















Situation Overview

-  **3.75 million**
Women and girls of reproductive age displaced internally
-  **126,000**
Pregnant women displaced internally
-  **45,000**
Expected child births in the next 3 months
-  **25,000**
Women displaced internally likely to experience pregnancy and birth related complications
-  **4.2 million**
People at risk of gender-based violence

UNFPA Response As of December 2023

-  **168,000**
Reached with sexual and reproductive health supplies
-  **14**
Mobile & Temporary Clinics
-  **57,841**
Medical, sexual and reproductive health services
-  **1,026**
Safe Births, including C-sections
-  **784**
Obstetric emergency referrals
-  **40,304**
Dignity kits & sanitary napkins
-  **49**
Women and Girls Safe Spaces
-  **108**
Gender-based violence response services, including clinical management of rape
-  **12/18 states**
Gender-Based Violence Working Groups
-  **8/18 states**
Sexual and Reproductive Health Working Groups
-  **732**
Partners and community members trained on PSEA and AAP

KEY UPDATES

SEXUAL AND REPRODUCTIVE HEALTH

Supplies – UNFPA has distributed 1.1 million units of Oxytocin and 163,900 packs of Misoprostol¹ in all states except South Kordofan and the Darfur region due to access challenges. UNFPA is currently exploring options with partners to reach these areas. An additional shipment of Oxytocin is expected to arrive in the country by the end of December.

EmONC Support – UNFPA has been supporting five health facilities in Khartoum state to provide emergency obstetric and neonatal care (EmONC) services by supplying them with generator fuel. This support has facilitated 364 normal deliveries, 224 C-sections and 1,330 consultations.

Deployment of care providers – Service providers have been deployed to four primary health care clinics (Altikailat, Gazirat Alfeel, Amart Albana, and Aldibaga) in Madani locality, as well as Hasahisa hospital in Aj Jazirah state. They are serving internally displaced persons (IDPs) and host communities, supporting 67 normal deliveries and providing 797 medical consultations.

Mobile Clinics – 16 temporary clinics providing integrated sexual and reproductive health (SRH) and gender-based violence (GBV) services have been deployed in West Darfur, Blue Nile, White Nile, Kassala, Gedaref, Aj Jazirah, Sennar, North Kordofan, and Northern states. These clinics have provided a total of 28,762 consultations to IDPs and vulnerable host communities

Referral System – 784 obstetric emergencies in areas with limited access to health care in Kassala, Blue Nile, White Nile, and Aj Jazirah were referred to EmONC facilities through community-based referral mechanisms set up by UNFPA.

Obstetric Fistula – UNFPA has supported the surgical costs for 69 obstetric fistula cases, with 20 cases operated on at the fistula center in North Darfur since April. The treated cases are from North Darfur, West Darfur, South Darfur and West Kordofan. Meanwhile, 49 cases in Blue Nile were treated through campaigns and routine operations, with most cases involving IDPs.

¹ Oxytocin and Misoprostol are essential for the management of obstetric hemorrhage, which is the leading cause of preventable maternal deaths in Sudan.

Rehabilitation of Health Facilities – UNFPA installed a solar-powered electric system at Halfa Rural Hospital to support the emergency department, intensive care unit, operating theater, and labor room. Additionally, a similar system was installed at Dongola Maternity Hospital in Northern state, enabling the smooth operation of the Operating Room and the Nursery Department.

Capacity Building – **108** health care providers were trained on clinical management of rape (CMR) in Blue Nile, Aj Jazirah and Red Sea. Furthermore, **42** community midwives in White Nile received in-service training. Additionally, **12** health managers in Red Sea were trained on the SRH Minimum Initial Service Package (MISP).

HIV Prevention – UNFPA reached **10,447** key and vulnerable populations with comprehensive HIV prevention packages in Kassala, Red Sea, Gedaref, Blue Nile, White Nile, North Darfur, South Darfur and West Darfur.

Coordination – UNFPA conducted **three** National SRH Working Group meetings with representation from 14/18 states. **Eight** SRH Technical Working Groups, co-chaired by UNFPA and the State Ministries of Health, are operational in Aj Jazirah, Gedaref, Kassala, Blue Nile, White Nile, North Darfur, South Darfur and East Darfur. Additionally, UNFPA conducted a mapping exercise of SRH actors in **14** states, including Aj Jazirah, Gedaref, Kassala, Blue Nile, White Nile, South Darfur, East Darfur, West Darfur, Central Darfur, North Darfur, North Kordofan, West Kordofan, South Kordofan and Sennar. Furthermore, SRH services have been mapped in **13** states, including Kassala, Blue Nile, White Nile, South Darfur, East Darfur, West Darfur, Central Darfur, North Darfur, North Kordofan, West Kordofan, South Kordofan, Sennar and Red Sea.

Ethiopian Refugees Response – The UNFPA-supported field hospital in Tunaydbah Refugee Camp in Gedaref provided **776** SRH consultations, **154** C-sections, and **43** normal deliveries. Meanwhile, the primary health care center in Camp 6 in Blue Nile has supported **82** normal deliveries, **13,109** general consultations and **741** SRH consultations to Ethiopian refugees and the host community since April.

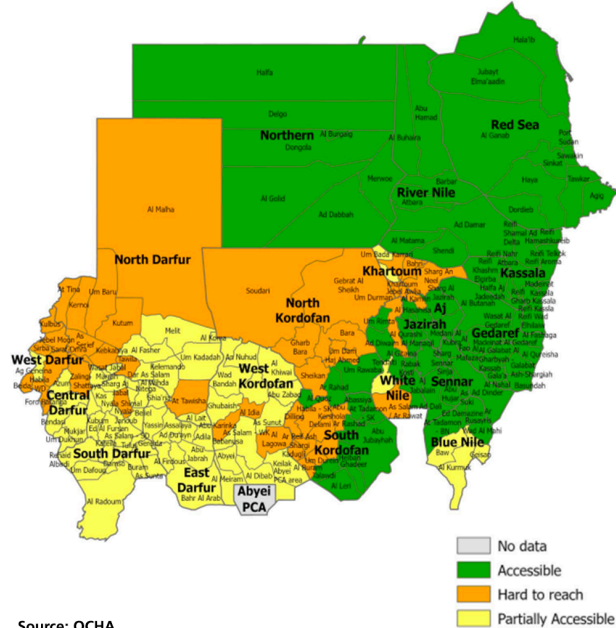
GENDER-BASED VIOLENCE

GBV Prevention and Response Interventions

Dignity Kits Distribution – **3,024** women and girls benefited from a distribution of dignity kits in Geneina, West Darfur. These kits were transported to West Darfur through the cross-border response from Chad and subsequently distributed to displaced

women and girls in Geneina town. Additionally, **2,117** women and girls in Aj Jazirah received sanitary napkin packs. The distribution of these supplies was complemented by awareness raising activities covering key messages on GBV, menstrual hygiene management and the GBV referral system.

Geographic Access Dec 2023



Source: OCHA

Women and Girls Safe Spaces – **Nine** new Women and Girls Safe Spaces were established in West Darfur, Kassala, and Blue Nile in November to provide essential GBV prevention and response services. These services include case management, individual and group-based psychosocial support, referrals, and information on GBV. In West Darfur, **150** women received vocational training, and in Aj Jazirah state, **65** women attended a handcraft training session at the Women and Girls Safe Space. Additionally, **4,520** community members were reached with GBV awareness-raising interventions in Kassala, White Nile, Gedaref, Blue Nile, and Aj Jazirah. The sessions focus on various forms of GBV, including female genital mutilation and child marriage, as well as available GBV services and referral pathways. Furthermore, **750** women and girls in White Nile and Aj Jazirah attended group psychosocial support sessions using the Peer-to-Peer approach.

16 Days of Activism Against Gender-Based Violence – Under the national theme “Let Us All Unite to End Violence Against Women in War and Peace”, UNFPA marked the 16 Days of Activism Against GBV in the states of Blue Nile, White Nile,

Kassala and Aj Jazirah. 2,690 community members were reached during the opening of the campaign.

Community-Based Protection Networks – Two new community-based protection networks were established in Aj Jazirah and White Nile in November to provide protection assistance to the affected population. These networks aim to disseminate information on GBV and available services and facilitate referrals to advanced care.

Capacity Building – In West Darfur, Central Darfur, Jazeera, White Nile, North Darfur and Kassala, **874** social workers, healthcare providers, community-based protection network members, influential women, and key community leaders were trained on GBV core concepts, including the harmful practices of female genital mutilation and child marriage, GBV risk mitigation, and providing GBV response services such as case management, psychosocial support and clinical management of rape.

GBV Coordination Mechanisms

Reach – Since April, **74,521** people, including GBV survivors, have been reached by various GBV actors with lifesaving GBV response services, such as medical, legal, and psychosocial support, as well as awareness raising, material assistance, and referral to appropriate services.

GBV Working Groups – UNFPA is currently leading the coordination of GBV prevention and response in 14 states through state GBV Working Groups in Central Darfur, North Darfur, South Darfur, West Darfur, Blue Nile, White Nile, South Kordofan, Gedaref, Kassala, Khartoum, Aj Jazirah, Northern, Sennar and Red Sea. The GBV Case Management Taskforce has also been reactivated under the GBV Working Groups to provide technical support and guidance to GBV case managers in implementing case management interventions during the current conflict situation, ensuring the application of GBV Guiding Principles and preventing harm.

Capacity Building – The GBV Sub-Sector has made significant investments in capacity building to scale up service provision. 5,692 frontline GBV service providers and non-GBV humanitarian actors have been trained on GBV concepts, conflict-related sexual violence, GBV in emergencies, remote service provision, psychological first aid, case management, setting up temporary safe spaces and preventing sexual exploitation and abuse (PSEA). Additionally, the GBV Sub-Sector conducted a survey to map the presence and capacities of women-led organizations, aiming to address capacity gaps and

ensure their inclusion in GBV coordination and response efforts.

Referral Pathways – GBV referral pathways were updated for the 14 states where GBV Working Groups are operational, while clinical management of rape services was mapped in all 18 states. These pathways provide a safe means for GBV survivors to access specialized GBV services and other sectoral services.

Technical Guidance – Guiding documents developed by the GBV Sub-Sector include national and state-level GBV Standard Operating Procedures and standard guidelines for critical GBV interventions. GBV actors were subsequently trained on these guidelines to facilitate the establishment and provision of services during conflict, ensuring the safety of both service providers and survivors. Additionally, an Observation Tool for GBV was developed with the aim of providing GBV actors an overview of GBV trends and threats in conflict-affected areas. Subsequently, 44 GBV and non-GBV humanitarian actors were trained in using this tool during interagency assessments, particularly in situations where GBV actors are not present, or in cases of high-security risks where conducting GBV needs assessments is not possible.

16 Days of Activism Against Gender-Based Violence – The Sudan GBV Sub-Sector marked the 16 Days of Activism Against GBV in ten states, including Aj Jazirah, Blue Nile, White Nile, Kassala, North Darfur, Northern, Gedaref, Central Darfur, West Darfur and Sennar.

Prevention of Sexual Exploitation and Abuse and Accountability to Affected Populations.

There are growing concerns about sexual exploitation and abuse in IDP gathering points. UNFPA continues to work closely with partners and the 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.

Training – UNFPA organized in-person training workshops and awareness sessions on PSEA and accountability to affected populations (AAP) for **955** partner staff, service providers, community-based protection network members and community members, including youth and people with disabilities (PWD), in Aj Jazirah, Kassala, Gedaref, Sennar, Blue Nile, South Kordofan, West Darfur and White Nile. Additionally, **146** UNFPA and implementing partner staff participated in virtual training sessions on PSEA since April.

The [UNFPA hotline](#) continues to operate for community feedback, referral support and reporting. Moreover, radio messages on PSEA were broadcast across Sudan in seven local languages.

CHALLENGES

Operational Challenges – Key operational challenges are related to security, logistical and communication constraints.

Access to SRH Services – Regrettably, access to lifesaving EmONC remains challenging. EmONC services across Sudan are limited due to electricity blackouts, shortages of clean water and a limited number of care providers who can operate in and reach health facilities. There is evidence that disease outbreaks, such as acute watery diarrhea, pose additional risks for the well-being of pregnant women noting that malaria remains amongst the highest indirect causes of maternal death in Sudan.

Access to GBV Services – Access to comprehensive GBV prevention and response services remains a challenge in this protracted crisis and amidst the large-scale displacement of people, including service providers, and UNFPA implementing partner staff who have to work 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, North Darfur 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 further increase GBV vulnerability and are among the main triggers for intimate partner violence. Crucially, GBV and other protection risks have been exacerbated by a lack of sufficient risk mitigation and investment across other sectors, such as a lack of safe access to humanitarian assistance, or inadequate, inappropriate, and unequal distribution of commodities and other items.

FUNDING 2023

	GBV Response	SRH Response	Refugee Response (in Sudan)	Total
Requirement*	\$28.9	\$32.9	\$27.2	\$89
Pledges and Contributions**	\$19.7	\$11.5	\$6.3	\$37.5
Funding Gap	\$9.2	\$21.4	\$20.9	\$51.5

*For June - December 2023

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

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