
SITUATION OVERVIEW

On April 3, inter-communal violence erupted in Ag Geneina town. Several IDP camps were destroyed, with IDPs fleeing to neighboring locations. The latest outbreak of violence further deteriorates an already dire situation for the **internally displaced people** in Ag Geneina whose number has now exceeded **169,000**.¹

On April 19, inter-agency teams carried out an inter-sector rapid needs assessment in gathering points in Ag Geneina town that reported new arrivals since April 3. Before the events of April 3, there were 84 gathering sites around Ag Geneina town. After the most recent incidents of violence, 47 sites reported newly arrived people –with 13 sites having been newly established. The inter-agency teams found about **65,400 newly displaced people** accommodated in the 47 sites.²

On April 29, UN agencies including UNFPA, conducted an Inter-agency needs assessment in potential return areas in the Al Jabal neighbourhood where government security forces were heavily deployed. Security and protection are key concerns for the newly displaced population in Ag Geneina and Al Jabal areas. There have been reports of threats, including demanding money from women in exchange for not harming their children. More than 40 percent of gathering sites reported cases of gender-based violence (GBV). Sexual harassment/abuse is the most reported GBV concern, with most respondents indicating that such abuses happen outside the gathering site when collecting firewood, water or going to the market. There are reports that men do not feel safe leaving the gathering sites.³

Furthermore, UNFPA estimates that **40,560** women and girls are of reproductive age (15-49 y/o); **4,040** women are pregnant, with **449** expected deliveries in May; **808** women will experience complications during childbirth; **87,000** persons will need immediate GBV response; and **811** persons will seek sexual violence response services .⁴

UNFPA RESPONSE

UNFPA and humanitarian partners are scaling up their response and resuming operations in Ag Geneina town based on the inter-agency rapid needs assessment.⁵

¹ See, [UN-OCHA 26 April 2021 situation report](#).

² According to the *Inter-Sector Rapid Needs Assessment in Affected Gathering Points in Ag Geneina Town, West Darfur State* conducted on 19 April 2021.

³ *ibid.*

⁴ Figures are based on the Minimum Initial Service Package (MISP) Calculator

⁵ For a comprehensive cross-sectoral humanitarian response overview, see [UN-OCHA 26 April 2021 situation report](#).

GENDER-BASED VIOLENCE

- UNFPA partnered with the State Ministry of Health and Social Development (SMoHSD) to deploy 68 social workers, and with Child Development Fund (CDF) to deploy 3 social workers in IDP gathering sites in order to provide psychological first aid (PFA) and psychosocial support services (PSS). The social workers are also monitoring protection concerns, including GBV.
- UNFPA set up 3 temporary women and girl safe spaces (WGSS) to provide PSS, referrals, awareness raising and recreational activities at IDP gathering sites.
- 1123 women and 170 men at the IDP gathering sites participated in awareness-raising sessions on GBV and available support services to vulnerable women and girls and survivors of GBV.
- UNFPA, together with partners CDF and SMoHSD, distributed 1,884 dignity kits to vulnerable women and girls of reproductive age at IDP gathering sites in Ag Geneina town. During the distribution, women and girls were sensitized on GBV basic information, the updated referral pathways, personal hygiene and the use of the dignity kit contents.
- Survivors of GBV continue to receive PSS and health support, including Clinical Management of Rape (CMR), at the GBV confidential corner in Ag Geneina Teaching Hospital. 9 health care delivery points for CMR were supported with treatment and related supplies.
- UNFPA, through the GBV Working Group in West Darfur, is coordinating with INGOs to extend CMR services in existing health facilities.
- UNFPA continues to support the referral of GBV survivors by providing transportation and financial assistance to affected women and girls.
- The GBV referral pathway for Ag Geneina was updated to enable survivors to access services.
- UNFPA and GBV Working Group partners prepared a six-month GBV emergency response plan.
- UNFPA has deployed a female GBV specialist to address technical capacity gaps and support coordination among GBV partners in West Darfur.



Figure 1: Woman taking part in recreational activities organized by a UNFPA-supported women and girl safe space (WGSS) in an IDP gathering site near Ag Geneina, West Darfur (April 2021).

SEXUAL AND REPRODUCTIVE HEALTH

- UNFPA deployed 9 medical teams to provide life-saving medical and sexual and reproductive health (SRH) services in temporary clinics.
- UNFPA installed solar lighting systems in three primary health clinics (PHCs) and two SRH clinics to provide 24/7 life saving services.
- UNFPA deployed health cadres to provide 24/7 life-saving SRH services in IDP gathering points: 2 medical doctors in the emergency department of Ag Geneina Teaching Hospital, 20 midwives in five SRH clinics and 24 midwives in PHCs.
- 20 midwives received midwifery bags, equipment and supplies to cover 500 normal deliveries.
- UNFPA distributed clean delivery supplies covering the needs of 300 pregnant women, and CMR supplies covering the needs of 140 survivors.
- Personal protective equipment (PPE) was delivered to the SRH temporary clinics and the emergency obstetric and neonatal care (EmONC) facilities run by the State Ministry of Health.
- Referral services were activated by supporting a 24/7 ambulance that covers the routes between all PHCs, temporary clinics and the EmONC facility in Ag Geneina.
- UNFPA provided financial assistance to cover treatment costs and living expenses for patients in need of emergency access to the EmONC facility.
- Approximately 4,000 women and girls benefited from UNFPA-supported SRH services.



Figure 2: Woman receiving medical care at a UNFPA-supported temporary primary health clinic (PHC) near Ag Geneina, West Darfur (April 2021).

Needs and Challenges

- There is a significant shortage of life-saving SRH medicines needed to perform safe deliveries, manage complicated pregnancies, miscarriages, C-sections and blood transfusion and prevent STIs. Current supplies are only enough to cover the needs of two months.
- The capacity of the comprehensive EmONC services and basic obstetric and neonatal care services is limited.
- Referral services for life-saving SRH emergencies remain challenging in most of the gathering sites.
- The limited capacities, in terms of number and skills, of health care providers including midwives, obstetricians, anesthetists, lab technicians, and pharmacists remain a major gap in delivery life-saving SRH services.
- Mobile and temporary SRH clinics are needed given the high number of gathering sites.
- An estimated 50,000 dignity kits are needed for women and girls in both the IDP and host communities.
- Strengthening of the capacity of service providers on the provision of life-saving GBV response services is essential, including CMR, referrals, caring for child and adolescent survivors of sexual violence, PSS, GBV case management and child protection.
- There is a shortage of experienced GBV social workers and psychologists to cover all the gathering sites and affected areas outside of Ag Geneina. The deployment of experienced personnel from outside West Darfur is needed.
- Support is needed to maintain 24/7 services at the GBV confidential corner in Ag Geneina Teaching Hospital, as well as temporary confidential spaces outside the gathering sites to provide PSS.
- There is a shortage of safe spaces where women and girls can reconnect with their networks, receive information and sensitization, and rely on as entry points for support services. It is therefore vital to establish additional temporary WGSSs that serve as entry points for comprehensive GBV related services, and that are linked to community-based protection networks.

FUNDING

Table 1: UNFPA 6-Month Funding Gap for West Darfur Emergency

GVB Intervention for the Next 6 Months	
Total Requirement	\$2,055,450
Pipeline	\$500,000
GBV Funding Gap	\$1,555,450
SRH Intervention for the Next 6 Months	
Total Requirement	\$2,600,000
Pipeline	\$100,000
SRH Funding Gap	\$2,500,000
UNFPA Funding Gap	\$4,055,450

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