

HIGHLIGHTS

- UNFPA managed to deliver medical supplies to three hard-to-reach areas, namely Khartoum, North Darfur and West Darfur (cross-border from Chad). More medical supplies are on their way to East Darfur and South Darfur.
- UNFPA managed to provide additional supplies to 12 health facilities across Khartoum, Aj Jazira, Blue Nile, Gedaref and West Darfur to ensure that every child birth is safe.
- UNFPA is building the capacity of emergency response rooms in Khartoum to respond to the immediate health and protection needs of women and girls.
- UNFPA is launching an integrated GBV-SRH response in River Nile, Northern State and Sennar, which are hosting over 1 million internally displaced people (IDPs).
- UNFPA established five state-level Sexual and Reproductive Health (SRH) Technical Working Groups in Gedaref, Aj Jazira, North Darfur, Kassala and Blue Nile and is reactivating the National SRH Technical Working Group to coordinate the response of SRH actors.
- The GBV Sub-Sector developed and disseminated standard operating procedures and protocols for remote GBV service provision.



Mobile clinic team - Kassala State

SITUATION OVERVIEW

According to the latest [UN estimates](#), about 5.25 million people have been displaced inside and outside Sudan due to the conflict that erupted in mid-April between the Sudanese Armed Forces (SAF) and the Rapid Support Forces (RSF). More than 4.1 million people have been displaced internally, including 984,000 women and girls of reproductive age, among whom an estimated 98,000 are currently pregnant and in need of timely access to lifesaving and essential reproductive health services. Around 32,000 displaced women are expected to give birth over the course of the coming three months, with nearly 4,900 women likely to experience pregnancy and birth related complications.¹

¹ UNFPA estimates are based on the [Minimum Initial Service Package \(MISP\) Calculators](#).

Across Sudan, 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 expected to give birth over the next three months. Around 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 keep on increasing. The only medical supplies entering Sudan today are provided through aid organizations and are not enough to meet the demand. While the economic situation in the country is progressively deteriorating, a significant portion of the population is left with limited access to essential and lifesaving health and protection services.

As the conflict continues across the country, protection risks – including sexual violence, harassment, abuse and exploitation – are on the rise. Incidents of gender-based violence (GBV) are witnessed both in areas where active combat is taking place and in areas hosting displaced people. For women and girls, the risks of domestic violence, conflict-related sexual violence, trafficking, and sexual exploitation, harassment and abuse are staggering. At the same time, GBV responders are noticing increased sensitivity and fear among women and girls to report GBV cases by.³ Psychological distress, pauperisation, tensions and violence are contributing factors to the GBV patterns.



Regular midwife visit - Madani, Aj Jazira State

UNFPA HUMANITARIAN RESPONSE

An [IASC system-wide scale-up](#) was activated on 29 August 2023 for a period of six months. UNFPA had already fast-tracked the mobilization of additional internal financial and human resources to accelerate the response since the escalation of the conflict. UNFPA is also contributing to the newly established coordination mechanisms, such as the Area-Based Inter-Cluster Coordination Group (AICCG) and the Area-Based Humanitarian Country Team (AHCT) aiming at decentralizing decisions closer to the affected populations. The evolution of the context and associated needs require more agility through coordination at state level. UNFPA has reinforced its monitoring mechanisms by deploying additional monitoring and evaluation experts to states receiving conflict-related displacements.

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

³ Protection Cluster, UNFPA, [GBV Sub-Sector Sudan Key Messages on Sudan IASC Scale-Up](#), September 2023.

SEXUAL AND REPRODUCTIVE HEALTH⁴

- SRH supplies were delivered to **five** EmONC facilities in West Darfur and Central Darfur from across the Chad border. The supplies are enough to cover the needs of a population of **500,000** people. Additional SRH medicines and commodities are on their way to East Darfur and South Darfur. UNFPA is also expecting a shipment of Oxytocin⁵ to arrive in Sudan in September 2023 that will cover an estimated 3,600 births.
- Four temporary clinics providing integrated SRH-GBV services have been deployed in West Darfur, Blue Nile and White Nile, and have provided **3,021** consultations to both internally displaced and vulnerable host communities. Additional temporary clinics will be deployed in Kassala, Gedaref, Aj Jazira, South Darfur, Northern, River Nile and Red Sea.
- UNFPA has been supporting **five facilities** in Khartoum state to provide emergency obstetric and neonatal care (EmONC) services. **1,330** consultations have been provided, with **153** assisted deliveries including **65** C-sections.
- Service providers have been deployed to **four** primary health care clinics in Madani and Hasahisa localities of Aj Jazira state to serve the IDPs and host communities.
- Also in Aj Jazira state, **10 midwives** are currently deployed in five IDP gathering sites within Madani. The midwives provided services to **281 pregnant women**. An in-service training package is currently being rolled out for midwives in Aj Jazira, Northern and River Nile states.
- **95** community based referral mechanisms are currently functional in Sudan and have supported the referral of **435** obstetric emergencies in areas with limited health service coverage.
- Since the temporary suspension of the MDSR⁶ system in April, UNFPA has been supporting interim measures for the notification and documentation of maternal deaths in conflict affected states. While the MDSR system is being reactivated in relatively safer states, UNFPA and health partners are working on adapting the system to the current context.
- In Gedaref, the UNFPA-supported field hospital in Tunaydbah Camp for Ethiopian Refugees successfully provided **395** SRH consultations, **93** C-sections, and **19** normal deliveries since April. Meanwhile in Blue Nile, the primary health care center in Camp 6 has provided **7,782** general consultations for Ethiopian refugees and the host community since April, including **462** SRH consultations and **60** normal deliveries.
- UNFPA established five SRH Technical Working Groups co-chaired by UNFPA and the State Ministries of Health in Gedaref, Aj Jazira, North Darfur, Kassala and Blue Nile with plans underway for the establishment of SRH TWGs in the remaining 13 states. Moreover, the National SRH TWG is currently being reactivated and will be co-chaired by UNFPA and the Federal Ministry of Health to better coordinate the response among SRH actors.
- UNFPA conducted a mapping exercise of SRH actors in nine states, including Aj Jazira, White Nile, Gedaref, Kassala, Blue Nile, Central Darfur, North Darfur, South Darfur and North Kordofan.
- UNFPA also conducted a validation of the EmONC network in **16** states⁷, whereby the list of functional EmONC facilities is being updated monthly.

⁴ The information provided in this section pertains to the reporting period 8 August to 14 September.

⁵ The timely administration of Oxytocin is highly effective in preventing post-partum hemorrhage and preventable maternal deaths.

⁶ Maternal Death Surveillance and Response (MDSR) system is a continuous cycle of maternal death identification, notification (reporting) and reviews, followed by interpretation of review findings, response, and actions to prevent future maternal deaths.

⁷ Blue Nile, Kassala, Gedaref, East Darfur, Central Darfur, South Darfur, West Darfur, South Kordofan, West Kordofan, North Kordofan, River Nile, White Nile, Red Sea, Sennar, Khartoum and Aj Jazira.



Primary Health Clinic - Gedaref State

GENDER-BASED VIOLENCE

GBV Prevention and Response Interventions⁸:

- **50** members of emergency response rooms and community-based protection networks in Khartoum have been trained on psychosocial support, psychological first aid and GBV in Emergencies. Persons trained are the first responders to the immediate health and protection needs of women and girls in Khartoum.
- UNFPA continues to support **35** Women and Girls Safe Spaces in Blue Nile, White Nile, West Darfur, Central Darfur, Aj Jazira, Gedaref and Kassala where trained social workers and psychologists are providing psychosocial support, psychological first aid and GBV Case Management services to vulnerable women and girls, including GBV survivors.
- **162** community-based protection networks are active in Blue Nile, White Nile, West Darfur, Central Darfur, Aj Jazira, Gedaref and Kassala and are providing assistance to the affected population, disseminating information on available services and facilitating referrals to advanced care.
- **1,122** women and girls received dignity kits and information on GBV risks and available services in Blue Nile, White Nile, Kassala, North Kordofan, North Darfur, Aj Jazira and Gedaref. In addition, **2,464** women and girls received sanitary napkins.
- **381** social workers, community-based protection network members and key community leaders and members were trained on GBV core concepts and harmful practices, such as female genital mutilation and child marriage, and GBV case management services in Aj Jazira, Gedaref, White Nile and Blue Nile.
- **6,108** community members benefited from the awareness raising activities conducted in Kassala, White Nile, Blue Nile and Aj Jazira. The sessions focus on forms of GBV, including female genital mutilation and child marriage, and existing GBV services and referral pathways.

⁸ The information provided in this section pertains to the reporting period 8 August to 14 September.



Psychosocial support session and distribution of Dignity Kits - Kassala State

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.
- GBV prevention and response partners have reached **121,512** people with life-saving GBV information response services, including 16,797 received Dignity Kits and 11,829 received GBV services such as clinical management of rape, psychosocial support, GBV case management, as well as referral to other appropriate services.
- The GBV Sub-Sector developed standard operating procedures and protocols for remote GBV service provision, including psychological first aid and GBV case management services.
- Significant investments have been made in capacity building to scale up service provision, with **1,226** frontline GBV service providers trained on GBV in emergencies, remote service provision, remote psychological first aid and case management, setting up temporary safe spaces and preventing sexual exploitation and abuse (PSEA).
- GBV is a cross-cutting issue and therefore should be integrated into all aspects of emergency humanitarian response. All humanitarian actors share a responsibility to ensure that their activities do not lead to or perpetuate discrimination, abuse, violence, neglect or exploitation. Addressing these issues, the GBV Sub-Sector conducted GBV mainstreaming training for **1,181** non-GBV humanitarian actors. Additionally, the GBV Area of Responsibility (AoR) is collaborating with the Health Cluster to integrate GBV interventions and jointly determine referral pathways to ensure survivors have timely access to medical and protection services.
- Updated GBV referral pathways and clinical management of rape service mapping are available in 14 states: Khartoum, Central Darfur, North Darfur, South Darfur, West Darfur, Kassala, Gedaref, South Kordofan, White Nile, Aj Jazira, Red Sea, River Nile, Northern, and Sennar. These pathways provide a safe means of connecting GBV survivors to various services such as health, psychosocial support, case management, safety and security services.

Why Remote GBV Prevention and Response Services?

Given the current crisis in Sudan, there is a growing concern about a rise in GBV incidents. Displacement, heightened tensions, lack of safety, loss of livelihoods and associated stress are all factors that could contribute to this increase. At the same time, delivery of and/or access to in-person GBV services has been interrupted or limited in many parts of the country, and there is a growing need to increase support in IDP-hosting states. Maintaining as much of a GBV response as possible in this context, including risk reduction, psychological first aid, psychosocial support and referral

services is important. Therefore, some service providers are shifting to remote service-delivery modalities to provide alternative ways for survivors to enable access to services and expand the reach of services to underserved locations. The GBV Sub-Sector developed standard operating procedures on remote psychological first aid and GBV Case Management for the first time in Sudan and conducted capacity building sessions to GBV actors accordingly.



Mobile clinic team - Blue Nile State

PREVENTION OF SEXUAL EXPLOITATION AND ABUSE AND ACCOUNTABILITY TO AFFECTED POPULATIONS

There are growing concerns about Sexual Exploitation and Abuse in the IDP gathering points. UNFPA continues to work closely with partners and the Prevention of Sexual Exploitation and Abuse (PSEA) Network to ensure that aid workers uphold an environment that prevents sexual exploitation and abuse and where affected populations are supported, respected and empowered.

- **146** UNFPA and implementing partner staff participated in virtual training sessions on PSEA.
- UNFPA also organized in-person training workshops and awareness sessions on PSEA and accountability to affected populations (AAP) for **356** partner staff, service providers, community-based protection network members and community members, including youth and people with disabilities (PWD), in Aj Jazira, Kassala, Gedaref, Sennar, Blue Nile and White Nile.
- A [UNFPA hotline](#) has been set-up for community feedback, referral support and reporting.
- UNFPA trained 25 members of a women-led PWD organization based in Aj Jazira on organizational management and leadership principles.



Mobile clinic team - White Nile State

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

SEXUAL AND REPRODUCTIVE HEALTH

- Access to lifesaving emergency obstetric and neonatal care (EmONC) remains a major challenge in view of the ongoing crisis. According to [WHO](#), an estimated 60% of health facilities across Sudan are not functioning, and only one in five health facilities is fully functional in Khartoum. Moreover, the few functioning health facilities in IDP-hosting states, such as River Nile, Northern and Senner, are now faced with a significant increase in demand for services exceeding their response capacities.
- EmONC services across Sudan are limited due to electricity blackouts, shortages of clean water and a limited number of care providers who are able to operate in and reach the health facilities.
- The stockout of Oxytocin and Misoprostol - the main treatment and preventive medicines for obstetric hemorrhage - remains a major challenge posing additional hazards for maternal mortality and morbidities in Sudan. Distribution of reproductive health commodities is extremely challenging given limited access especially in Khartoum and the Darfur and Kordofan regions.
- Economic deterioration and rising inflation are impacting the ability of displaced people to access health care services and other social services, posing additional risks leading to poor reproductive health outcomes.
- The functionality of the Maternal Death Surveillance and Response (MDSR) system in Sudan is affected by the conflict given interrupted communications and the displacement of a significant number of healthcare providers. Interim measures are being put in place to facilitate the identification of potential risks resulting in excess maternal mortality.



New Reproductive Health supplies arrive in West Darfur State

GENDER-BASED VIOLENCE

- Access to comprehensive GBV prevention and response services has become a challenge due to the ongoing crisis and large-scale displacement, including of service providers and UNFPA implementing partner staff who are working remotely from different locations.
- Incidents of GBV continue to be reported as women and girls are exposed to increased risks of GBV, including sexual harassment and sexual violence. In states with limited access to services, such as Khartoum and South Darfur, partners are relying on remote service provision for GBV survivors and vulnerable women and girls.
- IDP gathering points are congested and pose a risk factor for the safety and privacy of women and girls.
- High inflation and economic hardship are linked to GBV vulnerability and are among the main triggers for intimate partner violence.

FUNDING NEEDS

Table 1: UNFPA Funding Gap for the Revised 2023 Sudan Humanitarian Response Plan⁹ (in US\$ Million)

	GBV Response 2023	SRH Response 2023	Refugee Response (inside Sudan)	Total
Requirement*	\$28.9	\$32.9	\$27.2	\$89
Pledges and Contributions**	\$14.2	\$7.9	\$6.3	\$28.4
Funding Gap	\$14.7	\$25	\$20.9	\$60.6

*For June - December 2023

**UNFPA Core Resources, USAID Bureau of Humanitarian Assistance, US Bureau of Population, Refugees and Migration, CERF, European Commission and UNHCR. Contributions also include development funds re-oriented towards the emergency response: United Kingdom, Canada and the Netherlands and the European Union.

⁹ 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.

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