

SITUATION OVERVIEW

Clashes between the Sudanese Armed Forces (SAF) and the Rapid Support Forces (RSF) have continued for over eight weeks, with ongoing fighting in Khartoum, El Obeid and the Darfur region. Since April 15, more than 1.6 million people have been forced into displacement, including 1.2 million internally displaced. Most of the internally displaced people (IDPs) are in West Darfur, White Nile, River Nile and Northern state. The conflict has also forced more than half of refugees who had been in Khartoum prior to the conflict into second displacement. Around 150,000 refugees have self-relocated to White Nile, Gedaref, Kassala, Al Gazira and Port Sudan.¹

As all humanitarian actors, UNFPA is facing operational and humanitarian access challenges as we are scaling up the response. Additionally, civil servants have not received their salaries for months now and, therefore, attendance of medical staff is decreasing. Nonetheless, UNFPA is working with its partners to ensure that sexual and reproductive health (SRH) supplies reach health facilities that are still providing reproductive health and obstetric services.

The revised [2023 Humanitarian Response Plan \(HRP\) for Sudan](#) estimates that 2.64 million women and girls of reproductive age are in need of humanitarian assistance, among whom an estimated 262,880 are pregnant, and over 90,000 are expecting to give birth over the next three months. Among them, there are around 384,000 displaced women and girls of reproductive age with 38,000 pregnant women, including 4,250 who are expected to give birth in the next three months.²

Before the conflict, around 3.1 million women and girls and other vulnerable people were already facing the risk of life-threatening violence in Sudan, according to UN estimates in the initial 2023 Sudan HRP. Since the conflict broke out, that number has increased by 1 million, meaning 4.2 million people (including refugees inside Sudan) are at risk of gender-based violence (GBV) as violence continues, inter-communal tensions mount and protection services and support systems are increasingly breaking down.

In areas directly affected by the conflict, such as Darfur, high competition over water, food and basic needs combined with resource shortages puts women-headed households, unaccompanied children, and young and adolescent girls at risk of sexual exploitation and abuse. Being trapped within their houses for days due to heavy shooting has also increased incidents of domestic violence.



¹ OCHA, [Sudan: Clashes between SAF and RSF - Flash Update No.15](#), June 2023

² UNFPA estimates are based on the [Minimum Initial Service Package \(MISP\) calculator](#).

HUMANITARIAN NEEDS: SEXUAL AND REPRODUCTIVE HEALTH & GENDER-BASED VIOLENCE PREVENTION AND RESPONSE



SEXUAL AND REPRODUCTIVE HEALTH

- Access to essential life-saving SRH services remains challenging given ongoing active fighting and further conflict escalation in several states. The increasing trend of internal displacement places additional demand on health care services in IDP-hosting states.
- There is a critical risk of a nationwide stock-out of life-saving SRH medicines and supplies mainly due to the inability to replenish life-saving SRH medicines and supplies that have been consumed since the outbreak of the conflict. There are challenges in accessing the Central Medical Supplies warehouses which are storing medicines for the treatment of obstetric hemorrhage and pregnancy induced hypertension - the leading causes for maternal death in Sudan. Other life-saving SRH medicines, including oxytocin and misoprostol which are used for the prevention and treatment of obstetric hemorrhage, are no longer in stock in the state warehouses of White Nile, Blue Nile, Sennar, Northern State and River Nile.
- Prolonged electricity cuts and fuel shortages in Khartoum continue to impact health facilities providing emergency obstetric and newborn care (EmONC). Generator fuel has become essential for providing life-saving emergency obstetric care which is one of the reasons UNFPA is supporting fuel costs to support hospital operations.
- Responding to the health needs of survivors of sexual violence remains challenging due to limited access to clinical management of rape (CMR) services. A recent mapping of CMR services indicated a low number of facilities that are able to provide GBV case management within a health care setting due to frequent attacks on health care services. And even where services are available, it can be life-threatening for a survivor to try to physically access these services due to ongoing hostilities. Assessments conducted by UNFPA in Port Sudan, Red Sea state, and Madani, Al Gazira state, indicated high gaps in the capacity to respond to survivors of sexual violence - in terms of personnel and supplies.
- Post-rape Kits and Inter Agency Reproductive Health (IARH) Kits are highly needed in facilities that are still functioning in order to provide services to those most in need - and also to be able to respond to an increase in demand such as in states currently hosting big numbers of IDPs.
- The activation of SRH Working Groups in all states is crucial for harmonizing the health response of SRH partners to affected populations among SRH partners and in collaboration with the health sector.

GENDER-BASED VIOLENCE

- While UNFPA continues to support GBV working groups in 10 states - including a newly established working group in Al Gazira state - GBV working groups need to be established in new IDP-hosting states such as River Nile, Red Sea, Sennar, North Kordofan and Northern State to coordinate GBV service provision and referrals.
- Women Centers need to be established/rehabilitated to meet the needs of at-risk women and girls and to provide them with a safe space where they can access services and referrals.
- Service providers need to be trained to ensure that quality GBV services are provided.
- GBV prevention and response interventions need to be scaled-up in IDP-hosting states, particularly life-saving GBV services, Women and Girls Safe Spaces and GBV Confidential Corners.
- Ensuring adequate supplies of Dignity Kits, and sanitary napkins for menstrual hygiene management is highly needed for at least 6 months.
- Even where GBV referral services are available, GBV survivors do not necessarily have the financial means to reach these service sites. Providing cash assistance to GBV survivors as part of GBV case management is therefore highly needed so that survivors can pay for their own transportation costs.
- Strengthen remote GBV services provision, including setting-up additional helplines and training service providers on remote GBV case management and psychosocial support.
- A rapid assessment conducted by UNFPA, OCHA and other partners in Hasahisa, Madani and Rufaa localities, Al Gazira state, highlighted the need for comprehensive, integrated, holistic approaches to protection including GBV and Child Protection, in addition to the critical need to establish mechanisms to prevent and respond to Sexual Exploitation and Abuse (SEA). The majority of IDPs in Hasahisa, Madani, and Rufaa localities are women and girls and at higher risk of GBV. Challenges encountered by other sectors (Wash, NFI, Food Security, Health and Camp Coordination and Camp Management) also significantly impact the protection of women and girls under the GBV sub-sector and protection sector:
 - ❖ WASH: Inadequate water and sanitation facilities put women and girls at risk of sexual violence as they move around to fetch water or use latrines which are overcrowded and shared between men and women in most areas.
 - ❖ NFI and Food Security: distribution of supplies that are inadequate, inappropriate, or do not prioritize those most in need can lead to tensions and violence putting women and children at risk of GBV and SEA.
 - ❖ Health: Inadequate and/or inaccessible health services including for reproductive health, expose women and girls to increased risk of health complications and GBV in terms of timely and quality prevention and response.
 - ❖ Camp Coordination and Camp Management: Inadequate lighting, poor layout of shelters, overcrowding, lack of privacy, and poor representation of women and girls in decision-making mechanisms increase risk of GBV for women and girls and inadequate protection and response measures.

UNFPA HUMANITARIAN RESPONSE



UNFPA has established a temporary presence in Port Sudan, Red Sea state, and has scaled up its response out of Madani, Al Gazira state, to coordinate the humanitarian response at the national level. The UNFPA Representative in Sudan is based in the country with programme, technical and finance staff. In addition, an emergency response coordinator and a logistician/ supply chain manager have been deployed supporting the humanitarian response efforts from within Sudan and Kenya (while awaiting visa).

Despite administrative and access challenges, UNFPA is adapting its activities across Sudan to focus on life-saving humanitarian response in the face of acute needs with the active participation and involvement of affected populations. UNFPA's response plan is built on established inter-agency partnerships, collaboration with the national and regional governments, and sustained residual presence of partners.

SEXUAL AND REPRODUCTIVE HEALTH

- [UNFPA is working through the Logistics Cluster and through its own distribution agencies to move IARH kits and supplies to regional prepositioning centers and target locations.](#)³ White Nile received life-saving reproductive health supplies that will cover the needs in the Western states of Sudan. UNFPA is also prepositioning IARH kits and supplies in Madani, Al Gazira state, as a hub for Khartoum. IARH kits and supplies will also be distributed to Kassala, Gedaref and Blue Nile. In the current absence of safe corridors, the last mile delivery of supplies to hospitals and beneficiaries is challenging especially for Khartoum, the whole of Darfur and some zones in Kordofan. The risk of stockouts of lifesaving medicines in these states, unless there is a possibility to urgently replenish stocks, is alarming.
- In Khartoum, UNFPA continues to support ten health care delivery points with fuel and payment of SRH treatment costs for patients. The combined catchment area of all ten health facilities exceeds 3 million individuals. Over 3,000 safe births have taken place at these facilities since 15 May - when UNFPA started to provide fuel to these health facilities.
- In Al Gazira state, UNFPA is supporting two primary health care clinics in Madani locality and one rural hospital in Umm Al Qura locality to provide EmONC services. UNFPA also provided essential medicines and life-saving supplies to Alhasahisa Hospital.
- Provision of CMR services and responding to survivors of sexual violence:

³ https://twitter.com/_UnfpaSudan/status/1664952500623908868?s=20

- UNFPA is maintaining regular mapping of CMR services which were significantly impacted by the conflict. UNFPA is closely coordinating with the HIV Control Program, Reproductive Health Program and the Government's Combating Violence Against Women Unit (CVAW) for the delivery of supplies.
 - UNFPA received supplies to cover the needs of more than GBV 1,000 survivors, part of which are prepositioned in White Nile to cover the Kordofan and Darfur regions.
 - UNFPA continues to train care providers on providing CMR, and has conducted an orientation session on CMR for health care providers working in three gathering sites in Al Gazira state. Midwives were also trained to support the provision of CMR services.
 - In Port Sudan, CMR treatment was delivered to the Ministry of Health, while UNFPA continued to train and orient staff on GBV case management.
- UNFPA continues to support Ethiopian refugees in Sudan in two main locations: Tunaydbah Refugee Settlement in Gedaref state through operating the field hospital which was established in 2022; and in Village Six Camp in Blue Nile state. UNFPA is also supporting Ethiopian, Eritrean and South Sudanese refugees in White Nile and South Kordofan. UNFPA, through its partner ALIGHT, continues to support much needed medical consultations and emergency obstetric care services including C-sections and normal births. SRH consultations are being provided for STI treatment and family planning services.

"We brought a woman suffering from birth complications to the hospital. The doctor performed a Cesarean section and informed us that this was the last surgery they could do, as fuel supplies had run out."

Read: [Lives of pregnant women and newborns at risk in Sudan as hospitals run out of fuel](#)

GENDER-BASED VIOLENCE

GBV Coordination Working Groups are operational in **ten** states⁴, coordinating the emergency response and training national/local organizations as first responders. The Sudan GBV Sub-Sector/Working Groups and partners continue to operate to serve survivors and those at risk of GBV. GBV prevention and response interventions are implemented through national/local partners across the country.

GBV Prevention and Response Interventions:

- UNFPA continues to support existing service delivery points, such as Confidential Corners and Women Centers in localities not directly affected by the conflict. Life-saving GBV response services being provided include CMR, psychological first aid and psychosocial support to provide timely response to the emotional, psychological, medical, and safety needs of survivors. The GBV AoR is also linking work with the health cluster⁵ to ensure survivors have timely access to GBV health or protection services and jointly determine referral pathways.
- UNFPA is scaling-up emergency remote GBV response services, including psychosocial support, where physical access to services is interrupted or unavailable.
- UNFPA is scaling up GBV prevention and response services in the new IDP-hosting states of Al Gazira, Blue Nile and White Nile, and has trained service providers on psychological first aid, GBV in Emergencies, GBV case management and referrals in order to ensure timely access to the multi-sectoral GBV response services.
- UNFPA is supporting 19 safe spaces for IDPs in South Darfur (Greida, Kass, Deribat, Otash and Kalma), Blue Nile and Kassala where women and girls can access medical treatment, GBV case management, counseling services, referral to legal services and in some cases, financial assistance. Some of these safe spaces are only functioning

⁴ In addition to the national GBV Sub-Sector, the states of Khartoum, Central Darfur, North Darfur, South Darfur, West Darfur, Kassala, Gedaref, South Kordofan, Al Gazira and White Nile have operational GBV Working Groups.

⁵ Sudan Health Cluster, WHO, [Sudan Health Cluster: delivering humanitarian health services to a population in need](#), June 2023

at minimum capacity due to lack of cash and overall access difficulties.

- UNFPA is training community-based protection networks on psychosocial support and referrals. With continuous support to fulfill their role in the community, UNFPA provided members of the Community Based Protection Network in Blue Nile with phone devices and is conducting frequent meetings.
- 2,601 Dignity Kits and sanitary napkins (for 670 women) have been distributed to IDPs in Kassala, Blue Nile, North Darfur, White Nile and Al Gazira to support women and girls with menstrual hygiene management. The contents of the Dignity Kits further serve to increase the mobility of women and mitigate some of the risks they face during times of crises. A further 48,000 Dignity Kits are being procured.



GBV Coordination Mechanisms:

- A new GBV Working Group in Al Gazira state was established to coordinate the GBV response in the state.
- The GBV Sub-Sector had invested in enhancing local organizations' capacities prior to the crisis in nine states where a GBV Working Group is active. Since the conflict began, the GBV Sub-Sector has trained **218** GBV actors on GBV in Emergencies and remote service provision; **45** volunteer psychosocial support service providers were remotely trained on GBV guiding principles and how to provide remote services; **40** GBV actors in nine states were trained on GBV in emergencies and emergency response planning; **133** GBV actors in nine states were trained to provide remote psychological first aid, psychosocial support, referral, and the Prevention of Sexual Exploitation and Abuse (PSEA) to ensure GBV survivors access services.
- A "4W" (Who is doing What, Where and When) has been conducted to map out the GBV interventions that took place from 15 April to 31 May. Across the states, 15 GBV actors reached **6,794** beneficiaries with specialized GBV services, awareness raising on GBV and available services and dignity kits.
- Two GBV assessments were conducted in Al Gazira and Red Sea. Key findings include multiple GBV risk factors, such as overcrowding and inadequate shelters, shared latrines, lack of adequate lighting, as well as lack of women's representation in decision making processes. The GBV Sub-Sector will work with other humanitarian sectors to mitigate GBV risks identified in the assessment.
- GBV referral pathways are updated in seven states: North Darfur, South Darfur, Blue Nile, White Nile, Khartoum, Central Darfur and Al Gazira.
- CMR service mapping has been updated in all 18 states and is being utilized by frontline service providers.
- To address the interruption of access to physical services, the GBV Sub-Sector is training GBV actors and

community volunteers on the remote provision of GBV services, focusing on remote psychosocial support, psychological first aid and referrals. In parallel, standard operating procedures and protocols for remote GBV service provision have been developed for the first time in Sudan. Khartoum state came up with a unique mechanism, providing CMR through coordination between community level Emergency Rooms, midwives, doctors and local pharmacists, who provide medication to survivors for self-care when survivors cannot directly access GBV services.

PREVENTION OF SEXUAL EXPLOITATION AND ABUSE

Since the onset of the crisis, UNFPA has been continuously disseminating awareness-raising material on the PSEA, access to life-saving and time-sensitive services, and SEA reporting mechanisms. UNFPA continues to closely follow up with the PSEA network and UN agencies in Sudan to fulfill the [PSEA UN Protocol for Implementing Partners](#). The GBV Sub-Sector organized a PSEA virtual orientation session for **20** national GBV actors.

FUNDING NEEDS

Table 1: UNFPA Funding Gap for the Revised 2023 Sudan Humanitarian Response Plan⁶ (in US\$ Million)

	GBV Response 2023	SRH Response 2023	Refugee Response (inside Sudan)	Total
Requirement*	US\$ 28.9M	US\$ 34.4M	US\$ 27.2M	US\$ 90.5M
Pledges and Contributions**	US\$ 3.05M	US\$ 2.1M	US\$ 0.65M	US\$ 5.8M
Funding Gap	US\$ 25.85M	US\$ 32.3M	US\$ 26.55M	US\$ 84.7M

*For June - December 2023

**Sudan Humanitarian Fund, CERF, UNFPA Core Resources, USAID Bureau of Humanitarian Assistance

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⁶ The [revised 2023 HRP for Sudan](#) requires \$2.56 billion, an increase of \$800 million from the beginning of the year, to help 18 million people until the end of this year, making it the largest appeal ever issued for Sudan.