

## Situation Overview May 2024<sup>1</sup>

### Situation Overview



**1.6 million**

women and girls of reproductive age in need of reproductive healthcare



**6.8 million**

Number of people internally displaced



**6.7 million**

People at risk of gender-based violence

## UNFPA Response May 2024

### UNFPA Response As of May 2024



**196,500**

Reached with sexual and reproductive health supplies



**46**

Mobile & Temporary Clinics



**111,360**

Medical, sexual and reproductive health services



**3,000**

Safe Births, including C-sections



**1,666**

Obstetric emergency referrals



**51,096**

Dignity kits & sanitary napkins



**64**

Women and Girls Safe Spaces



**600,400**

Gender-based violence response services, including clinical management of rape



**15/18 states**

Gender-Based Violence Working Groups



**8/18 states**

Sexual and Reproductive Health Working Groups



**1,401**

Partners and community members trained on PSEA and AAP

## KEY UPDATES

The conflict outbreak between the Sudanese Armed Forces (SAF) and the Rapid Support Forces (RSF) in April 2023 has triggered the world's largest displacement crisis. More than 8.8 million people have been forced to flee their homes, with over 6.8 million<sup>2</sup> people displaced within Sudan, including 1.63 million women and girls of reproductive age. Among them, over 160,000 are pregnant women, and an estimated 54,000 childbirths are expected in the next three months.

**Severe Food Insecurity and Nutritional Crisis** - The conflict is also driving a dangerous hunger crisis. Nearly 5 million people are on the brink of famine and 17.7 million people<sup>3</sup> face acute food insecurity due to conflict, economic instability, and soaring food prices. Disturbing reports indicate that in regions like Darfur, Khartoum and Kordofan – areas that have witnessed some of the heaviest fighting – more than 7,000 new mothers and 220,000 severely malnourished children are likely to die in the coming weeks and months unless they can access maternal health services and nutritional support. The situation is similarly bleak for around 1.2 million pregnant and breastfeeding women who will suffer from malnutrition this year and face severe health complications during and after delivery.

In addition, food insecurity has increased the risks of GBV as social norms and protection mechanisms for women and girls to access crucial GBV prevention and response services have broken down, prioritizing nutrition over their safety and health. In this context, protection remains central to the humanitarian and famine response, with a focus on addressing gender-based violence (GBV), ensuring the safety and dignity of women and girls and providing access to essential services and safe spaces.

The [Sudan Famine Prevention Plan 2024](#), targeting 7.6 million individuals in critical regions, urgently requires \$400 million to ensure timely aid distribution before the start of the rainy season.

**Conflict in Al Fasher** - The ongoing fighting that erupted on 15th April 2023 has resulted in the displacement of an estimated 505,000 people to El Fasher town, primarily from Tawila, Kutum, and the eastern and northern areas of El Fasher. This displacement is due to the systematic destruction of entire villages. The majority of these IDPs are now hosted in three main

<sup>1</sup> Figures are based on the [2024 Humanitarian Needs and Response Plan for Sudan](#) people in need (PiN) under the Health Sector and Gender-Based Violence Sub-Sector.

<sup>2</sup> OCHA, [Sudan Humanitarian Update](#), 15 May 2024

<sup>3</sup> [IPC Alert: Sudan](#), March 2024

camps and over 100 severely overcrowded displacement sites in the southern part of El Fasher town. The total population of Al Fasher is currently estimated at 1 million, with approximately 40,000 pregnant women, including 6,000 experiencing high-risk pregnancies and requiring high-level care. The deteriorating security situation and movement restrictions limit access to services, exacerbating risks to the safety, health, and well-being of women and girls. There are reportedly numerous instances of GBV, including sexual harassment, kidnapping, and rape. Key challenges in the area include access restrictions, service unavailability, food insecurity, and limited resources. In response, UNFPA is providing emergency healthcare and GBV services, focusing on the most vulnerable women and girls. To overcome these challenges, UNFPA is implementing mitigation measures such as cross-border responses and strengthening partnerships with local organizations. This situation underscores the urgent need for increased emergency healthcare and GBV services, particularly impacting the most vulnerable women and girls.

**Health System Collapse and Disease Surge** - Sudan's health infrastructure is critically under-resourced, suffering from human resource shortages, electricity blackouts, and water supply shortages. Around 80% of hospitals in conflict-affected states are no longer functioning. These issues lead to low coverage of essential services and poor reproductive health outcomes. The ongoing cholera outbreak, which has affected over 11,000 people since September 2023, is significantly affecting pregnant women by increasing the risk of dehydration and complications, with pregnant women and young mothers having limited access to essential health services, including sexual and reproductive health (SRH) services.

**Humanitarian Access** - The temporary disruption of the humanitarian corridor from Chad and South Sudan, ongoing fighting, lengthy clearance processes for humanitarian goods, bureaucratic impediments and security threats have significantly hindered humanitarian efforts in Sudan. These corridors are critical for the transportation of medical supplies and the facilitation of health interventions, particularly to support maternal health and combat GBV in conflict-affected areas.

## SEXUAL AND REPRODUCTIVE HEALTH

**Supplies** – UNFPA is distributing Inter-Agency Reproductive Health (IARH) kits to Red Sea, Kassala, Gedaref, Sennar, Blue Nile, White Nile, Northern, River Nile, Khartoum and North Darfur states to meet the SRH needs of over 17,000 women and girls. In addition, over one million ampules of Oxytocin and 50,000 family planning tools have arrived in Port Sudan and are currently under custom clearance.

**Mobile Clinics** – UNFPA operationalized 33 mobile health teams across 11 states of Sudan, providing a total of 98,217 consultations in 2023. Additionally, 13 mobile clinics have been deployed in 2024 in the states of West Darfur, Blue Nile, Kassala,

White Nile, Khartoum, Northern and River Nile, providing 13,148 medical consultations so far.

**Referral System** – Since April 2023, UNFPA has supported the establishment of 119 community-based referral mechanisms in Kassala, Gedaref, Red Sea, Blue Nile, Khartoum and White Nile states. These include 32 groups equipped with tuk-tuk ambulances to facilitate the timely referral of obstetric emergencies to emergency obstetric and neonatal care (EmONC) facilities. 1,642 cases have been referred by these mechanisms.

**Rehabilitation of Health Facilities** – UNFPA supported comprehensive rehabilitation efforts in several health facilities, including renovations alongside solar upgrades. UNFPA recently installed solar-powered electric systems at Wad Almahi Hospital in Blue Nile and Aldabah Hospital in Northern states to ensure reliable delivery of medical services. The installation of solar-powered electric systems at Port Sudan Hospital in Red Sea, Kosti Hospital in White Nile and Al-Tahili Hospital in Gedaref is ongoing and expected to be finalized in June 2024.

**Coordination** – As co-chair of the national SRH Working Group, UNFPA supported the National Reproductive Health Program of the Ministry of Health in conducting three national SRH Working Group meetings, involving UN agencies, (I)NGOs and directorates from the Federal Ministry of Health. These meetings reviewed the progress of SRH partners, discussed the SRH plans for 2024 and facilitated reporting to the forum. In addition, six state SRH Working Group meetings were held: One in Gedaref, one in White Nile, two in Blue Nile and two in North Darfur. The SRH Working Groups are active in Red Sea, Gedaref, Kassala, Blue Nile, White Nile, North Kordofan, West Darfur and North Darfur. UNFPA is working with the National Reproductive Health Program to update the mapping of SRH partners and activate the SRH Working Group in the remaining states.

**Ethiopian Refugees Response** – The UNFPA-supported field hospital in Tunaydbah Refugee Camp in Gedaref has provided 1,438 SRH consultations, 224 C-sections, and 73 normal deliveries for refugees, IDPs and the host community since the conflict outbreak in April 2023.

## GENDER-BASED VIOLENCE

### GBV Prevention and Response Interventions

**Dignity Kits** – UNFPA has locally procured 10,200 dignity kits and sanitary napkin packs for distribution to women and girls in Red Sea, Blue Nile, North Darfur and North Kordofan. Moreover, UNFPA currently has 16,844 dignity kits in the warehouse in Port Sudan.

**Women and Girls Safe Spaces** – UNFPA continues to support 64 WGSS across Sudan, providing essential GBV prevention and response services such as individual and group-based psychosocial support, referrals, and information sessions on GBV. Approximately 39,000 women visit these WGSS monthly to utilize

the various services and activities offered. Additionally, seven WGSS are currently being rehabilitated in White Nile, River Nile, Northern State, and North Darfur.

**Awareness-raising sessions** – 10,078 people in Blue Nile, White Nile, North Darfur, North Kordofan and Northern State, including IDPs, refugees and host community members, were recently reached with information on psychosocial support, GBV, SRH and available services.

**Trainings** – In Blue Nile, 20 GBV service providers from across the state were trained on GBV case management, including protection and support services for survivors of GBV and female genital mutilation (FGM).

In Northern State, 11 training sessions were conducted for 280 non-GBV humanitarian actors on topics such as GBV in emergencies (GBVIE), protection from sexual exploitation and abuse (PSEA), mental health and psychosocial support (MHPSS), GBV basic principles, GBV case management, GBV mainstreaming and the GBV information management system (GBV IMS).

In River Nile, three training sessions were held for 80 non-GBV humanitarian actors on the topics of GBV risk mitigation, PSEA, FGM and child marriage.

### **GBV Coordination Mechanisms**

**Reach** – Since April 2023, 225,957 people have been reached by 41 GBV partners, providing life-saving interventions, psychosocial support, awareness-raising sessions, material assistance, referrals to services, and dignity kits. Community-based information sessions covered GBV-related topics, services availability, and the referral system. 22,719 people were reached by 14 GBV partners between January and March 2024.

**GBV Working Groups** – UNFPA leads GBV prevention and response coordination in 15 states through GBV Working Groups. At the national level, the GBV Sub-Sector, comprising 87 member organizations, including 32 national NGOs and 24 women-led organizations (WLO), has increased stakeholder participation. In Gedaref, Blue Nile and North Darfur, the GBV Case Management Taskforce Groups, reactivated as part of the GBV Working Groups, provide technical support to case managers during the conflict, ensuring adherence to GBV Guiding Principles and preventing harm. The GBV Sub-Sector published a [situation analysis](#) in April highlighting GBV trends and funding gaps.

For International Women's Day, the GBV Sub-Sector launched the WLO Taskforce in Port Sudan, uniting 24 WLO members to promote gender equality and combat GBV. The National GBV Coordinator and the Head of the Government's Combating Violence Against Women Unit (CVAW), emphasized women's leadership in driving change. The task force aims to improve collaboration, information sharing, GBV responses, capacity building, best practices, GBV services, and advocate for increased funding to support WLO participation, especially in hard-to-reach

areas.

**Capacity Building** – The GBV Working Group in Kassala conducted in-person training on GBV minimum standards for 35 participants. Since April 2023, 9,064 frontline GBV service providers and other humanitarian actors have been trained on various GBV topics, including GBV concepts, conflict-related sexual violence, GBV mainstreaming, risk mitigation, GBVIE, remote service provision, psychological first aid, case management, temporary safe spaces, PSEA, and information management.

In Gedaref state, the GBV Sub-Sector completed an assessment for implementing the GBV Information Management System (GBVIMS) in refugee settings. This inter-agency effort involved five GBV partners and included a context analysis by the GBVIMS Steering Committee and a self-reflection with partners. The findings were presented to the GBVIMS Global Technical Team for recommendations. Currently, the GBV Sub-Sector is surveying the potential expansion of GBVIMS+ to refugee settings in other states.

**Technical Guidance** – The GBV Sub-Sector has developed key guiding documents, including national and state-level standard operating procedures (SOPs) and standard guidelines for essential GBV interventions. To date, the GBV Sub-Sector has trained 1,279 GBV actors, including 128 in 2024, on these guidelines to facilitate the establishment and delivery of services and ensure the safety of both service providers and survivors during conflict.

### **Prevention of Sexual Exploitation and Abuse and Accountability to Affected Populations**

UNFPA continues to work closely with its partners and the PSEA Network to ensure that aid workers maintain an environment that prevents sexual exploitation and abuse and supports, respects and empowers affected populations. UNFPA has a *zero tolerance* policy towards PSEA and has implemented an ambitious plan to support partners, service providers and community leaders. This plan includes the establishment of community-based mechanisms to ensure widespread awareness of PSEA and related issues.

## **CHALLENGES**

**Operational Challenges** – Key operational challenges are related to humanitarian access, security, logistical and communication constraints. UNFPA is working closely with stakeholders to collectively find solutions and mitigate some of the existing challenges, including cross-border operations from Chad and South Sudan and the movement and storage of supplies within Sudan. Moreover, in addition to leading the GBV Sub-Sector and co-leading the SRH Sub-Sector, UNFPA is an active member of

other cluster coordination fora, such as the Health, Protection, Refugee Coordination Forum, and the Inter-Cluster Coordination Group (ICCG).

**Access to SRH Services** – Access to lifesaving EmONC remains difficult across Sudan due to electricity blackouts, lack of clean water and a limited number of care providers who can reach and operate in health facilities. UNFPA interventions aim to address these challenges by deploying roving teams of midwives, deploying staff to EmONC facilities, investing in sustainable clean energy solutions, exploring cross-border operations for the transportation of supplies, deploying temporary and mobile clinics in areas of high needs with limited access to health and protection services, and strengthening the capacity of local community structures and health care providers. In response to identified needs, UNFPA will support the operation of 30 EmONC facilities in 11 states.

**Access to GBV Services** – 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. Crucially, GBV, sexual exploitation and abuse, and other protection risks have been exacerbated by a lack of sufficient risk mitigation measures and investment across other sectors. UNFPA is actively working to address these challenges through investing in remote service-provision, facilitating cross-state referrals to available in-person services, and mainstreaming GBV across humanitarian sectors.

## FUNDING NEEDS - 2024

	GBV Response	SRH Response	Refugee Response (in Sudan)	Total
Requirement*	\$40.8M	\$18.6M	\$23.5M	<b>\$82.9M</b>
Pledges and Contributions	\$13M	\$12.8M	\$0M	<b>\$25.8M</b>
Funding Gap	\$27.8M	\$5.8M	\$23.5M	<b>\$57.1M</b>

\*For January - December 2024

UNFPA is appealing for \$82,930,028 in Sudan in 2024 to address gender-based violence (GBV), sexual and reproductive health (SRH), and the needs of refugees. Over **one million** women, girls, and vulnerable populations will benefit from specialized GBV response services, dignity kits, Women Centers, community-based protection networks, income-generating activities, and life-skills training. This includes GBV prevention and response training for community members, GBV service providers, and

non-GBV humanitarian actors, as well as awareness-raising campaigns.

Additionally, 1.5 million women and girls of reproductive age, including 150,000 pregnant women, will benefit from essential primary and secondary health care services. This encompasses emergency obstetric and newborn care, the deployment of mobile clinics, strengthening community-based obstetric referral mechanisms, rehabilitating and equipping health facilities, and enhancing the capacity of healthcare providers and community health workers to deliver essential health services. Lastly, over 0.5 million refugees will benefit from integrated GBV/SRH services.

[For more information, please contact:](#)

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