



UNFPA Sudan
Response and Needs
for COVID19
March to June 2020

Situation Overview

Sudan observed the first case of COVID19 on March 14, and on March 16 the Security and Defense Council declared a state of health emergency in all parts of the country. **To this date, Sudan has been noted as the country with most registered cases (9,767) in Eastern Africa¹** and by the end of June the number of deaths came to 608.

All land borders have been closed since March 16, and the airport continuous to be closed for all international and domestic passenger flights until 12 July 2020. Internal state travels and issue of travel permits have been suspended, with the main bridges linking Omdurman and Khartoum North closed. There are partial lockdowns in most of the 18 states, but in Khartoum state more strict measures have been taken with people only being allowed to access neighborhood shops, bakeries and pharmacies between 06:00 and 15:00 with curfew in the remaining hours². In addition, the Ministry of Awqaf (Religious Endowments) has suspended prayers in mosques and church services in the state during the lockdown period. All schools are closed with a total of 8,375,193 students affected³.

The capacity of Sudan's health systems is very weak. Availability of medicine is at 43% (this is far lower in Red Sea and Northern States) and only 24% of health facilities offer the complete basic healthcare package. COVID19 surveillance system and monitoring capacity covers less than 40% of the health facilities nationwide. Moreover, there is a lack of isolation units, intensive care units, and infection control supplies, and with the COVID19 outbreak the system has been severely depleted, with access to lifesaving Sexual Reproductive Health (SRH) services vastly impacted. This directly impacts SRH parameters such as Maternal Mortality Rates (MMR), antenatal care (ANC), postnatal care (PNC), contraceptive prevalence (CPR), emergency obstetric care (EMONC) and primary health care (PHC) service coverage which were already operating under limited capacity pre-pandemic. Furthermore, the provision of all other primary health care services has been significantly reduced as a precautionary measure to contain the spread and as resources are diverted to cover the COVID19 response. As a result, the ANCs services were interrupted, and adversely impacted the detection of the 'at risk' pregnancies. This limited access to ANC services observed an increase in cases of rupture uterus. Other SRH services were also interrupted as a result of temporary suspension of the PHC services, such as family planning and STI management and critical lifesaving services like the Clinical Management of Rape (CMR) services for survivors of Gender Based Violence (GBV).

The dearth of GBV data and information remains a challenge across Sudan. However, the extent of GBV risks is present across the country. Prior to the pandemic it was estimated that a total number of 45,408 survivors of sexual violence would seek care during 2020 with 34% of women and girls aged 15-49 years being subjected to domestic violence⁴. Due to reporting stigma, it is hard to get precise data while observing trends GBV is expected to increase by roughly 50% including an estimate of 325,000 of unintended pregnancies.

¹ <https://africacdc.org/covid-19/>

² As of June 29, 2020

³ <https://www.unocha.org/sudan>

⁴ MISC 2014

Women and girls are particularly vulnerable to violence and a 2018 study from Darfur found that 80% of the women interviewed in Darfur identified domestic violence as a problem⁵. The COVID19 pandemic is likely to undermine efforts to end GBV as a result of reduced prevention and protection efforts, social services and care. This includes affecting the efforts to end harmful social practices like Female Genital Mutilation/Cutting (FGM/C) and Child marriage.

GBV survivors may experience challenges accessing services due to movement and access constraints, or resources being diverted to the health interventions. The potential loss of household income may have a long-term economic impact on women, especially women working in informal sectors, and may increase the risk of exploitation and sexual violence. Financial challenges due to limited livelihood opportunities during the outbreak may increase tensions in households, which may fuel domestic violence and other forms of GBV. Furthermore, the closure of schools may expose girls to additional caregiving roles, which may also expose them to COVID-19 infection.

Other vulnerabilities are also present in the country, affecting such as **1.87 million IDPs and 1.1 million refugees**, asylum seekers and an unknown number of returnees and IDPs in SPLM-N controlled areas of South Kordofan and Blue Nile States⁶. About 300,000 of the 1.1 million refugees live in crowded settlements and for those, including the urban poor, physical distancing is simply not feasible. Additionally, there are inadequate water and sanitation services, pre-existing protection challenges and a high risk for loss of livelihoods and general interruption in basic services. The capacity for intensive care management and referral mechanisms in these settlements is weak due to resource constraints and can be aggravated by the remoteness posing communications and logistics challenges.

All in all, the COVID19 outbreak has exacerbated an already fragile situation characterized economic crisis, protracted conflicts, displacement, hazards and a lack of basic services and life-saving services services incl. protection services.

The COVID19 pandemic will have a negative impact of the three transformative results UNFPA aims to achieve by 2030: 1) the ending of preventable maternal deaths, 2) the ending of unmet need for family planning and 3) the ending of GBV and all harmful practices.

UNFPA Sudan is addressing some of these challenges for the COVID19 response, through 5 strategic priorities.

- 1) *Continuity of sexual and reproductive health services and interventions;*
- 2) *Addressing gender-based violence (continuity and adaptation of GBV services and GBV prevention and mitigation measures);*
- 3) *Risk Communication and ensuring protection of the health workforce;*
- 4) *Specific Covid-19 interventions for IDPs, refugees, migrants;*
- 5) *Priority: Youth engagement through outreach Strategies and leave no-one behind.*

⁵ <https://reliefweb.int/report/sudan/eu-and-unfpa-join-forces-tackle-gender-based-violence-across-darfur>

⁶ HNO 2020

COVID19 needs and UNFPA response

Priority 1. Continuity of Sexual and Reproductive Health services and interventions

There are currently **2 million pregnant women and Women of Reproductive Age in need of sexual and reproductive health services** in Sudan. Furthermore, it is estimated that 274,039 pregnant women are in need of access to antenatal care, support for safe vaginal delivery, and postnatal care services. Around 82,210 pregnant women are estimated to either experience obstetric complication or require caesarean section according to pre-COVID19 figures.



The coverage with EMONC services has further been reduced in the first three month of the pandemic in Sudan. The main cause is the limited and/or lacking supplies of PPE which has decreased the number of active health care providers due to quarantine and exposure to COVID19, creating an overload of cases and putting additional pressure on already limited functioning health facilities. Essentially this means that lifesaving interventions and PNC have suffered. For instance, the initial suspension of provision of services such as ANC can be attributed to the observed increase in maternal mortality and morbidity due to limited capacity of

detecting high risk pregnancies. As the pre COVID19 supplies status was characterized by limited availability of essential drugs and medical supplies, this worsened due limited availability, production and limited freight services.

Along with several lifesaving medications and medical supplies, the country is experiencing a critical out-stock of magnesium sulfate which is considered a lifesaving drug for treatment of obstetric emergencies. Provision of HIV prevention services to key populations has also been suspended, including access to protection such as male condoms.

UNFPA Sudan response

- The Country Office has supported Sudan Ministry of Health (SMOH) in conducting **Infection Prevention and Control trainings** for healthcare providers working at EMONC and neonatal care facilities. Nationwide, a total of **3,015 health care providers have been trained** as part of the COVID19 response plan on IPC to address any gaps and defects in infection prevention and control as well as to ensure maximum protection of the health care providers and the patients they serve.
- This includes; (948) community midwives (254) OBGY and (352) healthcare providers in White Nile State alone and in Kassala, Gadrif and Red Sea states (74, 118 and 18 respectively) health care providers were targeted. In West Darfur a training (with 7 sessions) was provided to (105) midwives.

- A total of **(35) integrated mobile clinic teams** have been established which provide SHR services to women under high risk of obstetrical complications and GBV survivors. Family planning services are also provided as well as distribution of clean delivery kits to pregnant women.
- **Support in procurement and distribution of approximately (95) emergency reproductive health kits** have been provided targeting 53 facilities; (23) in Khartoum State that cover 9 hospitals and 2 isolation centers; (72) in Kassala State in 4 EmONC centers and (13) in Blue Nile State. ElSaudi maternity hospital in Darfur also received (4) emergency reproductive health kits to aid in the preparation of a delivery room for COVID 19 positive pregnant women.
- These reproductive health kits provide hospitals with the necessary lifesaving medications, PPE and equipment to deliver comprehensive care for pregnant women and ensure safe deliveries. Moreover, the kits contain family planning supplies, sexually transmitted diseases treatments and clinical management of rape medical equipment. They cover the expected needs of 5533 patients.
- In Khartoum **infection prevention and control materials were distributed** which included gloves (2283). More than 75 facilities are being supported in the procurement of PPE.
- The **establishment of a delivery room** was provided in the isolation center in Khartoum state together with four (4) trained midwives.
- **(3000) clean delivery kits** have been distributed for pregnant women at community level.
- SMOH was supported in the **production of IPC and case management training** videos to provide an alternative way of conducting the training in the situation of lockdown and for states with difficult access. The e-learning training videos covered case management, scoring, triage, practical sessions as well as pregnancy protocols. UNFPA Sudan also adapted the global guidelines for home base care for pregnancy and breastfeeding for isolation centers to fit to the Sudan context.
- Active referral services for pregnant women including obstetric complication were provided in states with higher impact of COVID19. In Khartoum state, 24/7 referral services are provided through CAFA organization in close coordination with community midwives and EmONC facilities. Moreover, UNFPA expanded in other states the coverage with referral service using community-based mechanisms “Sandoug approach”, as well as rehabilitation of ambulances.

Priority 2. Addressing gender-based violence (continuity and adaptation of GBV services and GBV prevention and mitigation measures)

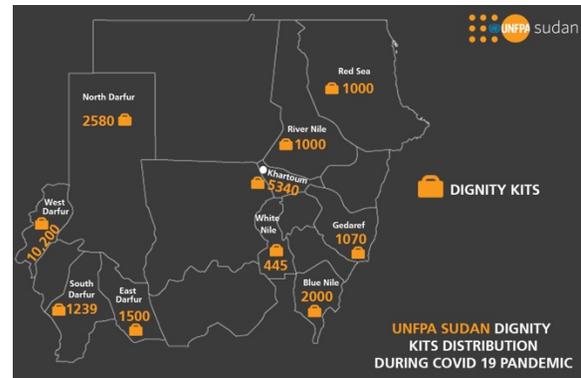
Prior to the pandemic it was estimated that a total number of **45,408 survivors of sexual violence would seek care during 2020** with 34% of women and girls aged 15-49 years being subjected to domestic violence, while access to quality specialized lifesaving GBV services is unavailable in over 90 percent of localities in Sudan. Attempts to control the spreading of COVID19 such as lockdowns and confinement, are likely to compound existing protection challenges including

freedom of movement, GBV, exploitation, discrimination, and violations of basic human rights.

The pandemic has increased women and girls’ vulnerabilities to GBV and increased barriers for reporting and receiving services as movement restriction measures are affecting in-person psychosocial support (PSS), GBV case management services as well as legal aid and livelihood activities.

All group activities such as group counselling, gatherings at Women and Girls Safe Spaces (WGSS), mass awareness-raising and sensitization have further been paused due to physical distancing. New modalities of GBV response have been introduced such as the establishment of a GBV hotline to provide remote PSS and GBV case management, counselling and referrals to specialized services, expansion of integrated community-based interventions and protection networks, and regularly updating the GBV referral pathways and disseminating them to relevant actors for timely referral for services. Partners are resorting to remote management and monitoring such as contacting communities via phones and

vehicles mounted with PA systems, social media and radio broadcasting to ensure provision of support and services while minimizing risk.



UNFPA Sudan response

- UNFPA Sudan jointly worked with SMOH and Combating Violence Against Women Unit (CVAW) in the **finalization and endorsement of case management protocols**.
- CVAW was also supported to establish the COVID19 task force including the hiring of (4) technical GBV national staff and (1) M&E consultant to establish the first GBV hotline in the country and launching the awareness raising campaign on GBV.
- Community-based **referral mechanisms** have been established in Khartoum state and North Darfur which are working on a 24/7 basis during the lockdown and are being extended to cover 3 more states with higher demand/needs (Blue Nile, White Nile and North Kordofan). In Khartoum state, the active referral includes both community referral initiated by community midwives as well as referrals between (33) EMONC facilities.
- In West Darfur **mobile phones and SIM cards** were procured for the active members of the community-based protection networks and social workers to facilitate referral of the GBV cases to access available services. So far, this has facilitated referral of (7) GBV cases through provision of medical treatment, psychosocial support services and covered the cost of the essential needs; transportation and food.
- **Rehabilitation of the Gender Desk** in El Medina Police Station in EL Genina, Darfur is ongoing.
- A total of **30,000 dignity and hygiene kits have been distributed** in 11 states. The distribution was accompanied by awareness raising sessions on COVID19 and GBV issues and the breakdown can be seen on the next page.
- In West Darfur a **learning session** was conducted through Skype on GBV case management and provision of remote PSS services. This was attended by GBV focal points from El Genina hospital and social workers from the department of women and family affairs.
- In South Darfur a GBV/ COVID19 **workshop for 21 social workers** was arranged (16 females and 5 males) in collaboration with CVAW unit. The participants were trained on referral pathways and GBV including IPC and the necessity of adhering to
- the health guidelines provided ministry on protection and prevention of COVID19.

- A one-week training workshop on the **production of masks** was also provided in West Darfur on strengthening women's resilience and mitigation capacities to GBV and prevention spread COVID19.
- The training targeted (15) persons including 10 women representing the vulnerable group including IDPs, Women headed house hold and GBV survivors.

State	Locality	DKs distributed
North Darfur	Maliet, Kabkabya, Alait, Kutum, Kalmindo, Dar Elsalam and Tawila	2580
South Darfur	Nyala East, Nyala South, Otash, Nyala North, Gereida, Alsalam, Netiga and Tulus, Alradoum, Gereida, Demsou and Buram	1239 ¹
West Darfur	El Geneina	10200 ¹
East Darfur	Zallingie	1500 ¹
Blue Nile	Addamazin, Alrosairis, Wad Elmahi, Gissan, Baw, Altamin.	2000 ⁷
Gedarif	Gedarif and Algallabat Alshargya covering isolation centers in both localities.	70
White Nile	Kosti, Rabak, Umremta, Alsalam, Aldwem, Algabalin, Guli and Tandalti.	445 ⁸
Khartoum	At the isolation center and Migoma Orphanage	250 ⁹
Additional	UNFPA Sudan also distributed 60 DKs to women and young girls in the Eritrean safe house and to 1680 women in Nivasha open area in Ombadda locality with CARE International and Switzerland. 5000 women at-risk from River Nile (1000), Red Sea (1000), Gedarif (1000) and Khartoum (2000) received dignity kits through Ministry of Labor and Social Development.	

Priority 3. Risk Communication and ensuring protection of the health workforce

The limited and/or lacking supplies of PPE has resulted in a reduced number of active health care providers due to quarantine and exposure to COVID19. UNFPA Sudan has attempted to mitigate this by distributing PPE and communicating risks of COVID19 to populations through various channels.

UNFPA Sudan response

- **TV and Radio broadcasting**, including a COVID19 awareness programmes in a local radio program in North Kordofan

⁷ Breakdown: Addamazin (790), Alrosairis (468), Wad Elmahi (275), Gissan (50), Baw (297), Altamin (120) localities. In Gedarif states, (70) dignity kits were distributed to women from Gedarif (60) and Algallabat Alshargya (10).

⁸ Breakdown: Kosti (80), Rabak (90), Umremta (50), Alsalam (30), Aldwem (70), Algabalin (40), Guli (35) and Tandalti (50) localities, from which 40 dignity kits were distributed to isolated women at home and in isolation center in Rabak locality. (62) personal hygiene kits were distributed to at-risk women and female victims of GBV or affected by the COVID19 outbreak, in safe houses, refugee camps and isolation facilities in Kassala state.

⁹ by CVAW, (50) by NCCW, also 360 were distributed to Migoma Orphanage, and 1000 distributed to the affected women and girls by Patients Helping Fund (PHF).

- In South Darfur, a **session was conducted with female detainees** at with Nyala female prison on COVID19 prevention. Personal hygiene kits were distributed.
- Supported SMOH&SD and University of BN to **reach (115) of community-based protection networks (CBPNs)** members with awareness sessions on COVID19 and together with CAFA organization, (15) people from the CBPN in North Darfur were reached on community mobilization and referral pathway.
- **Produced a “self-isolation” home video**, as well as two audio materials, that were published in national and state TVs /radio as well as social media.
- Supporting the FMOH in **printing and distributing 26,000 copies of COVID19 awareness messages** targeting pregnant and lactating women as well as **58,000 copies of the national protocol for case management** (case management protocol, ambulance cleaning, home care, and COVID19 severity scoring tool) to health care facilities.

Priority 4: Specific COVID19 interventions for IDPs, refugees, migrants

While COVID19 does not recognize any borders or social status, it does affect the most vulnerable population in Sudan, such as the 1.87 million IDPs and 1.1 million refugees, asylum seekers and an unknown number of returnees and IDPs in particularly SPLM-N controlled areas of South Kordofan and Blue Nile States. The closure of borders may also further heighten trafficking and human smuggling in border areas hence making this is an urgent programmatic priority.

Some of these at-risk populations lack access to adequate water and sanitation facilities. Without basic services, the behavioral changes and community engagement such as hand washing, hygiene measures and physical distancing is simply not feasible.

UNFPA Sudan response

- **Soap making trainings** have been conducted in several states. In North Darfur (25) women were trained in AbuShouk IDP camp, (30) women in Blue Nile state and (22) women were trained in Otash IDPs camp which has resulted in the total production of (324) soaps. These soaps will be purchased by SMOH and distributed in the camps as part of COVID19 outreach activities and contribute to the income and empowerment of the women.
- In Alsalam IDPs Camp in South Darfur, 10 women were trained on **mask production** and they have just started production.
- To ensure refugees and migrants women have adequate access to personal sanitary and hygiene items at the time of movement restriction, **hygiene kits have been distributed** for vulnerable women and girls¹⁰ as well as (445) dignity kits to refugees’ women in Khartoum through the Ethiopian and Eritrean associations.
- **Clean delivery kits** (205) were also distributed to women in Kosti Refugee camps¹¹.
- In collaboration with the State Ministry of Health and Social Development, a 4-days **mobile awareness raising campaign** was conducted in West Darfur targeting 5 IDPs camps in El Genina locality. The sessions

¹⁰ This includes; (600) in West Darfur (Tandaliti in ELGenina locality at the border with Chad through the Child Friendly Association); (2000) in El Geneina town and IDPs gathering sites; (100) in White Nile (to Al Ingaz, Goz Alsalam, Al-layya, Kadugli neighborhoods and Algalabain locality); and additional (2000) dignity kits will be distributed jointly with CARE international and UNHCR in Khartoum.

¹¹ Localities: Alredaisel, Alredaisel Alwaral, Algamea, Umsangour and Jorry camps, Rabak, Alsalam and Tnadalti localities.

covered COVID19 and GBV, and an estimated total of (+7000) community members were reached with the different messages.

Priority 5: Youth engagement through outreach Strategies and “leave no-one behind”

Youth plays an integral part in Sudan’ transitional progress and development potential and although they are massively affected by COVID19 due to closure of schools, they are often forgotten as direct contributors and agents of change.

New models of engagement have therefore been being explored which focused on a more structured approach to youth inclusion. To this end, UNFPA Sudan has engaged over 50 young persons from the YPEER network for each of the 11 locations where we are present. This will sustain field activities but also ensure a structured approach to community outreach by the large and expanding YPEER network.

UNFPA Y-Peer contribution to the COVID19 response

- Large **mural paintings** were made on walls on public streets carrying COVID19 messages.
- In coordination with SMOH in Kassala state, youth networks **recorded and aired COVID 19 prevention messages in the local radio station lasting 6-days**. These radio sessions covered prevention methods, stay at home orders and how to report symptoms to authorities. Drama and traditional were also broadcasted in ELGenina radio station and Darfur FM.
- Rolled out by the youth networks and NGOs, UNFPA Sudan also led an 18 days campaign in all states, to raise awareness about COVID19 risks. Youth and NGOs patrolled gatherings and high-risk areas and sent out **risk awareness messages through loudspeakers**. The campaign has so far reached (+300,000) people in all states. Another session. Was done together with Network of Paralegals for the most vulnerable groups- women and girls in Otash IDP camp and Alsalam IDP camp. Following the session, Personal Hygiene Kits were distributed to participants.
- Reached 16,000 people in Gadarif state were reached with COVID 19 prevention messages as part of its nationwide awareness raising campaign led by youth networks and NGOs.
- **A music video** called "White Army" was produced to pay tribute to doctors, nurses, midwives and all health care providers working on the frontlines of the COVID 19 response¹².
- The **production of (500) posters** communicated the risks of COVID19 to (4500) beneficiaries, via a partnership with NGOs and by activating young volunteers. The outreach targeted communities at risk, women and girls in reproductive age including pregnant women and took place in North Darfur.
- **Universities** were used for community awareness campaigns and in North Kordofan State, UNFPA, the University of Kordofan, and State Ministry of Health (SMoH) launched a COVID19 community awareness campaign using SMOH educational material targeting the localities of Sheikan, Bara and Um Rawaba as well as El Rahad town. In Blue Nile UNFPA supported SMOH and University of Blue Nile to reach (115) community-based protection networks members with awareness sessions on COVID19.

¹² https://www.facebook.com/1827289127544057/videos/283570032679106/?_rdc=1&_rdr

Programmatic challenges

One of the most significant challenges in programme implementation has been the lockdown and confinement measures including physical distancing. As a result, soft components such as workshops, trainings, capacity building and awareness raising campaigns as well as group activities and data collection have been postponed, unless remote measures are possible. Lockdown and confinement measures are also limiting regular monitoring assessments to avoid risk to the community and staff and this has affected assessment missions to conflict affected populations in West Darfur, South Darfur and South Kordofan despite reports of GBV.

UNFPA remains on the ground throughout its operating offices in the country while adopting the necessary protocols to ensure that support activities adapt to the circumstances.

Supporting the Government of Sudan

The overall objective of UNFPA engagement in the response is to ensure provision of lifesaving SRH services, continued access to maternal health services, and considerations for possible increase in GBV and sexual exploitation and abuse concerning women, adolescents and youth. This is in line with the ‘Sudan 2020 Humanitarian Response Plan’ strategic objective 1: *“Provide timely multi-sectoral life-saving assistance to crisis affected people to reduce mortality and morbidity”*.

UNFPA Sudan is a member of the MoLSD Technical Committee for ‘Responding and Preventing GBV’ and as a lead of the GBV-sub sector, the country office has developed a guidance note for GBV response during COVID19 while providing guidance and technical advice to the Government. UNFPA Sudan also co-lead on 3 pillars from the CPR COVID response being; Pillar 5 (Infection Control and Prevention), Pillar 6 (Case Management) and Pillar 7 (Risk Communication and Community engagement). Inter-agency collaboration and joint programming is further taking place with WHO, UNWomen, UNHCR, and UNICEF in particular of priorities regarding SHR, GBV including Female Genital Mutilation (FGM) activities.

UNFPA Sudan Country Office also works closely with the Combatting Violence Against Women Unit which is part of the Ministry.

COVID19 deliverables and targets are based on the minimum initial service package for SRHR and guided by the UN operational planning guidelines to support country preparedness and response as well as contribution to COVID-19 national response plan and working on ensuring GBV prevention and response mainstreaming in all plans, assessments and coordination mechanisms.

Emergency assistance provided by UNFPA shall remain within the mandate, contributing to: **(i) strengthening of health care systems to respond to the coronavirus outbreak, focusing specifically on the protection of health care providers delivering antenatal and postnatal services and ensuring safe deliveries; (ii) ensuring – to the extent possible – the uninterrupted supply of modern contraceptives and other sexual and reproductive health commodities; and (iii) addressing sexual and gender-based violence prevention and response.**

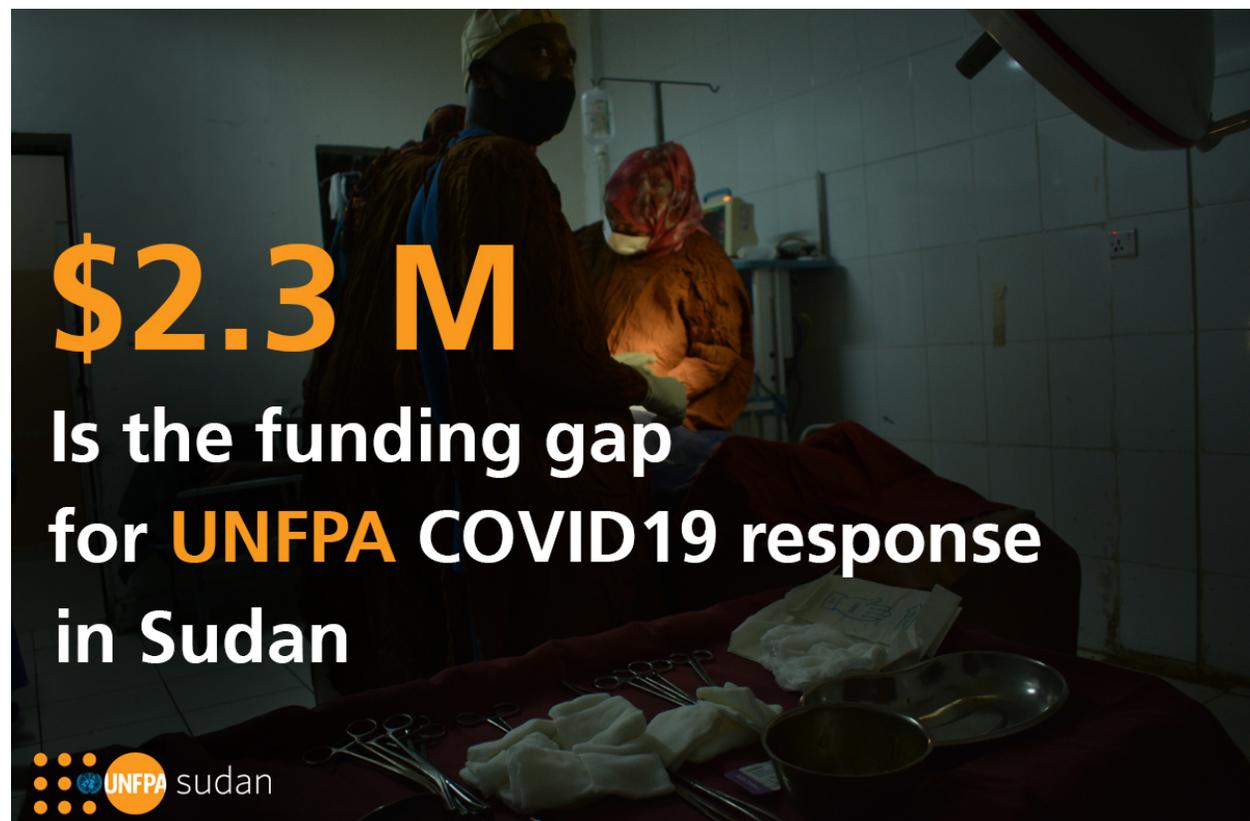
Funding and Resource Mobilization

Non-earmarked core funding has allowed UNFPA Sudan to:

- *Quickly respond to COVID19 crisis by shifting funding from soft components (trainings and workshops) to other modes of engagement (service delivery, procurement);*
- *Avoiding gaps in response, by filling the gaps by other donors' earmarking with core funding;*
- *Improving coordination;*
- *Supporting transitional government priorities instead of creating parallel structures;*
- *and incorporate innovative activities such as the GBV helpline into the response.*

Strategic partners and donors have provided tremendous flexibility and room for programme amendments which as a result has provided a total of \$ 2.2 M in order to respond to COVID19 out of the submitted proposal for \$4.5 M.

This leaves a funding gap amounting \$2.3 M.



Latest UNFPA Sudan publications

- **What is next in Sudans' fight against female genital mutilation:**
<https://blogs.lse.ac.uk/internationaldevelopment/2020/06/16/whats-next-in-sudans-fight-against-female-genital-mutilation/>
- **First UNFPA female driver in Arab region used to breaking barriers:**
<https://reliefweb.int/report/sudan/first-unfpa-female-driver-arab-region-used-breaking-barriers>
- **On the frontlines of Sudan's war against COVID-19:** <https://reliefweb.int/report/sudan/frontlines-sudans-war-against-covid-19>
- **EU and UNFPA join forces to tackle gender-based violence across Darfur:**
<https://reliefweb.int/report/sudan/eu-and-unfpa-join-forces-tackle-gender-based-violence-across-darfur>
- **The fight to ban FGM in Sudan isn't over:** <https://reliefweb.int/report/sudan/fight-ban-fgm-sudan-isn-t-over>
- **How women will be affected by an economic crisis in Sudan:**
<https://reliefweb.int/report/sudan/how-women-will-be-affected-economic-crisis-sudan>
- **COVID-19 is a crisis for women in Sudan:** <https://reliefweb.int/report/sudan/covid-19-crisis-women-sudan>

For more information, please contact:

Mr. Massimo Diana, UNFPA Representative Sudan, email: diana@unfpa.org

Ms. Monica Evelyn Sepka, External Relations Specialist, email: sepka@unfpa.org



We could not accomplish our response without the generous support of our donors

