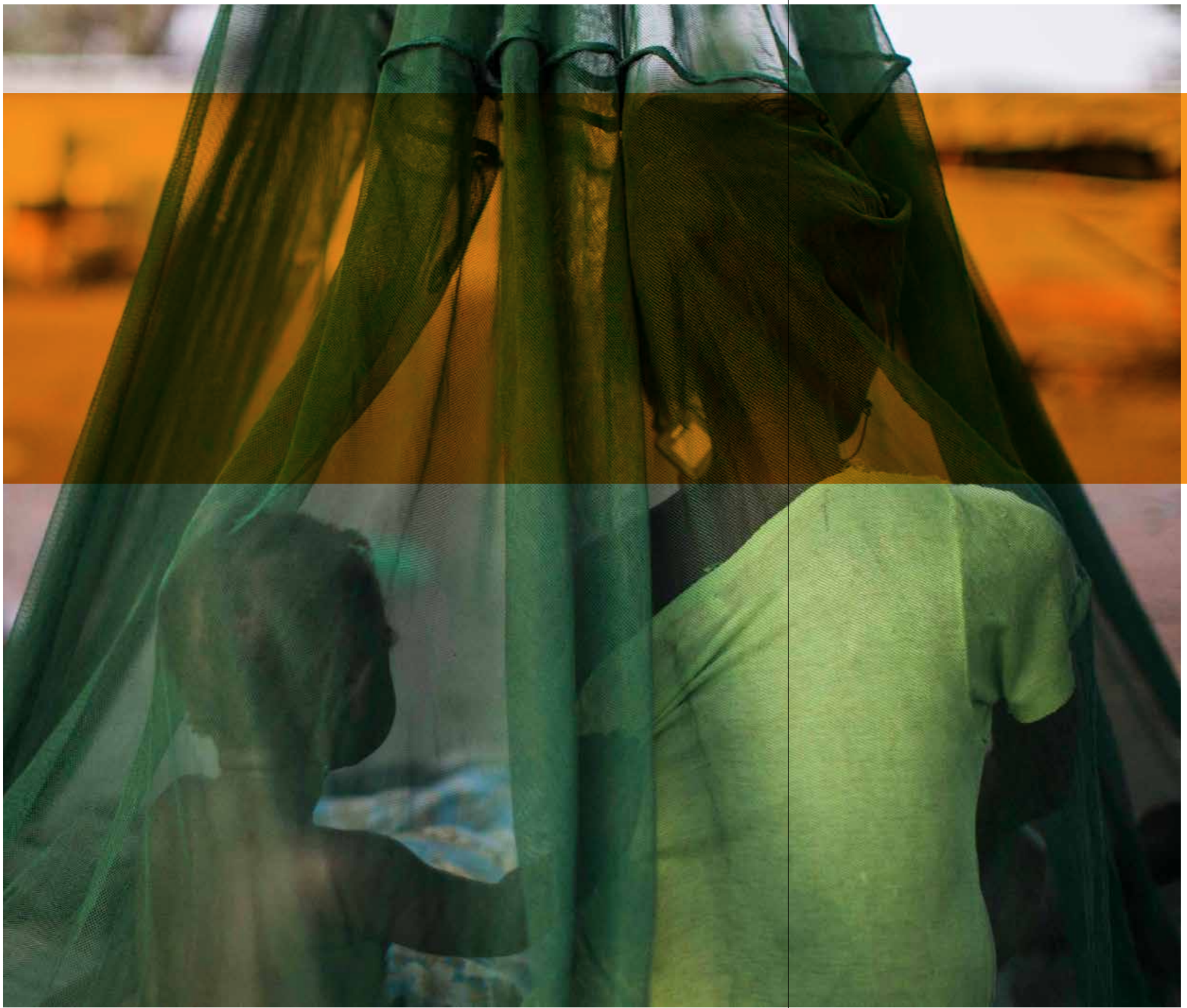
CARE AND DIGNITY IN CONFLICT

LIFE-SAVING SERVICES FOR SOUTH SUDANESE WOMEN AND GIRLS

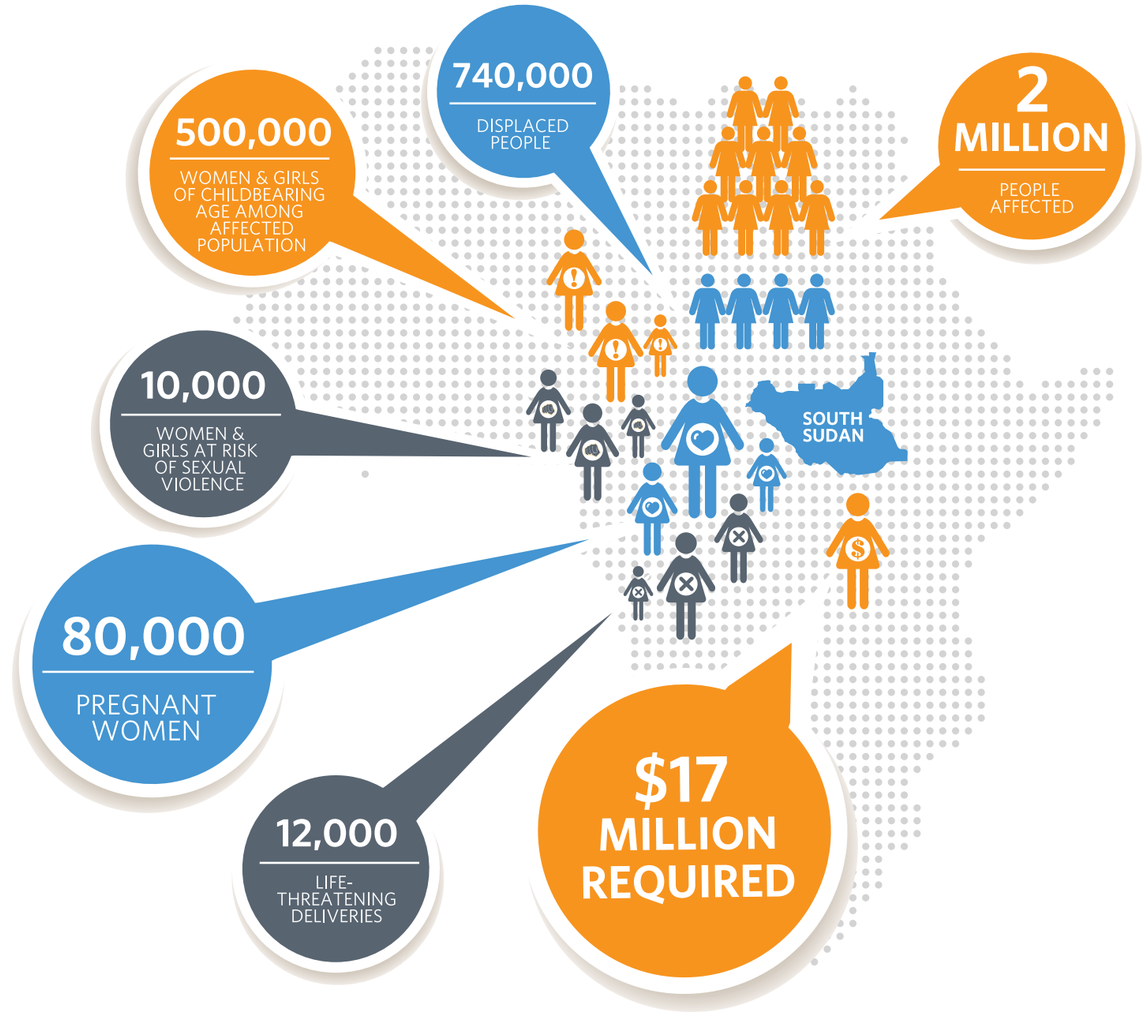
UNFPA



REACHING SOUTH SUDAN'S INTERNALLY DISPLACED PEOPLE

In December 2013, violence broke out in South Sudan's capital, Juba, and spread quickly around the country. The conflict has so far displaced 740,000 people, the vast majority in the states of Unity, Jonglei, Upper Nile and Central Equatoria.

It is estimated that thousands of people have been killed or wounded since hostilities broke out, while hundreds of thousands have lost their livelihoods and access to basic services. Over 80,000 people have sought protection at UN bases in the seven affected states.



REACHING INTERNALLY DISPLACED PERSONS

Number of affected people is based on estimated targets by the health sector as part of the South Sudan Crisis Response Plan.

What is the impact of the crisis in South Sudan?

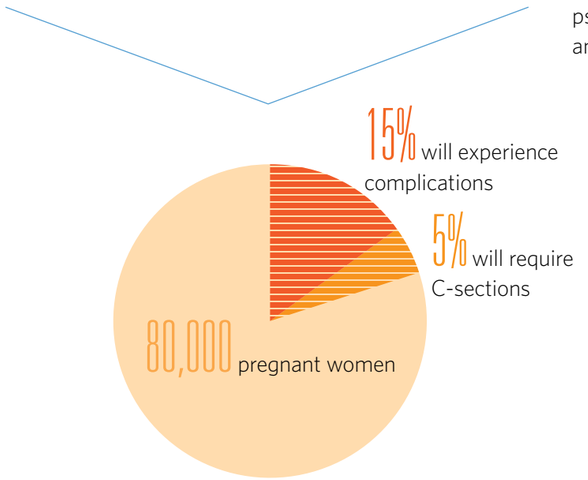
Maternal and reproductive health

It is estimated that the crisis has directly affected about 2 million people, among them half a million women and girls of reproductive age (15-49 years). South Sudan has one of the highest maternal mortality ratios in the world—2,054 deaths per 100,000 live births. Pregnant women, who are cut off from basic services and healthcare, are therefore particularly vulnerable in this conflict situation.

Prior to the crisis, the country's fertility rate was of nearly 7 children per woman. UNFPA therefore estimates that **80,000 pregnant women living in affected areas (and thus 2,800 births every month) will require care by the end of December 2014.**

- An estimated 12,000 women will likely experience complications and require care.
- While 4,000 births are likely to require emergency Caesarean sections.

Without adequate care, this number could increase considerably.



Two thirds of the health facilities in the areas affected by the conflict are reportedly closed or operating at limited capacity. In Jonglei, Upper Nile and Unity states, the state hospitals that usually provide emergency obstetric care services are not functional. Alternative facilities at the periphery have either been looted or destroyed and/or health staff have fled due to insecurity.There are very few skilled birth attendants or equipment available for comprehensive obstetric care.

In some locations, aid agencies are slowly starting to provide basic services. There is a need to support government and other actors to accelerate the provision of lifesaving maternal and neonatal health information and services, without which many pregnant women and their babies are at high risk of death or disability.

With the current high risk of child marriage and sexual violence, adolescent girls and young women face specific reproductive health challenges, including unwanted and complicated pregnancy and delivery, unsafe abortions, obstetric and traumatic fistula, psychological trauma, sexually transmitted infections and HIV infection.

Gender-based violence

Gender-based violence (GBV), including rape, sexual harassment, intimate partner violence and early marriage, were already widespread in South Sudan before the onset of the current crisis. This number is likely to increase – due to high insecurity and the loss of community protection mechanisms as a result of the conflict – if adequate protection measures are not put in place, including ccommunity-based protection networks, provision of women-friendly/safe spaces, and dignity kits with protective items (whistles and torches). In the current context, an estimated 10,000 women and girls could be at risk of sexual violence.

The quality and coverage of GBV services, like other key social services, was limited before the crisis due to low capacities within the health, legal and psychosocial sectors. Coverage has now been further weakened and is non-existent in some locations. Awareness of the benefits of early reporting of rape cases is still low among community members, and often cases are reported well after the 72 hours required for administering lifesaving treatments such as anti-retroviral and emergency contraception.

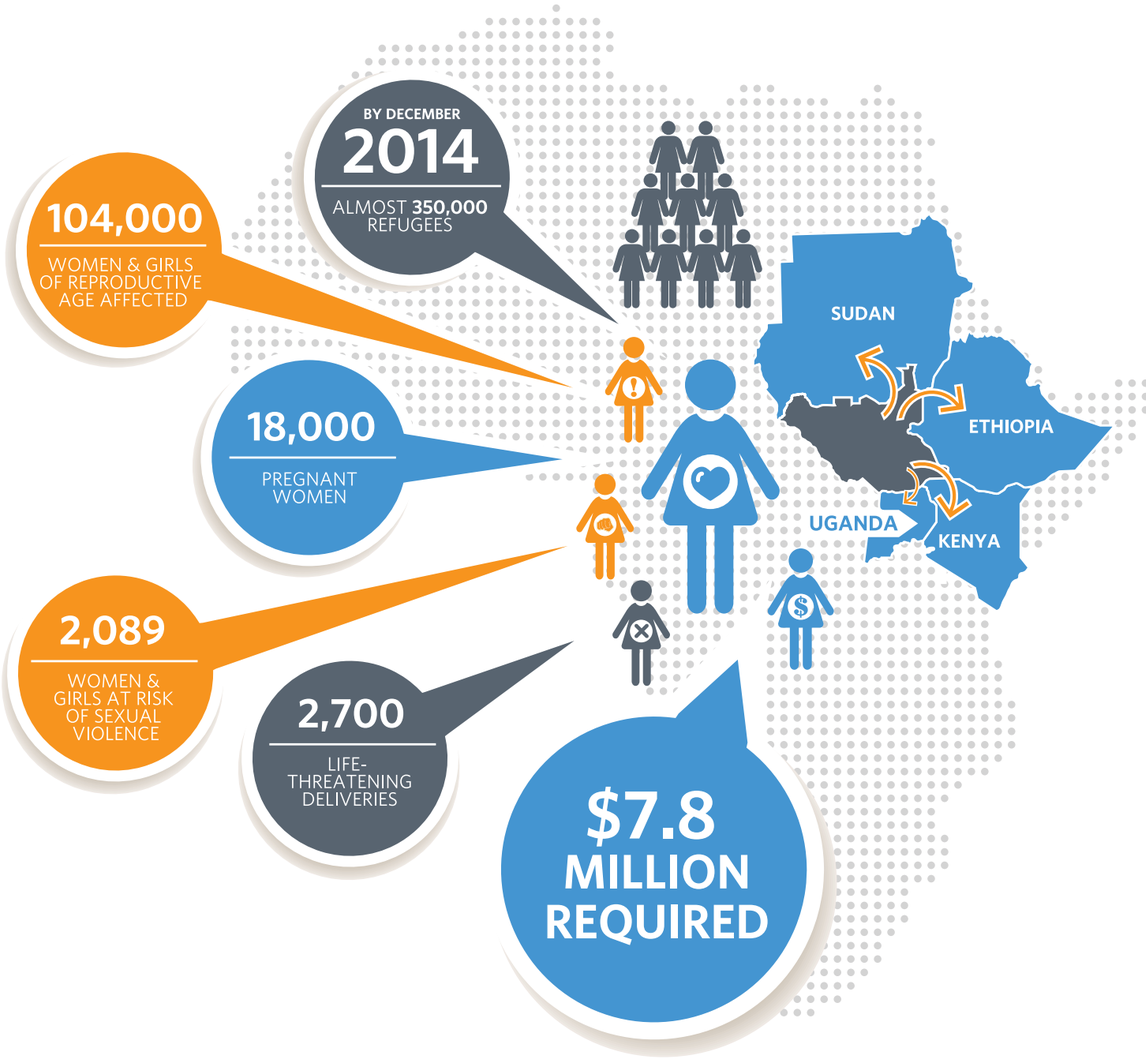
Although a Special Protection and Investigating Unit exist within the national police force, it has not been fully functional due to the dimensions of the prevailing conflict. Insecurity within communities, the existing tolerance of GBV among communities, as well as the fear of retribution by known perpetrators, need to be systematically addressed to prevent GBV and give survivors confidence to report and seek services. Engagement with community leaders, as well as with men and boys, is critical if GBV is to be addressed.

REACHING SOUTH SUDAN'S REFUGEES

The conflict in South Sudan has resulted in nearly 194,000 people seeking asylum in neighboring countries, in particular **Uganda, Ethiopia, Kenya and Sudan**. Aid agencies estimate that the ongoing crisis in South Sudan could result in 350,000 people seeking refuge outside of the country by December 2014. **Over 80 per cent of the refugee population from South Sudan consists of women and children.**

Existing health facilities in host communities and established camps are currently overstretched. There is an urgent need to strengthen the preparedness of the delivery systems, ensure the availability of basic health care (including reproductive health and mental health through psycho-social support), and strengthen detection of and response to disease outbreaks.

A worrying number of cases of gender-based violence have been reported, involving both the refugee and host communities. The response services are generally lacking in terms of supplies and the skills of the service providers, while psychosocial services are non-existent. Efforts need to be put in place to ensure that GBV incidents are reported and survivors of violence are assisted appropriately.



REACHING REFUGEES IN NEIGHBOURING COUNTRIES

Number of affected people is based on estimated targets by the health sector as part of the South Sudan Crisis Response Plan.

Uganda

Uganda has received a massive influx of over 72,000 refugees from South Sudan since December, adding to the estimated 26,524 refugees trickling in due to ethnic conflict over the past two years. The number is projected to rise to 100,000 by the end of the year. Access to reproductive health services is generally limited in Uganda. The country has registered very slow progress towards achieving the MDG 5 target of reducing the Maternal Mortality Ratio (MMR) by three quarters. The MMR stands at 438 deaths per 100,000 live births (2011 Uganda Demographic and Health Survey), far short of the target of 131 per 100,000 live births by 2015.

Uganda's health system is characterized by poor access to skilled care and especially to emergency obstetric and neonatal care. Not only do most mothers live far from health facilities, but the quality of services at the existing facilities is poor, which does not encourage women to use skilled care services for childbirth. Adolescents, who form the majority of the population, have poor access to health services, including reproductive health care. This is due to a lack of youth-friendly services at most facilities, lack of relevant and appropriate health information and negative socio-cultural practices, which reduce their ability to make informed choices concerning their health.

Ethiopia

Ethiopia hosts over 66,000 refugees from South Sudan. It is estimated that the number of refugees from South Sudan will more than double to about 140,000 by the end of the year. **Yet the country is one of eight countries which account for 60 per cent of maternal deaths globally.** For any pregnant woman, the lifetime risk of dying during childbirth and from pregnancy-related complications is 1 in 65 (compared to Japan, for example, where it is 1 in 13,100).

In the refugee camps sheltering South Sudanese, the health facilities are housed in permanent physical structures but these are inadequately equipped. There is a desperate need for life-saving reproductive health drugs, equipment and supplies. There is a high turnover of trained health personnel and a shortage of skilled care.

Kenya

At Kakuma refugee camp in Kenya, over 20,000 South Sudanese refugees have been registered since December 2013 – but this is projected to rise to around 50,000 by the end of December 2014. Maternal and newborn health services are being provided to the refugees, and to the surrounding host community.

Before the crisis in South Sudan, Kakuma already provided shelter for over 54,000 Somali refugees. Reproductive health services in Kakuma currently target 36,807 women in the reproductive age group (15 – 49 years of age), who represent 25 per cent of the population. Of these, 5,890 are pregnant and lactating women (4 per cent of the population). The steady increase in new arrivals from South Sudan has therefore put a considerable amount of pressure on the provision and quality of health services.

Sudan

Some 35,000 South Sudanese have taken refuge in Sudan. The humanitarian situation has deteriorated rapidly in the arrival areas. Access to the refugee sites in the affected states in Sudan has been constrained due to a number of existing restrictions. This has limited the capacity of UNFPA's partners to conduct a joint needs assessment and monitor aid distribution. This was overcome in part by UNFPA's close coordination with other UN agencies, national and international NGOs, and the Ministry of Health.

UNFPA's target population

The main target groups for this appeal are women of reproductive age, including pregnant women, and adolescent girls and boys who have been internally displaced as a result of the violent conflict. They number as follows:

South Sudan

- 500,000 women aged 15-49 years old
- 400,000 adult males
- 80,000 pregnant women (an anticipated 64,000 deliveries, 16,000 miscarriages or complications from unsafe abortions, 5,350 Caesarean sections)
- 10,000 women aged 15-49 who are likely to experience sexual violence

Ethiopia

- At least 37,500 women aged 15-49 years old
- 5,625 pregnant women (an anticipated 4,500 deliveries and 1,125 miscarriages or complications from unsafe abortions, 225 Caesarean sections)
- 750 women aged 15-49 who are likely to experience sexual violence

Kenya

- At least 29,445 women aged 15-49 years old
- 5,889 pregnant women (an anticipated 4,711 deliveries and 1,178 miscarriages or complications from unsafe abortions, 236 Caesarean sections)
- 589 women aged 15-49 who are likely to experience sexual violence

Sudan

- At least 12,500 women aged 15-49 years old
- 3,125 pregnant women (an anticipated 2,500 deliveries and 625 miscarriages or complications from unsafe abortions, 125 Caesarean sections)
- 250 women aged 15-49 who are likely to experience sexual violence

Uganda

- 25,000 women aged 15-49 years old
- 3750 pregnant women (an anticipated 3000 deliveries and 750 miscarriages or complications from unsafe abortions, 450 Caesarean sections)
- 500 women aged 15-49 who are likely to experience sexual violence

UNFPA focuses on the following groups:

- Pregnant women, who will be able to access ante-natal, peri-natal and post-natal care, including for complicated pregnancy and delivery, will benefit from basic and comprehensive emergency obstetric care;
- Lactating women will be assisted to benefit from supplementary food distributions provided by partner humanitarian agencies;
- Women and girls of reproductive age will be supported with dignity kits with protective items to contribute to their mental and physical well-being, allow for budget substitution, and enhance their security;
- Men and boys will also be targeted in community awareness sessions and protection networks, especially to engage them in HIV prevention and combating gender-based violence;
- Youth-friendly service spaces, including recreational spaces, for young people (both male and female) to be able to get some positive outlets for their energies and to tap into them as a positive source of role models and peer educators within the IDP community;
- Protection networks, such as protection committees, will be established at IDP community level and be oriented to monitor risk for and report GBV incidents, as well as raise awareness on available services;
- Service providers (RH care providers, psycho-social counsellors, Y-Peers) will benefit from capacity building, including the rational use of RH kits, emergency obstetric care, HIV prevention, clinical management of rape (CMR), establishment of referral pathways, and provision of post-rape kits to manage sexual violence related morbidities.

What do we plan to achieve?

- Health services will be provided with life-saving reproductive health equipment, drugs and supplies
- Management and referral of complications of pregnancy and delivery through comprehensive emergency obstetrical care including emergency Caesarean section, rational and safe blood transfusion
- Pregnant women will be able to access ante-natal care, peri-natal and post-natal care—complicated pregnancy and delivery will benefit from basic and comprehensive emergency obstetric care
- Lactating women will be assisted to benefit from supplementary food distributions provided by partner UN agencies
- Women and girls of reproductive age will be supported with dignity kits with protective items to contribute to their mental and physical wellbeing, allow for budget substitution, and enhance their security;
- Survivors of GBV, including sexual violence, will have access to lifesaving psychosocial support and medical services
- Protection networks, such as protection committees, will be established at community level and be oriented to monitor and report risks for GBV, as well as raise awareness on available services
- Men and boys in camps and communities will also be targeted in community awareness sessions and protection networks especially to engage them in combating gender-based violence
- Youth friendly service spaces including recreational spaces will target young people both male and female to be able to get some positive outlets for their energies and tap into them as a positive source of role models and peer educators within the community.
- Service providers (RH care providers, psycho-social counsellors, Y-Peers) will benefit from capacity building including clinical management of rape, establishment of referral pathways, and provided with post-rape kits to manage GBV cases.

What would it cost?

Ensuring live-saving services for South Sudanese women and girls

Financial requirements for UNFPA's response in South Sudan	**US$ 17,000,000**
Reproductive Health	US$ 10,708,186
Preventing and Responding to Gender-Based Violence	US$ 6,291,814
Financial requirements for UNFPA's response in Ethiopia	**US$ 2,684,347**
Reproductive Health	US$ 2,341,106
Preventing and Responding to Gender-Based Violence	US$ 343,241
Financial requirements for UNFPA's response in Kenya	**US$ 180,792**
Reproductive Health	US$ 88,128
Preventing and Responding to Gender-Based Violence	US$ 92,664
Financial requirements for UNFPA's response in Sudan	**US$ 1,231,330**
Reproductive Health	US$ 433,210
Preventing and Responding to Gender-Based Violence	US$ 798,120
Financial requirements for UNFPA's response in Uganda	**US$ 3,690,615**
Reproductive Health	US$ 1,995,564
Preventing and Responding to Gender-Based Violence	US$ 1,695,051
Regional Coordination and Monitoring	**US$ 212,916**
Total requirements	US$ 25,000,000

UNFPA

Delivering a world where every pregnancy is wanted every childbirth is safe and every young person's potential is fulfilled

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