



Women wait for primary health care at a UNFPA supported clinic in Malakal PoC. *Photo: UNFPA South Sudan*

Overall Humanitarian Needs in South Sudan





1. Situation overview

The security situation remains tense country wide.

Theft and carjacking remain a serious security concern in Juba with UN and NGO vehicles as the main target.

Fighting continued in Renk, Upper Nile State causing population movement towards PoCs and northwards to the Sudan border, as well as to the south of Renk.

The situation in Nassir area of Upper Nile State was tense, as it was in Bentiu and Rubkona, Unity State areas with continued unconfirmed reports of impending attack.

Clashes and criminality were ongoing in Lakes State, with some 665 people sheltering in various locations in Rumbek as a result of insecurity. Another 230 had reportedly left the city for other areas.

In Mingkaman, also in Lakes State, the situation remained unpredictable. Movement between Mingkaman and Bor town continued. Partners verified and registered some 300 people displaced from Duk and Twic East counties arriving in Mingkaman.

Communal conflict was also reported in Kajo Keji, Central Equatoria State on the Ugandan - South Sudanese border leading to displacement of the population.

Clashes between the SPLA and SPLA-IO have intensified and security in the country has significantly deteriorated over the last week, especially in the Upper Nile state where there was heavy shelling.

This occurred when the Intergovernmental Authority for Development (IGAD) was planning a meeting with the warring parties for a new round of discussion around the roadmap for the establishment of a transitional government in South Sudan.

Meanwhile the warring parties continue to trade accusations over the recent clashes in Upper Nile state which threatens to interrupt the oil production in the main oil fields of Paloich.

Finally, the number of cases and deaths due to cholera are starting to stabilize. A total of 6,128 cholera cases including 139 deaths have been reported country wide.



2. Highlights of UNFPA Emergency Response

UNFPA continues to provide lifesaving services as part of the humanitarian response.

A total of 6,234 (2906 women, 2112 men, 726 girls and 376 boys) were reached through group awareness raising sessions, group psychosocial activities, door to door visits and distribution of IEC materials both inside and outside the Juba PoCs, and in Awerial, Bentiu and Malakal. Group psychosocial activities included knitting, beading, crocheting and recreational activities were also conducted.

The process of starting GBV clubs in schools in Mingkaman started off well with commitment from school administration authorities from five primary schools (four in Mingkaman and one in Ahou).

Capacity building trainings focused on reviewing the GBV referral pathway were conducted for 30 frontline staff working in UN House PoC.

Seedbeds for a variety of vegetables were put up with technical expertise from OXFAM within Mingkaman Women centre. Four elderly women have volunteered to manage the beds and the demonstrations gardens where the seedlings will be transferred to in the next three weeks.

In Awerial, UNFPA's partner IRC secured 4 grinding mills this week and involved women in selecting the sites for these mills. This will help in addressing the GBV risks that women have been facing while walking from Ahou to Mingkaman market (7-10km) to have their cereals grinded due to lack of a grinding mill around PoCs and IDP camps.

GBV Subcluster met at national level and discussed GBV linkages to the 4 main problems currently being analyzed in the ongoing Humanitarian Needs Overview (HNO).

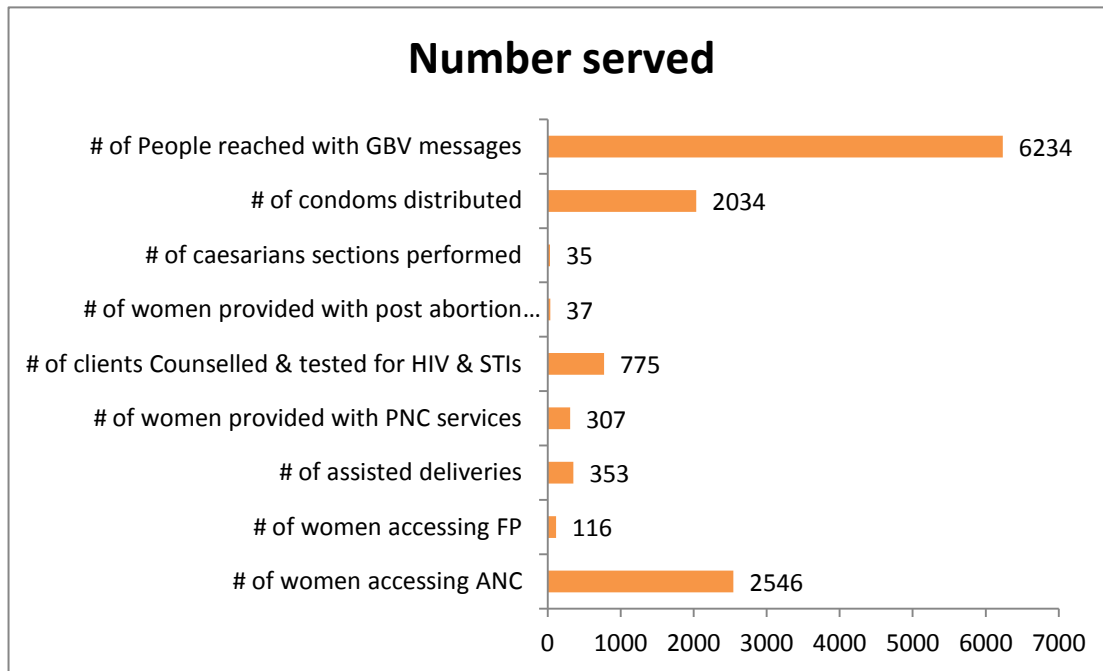
Attacks on aidworkers in the UN House PoCs resulted in cancellation of activities during the last part of the week.

Delays in disbursement of CHF funding has placed the project behind expected delivery timelines, especially in the absence of resources to pre-finance procurement of 20,000 dignity kits included with this funding. There is a need for an increase in allocation of emergency funds for GBV to sustain operations initiated early in the response and to ensure implementation of strategic actions identified in the strategy; including capacity building in psychological first aid and survivor centred approach among frontline actors within humanitarian operating bases and rapid response teams, and scaling up engagement with men and boys.

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:



UNFPA completed the cascade trainings of health service providers in Malakal and Melut counties in Upper Nile State. The two counties host an estimated 109,000 IDPs in the POCs and camps. A total of 64 health service providers (32 female and 32 male), from various partners and county health department were trained in clinical management care for rape survivors (CMR), basic emergency obstetric and newborn care (B-EmONC) and psychological first aid (PFA). Each cohort of participants by training area adopted an action plan for six months aiming to improve the access to and the quality of CMR and B-EmONC services in their health clinic.

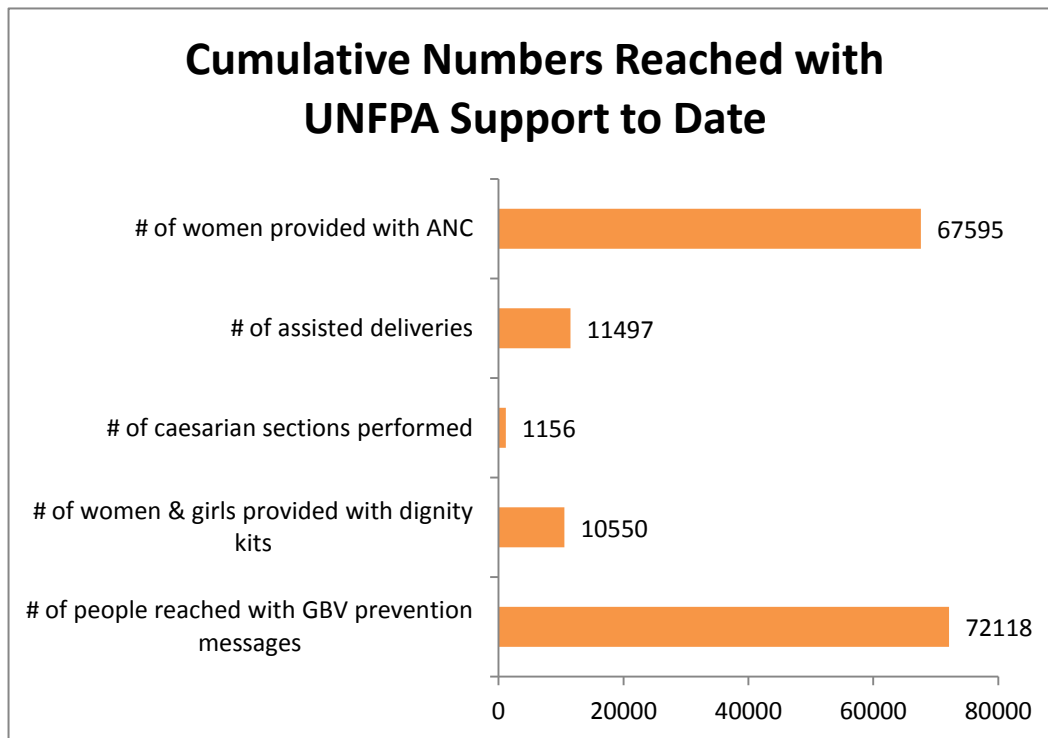
The main challenges on the ground include: lack of RH medical equipment and supplies in some health centers for delivering quality CMR and B-EmONC services; difficulties with access to some health clinics due to floods after rains.

Male condoms were distributed/donated to partners for HIV prevention program and many other medical equipment such as Hospital Beds, Gynecological Beds, Examination Tables, Ward Screen and Gynecological Table were also donated to partners to help strengthen the capacity of Health Clinics in delivering RH activities.



B-EmONC training in Malakal: Demonstration of Vacuum extractor use – September 2014

Cumulatively, using selected core indicators, the status since 15 December 2013 is as summarized in Figure 2





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

A radio talk show on early marriage was broadcast on Mingkaman FM and generated a lot of community interest.

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>