



# Sudan: West Darfur

Situation Report No. 01

7 May 2022



## SITUATION OVERVIEW

Renewed inter-communal conflict erupted in Kereneik locality in West Darfur in April 2022 with approximately 200 people killed and 100 injured and the reported destruction of homes, villages and medical clinics.<sup>1</sup> Fighting spread to Ag Geneina on 25 April 2022 where the situation remained extremely tense, with a continued risk of escalation.

While fighting has since subsided in Kereneik, access to life-saving sexual and reproductive health (SRH), and prevention and response to gender-based violence (GBV) along with other services is diminishing due to the security situation and the underlying limited coverage of health and social services, limited supplies and road blockades. The rural hospital in Kereneik was looted and temporarily closed and injured people sent to Ag Geneina hospital for treatment. The hospital has since reopened and is currently the only health facility providing basic services in Kereneik town.<sup>2</sup>

Two Women and Girls Safe Spaces (WGSS) were reportedly looted and a third burnt down. Displaced women and girls are experiencing movement restrictions and are subject to psychological stress, with a serious gap in available psychosocial support services. Moreover, community-based protection networks are no longer functioning in affected areas. These networks usually play a vital role in providing psychological first aid and act as entry points for the referral of GBV survivors to available services. GBV remains underreported due to fear of stigma, insecurity and lack of services.<sup>3</sup>

Preliminary estimates indicate that 85,000 - 115,000 people are displaced.<sup>4</sup> UNFPA estimates that up to **27,600** are women of reproductive age (15-49 y/o); **2,748** women are currently pregnant and in need of access to essential sexual and reproductive health (SRH) services including basic and comprehensive emergency obstetric and neonatal care (B/CEmONC) services; around **400** pregnant women are expected to experience pregnancy and birth-related complications which require C-sections and blood transfusion. Furthermore, over **1,680** beneficiaries are estimated to seek sexually transmitted infections (STIs) prevention and management services and **552** survivors of sexual violence may seek medical care.<sup>5</sup>



<sup>1</sup> For background information on the conflict in Kereneik see, IOM DTM, [Sudan - Emergency Event Tracking Report - Kereneik \(Kereneik Town\), West Darfur \(Update 005\)](#), 18 January 2022; IOM DTM, [Sudan - Emergency Event Tracking Report - Kereneik \(Kereneik Town\), West Darfur \(Update 6\)](#), 14 February 2022.

<sup>2</sup> Ag Geneina Teaching Hospital is the main referral facility for comprehensive obstetric and neonatal care. The hospital was reportedly out of service for a few days after April 25, and is currently overloaded with injuries. See, OCHA, [Sudan: Inter-communal conflict - Kereneik & Ag Geneina, West Darfur Flash Update No. 03](#), 2 May 2022.

<sup>3</sup> Based on the findings of an NGO multi-sectoral mission conducted on 30 April 2022 to affected areas in Kereneik.

<sup>4</sup> Numbers are subject to verification. See, OCHA, [Sudan: Inter-communal conflict - Kereneik & Ag Geneina, West Darfur Flash Update No. 03](#), 2 May 2022.

<sup>5</sup> UNFPA estimates are based on the Minimum Initial Service Package (MISP) calculator.

## UNFPA RESPONSE STRATEGY & PRIORITIES

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In line with UN guidance, UNFPA is recalibrating its presence in Ag Geneina and Kereneik to focus on life-saving humanitarian activity in the face of acute needs. As part of the initial response to the acute emergency, UNFPA Sudan is seeking an initial allocation from the corporate emergency fund to initiate the delivery of integrated SRH/GBV services.

### GENDER-BASED VIOLENCE

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- Set up **temporary Women and Girls Safe Spaces (WGSS)** in Kereneik and Ag Geneina to provide quality GBV services including case management, individual and group based psychosocial support, GBV information, skill building, recreational activities and GBV referrals.
- Deployment of **trained social workers** to the temporary WGSS to ensure the provision of quality services to GBV survivors.
- Supporting the continuity of services at the **GBV Confidential Corner** at the Ag Geneina referral hospital.
- Strengthen **GBV referral pathways** at locality level and disseminate information on available GBV services.
- 14,000 **dignity kits** are prepositioned and will be distributed to women and girls of reproductive age.
- Operationalize **community-based protection networks** to support GBV mitigation and prevention efforts and support safe referrals of GBV survivors to life-saving services.

In terms of GBV Coordination, the GBV Working Group in West Darfur has been operational since 2019. UNFPA as the GBV Sub-Sector lead will ensure the GBV Working Group will:

- Engage in inter-agency monitoring and assessment missions and roll out safety audits to identify GBV risk factors and mitigation.
- Focus on GBV risk mitigation and prevention and coordinating quality GBV response through life-saving service delivery.
- Develop a contingency plan to maximize the efficiency of the emergency response and coordinate among the partners on the ground.
- Conduct a rapid stock mapping to identify gaps with essential items such as dignity kits, rape treatment kits.
- Review referral pathways to ensure that the service provider contact details are up-to-date and reflect the current emergency response status.

### SEXUAL AND REPRODUCTIVE HEALTH

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- UNFPA is prioritizing the provision of **24/7 SRH medical services** and strengthening the referral system to guarantee access for displaced and host communities through the following:
  - Deployment of a roving midwifery team to Ag Geneina and Kereneik to identify high risk pregnancies, support normal child births and provide SRH-related services.
  - Deployment of health care providers to EmONC facilities to cover the gap resulting from the overwhelmed hospitals in Kereneik and Ag Geneina.
  - Supporting referral for SRH emergencies to EmONC facilities.
- **Mobile and temporary clinics** will provide antenatal and postnatal care, consultations for sexually transmitted infections (STIs), family planning services, medical consultation for common acute and chronic illnesses, services for normal childbrith and referral of medical and obstetric emergencies.



- Life-saving **SRH supplies** will be provided including supplies for normal childbirth, managing complicated pregnancies, C-sections, blood transfusion and the treatment of STIs.
- The provision of **life-saving services to survivors of sexual violence** is a critical priority. The availability of post rape treatment kits will be prioritized as well as the deployment of roving teams for the provision of clinical management of rape services and mapping of services.



## ACCOUNTABILITY TO AFFECTED POPULATIONS & PSEA MECHANISMS

As part of UNFPA measures towards the prevention of sexual exploitation and abuse (PSEA) by personnel and partners in West Darfur:

- The UNFPA West Darfur team is trained on PSEA and equipped with all measures to prevent and report sexual exploitation and abuse.
- Radio messages on PSEA were developed and disseminated for broadcasting.
- UNFPA implementing partner in West Darfur, Child Development Foundation, underwent a PSEA capacity assessment. A comprehensive capacity building plan was subsequently formulated and implemented.

## NEEDS AND CHALLENGES

UNFPA through its partner, Child Development Foundation, participated in an NGO multi-sectoral mission to Kereneik on 30 April with the objective of conducting an initial assessment to map the initial needs, and to deliver initial relief supplies. Food, Shelter, Non-Food Items, Health, WASH and GBV and Child Protection were prioritized as urgent needs. Based on mission findings, the following needs and challenges were identified:

- Life-saving SRH medicines and supplies are needed to perform safe deliveries, manage complicated pregnancies, miscarriages, C-sections and blood transfusion and to prevent STIs.
- The capacity of the health system is already fragile, with significant gaps in the coverage of comprehensive B/EmONC services in terms of staff, equipment and infrastructure.

- Referral services for life-saving SRH emergencies remain challenging in the gathering sites around Ag Geneina and Kereneik due to road blockades, poor infrastructure and limited availability of ambulances. The majority of reported maternal deaths were attributed to delays in reaching health care services. There is a high case load of obstetric fistula.
- The capacity building of health care providers at all service delivery points on standard obstetric care and responding to survivors of sexual violence are indentified as critical gaps.
- There is a high prevalence of STIs coupled with a low uptake of family planning services which increases vulnerabilities and poor reproductive health outcomes.
- The provision of dignity kits for women and girls of reproductive age from IDP, returnee and host communities is essential.
- Temporary and mobile WGSS need to be established to serve as centers for information on GBV and provide essential services to GBV survivors.
- The provision of specialized counseling for survivors of GBV and other cases of trauma is needed.
- Deployment of experienced GBV social workers and psychologists is necessary to ensure the quality of services provided.
- Continued sensitization on GBV referrals and survivor-centered approaches is critical for first line service providers including social workers, midwives and the police.
- Women protection networks need to be strengthened at the gathering sites and other affected areas.
- Raising awareness on GBV issues and available services within the community is fundamental to reduce stigma and increase service uptake.

## FUNDING

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

	GBV Response 2021	SRH Response 2022
Requirement	\$1,380,000	\$1,750,000
Pledges and Contributions*	\$175,000	\$250,000
Funding Gap	\$1,205,000	\$1,500,000
<b>UNFPA Total Funding Gap</b>	<b>\$2,705,000</b>	

\* UNFPA Emergency Response Fund programmatic contribution (\$425,000).

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