

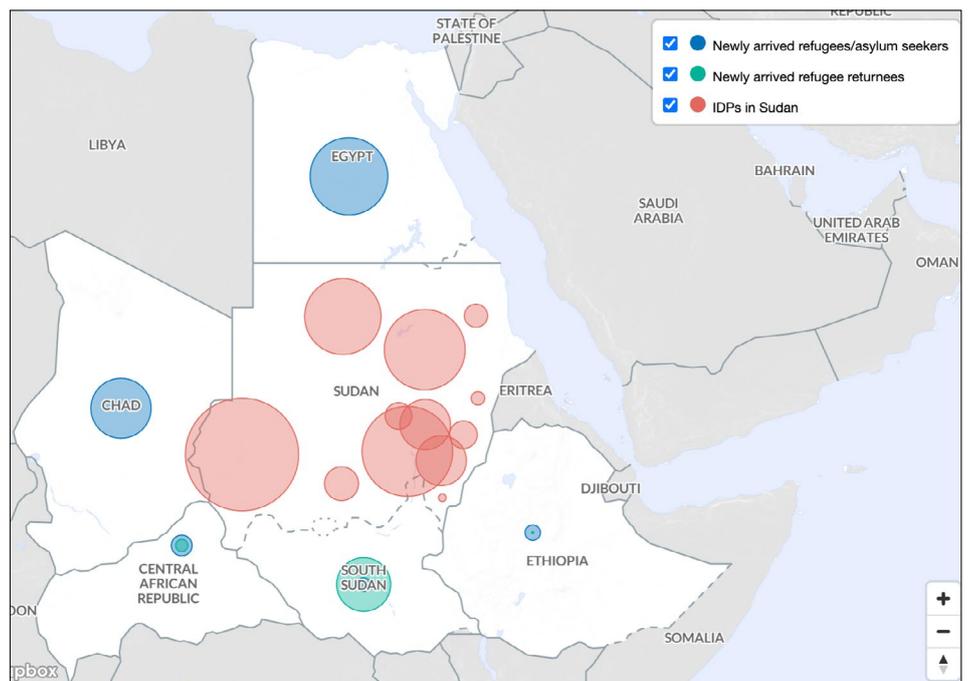


UNHCR/ Colin Delfosse

SITUATION OVERVIEW

Fighting that erupted between the Sudanese Armed Forces (SAF) and the Rapid Support Forces (RSF) on 15 April 2023 has triggered massive displacement. More than 1.3 million people have been newly displaced, including over 1 million within Sudan and over 319,000 in neighbouring countries. As of 22 May, 132,364 people have fled Sudan to Egypt; 69,112 to South Sudan; 80,000 to Chad; 13,824 to the Central African Republic (CAR); and 26,818 to Ethiopia.¹ Continued clashes could trigger further displacement both within and outside the country.

Many of Sudan's neighbours are already grappling with multiple crises. Humanitarian programmes remain severely underfunded and food insecurity is high. The continued influx of refugees, asylum seekers, returnees, and third-party nationals is stretching already limited resources and overburdening services, particularly in remote border locations, which lack basic infrastructure. Health systems are very weak in the majority of points of destination and as women and girls' needs rise, there is an immediate need to strengthen and scale up life-saving sexual and reproductive health (SRH) and gender-based violence (GBV) services.



Source: UNHCR

¹ [IOM Displacement Tracker. Accessed 29 May 2023.](#)

HUMANITARIAN NEEDS



Sexual and reproductive health

Women and girls make up most of the new arrivals in neighbouring countries. Large numbers of women and girl asylum seekers, refugees and returnees, including pregnant women and those who are due to give birth imminently, are facing extreme difficulties in accessing essential SRH care, including for family planning, maternal health and emergency obstetric and newborn care (EmONC). Strengthening existing health facilities and scaling up SRH service delivery, including through the deployment of skilled healthcare providers and the provision of life-saving supplies, is a priority to reach all women and girls with the health and protection services and support they need.



Gender-based violence

200,000
people need access to protection services

Protection risks for women and girls are increasing exponentially both within and outside of Sudan and there are multiple reports of GBV, including rape. Women and girls on the move, in temporary, overcrowded settlement sites and sleeping out in the open are particularly vulnerable. In addition, resources are scarce in many points of destination, which could lead to an increase in negative coping mechanisms and sexual exploitation and abuse.

Robust systems to prevent and respond to GBV, including medical care; mental health and psychosocial support (MHPSS); case management; as well as supplies for the clinical management of rape (CMR) are urgently required for an estimated 200,000 people.

Mental health counselling and support is also needed given the sudden escalation of hostilities in Sudan and the subsequent violence and trauma women and girls have experienced.

Central African Republic

Some 13,824 people – asylum seekers and returnees – have crossed the Sudanese border to CAR and settled in the bordering village of Am Dafok. More than 60 per cent are women and girls and around 3,850 are women of reproductive age (aged 15 to 49 years). An estimated 415 women are currently pregnant and need immediate access to maternal and child health care services.

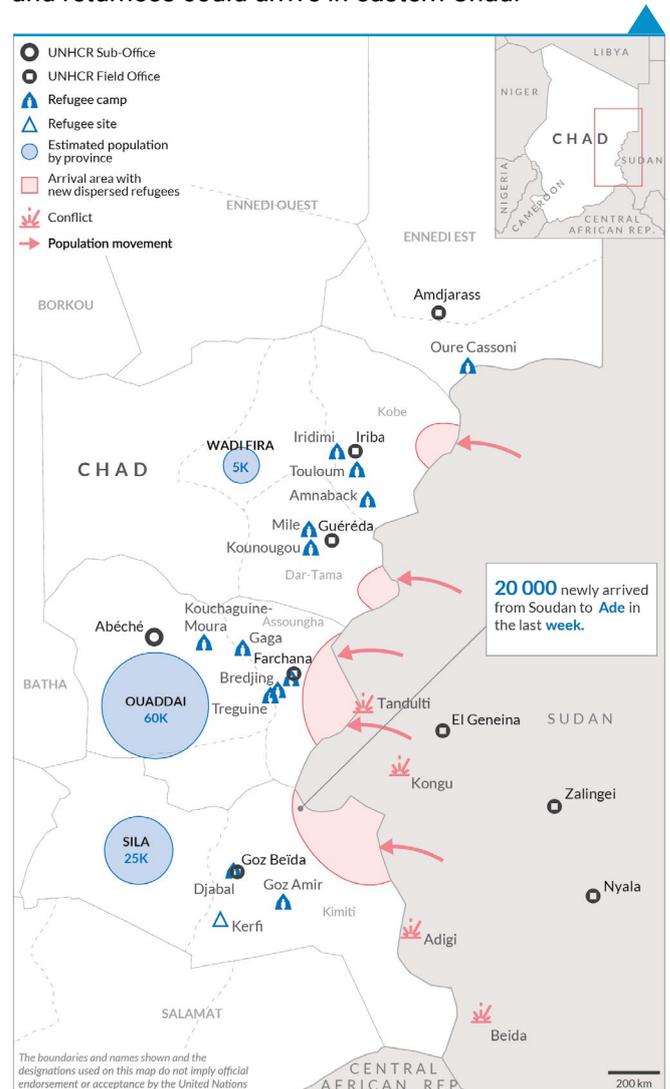
It is projected that over the next six months around 50,000 people will be impacted by the Sudanese crisis in CAR (10,000 refugees/asylum seekers; 15,000 returnees; and 25,000 people in host communities). Approximately 15,700 will be women of reproductive age, including an estimated 1,000 pregnant women. Access to SRH and

protection services is extremely limited in Am Dafok and there have already been reports of GBV.

Am Dafok will be completely cut off when the rainy season begins in the next two weeks, making the delivery of humanitarian aid and supplies challenging. Humanitarian needs and food insecurity are high in the area – around 130,000 people already need assistance to survive – and there is limited infrastructure or implementing partners to provide SRH services. The capacity of the sole health facility in the area to provide integrated SRH and GBV services needs to be strengthened as a priority, including by deploying staff, equipment and lifesaving reproductive health and medical supplies.

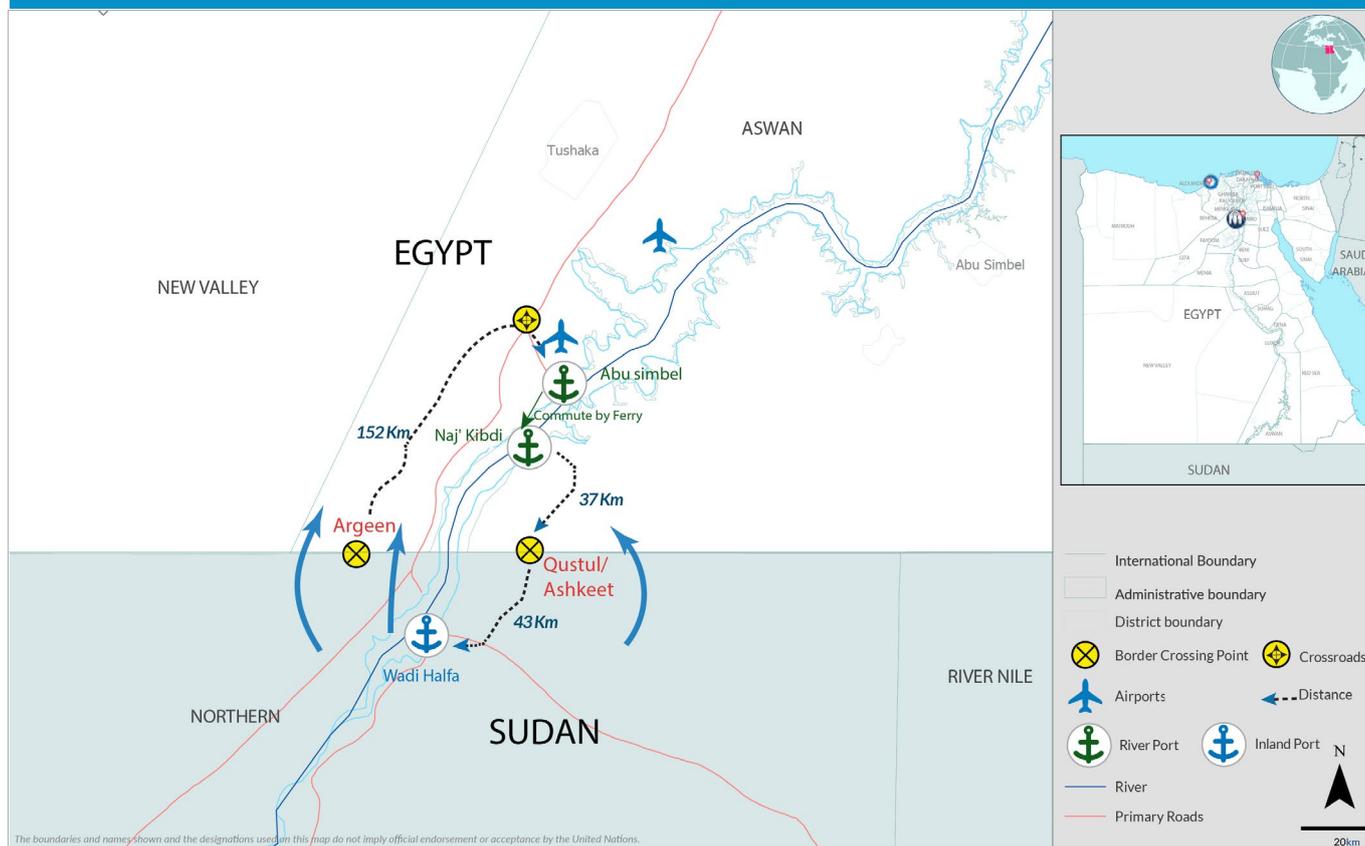
Chad

Approximately 80,000 people (60,000 refugees and 19,998 Chadian returnees) have crossed the border into eastern Chad (into Ouaddai, Wadi Fira and Sila provinces) – more than 90 percent of whom are women and children. Around 2,400 women are currently pregnant and need immediate access to maternal and child health services. With over 27 entry points from Sudan into Chad's eastern provinces – and the continuing influx of people across the Sudanese-Chadian borders – local authorities project that up to 100,000 refugees and returnees could arrive in eastern Chad.



Source: UNHCR

Source: UNHCR



New arrivals have taken refuge in around 14 host villages (including Borota, Goungour, Kourfoun, Midjiguita, Labane-Dafak, Wandalou, and Adre). Voluntary relocations are ongoing and approximately 10 percent of new arrivals have been moved to existing displacement sites in the eastern provinces; the majority are still sleeping under trees in makeshift shelters where they arrived, compromising women and girls' ability to access life-saving SRH services and exacerbating protection risks. To date over 30 incidents of GBV have been reported, including protection-related risks in host villages.

The eastern provinces were already hosting a large Sudanese refugee population – estimated at over 400,000 – before the recent influx. Humanitarian needs, including food insecurity, remain high in eastern Chad and there are tensions between host and refugee communities over scarce resources. Access is also challenging during the rainy season and subsequent flooding.

The influx of new arrivals is expanding pressure on already overburdened services and a weak health infrastructure and there is an urgent need to strengthen the provision of integrated SRH and GBV prevention and response services, which are currently very limited.

Egypt

As of 24 May, 132,364 people have entered Egypt from Sudan, including around 5,364 third-country nationals. It is projected that 350,000 refugees and asylum seekers will have entered Egypt by the end of 2023. An estimated 84,000 (24 percent) will be women of reproductive age, including around 3,360 women with disabilities and 8,365 pregnant women, who will need access to antenatal, delivery and postnatal care. UNFPA estimates that around 770 pregnant women will experience obstetric complications or need a caesarean section, and around 550 newborns will experience complications, requiring access to EmONC. These numbers might increase depending on the overall proportion of women and girls crossing the border.

Protection risks are increasing for women and girls. As reported by UNFPA female staff, who recently crossed the border from Sudan to Egypt, women and girls' vulnerability to all forms of violence, including psychological and sexual exploitation and abuse, is exacerbated by chaos at the border and a lack of awareness of both the country's context and available GBV services. UNFPA estimates that around 1,680 survivors of sexual violence will seek protection services. This number is likely to represent only a fraction of the women and girls who are subjected to sexual violence given the low numbers who seek services due to a combination of fear, isolation and stigma, limitations in services, restricted mobility, and a lack of information about available support.

Refugees, returnees and third-party nationals currently have access to UNFPA-supported safe spaces in Aswan, Cairo and Giza, which provide comprehensive services for GBV prevention

and response – including health, CMR, MHPSS, and referrals for SRH services, but available services need to be expanded to ensure that all women and girls in need have access.

In Egypt, maternal and child health care and family planning services are provided free of charge at government health facilities with appropriate documentation, including for asylum seekers, refugees, returnees, and third-party nationals. There is a minimum charge of \$200 to \$300, however, for emergency obstetric care services, including caesarean sections, and many refugees are unable to afford these payments. In addition, waiting times for processing and registering new arrivals are currently very long.

There is a strong Sudanese community in Egypt who will accommodate some of the new arrivals. Due to high inflation in the country, however, it will be challenging for many host families to meet arrivals' basic needs.

At this point in time, more focus needs to be placed on meeting the SRH and protection needs of women and girls crossing the border, where only the Ministry of Health and the Egyptian Red Crescent are currently providing services and support, in partnership with UNFPA. Multipurpose cash-based assistance needs to be scaled up as a priority to ensure women and girls can meet their immediate SRH and protection needs.

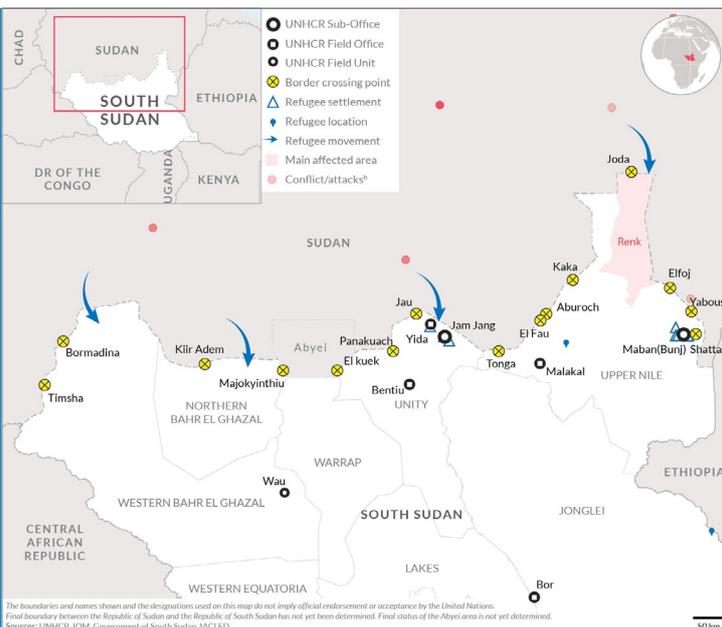
Ethiopia

Ethiopia was already hosting over 1 million refugees, many of them from South Sudan and Somalia. As of 22 May, more than 27,000 refugees/asylum seekers and returnees have entered the country via border crossing points in Amhara (Metema), Benishangul Gumuz (Kurmuk) and Gambella (Pagak/Bubieyr) regions. Most of the refugees/asylum seekers are women and girls – more than 50 percent.

Exposure to GBV, exploitation and sexual abuse are high and there is an urgent need for the scale up of mitigation and GBV response mechanisms.



Source: UNHCR



The boundaries and names shown on this map do not imply official endorsement or acceptance by the United Nations.
Final boundary between the Republic of Sudan and the Republic of South Sudan has not yet been determined. Final status of the Abyei area is not yet determined.
Sources: UNHCR, ICMA, Government of South Sudan, IACLED

South Sudan

As of 18 May, some 69,122 returnees and refugees have entered South Sudan. The majority have crossed the border through Renk in Upper Nile State, but some have also arrived in Malakal by boat from Renk.

There are currently no displacement sites/camps for refugees/returnees, which is making a coordinated humanitarian response challenging – and increasing GBV and sexual exploitation and abuse risks for women and girls. The Governments of South Sudan and Upper Nile State have indicated that all people crossing the border will be accommodated in Malakal, where SRH and GBV prevention and response service delivery is currently very limited.

UNFPA'S RESPONSE TO DATE AND PRIORITIES

Women, girls and vulnerable populations are always the most affected by crises. UNFPA's immediate priority is to ensure:

- Access to the [Minimum Initial Service Package \(MISP\)](#) for SRH in emergencies including for EmONC and family planning.
- Access to comprehensive GBV prevention and response services, including for CMR, MHPSS and case management.

As part of the [UN Regional Refugee Response Plan](#), UNFPA is coordinating efforts with governments and humanitarian partners to scale up the provision of integrated SRH and GBV prevention and response services in areas with high numbers of asylum seekers, returnees and refugees. This includes services for family planning, maternal health, including EmONC, and comprehensive services for GBV prevention and response – CMR, MHPSS, the updating of GBV referral pathways, and strengthening measures to mitigate the risks of violence.

Given the increased protection risks for women and girls, UNFPA will disseminate awareness-raising material on the prevention of sexual exploitation and abuse (PSEA), establish safe and accessible reporting channels and increase awareness of available services for survivors. A PSEA component will be mainstreamed into all humanitarian assessments, programme planning and response activities.

Central African Republic

- UNFPA is prioritizing the provision of lifesaving SRH and GBV services targeting 50,000 people who are expected to be impacted by the crisis. This includes 25,000 returnees and asylum seekers and an additional 25,000 people from vulnerable host communities. Approximately 15,700 will be women of reproductive age, including an estimated 1,000 pregnant women.
- UNFPA was one of the first agencies to reach Am Dafok and was part of a UN interagency assessment to identify the immediate SRH and protection needs of newly arrived women and girls.
- As part of immediate response efforts, UNFPA has already distributed lifesaving reproductive health supplies and medicines ([IARH kits](#)), including for CMR and sexually transmitted infections, and Dignity Kits, to partners on the ground – International Medical Corps (IMC) and UNHCR. Supplies are being distributed to the health centre in Am Dafok and in Birao, where asylum seekers and returnees will soon be relocated. Implementing partners, including a new local partner, "Homme de Galille", who will implement interventions in Birao and Am Dafok, will use the prepositioned supplies to continue the provision of lifesaving SRH and GBV services.

Chad

- UNFPA was immediately on the ground, identifying the SRH and protection needs of newly arrived refugees/asylum seekers, and infrastructure and SRH supply needs at new displacement sites.
- UNFPA is scaling up the delivery of SRH services in eastern Chad. A senior midwife has already been deployed to Ouaddai province, which is currently hosting over 85 percent of newly arrived refugees. Three tents, which will act as temporary health posts, have also been supplied.
- Some 77 boxes of emergency reproductive health medicines (IARH kits), equipment and supplies, including for EmONC and CMR, have been distributed to the Ouaddai provincial health department and international NGO partners, including the International Rescue Committee (IRC), Première Urgence Internationale (PUI) and ALIMA-Alerte Santé, who are providing SRH and protection services for women and girls.
- Humanitarian midwives are currently deployed at three different locations: Hayal Salam (Laban-Dafak reception site), Midjiguita and Koufroun reception sites. Additional midwives will be deployed to new relocation sites for refugees in Borota, as well as to Adré provincial hospital in Ouaddai province and health centres at receiving reception sites.
 - > Since the influx began, approximately 58 asylum seekers/refugees have given birth safely at different host sites, supported by UNFPA midwives.
 - > More than 5,000 asylum seeker/refugee women have received maternal and child health care –

including antenatal care and assisted deliveries by skilled midwives – family planning, and information on GBV prevention, menstrual hygiene management and available SRH services in Borota, Koufroun, Midjiguita, and Hayal Salam (Laban-Dafak reception site), where UNFPA has provided SRH supplies and personnel (midwives).

- A GBV team has been deployed to the field to support the monitoring of protection risks for women and girls, and to ensure the integration of GBV prevention and response services into the humanitarian response, including the provision of comprehensive medical and psychosocial support services for survivors of different forms of violence.
- UNFPA will support efforts to strengthen the capacity of mobile clinics in Koufroun, Midjiguita and Hayal Salam (Laban-Dafak reception site) to provide integrated SRH and GBV services for refugee women, and distribute Dignity Kits, containing essential hygiene supplies including sanitary pads, to 1,400 pregnant women. More Dignity Kits will be mobilized and distributed to support the response.

Egypt

- UNFPA is coordinating efforts with the Government of Egypt, local authorities and humanitarian partners to prioritize women's access to SRH and GBV prevention and response services, including for those who may not have the financial means to access services.
- Refugees, asylum seekers, returnees and third-party nationals can access comprehensive protection services, free of charge, at UNFPA-supported safe spaces in Aswan, Cairo and Giza. Services include MHPSS, emergency housing, legal and medical services, and referrals for SRH services, as well as cash assistance and vocational skills training.
 - > Case workers at the safe space in Aswan have completed a refresher training on GBV emergency response priorities and referral mechanisms.
 - > A new safe space will be established in Aswan and additional caseworkers and psychologists will be hired, in coordination with the Ministry of Youth and Sports, to expand available GBV prevention and response services.
- UNFPA continues to partner with Médecins Sans Frontières (MSF), UNHCR and other organizations to procure and distribute kits for CMR. A capacity building training on CMR and the proper utilization of post-rape treatment kits will be provided to all new organizations/implementing partners.
- UNFPA and WHO jointly facilitated training for frontline health workers from the Ministry of Health and Population to increase capacity for the detection of maternal complications, GBV and psychological distress.

- UNFPA is preparing to procure and distribute Dignity Kits to 6,000 women in Aswan that include basic hygiene and sanitary items, as well as an information leaflet on available SRH/GBV services. Depending on available funding, additional Dignity Kits will be procured and distributed to refugees.
- In coordination with the Ministry of Youth and Sports, Youth Centres will operate as emergency support hubs for protection – youth volunteers will help with the running of these hubs.

Ethiopia

- UNFPA has started working with partners to distribute Dignity Kits containing essential hygiene items to women and girls, with a focus on the Amhara region. The kits act as an entry point for GBV prevention and response services.
- UNFPA has provided post-rape kits to three health facilities in Amhara region, including one hospital and two health centres, to ensure women asylum seekers/refugees/returnees can access life-saving protection services including for CMR.

South Sudan

- UNFPA South Sudan has been at the forefront of providing lifesaving SRH assistance to returnees and refugees, in collaboration with national and state line ministries and Protection and Health Clusters.
- UNFPA has mobilized internal resources to strengthen the response capacity of its Malakal and Bentiu hubs. This includes the pre-deployment of emergency SRH supplies and the provision of integrated SRH/GBV services.
- UNFPA has reinforced its presence in Malakal – which is the centre of the humanitarian response – by deploying additional staff. UNFPA is currently mobilizing resources to deploy more staff to Malakal town.
- Returnees and refugees in Malakal have full access to UNFPA-supported GBV service delivery points including women and girl friendly spaces, a one-stop centre – which provides a comprehensive package of integrated GBV medical, legal, and psychosocial support under one roof – and health facilities that provide integrated SRH/GBV services.
- UNFPA supported Smile Again Africa Development Organization (SAADO) and the International Medical Corps (IMC) to deploy teams to Renk and Malakal to raise awareness on GBV and provide psychosocial support to returnees and refugees. UNFPA also partnered with the two organizations to distribute 1,400 Dignity Kits to women and girls in need.

- UNFPA conducted a GBV safety audit in Malakal to identify women and girls' protection risks and will use the findings to inform and improve GBV prevention and response activities.
- In Bentiu, UNFPA has pre-positioned 1,000 Dignity Kits as part of preparedness and response efforts and is also working with Health Cluster partners to support health facilities in Rotriak with SRH supplies.



FINANCIAL REQUIREMENTS IN RESPONSE TO THE SUDAN EMERGENCY

Central African Republic	Chad	Egypt	Ethiopia	South Sudan	Total
\$ 981,121	\$ 981,121	\$ 6,645,000	\$ 3,200,085	\$ 2,400,000	\$ 14,207,327

As part of the [Sudan Situation: Regional Refugee Response Plan \(May - October 2023\)](#) UNFPA is appealing for **\$ 14,207,327** to provide life-saving reproductive health and protection services to women and girls in need over the next six months.

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