

Sudan Regional Refugee Response

Sitrep #2 – 30 May to 15 June 2023



© UNFPA Chad. UNFPA is supporting pregnant women and new mothers who have fled Sudan with maternal and newborn health care in Toumtouma camp, eastern Chad.

Situation overview

As the conflict in Sudan enters its third month, close to half a million people¹ have sought refuge outside of Sudan.

The continued influx of refugees, asylum seekers, returnees, and third-party nationals into Central African Republic (CAR), Chad, Egypt, Ethiopia, and South Sudan is placing immense pressure on existing services. Neighbouring countries are grappling with their own crises and humanitarian needs, including food insecurity, are high. Border areas are remote and lack infrastructure and basic services, including for the delivery of lifesaving sexual and reproductive health (SRH) and gender-based violence (GBV), are limited. Competition for scarce resources is fierce, increasing intercommunal tensions and women and girls' vulnerabilities to sexual exploitation and abuse.

¹ All displacement figures are sourced from the [IOM Displacement Tracker](#). Accessed 16 June 2023.



Humanitarian needs

Sexual and reproductive health

Large numbers of women and girl asylum seekers, refugees and returnees, including pregnant women and those who are soon due to give birth, are struggling to access essential sexual and reproductive health (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, mobile clinics/teams and the provision of life-saving supplies remains a priority for UNFPA, to ensure all women and girls have access to the health and protection services they need.

Gender-based violence

There are multiple reports of gender-based violence (GBV), including women and girls being raped as they travel to borders. At points of destination many women and girls are housed in overcrowded settlement sites or sleeping out in the open, heightening risks to GBV.

UNFPA is working with partners to ensure robust systems and support are in place 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).

Central African Republic

Around 15,000 people, asylum seekers and returnees, have crossed the Sudanese border into CAR – although it is difficult to accurately estimate exact numbers. The majority are women and children. New arrivals are being relocated from Am Dafok to Birao, although the speed of relocation is slow.

Access to SRH and protection services is extremely limited in Am Dafok and there have been reports of GBV. Both the security context and the rainy season are making the delivery of humanitarian aid and supplies extremely challenging.

Chad

Approximately 149,000 people (115,900 refugees and 33,000 Chadian returnees) have crossed the border into eastern Chad (into Ouaddai, Wadi Fira and Sila provinces) – more than 90 percent are women and children. Local authorities project that up to 250,000 refugees and returnees could arrive in eastern Chad by the end of July 2023.

Voluntary relocations are ongoing and approximately 30 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 lifesaving SRH services and exacerbating protection risks. To date more than 40 incidents of GBV have been reported, including protection-related risks in host villages.

Shelter needs in relocation/reception sites are high and there are reports of women giving birth in the open. Pregnant women also lack medical assistance and supplies for themselves and their newborns.

In the coming days, there is a high risk that humanitarian assistance may be suspended due to access issues from ongoing torrential rain, especially in Ouaddai and Sila provinces. This will further worsen protection risks for women and girls and their access to SRH/GBV services.

Egypt

Over 205,000 Sudanese and third-country nationals have crossed the borders into Egypt. Entry requirements into Egypt have recently changed, and all people need to obtain a visa on arrival. Visas can only be obtained in Wadi Halfa and Port Sudan and processing times can be up to a month. This raises protection concerns for women and children and vulnerable individuals.

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, clinical management of rape (CMR), MHPSS, and referrals for SRH services.

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, but this does not include EmONC and caesarean sections. Women's ability to access specialized services may be impacted by cost and the current lengthy waiting times for processing and registering new arrivals.

Ethiopia

Around 45,000 refugees/asylum seekers and returnees have entered the country via border crossing points in Amhara (Metema), Benishangul Gumuz (Kurmuk) and Gambella (Pagak/Bubieyr) regions. More than 50 percent of the refugees/asylum seekers are women and girls.

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.

South Sudan

More than 116,000 returnees and refugees have entered South Sudan. The majority have crossed the border through Renk in Upper Nile State. The Governments of South Sudan and Upper Nile State have indicated that there are no intentions to establish displacement camps.



UNFPA participated in a three-day mission to Renk, Joda border point and Paloich town from 11 to 13 June and observed that the situation is dire, and that the number of returnees at both Renk and Paloich transit centres has been growing over the past few weeks. An onward transfer operation led by the International Organization for Migration (IOM) was interrupted by fighting that erupted in Malakal on 7 June.

Although reproductive and maternal health services are being provided by different partners in Renk, Joda and Paloich, there is an urgent need to scale up due to increased demand.

UNFPA is working with the wider humanitarian community in Upper Nile, Unity and Greater Bahr el Ghazal states to deliver lifesaving humanitarian assistance. Returnees and refugees in Malakal, Bentiu and Wau have full access to UNFPA-supported service delivery points and health facilities including women and girl-friendly spaces, one-stop centres – which provide a comprehensive package of integrated GBV medical, legal, and psychosocial support under one roof – and health facilities that provide integrated SRH/GBV services. Services are stretched however, and essential reproductive health supplies are running low.

UNFPA's response and priorities

UNFPA is coordinating efforts with national and state governments and humanitarian partners to scale up and strengthen the provision of integrated SRH and GBV prevention and response services in areas with high numbers of new arrivals. This includes services for family planning, maternal health, including EmONC, and GBV prevention and response services including CMR services; MHPSS; the updating of GBV referral pathways; and strengthening measures to mitigate the risks of violence.

Central African Republic

- Reproductive health supplies are being distributed to the health centre in Am Dafok and in Birao, where asylum seekers and returnees are being relocated.
- Homme de Galille, a UNFPA-implementing partner, has begun providing integrated SRH and GBV services in Birao.
- Dignity kits have been provided to women and girls in Paoua.

Chad

- A total of 18 midwives have been deployed, with priority given to flood-prone areas in refugee camps in Ouaddai and Sila provinces.
- Midwives already providing reproductive health services in refugee/relocation sites will be supported with training to provide post-rape treatment and psychosocial support.



- A GBV specialist has been deployed to Ouaddai province. Two GBV specialists for Sila and Wadi Fira provinces, and six GBV case managers for the three provinces, will be deployed shortly.
- UNFPA and UNHCR are co-facilitating capacity building for 33 protection field agents on GBV in emergencies (GBViE), including GBV case management.
- Case managers will soon be deployed to support two local NGOs to provide GBV prevention services, including referrals to other services.
- Tents will be deployed to serve as safe spaces in Arkoum (relocation camp), Borota, Toumtouma, Farchana, and Gaga camps.
- A rapid protection risk assessment has been completed in relocation camps in Ouaddai province.

Egypt

- Case workers at the safe space in Aswan have completed a refresher training on GBV emergency response priorities and referral mechanisms. Additional training has been provided to all 10 caseworkers on psychological first aid, GBV case management, the prevention of sexual exploitation and abuse (PSEA), and UNHCR registration processes. Additional on-the-job training is planned.
- A new safe space has been established in Aswan, and additional caseworkers and psychologists are being hired and trained, in coordination with the Ministry of Youth and Sports.
- Information flyers on available SRH and protection services have been produced and distributed to all safe spaces and will be shared with partners.
- As of 6 June, 250 Sudanese women and girls have registered at the safe spaces in Aswan to receive protection services. A further 45 women and girls have attended MHPSS sessions, and 35 are receiving vocational skills training.
- UNFPA continues to partner with Médecins Sans Frontières (MSF), UNHCR and other organizations to procure and distribute post-rape treatment kits. A capacity building training on CMR and the proper utilization of post-rape treatment kits is being provided to all new organizations/implementing partners.
- UNFPA is preparing to procure and distribute Dignity Kits to 15,000 women in Aswan that include basic hygiene and sanitary items, as well as an information leaflet on available SRH/GBV services.
- A GBV referral pathway has been developed in Aswan, together with UNHCR, and endorsed and circulated among agencies.

Ethiopia

- 50 Dignity Kits containing essential hygiene items have been distributed to women and girls, with a focus on the Amhara region. The kits act as an entry point for GBV prevention and response services.
- CMR kits have been provided to Metema General Hospital and Gendawuha and Metema Yohannes health centres, Amhara region.



- The kits can meet the priority reproductive health needs of 60 survivors of sexual violence (50 adults and 10 children).
- Training of frontline health workers in surrounding health facilities around Metema and Gondar, Amhara region, is on-going to improve capacity to provide and monitor services for CMR and GBV.
- UNFPA has deployed a GBViE specialist to Metema.

South Sudan

- UNFPA has reinforced its presence in Malakal and Bentui by deploying additional staff and reproductive health supplies for the provision of integrated SRH/GBV services. UNFPA is currently mobilizing resources to deploy more staff to Malakal town.
- Health facilities in Upper Nile and Unity states, as well as other states, are being supported with emergency reproductive health supplies, including Clean Delivery Kits. The Juba Teaching Hospital, identified as a response centre, has also received supplies.
- Post-rape treatment kits have been delivered to health facilities in Rotriak, Unity state, to provide timely services to GBV survivors.
- Clean Delivery Kits have been delivered to partners operating in Renk to meet the maternal and reproductive health needs of returnees in transit centres.
- Dignity Kits have been distributed to women and girls in both Unity and Upper Nile states.
- Additional resources are being mobilized to deploy basic EmONC facilities to manage obstetric emergencies and ensure women can give birth safely.
- There are plans to deploy mobile teams to Renk and Paloich to provide integrated GBV and SRH services.

Financial requirements in response to the Sudan Emergency

Central African Republic	Chad	Egypt	Ethiopia	South Sudan	Total
\$ 981,121	\$ 3,000,000	\$ 6,645,000	\$ 3,200,085	\$ 2,400,000	\$ 16,226,206

As part of the [Sudan Situation: Regional Refugee Response Plan \(May - October 2023\)](#) UNFPA is appealing for **\$ 16,226,206** to provide life-saving reproductive health and protection services to women and girls in need over the next six months.



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