

SITUATION OVERVIEW

Fighting between the Sudanese Armed Forces (SAF) and the Rapid Support Forces (RSF) has continued over the past four months. Since April 15, about 3.9 million people have been displaced inside and outside the country, including more than 3 million internally displaced people (IDPs). The majority of internally displaced people are currently in River Nile, Northern, North Darfur and White Nile states. Additionally, clashes between SAF and the Sudan People's Liberation Movement-North (SPLM-N) have been reported in several locations across South Kordofan and Blue Nile, resulting in civilian displacement.¹

The UN 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. 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.²



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

SEXUAL AND REPRODUCTIVE HEALTH

UNFPA is concerned about maternal mortality and morbidity in Sudan against the backdrop of increasing humanitarian needs. Cases of obstetric hemorrhage - the leading cause of maternal death in Sudan prior to the conflict - are expected to rise amidst the marked nationwide stock-out of Oxytocin and Misoprostol - the main treatment and preventive medicines for obstetric hemorrhage - and interrupted access to blood transfusion services. The conflict has also disrupted the functionality of maternal and perinatal death surveillance and response (MPDSR) systems in Sudan making it challenging to reliably determine the main causes of maternal and perinatal mortality and to address them accordingly.

¹ OCHA, [Sudan Humanitarian Update](#), August 2023

² OCHA, [Sudan: Revised Humanitarian Response Plan](#), May 2023

More than 80 percent of hospitals in Sudan are now out of service and attacks on health care continue to be reported. Lifesaving medicines and supplies are ever more crucial particularly for IDP-hosting states where the few functioning health facilities are now faced with a significant increase in demand for services exceeding their response capacities.

The coverage of lifesaving services in **Khartoum** remains very low with an increasing number of health facilities failing to provide services due to limited access to medicines and supplies, interrupted access to electricity and overall access barriers as the fighting continues. Community midwives, crucially important to maintain a minimum level of support to pregnant women, are up against the challenge of having been displaced themselves, the loss of midwifery equipment and the lack of safety and security to deliver care for pregnant women in neighborhoods with active shooting.



While some health services are gradually resuming at Ag Geniena Teaching Hospital in **West Darfur**, limited access to supplies and electricity combined with the limited number of staff remain a major challenge for the delivery of services. Overall, four hospitals are partially functional in West Darfur, including in Ag Geneina, Foro Baranga, Kulbus and Kerienk.

Health care delivery points in states hosting high numbers of IDPs, such as **River Nile** and **Northern**, are stretched given underlying poor infrastructure and limited availability of lifesaving medicines and supplies. Even before the conflict, the coverage of Emergency Obstetric and Neonatal Care (EmONC) services in new IDP-hosting states was low: 50% coverage in River Nile, 17% in Northern state, 38% in Aj Jazira, 60% in Sennar and 33% in White Nile³.

The situation in Nyala, **South Darfur** remains very unstable especially with the latest escalation and armed clashes between SAF and RSF in the state. In **North Darfur**, five out of the nine prioritized EmONC facilities⁴ are either completely non-functional or inaccessible. While access to electricity also remains challenging in North Darfur, the solar power electric system installed by UNFPA in El Fasher Maternity Department has partially alleviated the burden and is facilitating the provision of critical maternal care. The Central Medical Supplies warehouses remain inaccessible since the spread of conflict to the state. Discussions are ongoing to explore a common warehouse for medical supplies near the medical campus in El Fasher.

GENDER-BASED VIOLENCE

All forms of GBV are increasing with surging reports of cases since 15 April, including sexual violence particularly against IDPs as they are fleeing from one state to another, and when homes are being looted while residents are still there. Domestic violence cases are also increasing. Risks of sexual violence and exploitation are extremely high as women and girls are displaced, in transit, in temporary shelters, and while awaiting visas at border crossing. Skyrocketing prices of basic goods - including food, water, and fuel - and the difficulties in obtaining cash create additional vulnerabilities.

³ 2020 Sudan National Prioritized EmONC Network

⁴ The national EmONC prioritization in 2020 was conducted by UNFPA, the University of Geneva and the Sudan Ministry of Health as part of the EmONC assessment in Sudan.

Newly displaced girls are at heightened risk of GBV, sexual exploitation and abuse and harmful practices such as child marriage. States directly affected by conflict lack the ability to provide essential services, including health, WASH, NFI, and food, which might lead to tension and increasing risks of GBV and sexual exploitation and abuse amongst IDP women and girls. In new IDP-hosting states, the shortage of supplies and limited availability of specialized services means that the increasing needs of women and girls are not being met.



GBV response services such as GBV case management, psychosocial support and clinical management of rape, continue to function in many states. However, there are severe shortages of supplies and medications, including clinical management of rape kits, dignity kits, female hygiene supplies and other life-affirming and life-saving care. Support is still needed to meet the needs of the population at immediate risk of GBV, including by providing holistic services, including mental health and psychosocial support, cash to GBV survivors as part of case management to access additional services, and appropriate multisectoral referral pathways.

In conflict-affected states, access to services is severely curtailed by ongoing fighting, the destruction of goods and properties and looting of medical supplies and facilities. Strong psychological distress and trauma syndromes are observed among displaced women and girls, some of whom are forced to live in open spaces, which increases the risks of further GBV. In new IDP hosting states female hygiene items and dignity kits are needed as displaced women and girls had to flee their homes leaving all their belongings behind. Strong psychological distress was observed among the IDPs, as were anxiety and sleepiness among women and girls. Continuous medical care and psychosocial support is crucial for survivors of violence.

UNFPA HUMANITARIAN RESPONSE

UNFPA has established a temporary presence in Port Sudan, Red Sea state, and has scaled up its response out of Madani, Aj Jazira 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.

Despite bureaucratic impediments 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.

As the annual rainy season begins, an estimated 416,482 people will be directly affected by floods. States at major risk include White Nile, Kassala, Gedaref, South Darfur, North Darfur, Central Darfur, Al Jazira and Sennar. UNFPA is contributing to the state preparedness plans currently being developed by OCHA to ensure the needs of women and girls are sufficiently addressed.



SEXUAL AND REPRODUCTIVE HEALTH

- In terms of sexual and reproductive health (SRH) supplies, UNFPA has delivered supplies to six health facilities in **Khartoum** state sufficient to cover **3,000 SRH emergencies**, including clean deliveries, clinical management of rape, and management of pregnancy and child birth related complications. Moreover, supplies sufficient to cover **2,160 SRH emergencies were delivered to Ag Geneina Teaching Hospital in West Darfur** with the support of the EU Humanitarian Air Bridge. In **White Nile**, UNFPA provided Kosti and Rabak Hospitals - the main hospitals providing Comprehensive Emergency Obstetric and Neonatal Care (CEmONC) in the state - with Inter-Agency Reproductive Health (IARH) Kits for clinical management of rape and the management of pregnancy and birth related complications. Two sites hosting recently displaced south Sudanese refugees from Khartoum, namely Alalagaya and Umsangour settlement areas, were also provided with SRH supplies. UNFPA is requesting additional supplies and is coordinating closely with the Logistics Cluster and the Ministry of Health to improve the timely clearance of supplies and the distribution to last mile beneficiaries.
- UNFPA continued to support **ten** EmONC hospitals affected by electricity cuts in Khartoum by providing generator fuel. Between 15 to 30 July, three out of the ten hospitals - namely Alnaw, Umbada and Alban Jadeed hospitals - reported 159 C-Sections and 211 normal births.⁵
- **22** health care providers at Madani Maternity Hospital, Paediatric Hospital, Alhaddad Hospital, Alhoosh Hospital and Almanagil Hospital in Aj Jazira state were trained on clinical management of rape services.
- UNFPA is working in close coordination with the Ministry of Health Disease Control Directorate's national AIDS program and national reproductive health program to maintain the provision of clinical management of rape services by ensuring the availability of anti-retroviral medicines (ARV) and other medical supplies, especially in Khartoum, as it has been challenging to maintain the supply line with post-rape treatment kits.
- UNFPA supported the first nationwide **SRH coordination meeting** with the Ministry of Health. The meeting was held in Madani, Aj Jazira state and discussed ways of improving the provision of the Minimum Initial Service Package (MISP) for SRH. National and International SRH partners attended the meeting and were oriented on the MISP for SRH during emergencies.

GENDER-BASED VIOLENCE

GBV Prevention and Response Interventions:

- **11,962** women and girls were provided with dignity kits and information about available GBV services in Kassala,

⁵ It has been difficult to obtain regular reports from the ten health facilities due to interrupted communication lines.

Blue Nile, North Darfur, White Nile, Aj Jazira, Port Sudan, North Kordofan and Gedaref, including 2,057 new arrivals in Elshagrab, Kilo 26, Elgirba, Wadsharefay and Aboda refugee camps in Kassala. Not only are dignity kits important for menstrual hygiene management, but they are a key entry point to GBV services. UNFPA, during the distribution of the kits, disseminates key GBV messages on available services and referrals, the benefits of accessing GBV services and the importance of reporting sexual violence incidents within 72 hours.

- **4,080** displaced women and girls benefited from the distribution of sanitary napkins in IDP gathering sites in North Kordofan, Aj Jazira, White Nile and Gedaref. The distribution was used as an entry point to disseminate GBV key messages and raise awareness on available GBV services, referral mechanisms and menstrual hygiene management.
- UNFPA and partners continued to provide comprehensive GBV response services through Women and Girls Safe Spaces in 11 states. Services provided include GBV case management, referrals to advanced care, individual and group psychosocial support, recreational activities, literacy classes and information dissemination sessions. Additional WGSS are currently being established in new locations in Aj Jazira, Khartoum, White Nile and Red Sea targeting internally displaced people from the surrounding states, including Khartoum.
- **874** newly displaced women and girls and members of host communities in Kassala, were provided with psychological first aid and psychosocial support services.
- UNFPA continues to support community-based protection networks across Sudan. In Kassala, these networks reached **105** women and girls from the refugee and host communities in Wadsharefay, Aboda, Elshagrab, Elgirba and Kilo26 refugee camps with information on GBV and harmful practices, including female genital mutilation and child marriage, linking survivors to specialized services.
- **2,456** women and girls in Kassala participated in community dialogues and awareness raising sessions on GBV facilitated by youth and community-based protection networks. Moreover, five communities in Ad Damazin and Ar Rusayris in Blue Nile were reached with awareness raising messages on GBV and available services to GBV survivors.



GBV Coordination Mechanisms:

- UNFPA is leading GBV coordination in 12 states: Central Darfur, North Darfur, South Darfur, West Darfur, Blue Nile, White Nile, South Kordofan, Gedaref, Kassala, Khartoum, Aj Jazira and Red Sea.
- The GBV Sub-Sector invested in enhancing local organizations' capacities prior to the crisis in nine states where a GBV Working Group was already active prior to the crisis. Since the conflict began, the GBV Sub-Sector has

trained **516** GBV actors and service providers on GBV in Emergencies, remote service provision, psychosocial support, emergency response planning, referrals, and the prevention of sexual exploitation and abuse (PSEA).

- **14 GBV assessments** were conducted in South Darfur, Khartoum, Aj Jazira, North Kordofan, South Kordofan, River Nile, Northern, White Nile, Red Sea and Blue Nile states. GBV assessments categorically help inform interventions as they help identify the risk factors that lead to an increase in GBV incidents, while allowing for a better understanding of the needs of affected populations, including their number and geographic locations.
- GBV **referral pathways** are currently available in 13 states: Khartoum, Central Darfur, North Darfur, South Darfur, West Darfur, Kassala, Gedaref, South Kordofan, White Nile, Aj Jazira, Red Sea, River Nile and Northern. Up-to-date GBV referral pathways are essential to safely link GBV survivors to GBV services such as health, psychosocial support, case management, safety and security.
- The Clinical Management of Rape service mapping has been updated in all 18 states of Sudan and is being utilized by frontline service providers.
- The GBV Area of Responsibility (AoR) is liaising with the Health Cluster to jointly determine referral pathways in an effort to ensure survivors have timely access to medical and protection services.

PREVENTION OF SEXUAL EXPLOITATION AND ABUSE

- UNFPA continues to work with the inter-agency PSEA network to promote stronger measures in preventing and responding to sexual exploitation and abuse with a survivor-centered approach.
- In Aj Jazira, the first PSEA/ Accountability to Affected Populations (AAP) state level working group was established to enhance the response in the state.
- UNFPA is finalizing preparations for a series of PSEA capacity building workshops, awareness raising, and assessments in eight states.

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\$ 8.45M	US\$ 5.7M	US\$ 6.05M	US\$ 20.2M
Funding Gap	US\$ 20.45M	US\$ 28.7M	US\$ 21.15M	US\$ 70.3M

*For June - December 2023

**Sudan Humanitarian Fund, CERF, UNFPA Core Resources, USAID Bureau of Humanitarian Assistance, US Bureau of Population, Refugees and Migration

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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.