

Delivering a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled.



Heightened Risk, Greater Need in Times of Crisis



Who needs reproductive health care in a crisis situation?

A pregnant woman needs care before, during and after childbirth. Complications of pregnancy and childbirth are the leading cause of death and disease among refugee women of child-bearing age.

A new mother may find herself without basic necessities and separated from her family support, may not know where to go for help.

Women and girls may be forced to offer sex in exchange for food, shelter or protection. Gender-based violence; including sexual violence; is common in armed conflict, especially where combatants mix with civilian populations.

A displaced and traumatized **young person** who loses family support may engage in high-risk behaviour and is exposed to abuse and exploitation, health problems, violence and substance abuse.

A man, who is also a father, a husband and a brother, needs help to protect and plan his family, particularly when pregnancy and childbirth are risky because of the sudden loss of medical support. He needs to know about HIV prevention and also how to help young family members to deal with displacement or trauma.

Humanitarian context of Sudan

Sudan has a long history of crisis and displacement. The North-South conflict erupted in 1955 and did not end until 2005. The Darfur conflict started in 2003, displacing more than 2 million people in just a few years. Other parts of the country, most recently South Kordofan and Blue Nile, have experienced civil strife and severe displacement, as well.

When emergencies strike, life can change in an instant. Communities in crisis are suddenly deprived of health services. Access may be cut off, yet needs persist, and even escalate.

In any emergency, whether conflict related or due to natural disasters, women and children are the most affected. Women have particular health risks. Those who are pregnant give birth under dangerous conditions and others may be victims of violence, including sexual violence, or exploitation due to their vulnerable situation.



Fourteen per cent (over 4 million people)¹ of Sudan's population are internally displaced due to conflict or climate change, particularly in Darfur region and, more recently, in South Kordofan and Blue Nile. Thousands more have fled the contested Abyei area and continue to rely on humanitarian aid for food, livelihood and health services.

The humanitarian crisis is worsened by severe droughts or sometimes flooding in many parts of the country. The combination of conflict and natural disasters contributes to massive population movements, generating considerable humanitarian needs.

Women in Darfur and other affected regions continue to bear the brunt of the conflict. Women suffer from lack of maternal and neonatal health care, and sexual violence and other forms of gender-based violence in displacement camps and in the community.

UNFPA humanitarian support

The right to reproductive health applies to all people at all times, including during crises. UNFPA seeks to ensure that reproductive health needs and gender concerns are incorporated into all emergency preparedness, humanitarian response, and recovery efforts. UNFPA has been providing development assistance to Sudan since 1973 and in 2004 the program widened its focus to include provision for humanitarian and recovery assistance for conflict and natural disaster affected populations. The Fund is a regular partner in the Sudan Humanitarian Work Plan and works closely with government counterparts and dozens of national and local civil society organizations throughout the country, as well as with sister UN agencies.

UNFPA has supported the government and other national partners at the state level in developing emergency preparedness plans to provide appropriate, effective and timely humanitarian response when emergencies occur. Most recently, this support has enabled partners to assess and respond rapidly to the urgent needs of Southern returnees following South Sudan's referendum.

UNFPA rapid response to emergencies is based on the provision of the Minimal Initial Service Package (MISP) -- a set of priority activities for achieving the minimum reproductive health requirements in an emergency. Ensuring that MISP standards are met includes both training of counterpart personnel in humanitarian agencies and also the provision of pre-packaged sets of equipment and supplies to meet the needs of IDPs, returnees and affected communities. In the past five years, UNFPA has coordinated the provision of such supplies for all health service organizations in South Kordofan, Blue Nile, White Nile and the Darfur states. It also provides medical supplies and equipment for emergency obstetric and neonatal care services (including safe blood transfusion), rehabilitation of health facilities, prevention and response of gender-based violence, STIs/HIV/AIDS and fistula in addition to supporting an emergency system for reproductive health referrals. In acute emergencies and for displaced women and girls, UNFPA also provides "dignity kits", which include

¹ Sudan Population and Housing Census 2008



basic hygiene items and other items specific to the situation. These supplies are provided to ensure the mobility and preserve the dignity of women and girls in IDPs camps and in host communities. UNFPA also supports training of Village Midwives to be placed in rural and nomadic communities and provides support for a range of training including Clinical Management of Rape and Emergency Obstetric Care. UNFPA has also supported the Ministry of Health in developing the training manual on Clinical Management of Rape Survivors

As a mechanism for improving women's social status, UNFPA provides support to women's centres in IDPs camps and other communities in Darfur. The centres offer a variety of skills training, health awareness sessions and income-generating activities. The centres also serve as a meeting place for women to discuss their concerns and to provide ideas for greater protection in a high risk environment where safety is an ongoing issue. Thousands of women in IDPs camps have benefitted from this programme.

UNFPA provides support for the State Joint Committees on Combating Violence against Women and Children in Darfur, and supports advocacy during the 16-Days of Activism against Gender-based Violence and celebration of UN days of the International Woman Day, Human Rights Day and the World AIDS Day. Community outreach activities include sensitization workshops, youth peer-education, and TV/radio programmes. UNFPA's advocacy campaigns have reached many police officers, lawyers, paralegals, sheiks including prominent religious leaders, teachers, journalists and community workers.

UNFPA support for legal advocacy on gender-based violence has also resulted in the enactment of Circular 2 by the Ministry of Justice which stipulates that sexual violence survivors can seek medical care without the previously required police report (Form 8²). In addition, UNFPA also successfully advocated for the establishment of offices of the Wali Advisor for Women and Child Affairs in all Darfur states and has supported these offices since 2005.

In Sudan, within the humanitarian coordination structure, UNFPA has coordination responsibilities for reproductive health within the Health Sector, and for gender-based violence prevention and response within the Protection Sector.

² The Police Criminal Form 8 is a standard official document used by the officials and courts in the legal procedures. Prior to the amendment of Circular 2, medical personnel were not allowed to provide rape treatment without Form 8.