

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

### Situation Overview



**3,520,000**

women and girls of reproductive age in need of reproductive healthcare



**9.05 million**

Number of people internally displaced



**6.7 million**

People at risk of gender-based violence



**168,000**

Reached with sexual and reproductive health supplies



**33**

Mobile & Temporary Clinics



**98,217**

Medical, sexual and reproductive health services



**2,806**

Safe Births, including C-sections



**1,134**

Obstetric emergency referrals



**47,951**

Dignity kits & sanitary napkins



**64**

Women and Girls Safe Spaces



**562**

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



**14/18 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

### UNFPA Response As of March 2024

<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.

## KEY UPDATES

8.1 million people have fled their homes in Sudan since the conflict outbreak in April 2023, including 6.3 million internally displaced people (IDPs)<sup>2</sup>. Among the internally displaced population, more than 1.5 million are women and girls of reproductive age, including nearly 150,000 currently pregnant women. Nearly 50,000 live births are expected in the next three months.<sup>3</sup>

UNFPA is deeply concerned by the escalation of cases of gender-based violence (GBV) and the decrease in the provision of health services, especially sexual and reproductive health (SRH) services. Kidnapping, forced marriage, intimate partner violence, conflict-related sexual violence, and harmful practices such as child marriage, continue to be reported, especially in Aj Jazirah and the Darfur region. Meanwhile, humanitarian access is compromised in conflict zones, impacting medical care, maternal health, and the supply of menstrual hygiene products.

Additionally, the suspension of cross-border operations from Chad in February further limits humanitarian access to people in need in the Darfur region. In a recent meeting with the Ministry of Foreign Affairs of Sudan, the Resident and Humanitarian Coordinator in Sudan was informed that the “Sudanese government would facilitate humanitarian access from Chad through the Tina border crossing into Darfur, from South Sudan through the Renk border crossing into Kosti in White Nile state, and through humanitarian flights accessing airports in Al Fasher, Kadugli, and Al Obeid.”<sup>4</sup>

With the growing population in need (24.8 million people requiring humanitarian assistance<sup>5</sup>) and persistent food insecurity among displaced families, particularly female-headed households, widows, adolescent girls, and people with disabilities, the adoption of negative coping mechanisms for survival is on the rise. In a food-insecure environment, the risk of GBV increases, with women and girls often lacking the financial resources to access SRH and GBV services, prioritizing food over their health. Additionally, malnutrition exacerbates health challenges for pregnant and lactating women.

<sup>2</sup> OCHA, [Sudan Humanitarian Update](#), 23 February 2024

<sup>3</sup> UNFPA estimates are based on the Minimum Initial Service Package (MISP) Calculator.

<sup>4</sup> <https://twitter.com/CNkwetaSalami/status/1765086097703399868>

<sup>5</sup> [2024 Humanitarian Needs and Response Plan for Sudan](#)

Sudan's healthcare system, affected by years of conflict and economic crisis, continues to suffer from low coverage of essential services and unsatisfactory facility performance due to a shortage of human resources, fragmented funding, electricity blackouts and water supply shortages. 15 million people across the country lack access to health care and between 70 – 80 percent of health facilities are not functioning due to the ongoing conflict.<sup>6</sup> Sudan also remains vulnerable to disease outbreaks, including cholera, malaria, measles, dengue fever, and hepatitis, indirectly contributing to maternal deaths.

## SEXUAL AND REPRODUCTIVE HEALTH

**Supplies** – UNFPA delivered Inter-Agency Reproductive Health (IARH) Kits, estimated to cover the needs of 80,000 people for a period of three months, to El Manaqil locality in Aj Jazirah state. The supplies were subsequently distributed to Emergency Obstetric and Neonatal Care (EmONC) facilities in El Manaqil, Hasahisa and El Qurashi localities, ensuring 856 safe births, including C-sections.

**Deployment of care providers** – Specialized health care service providers will be deployed in March to three EmONC facilities in Blue Nile and three refugee clinics in White Nile. Additionally, community midwives will be deployed to Aj Jazirah, South Darfur, North Darfur and West Darfur.

**Mobile Clinics** – 33 temporary clinics are currently providing integrated SRH and GBV services in 11 states. The clinics have so far provided 98,217 consultations in February for IDPs and vulnerable host communities, including 11,149 consultations provided in Northern, Gedaref and North Kordofan states.

**Referral System** – 119 Community-based referral mechanisms have been set-up with UNFPA support since April 2023 in Kassala, Gedaref, Red sea, Blue Nile and White Nile, including 18 groups with tuk tuk ambulance to support the timely referral of obstetric emergencies to EmONC facilities.

**Rehabilitation of Health Facilities** – UNFPA supported the renovation of Wad Almahi Hospital in Blue Nile, which will provide life-saving services to an estimated population of 50,000.

**Coordination** – UNFPA as a co-chair of the national SRH Working Group supported the Ministry of Health National Reproductive Health Program to conduct two national SRH Working Group meetings. The meetings were attended by UN agencies, (I)NGOs and directorates from the Federal Ministry of Health. The meetings discussed the progress made by SRH partners, 2024 SRH plans and reporting to the forum. Three state SRH Working Group meetings were conducted: one in Gedaref, one in White Nile and one in Blue Nile. The SRH working groups are active in Red Sea, Gedaref, Kassala, Blue Nile, White Nile, North Kordofan, West Darfur and North Darfur. The SRH Working Group in Aj

Jazirah will resume its coordination meetings in March. UNFPA is working with the National Reproductive Health Program to update the SRH partners mapping in order to activate the SRH Working Group in the remaining states.

**Ethiopian Refugees Response** – The UNFPA-supported field hospital in Tunaydbah Refugee Camp in Gedaref provided **1,145** SRH consultations, **202** C-sections, and **57** normal deliveries for refugees and the host community.

## GENDER-BASED VIOLENCE

### GBV Prevention and Response Interventions

**Dignity Kits** – UNFPA is procuring 80,000 dignity kits, which are expected to arrive in Sudan in March for onward distribution across all states. Additionally, UNFPA has locally procured 10,200 dignity kits.

**Women and Girls Safe Spaces** – UNFPA continues to support **64** WGSS across Sudan to provide essential GBV prevention and response services, such as individual and group-based psychosocial support, referrals, and information sessions on GBV.

**Community-Based Protection Networks** – UNFPA continues to support **26** community-based protection networks in Aj Jazirah, Khartoum, River Nile, Northern State, South Kordofan, White Nile and Gedaref to provide protection assistance to the affected population. These networks aim to disseminate information on GBV and available services and facilitate referrals to advanced care.

**Awareness raising sessions** – **400** individuals in West Darfur - including IDPs, refugees and host community members - were reached with information on psychosocial support, GBV, SRH and available services.

### GBV Coordination Mechanisms

**Reach** – Since April 2023, **203,238** people were reached by 41 GBV partners with life-saving GBV response, psychosocial support, awareness and material assistance to GBV survivors, as well as referral to appropriate services and distribution of dignity kits. Using the community-based structure, information sessions were held on GBV-related topics, including the availability of services and the referral system. This includes **6,638** people reached by six GBV partners in January 2024.

**GBV Working Groups** – UNFPA is currently leading the coordination of GBV prevention and response in **14** states through the GBV Working Groups in Central, North, South and West Darfur, Blue Nile, White Nile, South Kordofan, Gedaref, Kassala, Khartoum, Aj Jazirah, Northern, Sennar and Red Sea. At the national level, the GBV Sub Sector has enhanced the participation of national stakeholders. The 75 member organizations include 27 national NGOs and 16 women-led organizations. In some states, GBV Case Management Taskforce

<sup>6</sup> OCHA, [Sudan Humanitarian Update](#), 23 February 2024

Groups have been reactivated under the GBV Working Groups to provide technical support and guidance to GBV case managers in implementing case management interventions during the current conflict, ensuring the application of GBV Guiding Principles and preventing harm. The GBV Sub-Sector is coordinating preparations for International Women's Day (8 March) and is preparing an advocacy brief to highlight recent GBV trends and funding gaps that exacerbate the risks for survivors and vulnerable individuals.

**Capacity Building** – The GBV Working Group in Kassala conducted in-person training on GBV minimum standards for **35** participants. Since April 2023, **8,734** frontline GBV service providers and non-GBV humanitarian actors have been trained on GBV concepts, conflict-related sexual violence, GBV mainstreaming, GBV risk mitigation, GBV in Emergencies, remote service provision, psychological first aid, case management, setting up temporary safe spaces and preventing sexual exploitation and abuse (PSEA).

Additionally, the GBV Sub-Sector conducted a capacity building assessment for all 18 states, with 87 respondents from 67 partner organizations. The assessment aimed to identify the gaps in knowledge, skills and resources of GBV Working Group partners in preventing and responding to GBV, and to provide evidence-based recommendations for designing and implementing effective and sustainable capacity-building interventions that address the identified needs and enhance the quality and coordination of GBV response services. The assessment findings will also help monitor and evaluate the impact of capacity-building efforts on GBV response outcomes.

**Referral Pathways** – GBV referral pathways were updated for the **14 states** with operational GBV Working Groups, in line with the updated mapping of GBV services and clinical management of rape services in these states. These pathways provide a safe means for GBV survivors to access specialized GBV services and other sectoral services.

**Technical Guidance** – Guiding documents developed by the GBV Sub-Sector include GBV standard operating procedures (SOPs) (national/state level) and standard guidelines for key GBV interventions. The GBV Sub-Sector has so far trained **1,257** GBV actors, including **106** trained in 2024, on these guidelines to facilitate establishing and providing services, ensuring the safety of both service providers and survivors during the conflict.

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

UNFPA continues to work closely with partners and the 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.

## CHALLENGES

**Operational Challenges** – Key operational challenges are related to humanitarian access, security, logistical and communication constraints. UNFPA is working closely with inter-agency coordination fora (OCHA, the Humanitarian Access Working Group and the Logistics Cluster) 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 challenging. EmONC services across Sudan are limited due to electricity blackouts, shortages of clean water and a limited number of care providers who can reach and operate in health facilities. UNFPA's interventions aim to circumvent these challenges through the deployment of roving teams of midwives and the deployment of staff to EmONC facilities, investing in sustainable clean energy solutions, exploring cross-border operations for the movement of supplies, deploying temporary and mobile clinics to high-needs areas with limited access to health and protection services, and building the capacities of local community structures and health care providers.

**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. The influx of IDPs from Aj Jazirah (509,800 according to [UN estimates](#)) to Sennar, White Nile and Gedaref in December 2023 is overcrowding the already congested IDP gathering points, increasing the risk factors for the safety and privacy of women and girls. 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	\$8.5M	\$4.4M	\$0M	<b>\$12.9M</b>
Funding Gap	\$32.3M	\$14.2M	\$23.5M	<b>\$70M</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, **one million** women and girls of reproductive age, including **120,000** 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.

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