Sudan Emergency
Situation Report No.1
9 May 2023

SITUATION OVERVIEW

On 15 April 2023, clashes erupted between the Sudanese Armed Forces and the Rapid Support Forces, with devastating consequences for civilians. According to UN estimates, as of 6 May, around 334,000 people are estimated to have been internally displaced - mainly in the states of Khartoum, Northern, Blue Nile, North Kordofan, North Darfur, West Darfur and South Darfur - and over 120,000 people have fled to neighboring countries.

UNFPA estimates that up to **80,160** of the **recently displaced** population in Sudan are women and girls of reproductive age (15-49 years old) among whom an estimated **7,982** women are pregnant and in need of essential **sexual and reproductive health (SRH)** services including basic and comprehensive emergency obstetric and neonatal care (B/CEmONC) services. Around **880** pregnant women among the newly displaced are expected to give birth in the next month. [1]

Meanwhile, an increased number of **women are exposed to the risk of gender-based violence (GBV) and sexual exploitation and abuse (SEA)** as women and girls are on the move, displaced in temporary shelters and deprived of basic needs.

GBV was already a critical issue for women and girls in Sudan prior to this crisis. In the beginning of 2023, according to Sudan Humanitarian Response Plan (HRP) 2023, an estimated 3.1 million women, girls and other at-risk populations were exposed to the risks of GBV prior to this crisis. With the eruption of conflict and the subsequent interruption of access to GBV services, the number is likely to increase.

AVAILABLE SERVICES AND SUPPLIES

KHARTOUM

In Khartoum, UNFPA had previously prepositioned **SRH supplies** to cover **+19,000** child births and respond to obstetric emergencies and complications, including C-Sections, bleeding, tears and sepsis. More supplies are available to cover **47,000** reproductive health emergencies such as clinical management of rape, treatment of sexually transmitted infectionsand family planning services. However, the distribution of these life-saving supplies to health facilities including referral hospitals and health care providers is not possible at this time due to the **absence of safe access to the warehouses**.

Access to **GBV prevention and response services** in Khartoum - and across Sudan - is severely curtailed by the ongoing fighting, destruction and looting of health care centers and hospitals. There are critical shortages of supplies for the clinical management of rape (CMR) and Dignity Kits as the stocks are inaccessible. Meanwhile, the central and state-level GBV helplines, usually managed by the Government of Sudan's Combating Violence Against Women (CVAW) Unit have been suspended, limiting GBV survivors' access to counseling services.

DARFUR

The five **Darfur states** are in critical need of lifesaving medicines and supplies - especially for **SRH emergencies**. In the states of **North, East, West and Central Darfur**, stock levels of the main medicines needed for the treatment of the

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

leading causes of maternal death in the region - obstetric hemorrhage, pregnancy-induced hypertension, eclampsia and preeclampsia - are only enough to cover the needs until the end of May. Meanwhile in **South Darfur**, the attacks on medical warehouses have resulted in the complete loss of SRH supplies, leaving health care delivery points with critical gaps.

GBV prevention and response services and supplies are severely limited in the Darfur states - with the exception of South Darfur where GBV case management services are still available in Kass, Otash, Kalma and Gereida, and only partially available in the state capital Nyala, as of 8 May.

OTHER STATES

Other parts of Sudan have also begun to experience serious shortages in SRH medicines and supplies as the replenishment of medical stocks from central warehouses in Khartoum to other states is interrupted. GBV services and the provision of Dignity Kits for menstrual hygiene management are also limited.

NEEDS: SEXUAL AND REPRODUCTIVE HEALTH & GENDER-BASED VIOLENCE

KHARTOUM

An estimated **219,000** women in **Khartoum** are currently pregnant, among whom approximately **24,000** are expected to give birth in the coming four weeks. More than **10,000** pregnant women are currently in need of immediate access to lifesaving obstetric and neonatal care, including C-Sections.[2] At this time, pregnant women cannot safely access health care facilities given the extreme insecurity in Khartoum, active shooting, destruction of health facilities, and limited mobility within the city. On the other hand, many health care providers are unable to reach health care facilities, are themselves displaced or have been attacked. This, in turn, is compromising the operations of facilities which face serious shortages of staff.

Health care services in Khartoum have been significantly impacted by the latest conflict. **61%** of health facilities in the city have closed down, and only **16%** are operating normally - leaving behind a significant portion of pregnant women and GBV survivors with limited access to lifesaving health care services, including maternity and newborn services and clinical management of rape. Several maternity clinics are out of service, including Omdurman maternity hospital - the largest referral facility in Sudan. Power supply interruptions and blackouts continue to impact hospitals and blood banks, posing a serious impact on lifesaving interventions, including blood transfusion and critical care.

Furthermore, access to lifesaving medicines and consumables as well as infection prevention and control for hospitals and community midwives is nearly absent, pushing several facilities out of services, and increasing the risks for infection and sepsis. With UNFPA's support, a network of community midwives was activated to address the gaps as active fighting continues and limits referral services. These UNFPA-trained midwives are supporting deliveries at home and at functional health facilities using supplies provided to them prior to the conflict. Nonetheless, supplies are running out and while midwives have the capacity to provide basic emergency obstetric care, comprehensive care can only be provided at functional health care facilities.

Physical access to life-saving **GBV services**, including GBV case management, psychosocial support and referrals is also limited as a result of the deteriorating security situation. Remote services are needed for survivors of GBV and women and girls suffering from trauma. There is also a shortage of service providers trained on life-saving GBV response services such as clinical management of rape, referrals, caring for child survivors of sexual violence, psychosocial support and GBV case management.

Safe spaces for women and girls where they can access services, risk mitigation and hygiene materials and obtain information on referrals are also absent at this time. This is combined with the lack of action-oriented community mobilization and awareness creation strategies on GBV aimed at prevention, stigma reduction and improved access to services.

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

DARFUR

In **West Darfur**'s Ag Geneina locality a significant displacement out of town is ongoing, with an estimated **195,000** people displaced[3]. An estimated **11,417** women are currently pregnant, with **1,270** expected child births in the next four weeks and in urgent need of lifesaving SRH services. No health care delivery points are functional at this time in Ag Geneina.

In **North Darfur**, over 17,000 people have so far been internally displaced, mainly due to fighting in the towns of El Fasher and Kabkabiya.

In **South Darfur**, over 45,000 people are estimated to have been displaced. An estimated **26,254** pregnant women are in need of health services, among whom **2,917** are expected to give birth in the next four weeks[4]. Access to health care delivery points is very limited for both health care providers and people in need.

In the states of **Central and East Darfur**, displacement figures are lower and yet to be verified. Health care facilities are in urgent need of medicines and supplies for the provision of reproductive health services given the suspended replenishment from Khartoum central warehouses.

In light of the large displacements in Darfur, existing **GBV services** are not enough to cover the increasing needs. Remote services and counseling are needed in the absence of a functional GBV Helpline - with a gap in available psychosocial support services and specialized personnel who can provide remote assistance. There is a shortage of dignity kits, clinical management of rape kits and community-based protection networks that can provide psychological first aid and referrals.

OTHER STATES

The provision of SRH and GBV services in the states of **White Nile, Sinnar, and Gezira** - which have seen a recent influx of IDPs - was insufficient before the conflict. Humanitarian needs are severe and increasing and the current response capacity is limited.

There is a shortage of trained social workers and psychologists that can cover all the IDP gathering points, while the capacity of front-line service providers - social workers, midwives and the police - on survivor-centered approaches and referrals for GBV survivors remains limited. Moreover, there is a shortage of women and girls safe spaces and confidential corners that offer critical services to survivors of GBV. Dignity kits for menstrual hygiene mangment, clinical management of rape kits and community-based protection networks that can provide psychological first aid and referrals are highly needed.

UNFPA RESPONSE STRATEGY & PRIORITIES

UNFPA is working in close coordination with partners on the ground, and humanitarian aid workers to activate and deliver lifesaving intervention as soon as safe humanitarian corridors are activated to deliver services and supplies. UNFPA is scaling up its presence 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

[3] UNOCHA Flash update: Clashes between SAF and RSF - Flash Update No. 9 (2 May 2023)
[4] https://data.humdata.org/dataset/sudan-2023-hno-baseline-data

1. **Prepositioning and distribution of life-saving medicines and supplies** including for safe and clean deliveries, management of complicated pregnancies and child births, performing C-sections and blood transfusion, clinical management of rape and responding to the needs of survivors of GBV.

2. **Deployment of community midwives, skilled birth attendants and health care providers** to identify high risk pregnancies, support normal child births, provide SRH-related services and referrals and support with the distribution of clean delivery supplies for visibly pregnant women and for midwives within the gathering sites, IDP sites and the host communities that were critically impacted.

3. **Deployment of temporary clinics and on-the-wheel mobile clinics** to the IDP gathering sites and affected areas with limited access to health services. Medical teams - composed of doctors, nurses, midwives, pharmacists, lab technicians, health promoters and social workers - will provide SRH services, referrals to emergency obstetric care and clinical management of rape services. The clinics will also be deployed to flood-prone states ahead of the annual rainy season which usually runs from July to September.

4. **Supporting the functionality of existing EMONC facilities** including maintaining power supplies and access to clean water, as well as supporting lifesaving facilities such as blood banks, operating theaters and critical care units for obstetric emergencies.

5. **Supporting the active referral of obstetric emergencies, and other reproductive emergencies including survivors of sexual violence to EMONC services** through equipping and supporting ambulances and covering transportation and treatment costs.

6. **Capacity building on lifesaving obstetric care, clinical management of rape and management of reproductive emergencies**, focusing on midwives, health care providers and lay providers.

GENDER-BASED VIOLENCE

1. **Establishment of temporary and semi-permanent Women and Girls Safe Spaces in IDP-hosting states and ensuring continued support to existing Women and Girls Safe Spaces** to provide essential GBV prevention and response services, including case management, individual and group-based psychosocial support, referrals, and information on GBV.

2. **Distribution of Dignity Kits and sanitary napkins** - as GBV risk mitigation materials - to affected women and girls of reproductive age, combined with raising awareness on GBV and PSEA and available response services and sensitization on menstrual hygiene management.

3. **Establish emergency remote GBV specialized services** to fill in for the non-operational GBV Helpline - to provide remote counseling in the absence of the physical services.

4. **Build the capacity of GBV actors to provide remote GBV specialized services**, including psychosocial support and case management, to ensure GBV survivors have continued access to services despite physical services being interrupted by the conflict.

5. **Build the capacity of GBV actors to provide emergency remote assistance,** psychological first aid, and safe referrals while ensuring a survivor-centered approach to service provision and safeguarding the 'do no harm' principles.

6. **Coordinate the GBV response**, as the GBV Sub-Sector lead, through the GBV Working Groups in the affected states; roll out safety audits to identify GBV risk factors and mitigation measures; map and circulate up-to-date GBV referral pathways to facilitate the safe referral of GBV survivors; train GBV actors on GBV in Emergencies to develop emergency response plans for the affected states; GBV mainstreaming with other humanitarian sectors to prevent GBV.

7. **Strengthen the role and capacities of the community-based protection networks** at the IDP gathering sites and other affected areas to provide psychological first aid and referrals while ensuring the creation of a community awareness strategy on GBV aimed at GBV prevention, stigma reduction and improved access to services.

8. **PSEA**: Conduct community outreach focused on raising awareness on GBV and PSEA, access to life-saving and time-sensitive services, and SEA reporting mechanisms.

FUNDING NEEDS

Table 1: UNFPA Funding Gap for the 2023 Sudan Humanitarian Response Plan*

	GBV Response 2023	SRH Response 2023	Total
Requirement	US$ 27,976,000	US$ 34,440,000	US$ 62,416,000
Pledges and Contributions*	US$ 750,000	US$ 1,550,000	US$ 2,300,000
Funding Gap	US$ 27,226,000	US$ 32,890,000	US$ 60,116,000

*At the time of publication, a revision of the 2023 Sudan Humanitarian Response Plan, including a crisis specific Flash Appeal, is underway to account for the emerging needs.

*Sudan Humanitarian Fund, CERF

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