



SRSZ Zainab Bangura discusses GBV issues in South Sudan at the GBV Subcluster meeting held in Juba.

Overall Humanitarian Needs in South Sudan





1. Situation overview

The security situation remains tense country wide.

Clashes between foreign communities in the PoCs in Juba continue to escalate and salary issues with the security staff have resulted in periodic strikes raising concerns about security in the PoCs. Tensions also remain high between humanitarian actors and the IDPs in UN House and Topping PoCs.

Theft and carjackings continue to be an issue in Juba. During the reporting period one international UN staff member was assaulted and robbed in one of the local markets. The man who attacked him was dressed in civilian clothes but believed to be an SPLA soldier. He took the key to the staff member's UN vehicle and proceeded to shoot all the tires flat before threatening to shoot the staff member.

Heavy flooding in Jonglei state displaced thousands of people and around 3,260 homes were destroyed as well as seven schools and four primary health care units .

In Bentiu, heavy rain caused widespread flooding early this week affecting the 45,000 IDPs living in the PoC. The base was flooded to knee level, affecting the UNFPA supported clinics, and damaging three women's centres. GBV activities were cancelled for 2 days due to the floods. The majority of tents are still partially submerged in water and the the risk of children drowning remains high.

South Sudanese lawmakers on Wednesday passed a controversial National Security bill, which gives security forces the right to arrest suspected criminals without a warrant. Both Amnesty International and Human Rights watch (HRW) have called for the bill to be overhauled, saying it goes against domestic and international laws. The US state department also expressed concerns over elements contained in the bill, which it says seeks to regulate the operations of non-government and civil society organisations.

A week after the stalling peace talks were suspended, fresh fighting has broke out. The South Sudanese army (SPLA) on Saturday vowed to take decisive military actions against rebel forces should the latter fail to agree on a peaceful settlement of the conflict.

Both the opposition and government continue to accuse each other of violating the ceasefire agreement.



2. Highlights of UNFPA Emergency Response

The GBV Subcluster hosted the SRSG on Sexual violence in conflict, Ms Zainab Bangura during the reporting period. Addressing the subcluster, Ms Bangura assured South Sudan of her commitment to mobilize donor countries to support scaling up the response and end impunity for perpetrators. She described her visit as very sobering. She also visited UNFPA supported facility for management of rape at Juba Teaching Hospital, where she was saddened to learn that the youngest survivor treated last month was 2 years old. The staff at the centre reported an increase in reported cases amidst limited staff to ensure the services are consistently available and the need for a laboratory within the centre.

Also in the last week, IRC conducted a four day training of 50 women leaders on leadership skills and advocacy in Mingkaman. The women leaders developed a three month advocacy plan for Mingkaman.

In the area of life saving RH services, two ambulances were handed over to the Ministry of Health, from UNFPA with the financial support of the Government of Japan. The ambulances are part of the project *Strengthening Emergency Obstetric Care in Humanitarian Hotspots in South Sudan*, implemented by UNFPA, and aims to reduce maternal mortality and morbidity through strengthening existing health facilities and re-building the capacity of community health workers. These ambulances will be used in Mingkama jn and Melut, two of the most conflict affected areas in the country where they will provide transport of women in labor or with pregnancy related complications to referral sites and hospitals.

Based on the needs assessment carried out in May 2014, UNFPA developed a partnership with the International Rescue Committee (IRC) in Bentiu (Rubkona county, Upper Nile state) to deliver an integrated package of SRH services in the PoC. The package of SRH services provided in IRC's health clinic, with financial support of UNFPA, includes ANC and postnatal care, delivery, management of unsafe abortion and complications of pregnancy, HIV prevention and VCT, STIs prevention and treatment, and FP. Since this partnership in July 2014, the number of ANC (1st visit) increased up to 392 clients; while the number of deliveries passed to 87 in two months. During August and September, only 2 pregnant women were referred to hospital, 26 unsafe abortions and 3 complications of pregnancy were treated in the health clinic.

Despite sensitization sessions, the demand of FP remains still low; only 6 clients recorded in the last two months. However, the number of condoms distributed is 2,484. This health clinic is providing RH services to an estimated 45,000 IDPs in the PoCs of Bentiu. The main challenge

remain early marriage and intercourse; pregnant women under 19 years old represent 17% of clients recorded for the first visit in ANC services.



UNFPA Country Representative hands over the keys of two ambulances to the Ministry of Health.

3. RH and GBV Service Delivery

The table below summarizes selected indicators of service delivery for the reporting week.

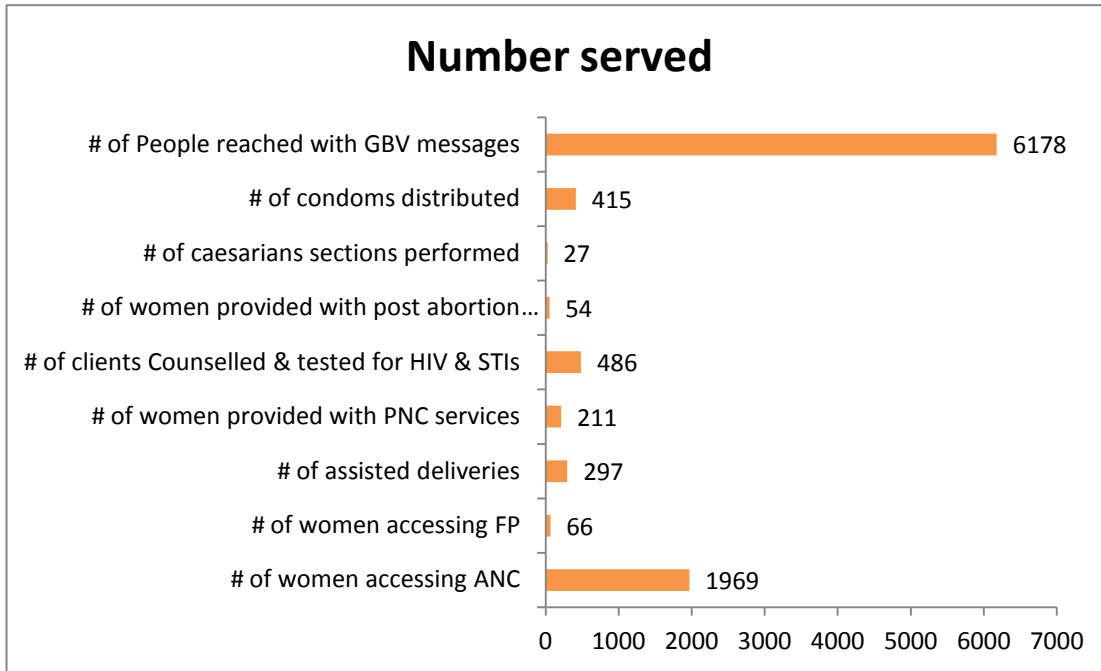
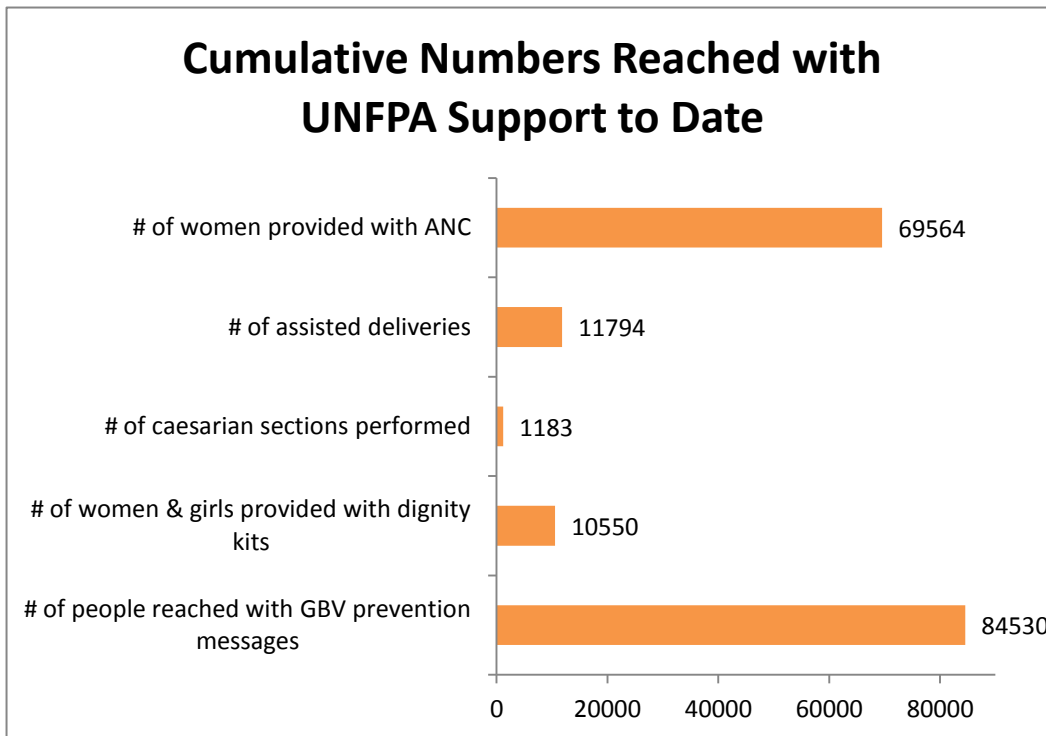


Figure 1: showing indicators and numbers of individuals served:

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





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

Advocacy activities continue for both youth and GBV programmes. These include radio spots and jingles, talk shows and door to door visits to talk to young women about reproductive health issues.

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