

Situation Overview 2024¹

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UNFPA Response As of February 2024


3,520,000

Women and girls of reproductive age (15-49 years)


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


30

Mobile & Temporary Clinics


73,047

Medical, sexual and reproductive health services


1,919

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


9/18 states

Sexual and Reproductive Health Working Groups


1,401

Partners and community members trained on PSEA and AAP

KEY UPDATES

Sudan is now the largest internal displacement crisis globally, hosting an estimated 9.05 million displaced persons (IDPs) as of 31 December 2023, and accounting for 13% of all IDPs globally. Since the outbreak of fighting between the Sudan Armed Forces (SAF) and the Rapid Support Forces (RSF) in Khartoum on April 15, 2023, more than 6 million people have been displaced in the country.²

Humanitarian access is compromised in conflict zones, impacting medical care, maternal health, and the supply of menstrual hygiene products. Attacks on healthcare facilities disrupt crucial services, and malnutrition exacerbates health challenges for pregnant and lactating women. Notably, over 60 attacks on healthcare facilities have been verified. 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 and fragmented funding. The ongoing conflict has intensified weaknesses in the health system, with massive destruction of healthcare infrastructure, especially in Khartoum and the Darfur region.

Sudan also remains vulnerable to disease outbreaks, including malaria, measles, dengue fever, and hepatitis, indirectly contributing to maternal deaths. Since the declaration of a [Cholera outbreak](#) in Sudan in September 2023, almost 10,000 suspected cases of cholera, including 275 associated deaths, have been reported from 60 locations in 11 states.

Women and girls are facing escalating protection threats and reduced access to basic services, such as essential healthcare, in conflict zones since the start of the conflict, with kidnapping, forced marriage, intimate partner violence, and conflict-related sexual violence being reported. The resumption of hostilities in Sudan is projected to worsen existing gender inequalities and increase the risk of gender-based violence (GBV).

AJ JAZIRAH CONFLICT & DISPLACEMENT

Overview – According to [UN estimates](#), around 509,800 people were displaced by fighting in Aj Jazirah following the clashes between the SAF and the RSF on 15 December 2023. About 205,500 people were displaced to other locations within Aj

¹ 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.

² OCHA, Sudan Humanitarian Update, 25 January 2024.

Jazirah, while around 304,336 IDPs fled to different states in Sudan including Gedaref, Sennar, Red Sea, River Nile, Kassala, White Nile, Blue Nile, and Northern States. Among the displaced population, there are over 122,000 women and girls of reproductive age, including nearly 12,000 currently pregnant women.³

An estimated 5.9 million people live in the state of Aj Jazirah, Sudan's former breadbasket, 700,000 of whom reside in Wad Madani. More than **270,000** people in the city are dependent on humanitarian aid, including **64,800** women and girls of reproductive age.

UNFPA Response – Despite the challenging situation, UNFPA continues to ensure the uninterrupted provision of life-saving health and protection services in Wad Madani and other parts of Aj Jazirah state. Clinical management of rape services are available in Elhoush, Wad Elhadad and Manaqil Hospitals. Crucially, UNFPA mapped the available GBV and SRH services in Aj Jazirah and established a remote service provision modality to survivors of GBV, reaching approximately **4,000** survivors of GBV. UNFPA continues to provide remote technical support for GBV case managers and social workers, including guidance on remote service delivery. Local staff from UNFPA's partner Nada Al-Azhar are providing life-saving protection services in the state, including in-person psychosocial support for GBV survivors, and remote support for survivors unable to reach the facilities. Additionally, to ensure a coordinated response and protection for vulnerable individuals, a community-based protection network (CBPN) was established in Hasahisa locality.

To provide safe and supportive environments, four Women and Girls Safe Spaces (WGSS) were established in IDP gathering sites in Wad Madani, Awooda, Rufaa and Hasahisa. These WGSSs offer psychosocial support, information on GBV, SRH and available services, and referrals to advanced care.

In parallel, mobile clinics were deployed in the state, enabling access to healthcare and protection services for **3,796** people. These clinics play a crucial role in providing medical assistance, including SRH services, to those with limited access to healthcare.

SEXUAL AND REPRODUCTIVE HEALTH

Supplies – UNFPA has distributed 1.1 million units of Oxytocin and other essential medicines for the management of obstetric hemorrhage, which is the leading cause of preventable maternal deaths in Sudan, in all states except South Kordofan and the Darfur region due to access challenges. UNFPA is currently exploring options with partners to reach these areas. An

additional 1.1 million units of Oxytocin as well as Inter-Agency Reproductive Health (IARH) kits covering SRH needs of 25,000 beneficiaries arrived in-country in late December and are currently under customs clearance.

EmONC Support – UNFPA continues to support five health facilities in Khartoum to provide emergency obstetric and neonatal care (EmONC) services. By supplying generator fuel, 364 normal deliveries, 224 C-sections and 1,330 consultations were facilitated.

Deployment of care providers – Specialized health care service providers have been deployed to **four** primary health care clinics in Madani, and to Hasahisa hospital in Aj Jazirah state. They are providing care for IDPs and host communities, supporting 67 normal deliveries and providing 797 medical consultations. Additionally, an anesthesiologist deployed to Ad Damazine Maternity Hospital facilitated 2,400 gynecological procedures, including C-sections.

Furthermore, 60 community midwives were deployed to provide SRH services at 30 IDP gathering points in Gedaref, reaching 13,896 people with SRH counseling and awareness raising sessions on SRH and disease outbreaks, with a focus on Cholera and hemorrhagic fever.

Mobile Clinics – **30** temporary clinics providing integrated SRH and GBV services were deployed in West Darfur, Blue Nile, White Nile, Kassala, Gedaref, Aj Jazirah, Sennar, North Kordofan, River Nile, South Darfur and Northern. The clinics have so far provided 73,047 consultations to IDPs and vulnerable host communities.

Referral System – **1,134** obstetric emergencies in areas with limited access to health care in Kassala, Blue Nile, White Nile, and Aj Jazirah were referred to EmONC facilities through community-based referral mechanisms (CBRMs) set up by UNFPA. Additionally, UNFPA established 12 new CBRMs with "Tuk Tuk ambulances" run by women committees in Gedaref state to facilitate the timely referral of obstetric emergencies.

Obstetric Fistula – UNFPA has supported the surgical repair costs for 69 cases of obstetric fistula, including 20 cases from North Darfur, West Darfur, South Darfur and West Kordofan that were operated at the North Darfur Fistula Center. The remaining 49 cases were treated as part of fistula awareness campaigns and routine operations, with the majority of cases among IDPs.

Rehabilitation of Health Facilities – UNFPA supported the renovation of Port Sudan Maternity Hospital in Red Sea, Wad Sherifei and Al Shagarab Hospitals in Kassala and Bout Hospital in Blue Nile.

Capacity Building – **180** health care providers were trained on clinical management of rape (CMR) in Blue Nile, Aj Jazirah, West Darfur and Red Sea. Furthermore, **108** community midwives in White Nile, South Darfur, North Darfur and Red Sea received in-service training. Additionally, **35** health managers in Red Sea,

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

Blue Nile, Kassala, Aj Jazirah and Sennar were trained on the SRH Minimum Initial Service Package (MISP).

HIV Prevention – UNFPA reached **9,431** key and vulnerable populations with comprehensive HIV prevention packages in Kassala, Red Sea, Gedaref, Blue Nile and White Nile.

Coordination – UNFPA held **five** national SRH working group meetings with representatives from 15/18 states. Nine SRH Technical Working Groups, co-chaired by UNFPA and the State Ministries of Health, are operational in Aj Jazirah, Red Sea, Gedaref, Kassala, Blue Nile, White Nile, North Darfur, South Darfur and East Darfur. Additionally, UNFPA conducted a mapping exercise of SRH actors in **17** states, including Aj Jazirah, Gedaref, Kassala, Blue Nile, White Nile, South Darfur, East Darfur, West Darfur, Central Darfur, North Darfur, North Kordofan, West Kordofan, South Kordofan, Sennar, Red Sea, River Nile and Northern State. Furthermore, SRH services have been mapped in **16** states, including Kassala, Blue Nile, White Nile, South Darfur, East Darfur, West Darfur, Central Darfur, North Darfur, North Kordofan, West Kordofan, South Kordofan, Sennar, Red Sea, Northern State and Gedaref.

Ethiopian Refugees Response – The UNFPA-supported field hospital in Tunaydbah Refugee Camp in Gedaref provided **922** SRH consultations, **180** C-sections, and **48** normal deliveries. Meanwhile, the primary health care center in Camp 6 in Blue Nile has supported **97** normal deliveries, **15,264** general consultations and **846** SRH consultations to Ethiopian refugees and the host community.

GENDER-BASED VIOLENCE

GBV Prevention and Response Interventions

Dignity Kits Distribution – **4,172** women and girls benefited from the distribution of dignity kits in West Darfur (cross-border through Chad), White Nile, Gedaref and North Darfur. The distribution was coupled with awareness raising sessions on GBV and available services. Additionally, **3,475** women and girls in Aj Jazirah and North Darfur received sanitary napkin packs. The distribution of these supplies was complemented by awareness raising activities covering key messages on GBV, menstrual hygiene management and the GBV referral system.

Women and Girls Safe Spaces – **10** new WGSS were established in West Darfur, Kassala, Central Darfur, Northern, Blue Nile and White Nile in December 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 – **26** new community-based protection networks were established 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.

Capacity Building – In Northern State, West, Central, and North Darfur, Aj Jazirah, White Nile, Gedaref, Kassala and Blue Nile **2,100** social workers, healthcare providers, community-based protection network members, community leader including women, legal aid providers and key community leaders, including persons with disabilities, were trained on GBV core concepts, including the harmful practices of female genital mutilation and child marriage, GBV risk mitigation, GBV in Emergencies, and providing GBV response services such as case management, psychosocial support and clinical management of rape.

Vocational and life skills training - **570** women in White Nile, Central Darfur, North Darfur, Gedaref, Aj Jazirah and Northern - including IDPs, refugees, host community members and persons with disabilities (50) - participated in life skills training and vocational training on henna painting, food processing, soap making and sewing. From among the participants, 135 women were supported to start their own businesses.

Awareness raising sessions – **920** individuals - including IDPs, refugees and host community members - were reached with information on psychosocial support, GBV, SRH and available services in White Nile, Khartoum, Gedaref. Additionally, **670** women and girls attended group psychosocial support sessions in Abyei North.

GBV Coordination Mechanisms

Reach – **196,600** people were reached by 41 GBV partners from April - December 2023 (in addition to 42,078 people reached in Jan-Mar 2023) with activities, such as provision of life-saving GBV responses, such as medical (including Clinical Management of Rape), legal, PSS, awareness and material assistance to GBV survivors, as well as referral to appropriate services. Using the community-based structure, information sessions were held on GBV-related topics, including the availability of services and the referral system.

GBV Working Groups – UNFPA is currently leading the coordination of GBV prevention and response in **14** states through state 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. In some states, GBV Case Management Taskforce 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.

Capacity Building – The GBV Sub-Sector has made significant investments in capacity building to scale up the provision of services. **8,699** 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 survey to map the presence and capacities of women-led organizations (WLOs), aiming to address capacity gaps and ensure their inclusion in GBV coordination and response efforts.

Referral Pathways – GBV referral pathways were updated for the 14 states with operational GBV Working Groups, while availability of clinical management of rape services was mapped in all 18 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), Standard Guidelines for key GBV interventions. An additional **1,151** GBV actors were trained by the GBV Sub-Sector capacity-building team on these guidelines to facilitate establishing and providing services, ensuring 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 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.

Training – UNFPA organized in-person training workshops and awareness sessions on PSEA and accountability to affected populations (AAP) for **1,255** partner staff, service providers, community-based protection network members and community members, including youth and persons with disabilities (PWD), in Aj Jazirah, Kassala, Gedaref, Sennar, Blue Nile, South Kordofan, West Darfur, White Nile and Northern. Additionally, **146** UNFPA and implementing partner staff participated in virtual training sessions on PSEA since April.

The [UNFPA hotline](#) continues to operate for community feedback, referral support and reporting. Moreover, radio messages on PSEA were broadcast across Sudan in seven local languages.

CHALLENGES

Operational Challenges – Key operational challenges are related to security, logistical and communication constraints. UNFPA is working in close coordination with inter-agency coordination fora to collectively find solutions and mitigate some of the

existing challenges. UNFPA works in close coordination with OCHA and the Logistics Cluster for the movement and storage of supplies. In addition to leading the GBV Sub-Sector and SRH Sub-Sector, UNFPA is an active member of other cluster coordination fora, such as 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 operate in and reach health facilities. UNFPA’s interventions aim to circumvent these challenges through investing in sustainable clean energy solutions, conducting cross-border operations from Chad to deliver supplies to the Darfur region, deploy temporary and mobile clinics to high-needs areas with limited access to health and protection services, and to build 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 recent influx of IDPs from Aj Jazirah to Sennar, White Nile and Gedaref is overcrowding the already congested IDP gathering points, increasing the risk factors for the safety and privacy of women and girls. Crucially, GBV 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	\$34M	\$23.5M	\$82.9M
Pledges and Contributions	\$8.5M	\$3.6M	\$0M	\$12.1M
Funding Gap	\$32.3M	\$15M	\$23.5M	\$70.8M

*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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