

Situation Overview



167,000
Pregnant women displaced internally



55,764
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



168,000
Reached with sexual and reproductive health supplies



19
Mobile & Temporary Clinics



59,479
Medical, sexual and reproductive health services



1,041
Safe Births, including C-sections



784
Obstetric emergency referrals



40,304
Dignity kits & sanitary napkins



54
Women and Girls Safe Spaces



330
Gender-based violence response services, including clinical management of rape



14/18 states
Gender-Based Violence Working Groups



9/18 states
Sexual and Reproductive Health Working Groups



1,201
Partners and community members trained on PSEA and AAP

UNFPA Response As of December 2023

KEY UPDATES

AJ JAZIRAH CONFLICT & DISPLACEMENT

Overview – Around 250,000 – 300,000 people have been displaced from Wad Madani and surrounding areas in Aj Jazirah State following the clashes between the Sudanese Armed Forces (SAF) and the Rapid Support Forces (RSF) in the area on 15 December, according to [UN estimates](#). Among the displaced population, it is estimated that 60,000 are women and girls of reproductive age, including nearly 6,000 currently pregnant women.¹

People displaced from Wad Medani have fled to Gedaref, Sennar and White Nile states. It is estimated that thousands of people displaced from Wad Medani might have arrived in Sennar State enroute to Gedaref, Kassala and Blue Nile. Reports also indicate that IDPs are moving to White Nile State to cross over to South Sudan if the situation deteriorates.

An estimated 5.9 million people live in Aj Jazirah State, Sudan's breadbasket, with 700,000 people living in Wad Madani. Since April 15, nearly 500,000 people have fled to Aj Jazirah State. More than 270,000 people in the town are in need of humanitarian assistance, including **147,208** women and girls of reproductive age. Among them, **15,000** pregnant women are currently in need of sexual and reproductive (SRH) services and nearly **95,000** are in need of gender-based violence (GBV) prevention and response services.

UNFPA Services in Aj Jazirah – Despite the challenging situation, UNFPA continues to ensure the uninterrupted provision of life-saving health and protection services in Wad Madani and other parts of Aj Jazirah state. Clinical management of rape services continue to be available in Elhoush, Wad Elhadad and Manaqil Hospitals. However, the eastern part of Aj Jazirah state was massively affected, with reported casualties among health workers, and Rufaa Hospital is reportedly out of service.

UNFPA mapped the availability of GBV and SRH services in the state and established a remote service provision modality to survivors of GBV. Local staff of UNFPA partner NADA Al-Azhar maintained the provision of lifesaving protection services, including in-person psychosocial support for GBV survivors who

¹ UNFPA estimates are based on the Minimum Initial Service Package (MISP) Calculator.

reported to UNFPA-supported facilities in Hasahisa, as well as remote support to survivors who could not access the facilities. Additionally, UNFPA continued to provide remote technical support to GBV case managers and social workers managing GBV cases, including guidance on remote service delivery, dealing with child and male survivors, as well as self-care.

UNFPA Response to New Arrivals in Sennar – UNFPA is deploying mobile clinics in Sennar to ensure the availability of life-saving health and protection services in the state, and a mapping of available services and supplies, including post-rape treatment kits, is currently underway. Additionally, UNFPA conducted an online training on the Minimum Initial Service Package for SRH to strengthen the capacity of health managers on providing priority life-saving services during emergencies.

Furthermore, UNFPA protection services in Sennar currently include psychological first aid and clinical management of rape for survivors of GBV, and will be expanded to include psychosocial support and GBV case management services to IDPs. In the meantime, information on available GBV services and service provision modalities are being disseminated through WhatsApp and phone calls to service providers and GBV actors in the state to enhance access to lifesaving health and protection services and the prevention of sexual exploitation and abuse.

UNFPA Response to New Arrivals in Gedaref – UNFPA deployed mobile clinics in Gedaref to areas with new arrivals to provide health and protection services. UNFPA is also in the process of providing additional operational support to Emergency Obstetric and Neonatal Care (EmONC) facilities, such as Eltahely hospital, to ensure the continuity of services. This includes minor renovation and the installation of solar-powered electric systems.

SEXUAL AND REPRODUCTIVE HEALTH

Cholera Outbreak Response – After the declaration of a [Cholera outbreak](#) in Sudan in September 2023, UNFPA adapted its health response in affected states to support the efforts of health sector actors. Modified reproductive health interventions include training midwives in Aj Jazirah on infection prevention and control (discontinued following the conflict outbreak in the state in December 2023); adjusting mobile clinic locations in Gedaref, Kassala, and Sennar to cover affected localities; distributing Inter-Agency Reproductive Health (IARH) Kits to Gedaref, Aj Jazirah, Khartoum, Kassala, Sennar, and White Nile; and circulating SRH in Emergencies guidelines for disease outbreaks to ensure that women and girls can continue to access SRH services.

Supplies – UNFPA has distributed 1.1 million units of Oxytocin and 163,900 packs of Misoprostol² 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 – 19 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 30,244 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.

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.

² Oxytocin and Misoprostol are essential for the management of obstetric hemorrhage, which is the leading cause of preventable maternal deaths in Sudan.

Capacity Building – 108 health care providers were trained on clinical management of rape (CMR) in Blue Nile, Aj Jazirah and Red Sea. Furthermore, **72** community midwives in White Nile and Red Sea received in-service training. Additionally, **35** health managers in Red Sea, Blue Nile, Kassala, Aj Jazirah and Sennar 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 **four** National SRH Working Group meetings with representation from 15/18 states. Nine SRH Technical Working Groups, co-chaired by UNFPA and the State Ministries of Health, are operational in Aj Jazirah, Red Sea, Gedaref, Kassala, Blue Nile, White Nile, North Darfur, South Darfur and East Darfur. Additionally, UNFPA conducted a mapping exercise of SRH actors in **17** 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, Sennar, Red Sea, River Nile and Northern State. Furthermore, SRH services have been mapped in **16** states, including Kassala, Blue Nile, White Nile, South Darfur, East Darfur, West Darfur, Central Darfur, North Darfur, North Kordofan, West Kordofan, South Kordofan, Sennar, Red Sea, Northern State and Gedaref.

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 – 3,224 women and girls benefited from a distribution of dignity kits in Geneina and Armada, 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.

Women and Girls Safe Spaces – Five new Women and Girls Safe Spaces were established in West Darfur, Kassala, Central Darfur, Northern and Blue Nile in December 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 Northern state, West Darfur and Central Darfur, **425** women, including 50 women with disabilities, received vocational training, and in Aj Jazirah state, **65** women attended a handcraft training session at the Women and Girls Safe Space. Additionally, **10,894** community members and IDPs were reached with GBV awareness-raising interventions in Central Darfur, West Darfur, Northern State, 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.

Additionally, 132 women and girls in Aj Jazirah, White Nile, River Nile and Northern state received GBV case management services.

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 nationwide.

Community-Based Protection Networks – 9 new community-based protection networks were established in Aj Jazirah, Khartoum, River Nile, Northern State 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 Northern state, West Darfur, Central Darfur, Jazeera, White Nile, North Darfur, Gedaref and Kassala, **1,330** social workers, healthcare providers, community-based protection network members, influential women, legal aid providers and key community leaders, including persons with disabilities, were trained on GBV core concepts, including the harmful practices of female genital mutilation and child marriage, GBV risk mitigation, GBV in Emergencies, and providing GBV response services such as case management, psychosocial support and clinical management of rape.

GBV Coordination Mechanisms

Reach – 196,600 people were reached by 41 GBV partners from

April - December 2023 (in addition to 42,078 people reached in Jan-Mar 2023) with activities, such as provision of life-saving GBV responses, such as medical (including Clinical Management of Rape), legal, PSS, awareness and material assistance to GBV survivors, as well as referral to appropriate services. Information dissemination sessions conducted on GBV related issues including the availability of services and referral system, utilizing the community-based structure.

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. In some states, GBV Case Management Taskforce Groups have 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. **8,494** frontline GBV service providers and non-GBV humanitarian actors have been trained on GBV concepts, conflict-related sexual violence, GBV risk mitigation, 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. The report will be available in January 2024.

Referral Pathways – GBV referral pathways were updated for the 14 states where GBV Working Groups are operational, while clinical management of rape services were 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 GBV SOP (national/state level), Standard Guidelines for key GBV interventions (guidance notes on GBV awareness sessions, remote psychological first aid, remote case management, key considerations for GBV prevention and response and conflict-related sexual violence messages, GBV assessment/observation tool). **986** GBV actors were subsequently trained by the GBV Sub-Sector capacity building

team on these guidelines to facilitate the establishment and provision of services during conflict, ensuring the safety of both service providers and survivors.

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 Al Jazirah, Blue Nile, White Nile, Kassala, North Darfur, Northern, Gedaref, Central Darfur, West Darfur and Sennar, as well as [the advocacy event held in Nairobi](#) by the Sudan GBV Sub-Sector in coordination with the Regional GBV Working Group for East and Southern Africa .

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

There are growing concerns about sexual exploitation and abuse in IDP gathering points. Moreover, with the recent escalation of hostilities in Aj Jazirah state and secondary displacement of IDPs to Sennar and Gedaref, women and girls are at high risk of sexual exploitation and abuse, particularly as they seek safe passage and access to basic needs. 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 **1,055** 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. The recent fighting in Aj Jazirah impacted the delivery of humanitarian assistance to the affected people, particularly in Wad Madani and its surrounding. Incidents of GBV continue to be reported during active clashes 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, South Darfur and recently Aj Jazirah, partners are relying on remote service provision for GBV survivors and vulnerable women and girls. The new influx of IDPs from Aj Jazirah to Sennar, White Nile and Gedaref is overcrowding the already congested IDP gathering points, increasing the risk factors 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 measures 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** | \$20.4 | \$11.5 | \$6.3 | \$38.2 |
| Funding Gap | \$8.5 | \$21.4 | \$20.9 | \$50.8 |

*For June - December 2023

**Key donors: USAID Bureau of Humanitarian Assistance, US Bureau of Population, Refugees and Migration, CERF, European Commission, Norway, Republic of Korea 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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