

SITUATION OVERVIEW

Fighting between the Sudanese Armed Forces (SAF) and the Rapid Support Forces (RSF) continued into its second month. According to [UN estimates](#), over 1 million people have been displaced since the conflict began on 15 April, about **843,100** of whom are internally displaced within Sudan.¹ The states hosting the highest numbers of newly displaced people are White Nile (212,265) and West Darfur (156,565) followed by River Nile (116,445) and Northern State (112,510).² Meanwhile, renewed clashes were reported in Central Darfur and South Darfur, with fighting escalating in West Darfur leaving civilians without access to health care, water and basic supplies.³

The 2023 Sudan Humanitarian Response Plan (HRP) was [revised](#) due to the soaring needs propelled by the current crisis. The total number of people in need of humanitarian assistance in Sudan rose by 57% to 24.7 million. 11 million people are in urgent need of health assistance⁴, including **2.64 million** women and girls of reproductive age among whom **262,880** are pregnant, and over **90,000** are expecting to give birth in the next three months. All of them are in need of access to essential and lifesaving reproductive health services⁵. Furthermore, the number of people in need of gender-based violence (GBV) prevention and response services has increased by more than 1 million to **4.2 million people**. In the most impacted yet accessible states, there has been a 900% increase in the number of people targeted for GBV prevention and response services.

Service providers are receiving surging reports of GBV cases, particularly from internally displaced persons (IDPs) fleeing from one state to another, as well as an increased number of domestic violence cases. Psychosocial support services are critical as survivors, those at risk of GBV, and those who respond to GBV continue to process and recover from the acute crisis. Severe movement restrictions further exacerbate social and livelihood stressors which, in turn, can lead to increased risk of domestic violence.

An increased number of women are exposed to the risk of GBV and sexual exploitation and abuse (SEA) as women and girls are on the move, displaced in temporary shelters and deprived of basic needs. Furthermore, the prices of basic goods - food, water, fuel - are increasing rapidly, further contributing to increased risks of GBV and SEA as women and girls venture to seek these goods.

UNFPA has received reports of horrific gender-based violence in Sudan. See, [statement](#) by UNFPA Executive Director Dr. Natalia Kanem on Sexual Violence in Sudan.

A seven-day [Agreement](#) on a Short-Term Ceasefire and Humanitarian Arrangements was signed by SAF and RSF on 20 May and will enter into force 48 hours after the signing. UNFPA is planning to take advantage of the cease-fire to accelerate the distribution of supplies from Port Sudan to other states, including Khartoum. UNFPA also sees an opportunity to access the commodities and medical equipment in the warehouses of Khartoum and Bahri to be distributed to the health facilities in Khartoum.

¹ OCHA, [Sudan: Clashes between SAF and RSF - Flash Update No. 13](#), 21 May 2023.

² [DTM Sudan - Situation Report 4 | Displacement Tracking Matrix \(iom.int\)](#)

³ OCHA, [Sudan: Clashes between SAF and RSF - Flash Update No. 13](#), 21 May 2023.

⁴ <https://reports.unocha.org/en/country/sudan/card/366KioSk83/>

⁵ UNFPA estimates are based on the [Minimum Initial Service Package \(MISP\) calculator](#).

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

SEXUAL AND REPRODUCTIVE HEALTH

- Access to lifesaving reproductive health services, including emergency obstetric and neonatal care (EmONC) and clinical management of rape, has deteriorated significantly as a direct result of the crisis. Health facilities across Sudan, and in the capital Khartoum, are impacted by electricity cuts, water shortages, and the severe shortage of lifesaving medicines. It is worth noting that even before the crisis, the coverage of EmONC services in Sudan was limited - around 46%. An estimated 14,500 displaced pregnant women are currently in Khartoum, of whom 1,600 are expected to give birth in the next four weeks.
- In Khartoum, the low operational capacity of health care delivery points in Khartoum is affecting access to clinical management of rape services. There is an urgent need to expand the provision of these services ahead of the anticipated floods during the upcoming annual rainy season.
- In **West Darfur**, around 156,565 were recently displaced, including an estimated **37,700** women and girls of reproductive age of whom about **3,740** are currently pregnant and in need of essential and lifesaving reproductive health services. EmONC services in Ag Geneina are unavailable as health facilities remain out of service.
- The need for lifesaving supplies nationwide is still high as supplies at the National Medical Supplies Fund Central Warehouses remain inaccessible. About seven months' worth of lifesaving obstetric medicines (for the prevention and treatment of obstetric hemorrhage, eclampsia and preeclampsia) and a wide range of contraceptives is currently stored at the Central Warehouses in Khartoum.

GENDER-BASED VIOLENCE

- Access to services is being severely curtailed by the ongoing fighting, destruction of goods and properties, and looting of service delivery points, including health care centers and hospitals. 4 million women, girls and other vulnerable populations are at risk of losing access to life-saving GBV services at the same time as GBV risks are rapidly rising.
- 210 Women Centers need to be established/rehabilitated, and 260,692 Dignity Kits need to be distributed, in order to meet the needs of the target population across the country who are at immediate risk of GBV over the next seven months. Meanwhile, 5,214 local service providers need to be trained in order to ensure that quality GBV services are provided in an ethical and confidential manner.
- While GBV services are still functioning in some locations that are not directly affected by the conflict, there are severe shortages of supplies, including clinical management of rape kits, dignity kits, and other life-saving and life-sustaining equipment and supplies.
- Women Centers and Confidential Corners⁶, particularly in the Darfur region, have been significantly impacted by the crisis and subsequent movement restrictions. Yet seven Women Centers are still functioning in Kassala, six in South Darfur and six in Blue Nile - providing GBV services, including psychosocial support and referrals.
- There is a high need to scale-up GBV prevention and response interventions in IDP gathering sites.
- GBV working groups need to be established in emerging priority states hosting new IDPs such as River Nile, Aj Jazirah, Red Sea and Northern State to coordinate GBV service provision and referrals.

UNFPA HUMANITARIAN RESPONSE

⁶ A Confidential Corner is a secure space dedicated for sexual and reproductive health and GBV service provision within health facilities in an ethical and confidential manner. UNFPA supports Confidential Corners through their refurbishment and the provision of equipment and supplies, including procurement of rape treatment kits (IARH Kit 3), to ensure adequate health response to GBV and access to psychological first aid, psychosocial support, GBV case management and referral services.

UNFPA has established a temporary presence in Port Sudan to coordinate the humanitarian response at the national level. The UNFPA Representative in Sudan is present in the country with programme, technical and finance staff. In addition, an emergency coordinator and a logistician/ supply chain manager have been deployed to Sudan to support the humanitarian response efforts.

Despite challenges, UNFPA is scaling up its presence across Sudan to focus on life-saving humanitarian response in the face of acute needs with the active participation and involvement of affected populations. UNFPA's response plan is built on established inter-agency partnerships, collaboration with the national and regional governments, and sustained residual presence of partners.

SEXUAL AND REPRODUCTIVE HEALTH

- UNFPA received 10 MT of **lifesaving sexual and reproductive health supplies** that will be distributed to hospitals and health facilities across Sudan, including in the capital Khartoum and the states of Aj Jazirah, Red Sea, White Nile, South Darfur, West Darfur, Central Darfur and South Kordofan. The supplies are sufficient to support more than **11,000** safe births, more than **2,000** Caesarean sections and the treatment of more than 5,800 reproductive health emergencies, including the clinical management of rape and sexually transmitted infections. Additional supplies covering over **8,000** safe births are expected to arrive in June.
- UNFPA provided fuel for seven maternity hospitals in **Khartoum** (Ombada Hospital, Saudi Maternity Hospital, Aljazira Slang hospital, Omdwan Ban Hospital, Elban Jadeed hospital, Bashir Hospital, and Elturky Hospital) to ensure life-saving health services are available for women and girls in the state as electricity cuts have become longer and more frequent. **1,050** normal deliveries and Cesarean sections took place at these seven maternity hospitals during the past week.
- In **Khartoum**, UNFPA is coordinating with the Combating Violence Against Women Unit, and the Ministry of Health's Diseases Control Directorate and Reproductive Health Program to support access to antiretroviral post-exposure prophylaxis and other treatments.
- UNFPA alongside UNHCR, IOM, UNDP, UN WOMEN, WFP, WHO, and UNICEF, participated in a UN joint needs assessment of IDPs and refugees in Port Sudan.

GENDER-BASED VIOLENCE

GBV Coordination Working Groups are operational in **nine** states⁷, coordinating the emergency response and training national/local organizations working on the front lines. The Sudan GBV Sub-Sector/Working Groups and partners continue to operate to serve survivors and those at risk of GBV. GBV prevention and response interventions are implemented through national/local partners across the country.

GBV Prevention and Response Interventions:

- UNFPA continues to support existing service delivery points, such as Confidential Corners and Women Center in non-conflict affected localities. Life-saving GBV response services being provided include clinical management of rape, psychological first aid and psychosocial support to respond to the emotional, psychological and safety needs of survivors.
- UNFPA is scaling-up emergency remote GBV response services, including psychosocial support, where physical access to services is interrupted or unavailable.
- UNFPA is scaling up GBV prevention and response services in the new IDP-hosting states of Aj Jazeera and White

⁷ In addition to the national GBV Sub-Sector, the states of Khartoum, Central Darfur, North Darfur, South Darfur, West Darfur, Kassala, Gedaref, South Kordofan and White Nile have operational GBV Working Groups.

Nile, and has trained service providers on psychological first aid, GBV in Emergencies, GBV case management and referrals in order to ensure timely access to the multi-sectoral GBV response services.

- **2,100** Dignity Kits and **670** sanitary napkins have been distributed to IDPs in Kassala, Blue Nile, North Darfur, White Nile and Aj Jazeera to help women and girls with menstrual hygiene management. The contents of the Dignity Kits further serve to increase the mobility of women and mitigate some of the risks they face during times of crises.
- Midwives are being trained on clinical management of rape to facilitate access to services in conflict-affected localities.
- UNFPA is training community-based protection networks on psychosocial support and referrals.

GBV Coordination Mechanisms:

- GBV referral pathways are updated in seven states: North Darfur, South Darfur, Blue Nile, White Nile, Khartoum, Central Darfur and Aj Jazeera.
- Clinical Management of Rape service mapping has been updated in all states and is being utilized by frontline service providers.
- Local networks and organizations, including women's organizations, community committees, and volunteer community-based protection networks are continuing to operate. The GBV Sub-Sector has invested in enhancing local organizations' capacities prior to the crisis in nine states where a GBV Working Group is active. The GBV Sub-Sector has trained **175** GBV actors on GBV in Emergencies and remote service provision since the conflict started.
- **45** psychosocial support specialists were trained on GBV guiding principles and how to provide remote services. Meanwhile, **90** GBV actors were trained to provide remote psychological first aid, psychosocial support and referrals to ensure GBV survivors can access services.
- **40** GBV actors from national and international NGOs and UN agencies were trained on GBV emergency planning and response in order to build their capacity on resource mobilization and identify gaps and needs in their response.
- To address the interruption of access to physical services, the GBV Sub-Sector is training GBV actors and community volunteers on the remote provision of GBV services, focusing on remote psychosocial support, psychological first aid and referrals. In parallel, standard operating procedures and protocols for remote GBV service provision have been developed for the first time in Sudan.
- Key awareness raising messages on GBV and available services have been updated, including the development of a brief on GBV risk mitigation which is being disseminated among other humanitarian sectors.
- Three GBV focal points in the newly affected states of Al Jazeera and Red Sea are coordinating the GBV response. The GBV Sub-Sector is planning to scale up coordination mechanisms in these new IDP-hosting states.

PREVENTION OF SEXUAL EXPLOITATION AND ABUSE

Since the onset of the crisis, UNFPA has been continuously disseminating awareness-raising material on the prevention of sexual exploitation and abuse (PSEA), access to life-saving and time-sensitive services, and SEA reporting mechanisms. UNFPA continues to closely follow up with the PSEA network and UN agencies in Sudan to fulfill the [PSEA UN Protocol for Implementing Partners](#).

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*	US\$ 28.9M	US\$ 34.4M	US\$ 27.2M	US\$ 90.5M
Pledges and Contributions**	US\$ 0.75M	US\$ 1.4M	US\$ 0.45M	US\$ 2.6M
Funding Gap	US\$ 28.1M	US\$ 33M	US\$ 26.8M	US\$ 87.9M

*For June – December 2023

**Sudan Humanitarian Fund, CERF, UNFPA Core Resources

***Revised sitrep #2 includes refugee needs inside Sudan which were not reflected in the prior version

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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.