Month: AUGUST 2015

Contributing Partners: IMC, HLSS, MAGNA, CARE, SAADO, UNFPA, HDC.

Number of people reached over the MONTH:

**Total: 28,201 (13,220 Women, 2,485 Men, 7,233 Girls, 4,866 Boys)**

Number of people targeted by your project until December 2015:

<table>
<thead>
<tr>
<th>PSS Activities</th>
<th>Total # reached</th>
<th># of women reached</th>
<th># of men reached</th>
<th># of girls reached</th>
<th># of boys reached</th>
<th>Did the activity take place in a women friendly space? (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group PSS activities</td>
<td>966</td>
<td>434</td>
<td>145</td>
<td>287</td>
<td>100</td>
<td>Y</td>
</tr>
<tr>
<td>Number of staff from NGO/CBO that provide PSS at a community level trained in PSS</td>
<td>21</td>
<td>9</td>
<td>11</td>
<td>0</td>
<td>0</td>
<td>N</td>
</tr>
<tr>
<td>Distribution of IEC materials</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>N</td>
</tr>
<tr>
<td>Radio broadcast</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>N</td>
</tr>
<tr>
<td>Community outreach session door-door visits</td>
<td>22,978</td>
<td>10,789</td>
<td>2329</td>
<td>4698</td>
<td>4766</td>
<td>N</td>
</tr>
<tr>
<td>Distribution of Dignity Kits/NFIs</td>
<td>500</td>
<td>400</td>
<td>0</td>
<td>100</td>
<td>0</td>
<td>Y</td>
</tr>
<tr>
<td>Hygiene kits</td>
<td>500</td>
<td>400</td>
<td>0</td>
<td>100</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Other NFIs (Type: Blankets,</td>
<td>3,236</td>
<td>1,188</td>
<td>0</td>
<td>2,048</td>
<td>0</td>
<td>N</td>
</tr>
</tbody>
</table>

<p>| | 28,201 | 13,220 | 2,485 | 7,233 | 4,866 |</p>
<table>
<thead>
<tr>
<th>Training Topic*</th>
<th>Audience**</th>
<th>Total # reached</th>
<th># of women reached</th>
<th># of men reached</th>
<th># of girls reached</th>
<th># of boys reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>GBV basic concepts and referral pathways</td>
<td>Religious leaders, Youth groups leaders</td>
<td>80</td>
<td>14</td>
<td>44</td>
<td>22</td>
<td>0</td>
</tr>
<tr>
<td>GBV basic concepts and referral pathways</td>
<td>CBPN</td>
<td>156</td>
<td>272</td>
<td>145</td>
<td>179</td>
<td>100</td>
</tr>
<tr>
<td>GBVIMS ToT and Data Analysis</td>
<td>Staff from GBV actors</td>
<td>16</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Male Engage</td>
<td>Men</td>
<td>57</td>
<td>57</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td><strong>837</strong></td>
<td><strong>290</strong></td>
<td><strong>246</strong></td>
<td><strong>201</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

*Training Topic – please categorize by one of the following:
- General GBV key concepts
- CMR
- Case Management
- Psychological First Aid
- Referral pathway
- PSEA
- GBV mainstreaming/risk mitigation
- Other

**Audience – please categorize by one of the following:
- Health workers
- Psychosocial workers/case managers
- Police/security/UNMISS
- Community leaders
- Local partners/NGOs
- Volunteers
- CBPNs
- Other

<table>
<thead>
<tr>
<th>Number of people who benefited from protection and GBV Risk mitigation at registration, food distribution, Water points, Latrines...</th>
<th>Audience**</th>
<th>Total # reached</th>
<th># of women reached</th>
<th># of men reached</th>
<th># of girls reached</th>
<th># of boys reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food distribution , women centers, Nutrition OTP sites and water points</td>
<td>Women</td>
<td>10,858</td>
<td>8686</td>
<td>0</td>
<td>2,172</td>
<td>0</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td><strong>11,273</strong></td>
<td><strong>8,686</strong></td>
<td><strong>315</strong></td>
<td><strong>2,172</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>
HRP Indicators: (where applicable)

Number of health units with at least one service provider trained on clinical management of rape (CMR) and equipped with the necessary drugs and equipment in CES, Jonglei, Upper Nile, Unity, Lakes (Kindly check with Health service providers from your setting)

- There are 13 health facilities in Cueibet county, Lakes, and only 3 clinical officers are trained in CMR.
- There are 2 health facilities in Mingkaman, with 2 clinical officers and 21 other health staff trained on CMR.
- There is 1 facility in Bor POC with 1 Doctor trained in CMR.

Did you produce any monitoring reports and analysis to inform on the overall humanitarian response? (please attached if so for wider distribution)

NIL

Response since the latest situation report: (Please do not include planned activities that have not yet happened. Do include cumulative figures when appropriate to show overall progress of response. Please report on overall cluster achievements, for example by location, and do not list response by agency.)

**Jonglei State: IMC**

- In Akobo through advocacy of the GBV and protection working group, we have seen the partner in charge of food distribution decentralize the food distribution points hence reduce on the vulnerability and protection risks of women and girls who had been walking for close to 10 hours to access food.
- The WASH partners have been able to construct some communal toilets (there is still need for more) as well as boreholes that have also acted as mitigation measures for women and girls.

**INTERSOS**

- Bor South continues to experience a large number of people moving from the Equatoria States and settling around its environs due to the relative peace being experienced in Bor.

**Eastern Equatoria: MAGNA**

- In Kapoeta North, MAGNA has successfully recruited our GBV coordinator and is currently on ground supporting establishment of the project activities.
- Kapoeta North county authorities have provided us with office space within Ministry of Gender and Social Welfare Department for better collaboration and coordination of project activities.
- An assessment to understand key facts about GBV in Kapoeta will be conducted in early September 2015.
- Another room for psychosocial support services and examinations has been assigned to MAGNA within Riwoto PHCC and we are in the process of refurbishing it for better service delivery.
MAGNA will refer and manage victims of GBV that we come across during the assessment for appropriate management.

- MAGNA will conduct 8 focused group discussions in the coming week; 01 at health facility level and 07 at community level targeting a total of 160 community members in 7 payams.

**HLSS**

- Four community awareness sessions were conducted in the camp and host community on GBV prevention, response and consequences in the community in Torit, Nimule payam in Eastern Equatoria, and in Cueibet, Lakes state. This was aimed at enhancing communities to better understanding the roles of different actors in the community to prevent GBV and available services offered to GBV survivors in the community.
- Sanitary pads were distributed to the IDPs and school going children of reproductive age in Nimule payam. It has helped to improve on the girl’s regular school attendance even during their menstrual cycle.
- HLSS received and supported 21 cases with medical, legal and psychosocial services. From the 3 counties, 13 of the new cases were successfully closed while 8 are still being followed.

**Lakes state: Mingkhaman: IMC**

Major activities are ongoing and these include

- Women participated in the information session in the four centers. The topics for discussion were; Types of GBV (gender roles), GBV referral pathway and in one of the centers the health team facilitated a session on RH in women center.
- 290 (145 women and 144 girls participated in skill building sessions which included embroidery and crocheting
- Community engagement through outreach activities (Safety audits, community information session and house to house visit).
- Community engagement through weekly women committee meeting
- With support from IRC and IMC, 19 participants from different Agencies participated in Care for Child Survivor (CCS) training.
- Other areas of key priorities included mobilization of fistula patients through radio announcements and all community engagements e.g. site management meetings, at the health facilities and women centres. Four clients were assisted to travel to Wau for the surgical repair of fistula.
- IMC continued to receive GBV cases and to provide confidential Case Management services to GBV survivors and follow up for old cases was done.
- 9 extremely vulnerable women and girls benefited from material support at site zero centers. The items distributed included; sanitary materials and bed sheets.

**SAADO**

- 458 males; (212 men and 246 boys were reached through the Male engage program. Topics covered include dialogues on child abuse, causes of GBV and girls’ education and discussion on women health issues was also well introduced.

**UNFPA**

- UNFPA facilitated awareness sensitization session in Male Engage in UN House PoC 3, Juba which resulted in 57 men volunteering to be champions on engagement of men in GBV prevention and response.
UNFPA trained a total of **8 GBVIMS** as (7 females and 1 male) on GBVIMS Training of Trainers with the aim of increasing the pool of trainers for South Sudan, UNHCR and UNFPA also fielded in trainers apart from 6 data gathering organizations. Training on GBVIMS data analysis was conducted for **15 participants** (11 females and 4 males) with representatives from the 10 out of 11 data gathering organization. UNHCR and UNFPA also participated.

UNFPA received UN Women who wants to implement livelihood activities in Mingkaman through partners as well as to construct a women’s centre.

UNFPA supported Greater Yirol AIDS Awareness Programme in preparation for training of Youth Peer Educators on HIV/AIDS with support from UNICEF.

UNFPA facilitated the field mission of the consultant who was conducting an assessment/mapping of CMR services for 3 days.

**Outstanding needs, gaps and constraints: (Please be specific about gaps and constraints, specifying which locations they pertain to and what the impact is. Please include explanations of what the cluster is doing to overcome gaps and constraints wherever possible.**

- **Akobo** - lack of hygiene kits/dignity kits; woman and girls of reproductive age are forced to go at the river banks for the whole day during their menstruation. This is a gap in the whole of Akobo East County in Jonglei state. Both InterSOS and IMC have distributed around 1500 dignity kits. However there is still a gap as the available kits do not match the population of the women and girls of reproductive health in Akobo and monthly need for the items.

- **Lack of latrines within the community compounds**: There have been reports of girls and women at risk for sexual violence when they go into the bush to relieve themselves. This has been discussed with the WASH partners however there are lots of funding constraints.

- **Lack of schools**: there are areas where girls have been forced to either drop out of schools or prohibited from enrolling in schools due to long walking distances to the nearest schools despite poor structures and facilities at the schools. Advocacy to address this issue has been ongoing

**Torit and Kapoeta**

- There is a huge gap in staffing of social workers at the special protection unit in SSNPS. MGLSD is supposed to recruit social workers but they too do not have the funding for such staff.

- Limited follow up of cases by complainants. Most clients report cases but they do not follow up when the cases reach the legal courts. Because of this, cases are being thrown out of court since the complainants are not showing up. This has been made worse by constant adjournment of cases in court which has led to backlog of cases. The magistrates and judges are usually out of office for other commitments

- Limited IEC materials for HIV awareness in the local context and language in most areas.

- Male networking need practical material supports for motivation. This could be in form of material support such as T-Shirts and equipment for games/sports such as Dominos, darts and volley ball.

**Jonglei**

- The GBV Sub-Cluster Working Group for Jonglei State, together with other Protection actors in Bor is closely monitoring the population movement into Bor, especially, working closely with
Government Officials from Bor South, Twic East and Duk. Protection/GBV monitoring around Bor town and its surroundings is on-going.

**Key Recommendations.**

- Follow up with Juba to ship the remaining supplies so that women center activities can continue as planned *(IMC reported expecting shipment of materials this weekend)*
- Seek support for Support groups for PMTCT mothers
- Follow up with CCCM to provide condom dispensation points with cool temperatures.
- Male GBV champions to strengthen their engagement of men on facilitating easy access to Reproductive Health services by women and young girls. An interactive session for Male champions and health workers has been planned.

*Follow up Mentorship Session on CMR for Partner Staff, staff undertake a test*

Fistula patients being helped with safety jackets at the beginning of their journey from Mingkaman to Wau
Figure 3: Widows from Twic East, Jonglei State, IDP in Mingkaman