

HIGHLIGHTS

- UNFPA organized a second cross-border response from Chad to West Darfur to provide 3,000 dignity kits.
- UNFPA has airlifted the first batch of 7,100 units of oxytocin to Sudan since the beginning of the conflict.
- 600 Midwifery Kits are currently being distributed to community midwives in nine states, namely Gedaref, Kassala, Red Sea, Blue Nile, White Nile, Sennar, North Darfur, West Darfur and South Darfur.
- UNFPA has expanded its humanitarian response to the ongoing crisis to include the states of Darfur, Sennar, Northern and River Nile.
- As part of the scale up, UNFPA deployed an additional two GBV surge staff and has recruited a cash expert.
- During a briefing to Member States on October 4, the Humanitarian Coordinator highlighted the increased number of reports of sexual and gender-based violence in Sudan.



Awareness raising session at the newly set up Women and Girls Safe Space in Port Sudan

SITUATION OVERVIEW

According to the latest [UN estimates](#), more than 5.6 million people have been displaced inside and outside Sudan due to the conflict that erupted in mid-April between the Sudanese Armed Forces (SAF) and the Rapid Support Forces (RSF). This includes 4.6 million people who are internally displaced, including 3.4 million women and girls of reproductive age, among whom an estimated 109,000 are currently pregnant and in need of timely access to lifesaving and essential reproductive health services. Nearly 15,000 women are likely to experience pregnancy and birth related complications including the need for Cesarean section. Moreover, over the course of the coming three months, around 36,000 displaced women are expected to give birth.¹

Across Sudan, the [UN estimates](#) that 2.6 million women and girls of reproductive age are in need of humanitarian assistance, among whom an estimated 263,000 are pregnant, and over 90,000 are expected to give birth over the next three months. Around 4.2 million people (including refugees from other countries inside Sudan) are at risk of

¹ UNFPA estimates are based on the [Minimum Initial Service Package \(MISP\) Calculators](#).

gender-based violence (GBV) as violence continues, inter-communal tensions mount and protection services and support systems are increasingly breaking down.²

The Federal Ministry of Health declared a cholera outbreak in Gedaref on September 26, 2023, and, subsequently, in Khartoum and South Kordofan on October 7, 2023. This puts pregnant women at an additional risk, increasing the risk of dehydration and, consequently, poor pregnancy outcomes. Public institutions and specifically health facilities are losing their capacity to deliver services as staff absenteeism is increasing, facilities are destroyed or not maintained, and the provision of equipment and medicines is solely operated by humanitarian actors. Fragile public services constitute a great risk for further public health deterioration.

UNFPA HUMANITARIAN RESPONSE

As the conflict enters its seventh month, GBV and SRH needs remain a priority. UNFPA has increased its response capacity by expanding to new operational partners on the ground. Although challenges related to security, humanitarian space and various administrative constraints limit our response, UNFPA is able to operate through implementing partners in hard to reach areas including Khartoum, North Darfur, Central Darfur, West Darfur and South Darfur. UNFPA has managed to organize distance training on PSEA for organizations operating within Khartoum.

UNFPA has also provided technical assistance and financial support to the on-going Aj Jazira State Interagency Assessment on Internally Displaced Persons.



UNFPA-supported mobile medical team in White Nile assisting displaced women and girls from Khartoum

SEXUAL AND REPRODUCTIVE HEALTH

- UNFPA is distributing additional Inter-Agency Reproductive Health (IARH) kits in 15 states. These supplies are enough to cover the reproductive health needs of direct beneficiaries, mainly women and girls, of **48,000** people.
- UNFPA received a crucial shipment of **7,100** units of Oxytocin and **163,900** packs of Misoprostol. The combined shipment of these life-saving medicines is a lifeline for over **168,000** women during pregnancy and childbirth who are expected to experience obstetric hemorrhage, which is the leading cause of maternal deaths in Sudan. Both medicines are essential for the management of obstetric hemorrhage, with Oxytocin serving as both a preventive and treatment commodity for this critical health issue.
- **Nine** temporary clinics providing integrated SRH-GBV services have been deployed in West Darfur, Blue Nile, White Nile, Kassala, Gedaref, Aj Jazira and Northern; and have provided **9,582** consultations to both internally

² OCHA, [Sudan: Revised Humanitarian Response Plan](#), May 2023

displaced and vulnerable host communities. Additional temporary clinics will be deployed in South Darfur, North Kordofan, River Nile, Sennar and Red Sea.

- Through community based referral mechanisms, **784** obstetric emergencies were referred to Emergency Obstetric and Neonatal Care (EmONC) facilities in areas with limited access to health service in Kassala, White Nile, Blue Nile and Aj Jazira.
- UNFPA has supported the surgery costs for **20** obstetric fistula cases at the fistula center in North Darfur since April. Cases treated are from North Darfur, West Darfur, South Darfur and West Kordofan.
- UNFPA installed a **solar-powered electric system** in Dongola Maternity Hospital in Northern enabling the Operating Room and the Nursery Department to function.
- In Gedaref, the UNFPA-supported field hospital in Tunaydbah Camp for Ethiopian Refugees successfully provided **494** SRH consultations, **110** C-sections, and **32** normal deliveries since April. Meanwhile in Blue Nile, the primary health care center in Camp 6 has provided **9,167** general consultations for Ethiopian refugees and the host community since April, **550** SRH consultations and **68** normal deliveries.
- **50** health workers in Blue Nile were trained on clinical management of rape. In addition, **12** health managers in Red Sea were trained on the SRH Minimum Initial Service Package (MISP).
- UNFPA reached **10,447** key and vulnerable populations with comprehensive HIV prevention packages in Kassala, Red Sea, Gedaref, Aj Jazira, Blue Nile, White Nile, North Darfur, South Darfur and West Darfur.
- Since the temporary suspension of the MDSR³ system in April, UNFPA has been supporting interim measures for the notification and documentation of maternal deaths in conflict affected states. While the MDSR system is being reactivated in relatively safer states, UNFPA and health partners are working on adapting the system to the current context.
- UNFPA established seven SRH Technical Working Groups co-chaired by UNFPA and the State Ministries of Health in Gedaref, Aj Jazira, North Darfur, Kassala, Blue Nile, White Nile and South Darfur with plans underway for the establishment of SRH Technical Working Groups in the remaining 12 states. Moreover, the National SRH Technical Working Groups is currently being reactivated and will be co-chaired by UNFPA and the Federal Ministry of Health to better coordinate the response among SRH actors.
- UNFPA conducted a mapping exercise of SRH actors in nine states, including Aj Jazira, White Nile, Gedaref, Kassala, Blue Nile, Central Darfur, North Darfur, South Darfur and North Kordofan.
- UNFPA also conducted a validation of the EmONC network in **16** states⁴, whereby the list of functional EmONC facilities is being updated monthly.

³ Maternal Death Surveillance and Response (MDSR) system is a continuous cycle of maternal death identification, notification (reporting) and reviews, followed by interpretation of review findings, response, and actions to prevent future maternal deaths.

⁴ Blue Nile, Kassala, Gedaref, East Darfur, Central Darfur, South Darfur, West Darfur, South Kordofan, West Kordofan, North Kordofan, River Nile, White Nile, Red Sea, Sennar, Khartoum and Aj Jazira.



Vocational training in the newly set up Women and Girls Safe Space in Madani, Aj Jazira State

GENDER-BASED VIOLENCE

GBV Prevention and Response Interventions:

- **3,000** dignity kits were shipped to Ag Geneina through the cross-border response from Chad to West Darfur for distribution to displaced women and girls in the town. Since April, UNFPA has distributed **20,351** dignity kits to women and girls in Kassala, Gedaref, Blue Nile, North Darfur, White Nile and Aj Jazira.
- **9,695** women and girls were provided with sanitary napkin packs in Kassala, Gedaref, Blue Nile, North Darfur, White Nile and Aj Jazira states since April. The distributions are combined with awareness raising activities on key GBV messages on menstrual hygiene management and the GBV referral system.
- **Seven** new Women and Girls Safe Spaces were established in Aj Jazira, Northern, Red Sea and West Darfur in October to provide essential GBV prevention and response services, including case management, individual and group-based psychosocial support, referrals, and information on GBV. Overall, UNFPA operates **42** Women and Girls Safe Spaces across Sudan, including in Blue Nile, White Nile, West Darfur, Central Darfur, Aj Jazira, Gedaref, Kassala, Northern and Red Sea. Since the onset of the crisis, UNFPA modified the structure of these safe spaces to a temporary and semi-permanent structure in the IDP-hosting states, while ensuring continued support to existing Women and Girls Safe Spaces.
- **Five** new community-based protection networks were established in Aj Jazira, West Darfur, Red Sea and Northern in October. Overall, UNFPA is supporting **167** active community-based protection networks across the country⁵ to provide protection assistance to the affected population, disseminate information on GBV and available services and facilitate referrals to advanced care.
- **581** social workers, healthcare providers, community-based protection network members and key community leaders have been trained since April on GBV core concepts, including harmful practices, and providing GBV response services such as psychosocial support, GBV case management and clinical management of rape in Aj Jazira, Gedaref, Kassala, White Nile, Red Sea, Blue Nile and Northern.
- **108** women in Blue Nile received vocational training in Blue Nile in October.
- **8,669** community members were reached with GBV awareness raising interventions in Kassala, White Nile, Blue Nile and Aj Jazira since April. The sessions focus on forms of GBV, including female genital mutilation and child

⁵ UNFPA currently supports community-based protection networks in all states of Sudan except for Sennar, where plans are underway to establish similar networks.

marriage, existing GBV services and referral pathways.



Assembling Dignity Kits in Kassala for distribution to displaced women and girls from Khartoum

GBV Coordination Mechanisms:

- UNFPA is currently leading the coordination of GBV prevention and response efforts in 12 different states across Sudan, including Central Darfur, North Darfur, South Darfur, West Darfur, Blue Nile, White Nile, South Kordofan, Gedaref, Kassala, Khartoum, Aj Jazira, and the Red Sea. Two new GBV Working Groups will be established in the states of Sennar and Northern to support the coordination of GBV interventions.
- GBV prevention and response actors have provided life-saving services and raised awareness on GBV and available services for **141,000** individuals since April. This includes 19,369 women and girls who received dignity kits and 16,122 individuals who received clinical management of rape services, psychosocial support, GBV case management, and referrals to other appropriate services.
- **109** GBV actors at the national and state levels were oriented on the GBV sub-sector standard operating procedures and protocols for establishing temporary safe spaces and confidential corners. By adhering to these guidelines, GBV actors can provide secure and confidential services, ensuring the safety of women and girls during emergencies.
- Significant investments have been made in capacity building to scale up service provision, with **3,037** frontline GBV service providers and non-GBV humanitarian actors trained on GBV concepts, conflict-related sexual violence, GBV in emergencies, remote service provision, psychological first aid and case management, setting up temporary safe spaces and preventing sexual exploitation and abuse (PSEA).
- To ensure access to information on GBV needs in conflict-affected areas, the GBV sub-sector developed an observation tool for GBV. **44** GBV and non-GBV humanitarian actors at the national level were oriented on this tool and its usage as part of interagency assessments where GBV actors are not present or in cases of high security where conducting GBV needs assessments is not feasible.
- The GBV Sub-Sector in partnership with the Regional GBV Area of Responsibility conducted a GBV risk mitigation exercise for the FSL, shelter, WASH and other sectors; **326** humanitarian actors were trained. GBV and other protection risks have been exacerbated by a lack of sufficient risk mitigation and investment across other sectors, such as lack of safe access to humanitarian assistance, or inadequate, inappropriate, and unequal distribution of

commodities and other items.⁶

- Updated referral pathways for survivors of GBV along with clinical management of rape service mapping are available in **14** states across Sudan: Khartoum, Central Darfur, North Darfur, South Darfur, West Darfur, Kassala, Gedaref, South Kordofan, White Nile, Aj Jazira, Red Sea, River Nile, Northern, and Sennar. These pathways provide a safe way for GBV survivors to access a range of services such as health care, psychosocial support, case management, safety, and security services.

PREVENTION OF SEXUAL EXPLOITATION AND ABUSE AND ACCOUNTABILITY TO AFFECTED POPULATIONS

There are growing concerns about sexual exploitation and abuse in the IDP gathering points. UNFPA continues to work closely with partners and the Prevention of Sexual Exploitation and Abuse (PSEA) Network to ensure that aid workers uphold an environment that prevents sexual exploitation and abuse and where affected populations are supported, respected and empowered.

- **146** UNFPA and implementing partner staff participated in virtual training sessions on PSEA since April.
- UNFPA also organized in-person training workshops and awareness sessions on PSEA and accountability to affected populations (AAP) for **625**⁷ partner staff, service providers, community-based protection network members and community members, including youth and people with disabilities (PWD), in Aj Jazira, Kassala, Gedaref, Sennar, Blue Nile, South Kordofan, West Darfur and White Nile.
- 107 community members attended awareness sessions on PSEA and reporting mechanisms.
- The [UNFPA hotline](#) continues to operate for community feedback, referral support and reporting.
- Radio messages on PSEA were broadcast across Sudan in 7 local languages.



The arrival of 3,000 dignity kits in West Darfur

⁶ According to rapid assessments conducted by the GBV Sub-Sector Sudan and partners since the conflict outbreak in April 2023.

⁷ This includes 269 persons trained in September 2023.

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

SEXUAL AND REPRODUCTIVE HEALTH

- The growing number of conflict related displaced people in Sudan has resulted in an increasing number of women and girls at reproductive age, whose reproductive needs can not be optimally met given the limited access to services, supplies and skilled birth attendants.
- Regrettably, access to lifesaving emergency obstetric and neonatal care (EmONC) remains challenging. EmONC services across Sudan are limited due to electricity blackouts, shortages of clean water and a limited number of care providers who are able to operate in and reach health facilities. UNFPA managed to import both Misoprostol and 7,100 doses of Oxytocin, essential for the management of obstetric hemorrhage. Additional supplies are in the pipeline. However, this is only a fraction of the needs on the ground and the main remaining challenge is to provide health facilities and health care workers with sufficient supplies so as to avert the risks of poor reproductive outcomes.
- There is evidence that disease outbreaks, such as acute watery diarrhea, pose additional risks for the well-being of pregnant women noting that malaria remains amongst the highest indirect causes of maternal death in Sudan.

GENDER-BASED VIOLENCE

- Access to comprehensive GBV prevention and response services remains a challenge in this protracted crisis and amidst the large-scale displacement of people, including service providers, and UNFPA implementing partner staff who have to work remotely from different locations.
- Incidents of GBV continue to be reported as women and girls are exposed to increased risks of GBV, including sexual harassment and sexual violence. In states with limited access to services, such as Khartoum and South Darfur, partners are relying on remote service provision for GBV survivors and vulnerable women and girls.
- IDP gathering points are congested and pose a risk factor for the safety and privacy of women and girls.
- High inflation and economic hardship further increase GBV vulnerability and are among the main triggers for intimate partner violence.



UNFPA-supported mobile clinic in Blue Nile assisting displaced women and girls from Khartoum

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*	\$28.9	\$32.9	\$27.2	\$89
Pledges and Contributions**	\$16.4	\$7.9	\$6.3	\$30.6
Funding Gap	\$12.5	\$25	\$20.9	\$58.4

*For June - December 2023

**UNFPA Core Resources, USAID Bureau of Humanitarian Assistance, US Bureau of Population, Refugees and Migration, CERF, European Commission and UNHCR. Contributions also include development funds re-oriented towards the emergency response: United Kingdom, Canada and the Netherlands and the European Union.

For more information, please contact:

Mr. Mohamed Lemine, UNFPA Sudan Representative, email: ould@unfpa.org
 Ms. Kinana Adra, External Relations and Reporting Analyst, email: adra@unfpa.org

Follow us on:

Twitter: [@UnfpaSudan](https://twitter.com/UnfpaSudan)
 Facebook: [Sudan - United Nations Population Fund \(UNFPA\)](https://www.facebook.com/Sudan-United-Nations-Population-Fund-(UNFPA))

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.