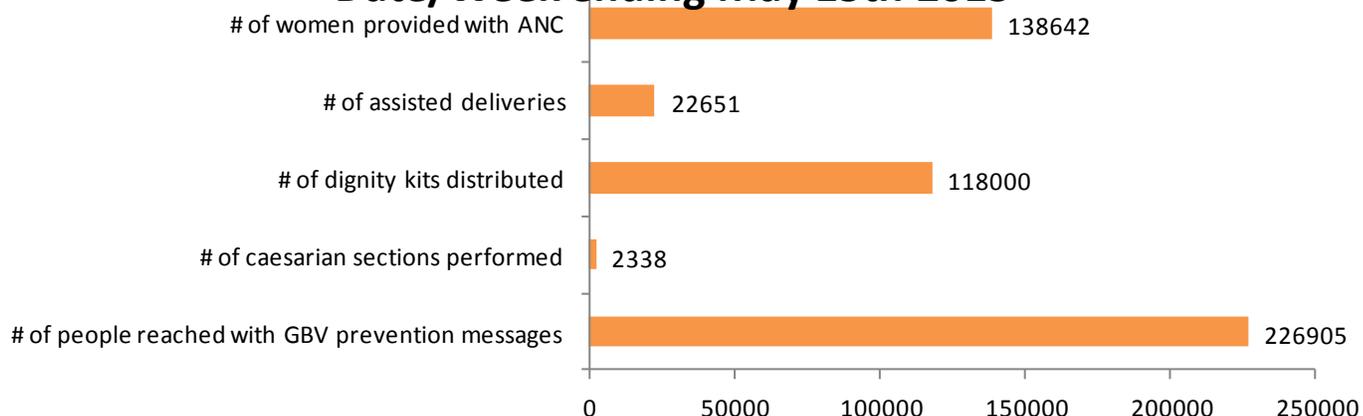
The Youth Council committed to being at the forefront and championing young people's sexual and reproductive health and rights in Bentiu UNMISS PoCs. The Council also committed to supporting RH partners in mobilising young people to take up available RH services.

The Youth Council has also sent two of its members who will represent the Council in the Bentiu Inter-cluster Youth Task Force that is coordinated by UNFPA.

In Mingkaman, Lakes State, a total of 412 young people (216 boys and 196 girls) aged between 14 - 21 years were reached with messages on HIV, teenage pregnancies and STIs.



Cumulative Numbers Reached with UNFPA Support to Date/Week ending May 15th 2015



3. Funding

As we approach midyear, and there is an ongoing process to review the Humanitarian Response Plan (HRP) 2015, we would like to provide a quick update on resources mobilised to date.

Through the HRP 2015 process, UNFPA appealed for US \$ **13,339,500** using three projects. From January to May 2015, UNFPA has mobilized 62% of the HRP ask. However, it should be noted that the UNFPA HRP ask was much lower than the actual UNFPA requirement for its humanitarian response efforts in the country. UNFPA requires US \$ 25 million to be able to sustain its humanitarian response in the country. Therefore UNFPA CO has been able to mobilize only 33% of actual requirements in 2015.

Figure 1: Indicates the requirements compared to resources mobilised by May 2015

UNFPA South Sudan HRP Projects 2015	Project Budget	Funds mobilized, by May 2015	Achieved %
Dignity and Care for Women and Girls at risk of GBV in South Sudan	3,589,500	2,875,864	80
Ensuring Availability of Life Saving Reproductive Health Commodities and Supplies to provide Reproductive Health (RH) services for IDPs, Returnees, Refugees and other Vulnerable Populations in South Sudan	8,250,000	4,460,811	54
Ensuring Care and Dignity through provision of Life Saving Reproductive Health Services for Women and Girls in South Sudan	1,500,000	900,000	60
Total Humanitarian/Strategic Response Plan ask from UNFPA for 2015	13,339,500	8,236,675	62
Actual UNFPA Humanitarian Action Plan requirements for 2015	25,000,000	8,236,675	33

4. Donors Supporting Operations of UNFPA in South Sudan

Canada



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UNFPA Emergency Fund

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