

West Darfur

Flash Report January 14-23 2020

Situation Overview

Humanitarian partners continue to assist people affected by inter-communal violence between Massalit and Arab tribes in and around El Geneina town in West Darfur. According to media reports, Prime Minister Dr. Abdallah Hamdouk said in a press statement that the two parties committed to a cessation of hostilities, non-aggression, and keeping peace and stability in the area¹.

According to the International Organization for Migration (IOM) displacement tracking matrix (DTM) emergency event tracking (EET), an estimated **48,800 people** (about 9,607 families) are displaced and preliminary numbers suggest that 43,319 are living in schools or other public buildings; 2,665 IDPs are living with the host community; and 92 IDPs are living in abandoned buildings². In addition, UNHCR reported that over 5,488 people have crossed the border into Chad, seeking refuge in villages near the border. Assistance being provided includes food, health, non-food items (NFIs), nutrition, as well as water, sanitation and hygiene (WASH), and protection services¹.

Concerns have been raised about the security situation in the IDP camps which presents implications for a safe return. UNHCR advised HAC that the return process should be voluntary, based on the informed decision of the IDPs.



¹ UNOCHA 17 January 2020
<https://reports.unocha.org/en/country/sudan/>

² IOM DTM's Emergency Event Tracking tool in West Darfur, 22 Jan 2020

Immediate Response

Gender-Based Violence (GBV)

Gender-based violence at the gathering sites continues to be an issue with alleged gang rape, physical assault, harassment, looting as well as humiliation. The alleged cases are currently not being addressed by survivors, as fear of stigma prevents them from seeking services and West Darfur appears to have the worst record in survivors seeking treatment compared to other Darfur states.

- CVAW (Combat Violence Against Women) and State Ministry of Health and Social Development (SMOHSD) have deployed social workers in 27 gathering sites mainly to sensitize the IDPs on GBV.
- As of 19 January, 3030 dignity kits have been delivered to El Geneina with 1030 through SEEMA and 2000 by UNFPA. At this moment the gap is approx. 8,000 dignity kits.
- Partners have finalized the referral pathway for El Geneina which enables survivors of GBV to access services.
- A women's protection network (WPN) made-up of members of WPNs of the affected camps as well as other camps in El Geneina has been formed to assist in community interventions and support affected women & girls.
- The medical treatment is available in El Geneina hospital and there are 5 trained medical doctors on CMR.
- A GBV confidential corner at El Geneina hospital has been activated as of 22 January, and is functional for 24 hours every day.
- UNFPA has deployed a female GBV expert to address the concerns raised and technical capacity gaps.

Reproductive Health (RH)

The current number of pregnant is reported by SMOH staff on the ground as 3442 and there are 10,800 **Women of Reproductive Age** that are in need of RH services. As per the most recent available information, approximately, the number of pregnant women who are 9 months pregnant and expected to deliver soon is estimated to be around 785 in all 41 IDPs sites.

- UNFPA sent 31 different RH kits to El Geneina. The RH kits arrived in El Geneina on 16 January.
- UNFPA supported Sudanese Red crescent society and SMOH to establish SRH clinics within the IDPs gathering sites. 21 RH temporary clinics were established to serve 31 different gathering sites. The clinics provide ANC, clean and safe deliveries and referrals of complicated cases to El Geneina hospital. Through this support, SRH clinics are equipped and 84 midwives were deployed to provide SRH services. Additionally, two cars were provided to transport pregnant women with birth complications from the IDPs sites to Geneina Hospital.
- 10 Primary Health Care Centers (PHC) centers are currently operated by World Relief and International Medical Corps (IMC) and Save the Children. These centers, provide RH services as part of the PHC

package. SMOH and UNFPA distributed clean delivery bags and STIs management drugs to all partners providing SRH services in the IDPs gathering sites.

- SMOH and UNFPA distributed 675 clean delivery bags to SRH clinics in IDPs gathering sites. Midwives will distribute these clean delivery bags to all pregnant women attending the clinic for ANC.
- SMOH and UNFPA distributed 6 RH kits to El Geneina Hospital (kit 6 A, 6B, 11A, 11B and 12). These kits will enable the hospital to provide emergency obstetric care for pregnant women with obstetric complications including caesarian sections and safe blood transfusion. Furthermore, kits 2 STI management kits were distributed to El Geneina Hospital.
- Reproductive Health Working Group has been reactivated (chaired by SMOH and co-chaired by UNFPA) and regular weekly/biweekly meetings are conducted.
- SMOH and UNFPA have conducted joint supervisory visits to 41 IDPs gathering sites to monitor the provision of RH services in the SRH temporary clinics.
- SMOH and UNFPA have ensured that the drugs needed for the clinical management of rape are available in Geniena Hospital.

Other UN agencies are providing further assistance including food, health, non-food items (NFIs), nutrition, as well as water, sanitation and hygiene (WASH), and protection services. For a comprehensive cross-sectoral humanitarian response overview, please review UN-OCHA 17 January 2020 situation report <https://reports.unocha.org/en/country/sudan/>.



GBV/RH Needs and Challenges

Challenges

- Despite establishing the SRH temporary clinics, these clinics provide very basic services. However, with the current situation of the IDPs sites (e.g. overcrowding, lack of space), It is not possible to provide quality SRH services. Proper health centers should be in place for SRH services to be provided fully at this level.
- The people affected have a general **lack of trust** against service providers (incl. psycho-social support) and their ability to provide them with security, confidentiality and protection.
- There is a lack of privacy and separate spaces for the families in the gathering sites, as men and women share spaces. This increases the **risk of sexual harassment and abuse**, and a general feeling of insecurity. This is also the case for the clinics, as the setup of them does not provide enough **privacy to address GBV cases** or sensitive issues.
- Gaps and challenges in collecting relevant and in-depth **information and data** is a significant challenge. A combined protection sector assessment has been suggested to solve this.
- The SMOH assigned 4 midwives per each gathering sites (21 location) to facilitate **referral of the GBV cases**, and to link the community with available services. However, some of the midwives were not trained on GBV issues.

Needs

- Strengthening the **referral mechanisms** for women with complicated pregnancies.
- There is a need for **family planning methods** and awareness raising activities regarding the use of centers and benefits.
- In view of the cold weather condition **(4000) blankets** are also required.
- There is a significant need for **3500 newborn kits** including, towels and clothes. UNICEF has provided 700 neonatal blankets².
- **Sanitary pads/cotton** are needed for women, as they are currently using a piece of their clothes.
- Urgent need for **psychosocial support services**, as many people suffer from significant insomnia and trauma. The United Peace Organization (UPO) joined UNICEF efforts in providing specific and general psychosocial counselling. Well established and strengthened referral mechanisms and transport.
- **Awareness activities** are needed to orientate IDPs community about available GBV services and sensitization to families and GBV survivors to access and use the services. The IDPs have noted to be comfortable in accessing services through; UNAMID SLF staff (formerly of UNAMID Human rights) since they have good rapport with the community; UN agencies; INGOs within the IDP camps; Community midwives especially in situations where the survivors are aware of the consequences.
- There is a need for approx. **8,000 dignity kits**, but only 3030 has been provided. UNFPA is working on possibilities for filling the gap.

- Legal assistance for cases of rape or gender-based violence and considerations for justice system.

Next in UNFPA Response

- In line with Ministry of Health one month emergency plan, UNFPA, in partnership with Sudanese Red Crescent Society (SCRS) and SMOH established a total of 21 **temporary RH clinics** that serve 31 IDPs sites. These clinics will provide antenatal care (ANC) and clean delivery services for a period of one months. In view of the current uncertainties regarding the resettlement of IDPs, UNFPA has secured funds to provide the services for another month.
- Strengthening the **referral mechanism** between the gathering sites and the El Geneina hospital.
- In-depth **assessment** of the GBV issues.
- Address the need for GBV response in terms of **appropriate GBV centers**, qualified and skilled staff, confidential and anonymous services (the centers could have other functions to avoid causing stigma) and to create awareness on GBV at the RH clinics.
- A **mobile team, mobile clinics are mobile referrals** for all priority areas are being explored.
- Conduct **GBV sensitization** sessions targeting midwives, health workers, community committee and families. In addition to support midwives and health workers with a full package of GBV awareness topics and materials.
- **Awareness raising** and messaging of GBV and referral to be distributed, and sessions to be held for women within the referral clinic inside the model family planning center.

Funding Gap

Gender-based violence intervention for the next 9 months

Total spending	85.000
In pipeline	223.000
<u>Total Requirement</u>	<u>500.000 USD</u>

Reproductive Health intervention for the next 6 months

<u>Total Requirement</u>	<u>\$500.000 USD</u>
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3,030

Dignity kits have been delivered



290

Clean delivery kits delivered



10,800

Women of reproductive age



785

Women expected to deliver soon



48,800

People displaced

Numbers from West Darfur



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