



Women needing maternal care services wait to be served outside a health facility at a camp for internally-displaced population in Juba.

Situation Overview

- The resurgence of violence in July and August resulted in increased inflow of civilians into Protection of Civilian (POC) sites, particularly in Juba and Wau.
- The Office for the Coordination of Humanitarian Affairs (OCHA) reported that there are now 197,000 internally-displaced population (IDP) seeking shelter in UN protected sites across South Sudan.
- At the UN House POC site in Juba, the number of IDPs has reached 37,200 following the fighting between government and opposition forces.
- In Wau, more than 2,500 new civilians have arrived in various IDP camps in August.
- In Bentiu, the POC site is now host to some 98,600 IDPs.
- 78 health facilities have been damaged across the country and among those forced to flee by the violence were health workers, the World Health Organization (WHO) said.
- The conflict has hindered movement of civilians, affecting their access to health services. The dire situation increases risks of maternal mortality for pregnant women, as well as protection issues for women and girls in general.
- Several pregnant who fled the fighting in Leer and Mayendit Counties have travelled for days on foot to reach the Bentiu POC site.
- In the semi-urban areas of Rubkona and Bentiu town, young people are looking for opportunities for livelihood and economic activities.

AT A GLANCE: KEY REPRODUCTIVE HEALTH FIGURES

3 million
affected population
targeted for
health services

754,665
women of
child-bearing age

984,083
young people
15-24 years old

335
expected deliveries
per day

50
pregnancy
complications
per day

17
C-section deliveries
per day

66
miscarriages or
unsafe abortions
per day

15,093
women & girls at
risk of gender-based
violence

UNFPA Assistance to Humanitarian Needs

The United Nations Population Fund works with the Government, donors and other partners to deliver life-saving reproductive health services, including prevention and management of gender-based violence, to the crisis-affected population especially women and young people.

Sexual and Reproductive Health

- UNFPA has delivered emergency reproductive health kits and other supplies to various partners for Central Equatorial, Upper Nile region, including Maban County, Cueilbet State, Yei, Nimule, Aweil and Bentiu.

- Additional RH Kits, medicines and dignity kits worth USD320,000 are expected to arrive in early September.

Bentiu Town

- UNFPA supports the 24-hour operation of the maternity department of Bentiu State Hospital being managed by IOM. A gynecologist and a midwife have been recruited to provide services in the facility.
- Medical equipment, supplies and medicines have been distributed to health facilities inside and outside the POCs. Traditional birth attendants are being mobilized in villages to promote facility-based delivery among pregnant women.

Partners Receiving RH Kits and Supplies	Location Covered
Juba Teaching Hospital	Juba Teaching Hospital
State Ministry of Health	Central Equatorial
Relief International	Upper Nile
Doctors with Africa	Cuibet State
Serving in Mission	Maban
Intra Health	Jube, Yei, Nimule
International Rescue Committee	Ces/Bentiu, Aweil
Confident Children Out of Conflict	Central Equatorial

- Female volunteers were stationed at the entrance to the POC to screen pregnant women arriving at the camp to direct them to the nearest health facility for antenatal care and deliveries. At least 165 pregnant women have been referred for various medical services.
- UNFPA set up two tents for youth activities. Weekly sessions on adolescent sexual and reproductive health are conducted in the youth spaces, which also provide condom access for the prevention of sexually transmitted infections, including HIV. Peer education sessions have reached 2,257 young people (970 girls, 1,287 boys).

Gender-Based Violence

- The UNFPA GBV program covers six humanitarian hotspots: Bentiu, Juba, Malakal, Bor, Mingkaman and Wau.
- UNFPA continues to be the pipeline manager of dignity kits, which are procured and distributed according to the needs of different organizations working on GBV and protection concerns in IDP camps. Since the start of the year, UNFPA has distributed dignity kits to women in Malakal, Bor, Mingkaman, Bentiu, Leer, and Juba.
- Through the partnership with International Medical Corps (IMC), INTERSOS, and International Rescue Committee (IRC), UNFPA South Sudan is ensuring GBV services delivery in the humanitarian crisis, including GBV case management, establishment of women and girls safe spaces, and provision of clinical management of rape.
- The program includes a prevention component which comprises awareness-raising, life skills trainings for women and girls, regular safety audits and establishment of community based protection networks (male engagement approach) engaged in communication mobilization. GBV services provision is mostly related to women and girls safe spaces.
- UNFPA is also ensuring the capacity building of health actors in clinical management of rape (CMR) and psychosocial first aid (PFA) and is engaged in delivering training for frontline workers from different sectors in GBV guiding principles and safe referrals.

Unity State

- UNFPA-supported organizations assisted 28 cases of GBV (13 physical assaults, 7 rape cases, 6 early/forced

Malakal City

From July to August, the following services have been provided in UNFPA-supported health facilities:

- Antenatal care for 1,102 pregnant women
- Facility-based and skilled birth attendance to 133 deliveries
- Post-partum care for 255 new mothers
- Post-partum HIV test for 391 women
- Family planning services to 532 women
- Management of sexual violence for 3 new cases

Wau City

- An interagency assessment has been conducted in crisis-affected communities Wau. UNFPA leads the health cluster response to address gaps in reproductive health services.
- UNFPA continues to support provision of RH services in various IDP camps and has extended assistance to the new MEDAIR antenatal clinic at the UNMISS POC site.
- A UNFPA-funded midwife supports antenatal care services at Lokloko Primary Health Care Center.
- Services provided in UNFPA-supported health facilities: assisted 148 deliveries, antenatal care to 1,069 pregnant women and family planning services to 198 new users.



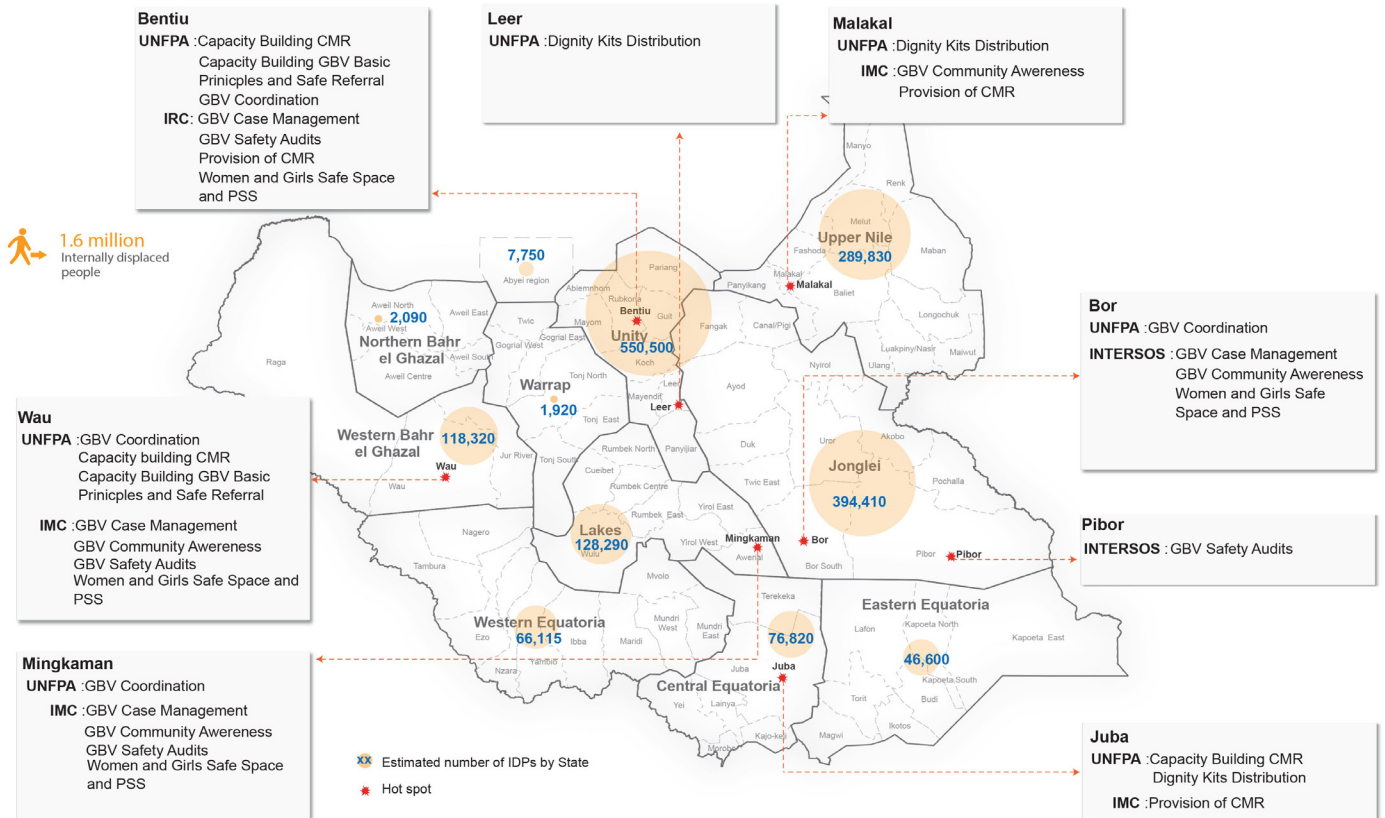
marriage and 2 denial of resources).

- The 4 women centers within the POC, as well as 2 others in Bentiu and Rubkona, are all functional, providing psychosocial support activities.
- 7,851 women and girls participated in various activities at the women's centers. Of this number, 784 were new arrivals from Southern Unity.
- 200 Dignity kits were distributed to women and girls in most vulnerable situation.

Coordination

- UNFPA chairs the GBV Sub Cluster which meets regularly at the national level.
- UNFPA leads GBV coordination in Unity, Western Bar El Ghazel, Lakes and Central Equatoria (UN House PoCs). The Central Equatoria State GBV coordination is chaired and co-chaired by State Ministry of Social Development and IsraAid.

Funding Sources: UNFPA Regular Resources, CHF, CERF, Danish Government, OFDA



Creation date: 6 September 2016 Sources: UNFPA, OCHA and IOM
 The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Final boundary between the Republic of South Sudan and the Republic of Sudan has not yet been determined. Final status of Abyei region is not yet determined.

Challenges

- Contraceptives and many commodities on the WHO priority medicines for women and children and the UN Commission on Life-saving Commodities are currently not included in the list supplied by the Ministry of Health (MOH) for primary health care.
- Weak HMIS (and Logistics Management Information System) resulting to lack of solid data for decision-making. The logistics challenge affect timely delivery of needed to supplies to field locations.
- Lack of equipment and medical supplies and poor infrastructure (operating theater) for EMONC.
- No pharmaceutical standard warehouses across the country for pre-positioning of supplies. The human resource capacity is limited to managing logistics and supplies.

- Lack of ambulance to transport cases of obstetric complications from Bentiu town to the POC sites.
- Access to certain field locations remains a challenge because of weather and security conditions.
- Data collecting on GBV incidents: GBV Information Management System (GBVIMS) scope is limited - its users are mostly PSS services providers, while health service providers are not using the system resulting in a gap of information on cases accessing CMR and health services.
- Critical gaps remain in availability of GBV services, including CMR, PSS, safety and security and access to justice across the country, particularly in the hot spots.
- High turnover of IP staff affects program delivery for GBV. Identifying GBV technical experts available to work for long periods in field locations has been difficult.

Resource Mobilization UNFPA submitted two proposals to the South Sudan Humanitarian fund for:
USD385,000 for the provision of life-saving Emergency Reproductive Health supplies and services.
USD150,000 for the procurement and distribution of Dignity Kits for dignity of women and girls.

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