

SITUATION OVERVIEW



Fighting between the Sudanese Armed Forces (SAF) and the Rapid Support Forces (RSF) has continued for over two months, with ongoing violence in Khartoum, Kordofan, Darfur and Blue Nile. Since April 15, more than 2.8 million people have been forced into displacement, including 2.2 million internally displaced - according to [UN estimates](#). Most of the internally displaced people are in River Nile (16.4%), Northern (15.8%), White Nile (11.4%) and West Darfur (11.1%).¹

Due to the ongoing violence, insecurity and bureaucratic impediments, UNFPA, as all humanitarian actors, is facing operational challenges as we are scaling up the response. Continued attacks on health care facilities, equipment and workers in Sudan are depriving women and girls of life-saving health care, with pregnant women hardest hit. Some 67% of hospitals in areas affected by fighting are closed, and several maternity hospitals are out of action, including Omdurman Hospital, the largest referral hospital in Sudan.² Moreover, about 60% of health facilities across the country are non-functional, with assets and supplies looted or destroyed³. Nonetheless, UNFPA is working with its partners to ensure that sexual and reproductive health (SRH) supplies reach health facilities that are still providing reproductive health and obstetric services.

The revised [2023 Humanitarian Response Plan \(HRP\) for Sudan](#) 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. Before the conflict, around 3.1 million women and girls and other vulnerable people were already facing the risk of life-threatening violence in Sudan, according to UN estimates in the initial 2023 Sudan HRP. Since the conflict broke out, that number has increased by 1 million, meaning 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.

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

² UNFPA, WHO, [Women and girls hit hard by attacks on health in Sudan, UN agencies warn](#), June 2023

³ WHO, [Sudan: Health Cluster Sitrep #1](#), May 2023.

Cases of GBV continue to be reported across the country, with incidents of sexual violence, including rape, sexual assault, sexual exploitation and physical violence, being reported by women and girls who have fled the conflict in Khartoum and other areas, as well as those on the move⁴. Adolescent girls are also facing an increased risk of child marriage as some families are allegedly resorting to it, in an attempt to “shield” them from further risks of sexual violence, assault or exploitation.⁵ In areas with active fighting, such as Darfur, high competition over water, food and basic needs combined with resource shortages puts women-headed households, unaccompanied children, and young and adolescent girls also at risk of sexual exploitation and abuse. Long periods trapped within their homes due to heavy shooting has also increased incidents of domestic violence.

Read: [In Port Sudan, UNFPA helps ensure safe birth for women and girls fleeing violence in Khartoum](#)

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

SEXUAL AND REPRODUCTIVE HEALTH



- Access to essential life-saving SRH services remains challenging given ongoing active fighting and further conflict escalation in several states. The increasing trend of internal displacement places additional demand on health care services in IDP-hosting states, such as Northern, El Gazira, West Darfur, White Nile, River Nile, Sennar and Red Sea.
- There is a critical risk of a nationwide stock-out of life-saving SRH medicines and supplies at state level mainly due to the inability to replenish life-saving SRH medicines and supplies that have been consumed since the outbreak of the conflict. Accessing the National Central Medical Supplies warehouses in Khartoum state, where medicines for the entire country are kept, remains challenging. The warehouses are storing medicines for the treatment of obstetric hemorrhage and pregnancy induced hypertension - the leading causes for maternal death in Sudan. Other life-saving SRH medicines, including oxytocin and misoprostol which are used for the prevention and treatment of obstetric hemorrhage, are no longer in stock in the state warehouses of El Gazira, White Nile, Blue Nile, Sennar, Northern State and River Nile.

⁴ UNHCR, [Protection Brief - Sudan](#), June 2023

⁵ UNHCR, [Heightened risks, violations and sexual violence reported by civilians fleeing Sudan](#), June 2023

- Prolonged electricity cuts and fuel shortages in Khartoum continue to impact health facilities providing emergency obstetric and newborn care (EmONC). Generator fuel has become essential for providing life-saving emergency obstetric care which is one of the reasons UNFPA is supporting fuel costs to support hospital operations.
- Responding to the health needs of survivors of sexual violence remains challenging due to limited access to clinical management of rape (CMR) services. A recent mapping of CMR services indicated a low number of facilities that are still able to provide GBV case management within a health care setting due to frequent attacks on health care services. And even where services are available, it can be life-threatening for a survivor to try to physically access these services due to ongoing hostilities. Assessments conducted by UNFPA in Port Sudan, Red Sea state, and Madani, El Gazira state, indicated high gaps in the capacity to respond to survivors of sexual violence - in terms of personnel and supplies.
- Post-rape kits and Inter-Agency Reproductive Health (IARH) Kits with life-saving SRH supplies, disposables and medicines, are highly needed in facilities that are still functioning in order to provide services to those most in need and also to be able to respond to an increase in demand such as in states currently hosting big numbers of IDPs.
- The activation of SRH Working Groups in all states is crucial for harmonizing the health response of SRH partners to affected populations among SRH partners and in collaboration with the health sector.
- Heavy rains and potential flooding during the upcoming annual rainy season, which usually lasts from July to September, pose a substantial threat to the accessibility of life-saving SRH services. Moreover, a considerable number of IDPs are concentrated in areas that were severely affected by floods in 2022.

GENDER-BASED VIOLENCE



- While UNFPA continues to support GBV working groups in 11 states - including a newly established working group in Red Sea state - GBV working groups need to be established in new IDP-hosting states such as River Nile, Sennar, North Kordofan and Northern State to coordinate GBV service provision and referrals.
- Women Centers need to be established/rehabilitated to meet the needs of at-risk women and girls and to provide them with a safe space where they can access services and referrals. In the next 6 months, 210 Women Centers need to be established/rehabilitated.
- Service providers need to be trained to ensure that quality GBV services are provided.
- GBV prevention and response interventions need to be scaled-up in IDP-hosting states, particularly life-saving GBV services, Women and Girls Safe Spaces and GBV Confidential Corners.

- Ensuring adequate supplies of Dignity Kits, and sanitary napkins for menstrual hygiene management is highly needed ahead of the upcoming annual flood season and beyond. In the next 6 months, 260,692 Dignity Kits need to be distributed to women and girls in reproductive age.
- Even where GBV referral services are available, GBV survivors do not necessarily have the financial means to reach these service sites. Providing cash assistance to GBV survivors as part of GBV case management is therefore essential so that survivors can pay for their own transportation costs. While direct cash assistance is challenging amidst the ongoing conflict and disrupted banking system, UNFPA is covering transportation and service costs.
- Strengthen remote GBV services provision, including setting-up additional helplines and training service providers on remote GBV case management and psychosocial support.
- In the next 6 months, 5,000 service providers and 13,000 community members involved in GBV prevention and response need to be trained, to ensure the provision of and access to quality GBV service provision in an ethical and confidential manner.

UNFPA HUMANITARIAN RESPONSE



UNFPA has established a temporary presence in Port Sudan, Red Sea state, and has scaled up its response out of Madani, El Gazira 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 from within Sudan and Kenya (while awaiting visa).

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.

SEXUAL AND REPRODUCTIVE HEALTH

- IARH Kits are available in White Nile state to cover the needs in the Darfur states of Sudan, and will be distributed as soon as the security situation allows, delivery of these supplies are planned in close coordination with the Logistic Cluster. in close coordination with the Logistics Cluster.
- IARH Kits are also available in Madani to cover the needs in El Gazira and Khartoum states. Preparations are being made to transport the supplies to health facilities in Khartoum. Through the Logistics Cluster, UNFPA and partners are currently exploring the last mile distribution of supplies to both Khartoum and Darfur states.

- Clean individual delivery kits were provided to pregnant women in Khartoum and Port Sudan to ensure clean delivery, while supplies for the treatment of vaginal tears were delivered to Um Dawban hospital in Khartoum.
- UNFPA continued to support the functionality of five EmONC hospitals in Khartoum by providing generator fuel to Ombada, Al Saudi, Um Dawban, Albangaded and Turkish hospitals, which provide comprehensive EmONC services; and to Al Jazera Slang, which provides basic EmONC services, over 1,000 women have safely given birth at these hospitals since mid June. Yet, these facilities are struggling to provide life-saving services due to unstable power supply and shortages in medical supplies.
- UNFPA continues to provide CMR services in health care facilities and to respond to survivors of sexual violence nevertheless, the operation is quit challenging given limited access by survivors, limited availability of supplies as well as limited number of functional facilities despite limitations such as access, availability of supplies and the number of functional facilities. Total of 35 health care providers in the Redin Red Sea state were recently trained on CMR. UNFPA is also closely coordinating with the Ministry of Health's HIV Control Program, Reproductive Health Program and the Government's Combating Violence Against Women Unit (CVAW) for the delivery of supplies for provision of CMR services.
- UNFPA is planning to deploy two Mobile Clinics to El Gazira, Blue Nile and West Darfur states once the security situation allows, without which is a major challenge which safe movement will remain a challenge. As a mitigation measure UNFPA worked on deployment of community midwives and In the meantime, UNFPA has been supporting community midwives and deploying health care providers in El Gazira to address reproductive needs of pregnant women on the move and those displaced. to address the health needs of pregnant women who are displaced or still on the move.
- UNFPA and partners have begun preparations for the flood response.



GENDER-BASED VIOLENCE

GBV Prevention and Response Interventions:

- UNFPA continues to support existing service delivery points, such as Confidential Corners and Women Centers in localities where there is no active fighting. Life-saving GBV response services being provided include CMR, psychological first aid and psychosocial support to provide timely response to the emotional, psychological, medical, and safety needs of survivors. The GBV AoR is also linking work with the health cluster⁶ to ensure survivors have timely access to GBV health or protection services and jointly determine referral pathways.

⁶ Sudan Health Cluster, WHO, [Sudan Health Cluster: delivering humanitarian health services to a population in need](#), June 2023

- UNFPA is scaling-up emergency remote GBV response services, including psychosocial support, where physical access to services is interrupted or unavailable.
- UNFPA is scaling up GBV prevention and response services in Kassala, Central Darfur and the new IDP-hosting states of El Gazira, Blue Nile and White Nile and has trained service providers on psychological first aid, GBV in Emergencies, GBV case management and referrals in order to ensure timely access to the multi-sectoral GBV response services. In Port Sudan, UNFPA trained 10 doctors from Port Sudan Maternity Hospital and Port Sudan General Hospital on CMR services. These two hospitals are considered the main health service entry points in the state, and also provide services to survivors referred from other states. The training emphasized the importance of survivor-centered clinical services and ensuring that the rights, needs, and wishes of survivors are respected.
- UNFPA is supporting 19 safe spaces for IDPs in South Darfur (Greida, Kass, Deribat, Otash and Kalma), Blue Nile and Kassala where women and girls can access medical treatment, GBV case management, counseling services, referral to legal services and in some cases, financial assistance. Some of these safe spaces are only functioning at minimum capacity due to difficulties partners are encountering in accessing cash, given disruptions in the banking system. For the meantime, UNFPA is working with several implementing partners on a reimbursement basis until the issue is resolved.
- UNFPA is training community-based protection networks on psychosocial support and referrals. In an effort to support these networks and to ensure the continuity of services, UNFPA provided members of the Community Based Protection Network in Blue Nile with mobile phone devices to enable them to provide services remotely.
- 4,781 Dignity Kits and sanitary napkins (for 2,970 women) have been distributed to IDPs in Kassala, Blue Nile, North Darfur, White Nile, El Gazira and Port Sudan to support women and girls with menstrual hygiene management. The contents of the Dignity Kits further serve to increase the mobility of women and mitigate some of the risks they face during times of crises. A further 52,000 Dignity Kits are being procured.



GBV Coordination Mechanisms:

- A new GBV Working Group in Red Sea state was established to coordinate the GBV response in the state, which continues to receive large numbers of IDPs.⁷
- The GBV Sub-Sector had invested in enhancing local organizations' capacities prior to the crisis in nine states where a GBV Working Group is active. Since the conflict began, the GBV Sub-Sector has trained **317** GBV actors and service providers GBV in Emergencies, remote service provision, psychosocial support, emergency response planning, referrals, the prevention of sexual exploitation and abuse (PSEA).

⁷ In addition to the national GBV Sub-Sector, the states of Khartoum, Central Darfur, North Darfur, South Darfur, West Darfur, Kassala, Gedaref, South Kordofan, White Nile, El Gazira and Red Sea have operational GBV Working Groups.

- 11 GBV assessments were conducted in South Darfur, Khartoum, El Gazira, North Kordofan, South Kordofan, River Nile, Northern and Red Sea 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 available in 13 states: Khartoum, Central Darfur, North Darfur, South Darfur, West Darfur, Kassala, Gedaref, South Kordofan, White Nile, El Gazira, 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.
- CMR service mapping has been updated in all 18 states 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

Since the onset of the crisis, UNFPA has been continuously disseminating awareness-raising material on the PSEA, access to life-saving and time-sensitive services, and SEA reporting mechanisms. UNFPA works closely with the PSEA network and UN agencies in Sudan to fulfill the [PSEA UN Protocol for Implementing Partners](#). 55 national GBV actors have so far participated in PSEA virtual orientation sessions organized by UNFPA and the GBV Sub-Sector.

FUNDING NEEDS

Table 1: UNFPA Funding Gap for the Revised 2023 Sudan Humanitarian Response Plan⁸ (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\$ 4.05M	US\$ 2.1M	US\$ 0.65M	US\$ 6.8M
Funding Gap	US\$ 24.85M	US\$ 32.3M	US\$ 26.55M	US\$ 83.7M

*For June - December 2023

**Sudan Humanitarian Fund, CERF, UNFPA Core Resources, USAID Bureau of Humanitarian Assistance

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⁸ 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.