As of 25 May 2021, approximately **70,319** Ethiopian refugees have fled their country as a result of ongoing conflict in the Ethiopian regions of Tigray and Benishangul-Gumuz. They are entering Sudan through three states: Kassala, Gedaref, and Blue Nile.¹ UNFPA is currently operating in five refugee camps and settlements: Um Rakubah, Tunaydbah, Village 8, Hamdayet and Village 6². There are significant humanitarian concerns over the protracted nature of the displacement, recent clashes along the border between Sudan and Ethiopia, the continued impact of the COVID-19 pandemic and projected floods during the upcoming rainy season.

Since November 2020, UNFPA has been partnering with UN agencies, national and international NGOs, state ministries of health (SMoH) and the Ministry of Social Welfare (MoSW) to prioritize the provision of the Minimum Initial Service Package (MISP)³ which focuses on prevention and response to HIV and STIs; prevention of gender-based violence (GBV) and responding to the needs of survivors; prevention of excessive maternal morbidity and mortality; and prevention of unintended pregnancies.

UNFPA estimates that **17,580** of the arrivals are women of reproductive age (15-49 y/o); **1,594** women are currently pregnant and in need of access to essential sexual and reproductive health (SRH) services including basic and comprehensive emergency obstetric and neonatal care (B/CEmONC) services; and **531** births are expected in the coming 3 months. Furthermore, it is estimated that around **158** people may be living with HIV, **1,034** adults may seek treatment for STIs, and **352** survivors of sexual violence may seek medical care in the coming month.⁴

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¹ As of 1 May 2021, UNHCR has recorded 63,110 arrivals from Ethiopia to Kassala and Gadaref States, and 7,209 arrivals from Ethiopia to Blue Nile State. See, Ethiopian Emergency Situation Arrivals Update - Kassala and Gedaref and Ethiopian Emergency Situation Arrivals Update - Blue Nile.

² Refugees in Dem Saad are currently being relocated to Village 6, Blue Nile State.

³ See, Minimum Initial Service Package (MISP) for SRH in Crisis Situations.

⁴ UNFPA estimates are based on the MISP calculator.
UNFPA RESPONSE: NOVEMBER 2020 - MAY 2021

Since November 2020, UNFPA has been positioned as a strong operational agency ensuring life-saving integrated SRH-GBV interventions and co-chairing the SGBV Working Group in Eastern Sudan with UNHCR.

SEXUAL AND REPRODUCTIVE HEALTH

- 23,567 people received medical, SRH and family planning consultations and services at temporary health clinics set up by UNFPA.\(^5\)
- UNFPA ensured 275 safe deliveries and provided 945 clean delivery kits to visibly pregnant women.
- UNFPA supported the continuity of SRH services in 11 health facilities offering basic and comprehensive obstetric care services by providing life-saving medicines, supplies and personal protective equipment (PPE).

GENDER-BASED VIOLENCE

- UNFPA established three temporary women and girl safe spaces (WGSS) to provide GBV case management services including psychosocial support services (PSS) and referrals.\(^6\)
- 1,054 women and girls participated in 53 group PSS and information dissemination sessions.
- 15 social workers were trained to provide PSS in the WGSSs.
- UNFPA provided 2,243 psychological first aid services to mitigate mental stress.
- 20 community leaders were trained on GBV prevention, and 64 community members were oriented on the prevention of sexual exploitation and abuse (PSEA).

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\(^5\) UNFPA established three temporary health clinics in Hamdayet (Kassala), Village 8 (Gedaref) and Yabacher (Blue Nile). Two clinics are currently functioning in Hamdayet (Kassala) and Village 6 (Blue Nile) following the relocation of refugees out of Village 8 and Yabasher.

\(^6\) UNFPA established two WGSSs in Um Rakubah and one WGSS in Tunaydbah.
UNFPA distributed 26,000 dignity kits and is procuring sanitary pads in bulk.

UNFPA is procuring male dignity kits to ensure that the varied needs of both genders are addressed and to also engage men and boys as partners in GBV prevention.

UNFPA contributed to the inter-agency development of general protection referral pathways which include PSS and clinical management of rape (CMR), and established women support groups as part of the community-based referral system.

A comprehensive PSEA assessment was conducted across all refugee sites. UNFPA established a reporting mechanism among implementing partners and trained 26 aid workers on PSEA.

“We trust the WGSS because the women working there are very kind. We drink coffee, dance and sing freely. We feel safe going to them if someone in the camp hurts us. They also give us a lot of important information about the camp.”

NEEDS AND CHALLENGES

Despite the efforts being made, GBV and SRH needs remain substantive and given the increasingly protracted nature of the displacement the sustainability of the response becomes a challenge. The continued response also needs to prepare and adapt for the projected floods during the upcoming rainy season. The refugee response and the COVID-19 pandemic are placing a burden on the already weak health and social services systems in the East of Sudan which are ill-equipped to meet the influx of new needs and have limited capacity for effective response.

Access to affected populations in the camps will become challenging during the rainy season and thus delay and hinder effective response and assessments. Referral services for women in need of emergency obstetric services will be heavily impacted.
Across all five refugee sites that UNFPA is intervening in:

- Life-saving medicine and supplies must be prepositioned in sites that will be inaccessible during the rainy season to ensure continued access to basic SRH services.
- Additional medicines and life-saving supplies are needed to perform normal deliveries and manage complicated pregnancies, miscarriages and C-sections.
- Given the already fragile health system, initiatives that focus on ensuring the availability of 24/7 medical services and strengthening the referral system are critical to guarantee the accessibility of comprehensive health care for both refugees and host communities.
- Family planning, STI treatment and CMR supplies are needed for over 8,400 individuals over the coming three months.
- The current lack of SRH services targeting adolescents needs to be addressed in order to prevent unintended pregnancies, unsafe abortions, STIs and sexual exploitation.
- The capacity building of health care providers at all service delivery points on SRH topics is highly needed to improve the quality of the services provided.
- There is a critical need to expand community-based protection groups and WGSSs for advanced counselling, awareness raising, PSS and GBV case management services.
- A meaningful engagement of men and boys is critical to prevent GBV and to ensure that the principle of gender equality in humanitarian settings is maintained.
- GBV referral pathways need to be strengthened. An inter-agency approach to the provision of technical mentorship to partners on the ground is critical to the promotion of GBV guiding principles and a survivor-centered approach.
- There is a lack of skilled and multilingual social-workers.
**FUNDING**

As accessibility to refugee camps and settlements is impacted by the projected floods, UNFPA will need to strengthen intervention across all sites, enhance GBV coordination and programming, and improve access to SRH services. With no immediate end to the refugee crisis in sight, humanitarian needs may become protracted beyond the 8-month timeframe initially planned for in the UNHCR-led, inter-agency Emergency Refugee Response Plan covering November 2020 to June 2021. A sustained resource flow will be crucial to maintain the life-saving and minimum response to the critical needs of the refugees among whom women and girls are the most vulnerable. Table 1 illustrates the funding requirements for UNFPA’s eastern response to Ethiopian refugees from January to December 2021.

Table 1: UNFPA 2021 Funding Gap for Eastern Response to Ethiopian Refugees

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<th>GBV Response 2021</th>
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</table>

For more information, please contact:
Mr. Massimo Diana, UNFPA Representative Sudan, email: diana@unfpa.org
Ms. Kinana Adra, External Relations and Reporting Analyst, email: adra@unfpa.org
Cell: (+249) 90 010 9875 / Office: (+249) 183 278792 ext. 211

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