

Sudan Emergency: Regional Refugee Response Sitrep #4, 16 July - 30 August 2023



Women walk through Toumtouma camp, eastern Chad, which is hosting Chadian returnees who have fled the fighting in Sudan. ©UNFPA Chad/Muriel Kobena.

Situation overview

The magnitude of displacement within Sudan and into neighbouring countries has continued to increase since the conflict erupted in Sudan in mid-April 2023. More than 3.8 million people were internally displaced in Sudan by the end of August, and more than 1 million refugees, returnees and third country nationals have arrived in the neighbouring countries of the Central African Republic (CAR), Chad, Egypt, Ethiopia, and South Sudan.¹ These countries were already hosting hundreds of thousands of displaced people even before this crisis.

¹ All displacement figures are sourced from the [IOM Displacement Tracker](#). Accessed 30 August 2023.



Those fleeing Sudan have arrived in remote border locations where there are inadequate services, poor infrastructure and limited access to basic services. High malnutrition rates, disease outbreaks, such as cholera and measles, and related deaths are also occurring in several receiving countries.

Humanitarian needs

Women and girls who have sought shelter across borders in hard-to-reach locations are struggling to access sexual and reproductive health (SRH) services, including family planning and maternal and newborn care. Protection services are also limited as sexual violence, and risks of sexual exploitation and abuse, increase.

CAR

More than 17,900 asylum seekers and returnees have crossed the border into CAR, arriving at Am Dafok. More than a third are women and adolescent girls. There are no SRH/gender-based violence (GBV) services in Am Dafok. The relocation of new arrivals from Am Dafok to a new site in Korsî, Birao, established by UNHCR to accommodate asylum seekers, has halted due to logistical and security challenges. Around 1,700 people have been relocated to Birao to date, while some have made their own way.

In Birao, UNFPA is working with its national partner Homme de Gailille (OHGDS) to provide SRH/GBV services, including at the new site Korsî.

Chad

More than 444,000 people have crossed into eastern Chad (into Ouaddaï, Wadi Fira and Sila provinces) since April. It is projected that this figure could increase to 600,000 by the end of 2023, increasing pressure on already overstretched services, exacerbating competition for scarce resources and fuelling tensions between communities. The conflict has also severely disrupted supply chains between Sudan and Chad, worsening living conditions for the most vulnerable communities.

Essential services are scarce in border areas and there is an urgent need to strengthen the capacity of health facilities to provide SRH services. Trained personnel, equipment, contraceptives, post-exposure prophylaxis treatment, and treatment for sexually transmitted infections are urgently required as are supplies for the provision of emergency obstetric care at referral facilities. There are currently no ambulances to transport pregnant women experiencing complications to referral facilities for specialized care. Capacity building for the community network of maternal health workers is also required for follow-up on pregnant women and new mothers on their return home to enable the rapid detection of complications and timely referrals.



There have also been reports of an exponential increase in the number of GBV cases, and services to prevent and respond to GBV are urgently needed for displaced women and girls

Egypt

Over 285,000 refugees and third country nationals have sought refuge in Egypt. This number represents more than 70 percent of the projected figure in the [Sudan Emergency: Regional Refugee Response Plan June - December 2023](#).

As of 26 August, 3,170 Sudanese women and girls have registered at UNFPA-supported Women and Girls' Safe Spaces (WGSSs) for SRH and GBV services, including case management, mental health and psychosocial support (MHPSS) and livelihoods support.

The most critical needs observed are MHPSS for women and girls who are severely traumatized. Women and girls are also struggling with a lack of financial resources to fulfil basic needs, and do not have information on available services. There is also a lack of awareness around the increasing practice of female genital mutilation (FGM), which is perceived as a way to protect daughters during crises.

Ethiopia

Over 76,500 refugees, asylum seekers and returnees have crossed into Ethiopia, mainly through the two districts/woredas of Metema and Kurmuk entry points in Amhara and Benishangul Gumuz regions, respectively.

With the relative improvement of the security situation in Amhara, partners are gradually resuming humanitarian operations, although fewer arrivals were registered during the last two weeks of August due to insecurity limiting onward travel in the region.

Health and protection risks are reported to be high for women and girls due to a lack of proper shelter and food, the spread of cholera, and limited SRH and GBV response interventions. Although UNFPA and humanitarian partners are providing life-saving support – including shelter, non-food items (NFIs), water, and protection services – humanitarian operations are challenged by limited funding and resources and the current insecurity in Amhara Region.

South Sudan

The influx of returnees and refugees from Sudan continues unabated – more than 243,000 people have crossed into South Sudan to date. The majority have arrived in Renk. There continue to be reports of returnees and refugees, including women and girls, being assaulted as they flee Sudan to South Sudan.



Hospitals and health facilities in Renk have limited resources, including for the provision of SRH/GBV services, and are struggling with the current number of returnees/refugees. Any increase in arrivals could severely overstretch facilities. The need for medicines and supplies continues to outpace available resources. [Inter-Agency Emergency Reproductive Health \(IARH\) Kits](#) and Dignity Kits are urgently needed as refugees/returnees stay longer than originally planned at transit centres before they are relocated to refugee camps in Maban (Upper Nile State) or return to their respective communities.

The nutritional status of refugees/returnees, especially children and pregnant and breastfeeding women, is of concern, and programmes to prevent malnutrition remain a priority. Food security continues to deteriorate increasing women and girls' risks to sexual exploitation and abuse and recourse to negative coping mechanisms.

In Malakal, Renk and Paloich, Upper Nile State; Bentiu, Unity State; Aweil, Northern Bahr El Ghazal State; and Wau, Western Bahr El Ghazal State, where UNFPA is supporting the delivery of integrated SRH/GBV services, stock replenishments of IARH and Dignity Kits are urgently required. In Rotriak, Unity State, GBV service delivery points and health facilities are overwhelmed and require urgent support to expand and scale up services to meet the SRH needs of returnees and refugees. In Malakal, Bentiu and Wau, WGSSs, safe houses and SRH/GBV service delivery, including case management, requires reinforcing.

UNFPA's response

UNFPA is working with partners and government authorities to scale up the delivery of lifesaving SRH/GBV services, including for the management of obstetric emergencies and clinical management of rape (CMR).

Central African Republic

UNFPA is working with national partner, Homme de Galilee, to scale up the provision of SRH and GBV services in Birao, targeting both relocated asylum seekers and host communities, with a focus on women and girls. Midwives have been deployed to support SRH services in Birao Hospital and displacement/settlement sites, and additional GBV personnel are now supporting the delivery of protection services to both asylum seekers and refugees in Birao. UNFPA has also participated in needs assessments and coordination meetings. During the reporting period:

- 320 individuals were reached with SRH services.
- 532 individuals were reached with GBV services.
- 73 women were assisted to deliver safely by UNFPA-supported midwives at Birao Hospital.
- 45 GBV survivors benefited from case management.

- 45 women and girls received PSS.

Chad

Despite limited resources and a challenging context, UNFPA is leading efforts to coordinate the provision of SRH and GBV services and expand access for displaced women and girls.

- UNFPA has supplied 9 tents, where women and girls can access protection services, in Adré (1), Ourang (2), Arkoum (2), Metche (1), Tangori (2), and Ambelia (1). The tents are also serving as temporary maternity facilities, including for delivery.
- 17 mobile clinics in Arkoum, Zabout, Ourang, Metche, Farchana, Gaga, Goz-Amir, Djabal, Mile, Kounougou, Iridimi, Goungour, Ambelia, Ademour, Adre, and Birak, staffed by skilled midwives, are providing maternal health and protection services to women and girls in need.
- Additional midwives and GBV specialists have been deployed to Ouaddaï, Wadi Fira and Sila provinces.
- Over 450 safe births have been supported by UNFPA midwives in Ouaddaï, Wadi Fira and Sila provinces to date.
- Around 8,090 pregnant and lactating women have accessed services at UNFPA-supported facilities in Ouaddaï, Wadi Fira and Sila provinces.
- More than 2,920 people have received information to increase their awareness about GBV and available protection services at UNFPA-supported facilities in Ouaddaï, Wadi Fira and Sila provinces.

Egypt

UNFPA continues to work closely with the Ministry of Youth and Sports (MoYS) and Etijah (Youth and Development Consultancy Institute) as partners to operate WGSSs in six governorates. During the reporting period:

- Two WGSSs were expanded in Aswan and Maadi, Cairo, ensuring the spaces were safe and accessible. Furniture and equipment will be procured.
- 10,000 Dignity Kits were procured and distributed through different partners and WGSSs. Another 10,000 kits are in the pipeline.
- Medical service providers in Aswan have been trained by UNFPA and WHO in CMR. UNFPA is leading the procurement of post-rape treatment kits to be distributed to partners and hospitals.
- UNFPA continues to provide support to capacity building efforts for caseworkers and staff at WGSSs including in GBV case management, psychological first aid and the prevention of sexual exploitation and abuse (PSEA)
- As of 26 August, GBV case management assessments have been initiated with 1,540 Sudanese women and girls at UNFPA-supported WGSSs.

- More than 1,190 women and girls attended MHPSS sessions, including group therapy and individual counselling, to deal with trauma.
- Over 770 women and girls attended awareness raising sessions on GBV and RH, including on the different types of GBV and available services at WGSSs.

Ethiopia

UNFPA is working with partners and government authorities to scale up GBV and SRH service provision at the Metema crossing point in Amhara Region. During the reporting period:

- 19 IARH kits, including contraceptives and supplies for safe births and CMR, were distributed to Metema Yohannes health centre, Genda Wuha health centre and Metema General hospital. The kits can meet the priority RH needs of more than 1,990 individuals.

South Sudan

UNFPA has deployed additional personnel to sub-offices in Upper Nile, Unity and Western Bahr el-Ghazal States to coordinate the response. The capacity of health facilities to provide integrated SRH/GBV services in Bentiu and Malakal has been strengthened through the deployment of additional health care staff, the distribution of essential reproductive health supplies and training for staff. UNFPA has also supported the scaling up of GBV services in Wau, Malakal and Renk. During the reporting period:

- Six partners in Renk, Paloich and Malakal (Upper Nile State) received emergency reproductive health supplies, including supplies for the management of obstetric emergencies and CMR.
- 43 IARH kits were distributed to health facilities in Aweil, Malakal, Renk, Paloich, and Wau. The emergency IARH kits include supplies, equipment and medicines for maternal and newborn health.
- More than 20,660 returnees received integrated maternal and reproductive health and GBV prevention and response services in Malakal, Bentiu and Wau.
 - 3,622 women, men, boys, and girls received care and treatment for common communicable diseases through outpatient services.
 - More than 1,400 women and girls received maternal and reproductive health services.
 - 205 women received family planning and birth spacing services.
- In Malakal, around 5,950 individuals (2,718 women, including 103 pregnant women; 1,003 girls; 1,423 men; and 813 boys, including boys with disabilities) were sensitized to GBV. Awareness raising focused on PSEA and available protection services, including for CMR.
 - 4,645 individuals were targeted in Bulukat and 1,312 at the Protection of Civilians (POC) site, Malakal.



- 1,713 women and girls participated in activities at WGSSs, including life skills education, PSEA awareness and community-based complaint mechanisms, PSS, the location of one-stop centres, and available GBV services in Bentiu and Wa.
- Dignity kits were distributed to more than 2,570 women and girls in Rubkona and Rotriak, Unity State; 394 individuals received NFIs.

Financial requirements in response to the Sudan Emergency: Regional Refugee Response Plan, May – October 2023 (Revised August 2023)

Central African Republic	Chad	Egypt	Ethiopia	South Sudan	TOTAL
\$ 1,836,291	\$ 6,070,442	\$ 6,645,000	\$ 3,200,085	\$ 1,148,800	\$ 18,900, 618

As part of the revised [Sudan Emergency: Regional Refugee Response Plan \(May - October 2023, August 2023\)](#), UNFPA is appealing for **\$ 18,900,618** to provide life-saving reproductive health and protection services to women and girls in need.

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