









# Situation Report No.16

## Sudan Crisis: Over 500 days of conflict bring famine, displacement, and protection risks



Country:	Sudan ▾
Emergency type:	Conflict ▾   Food and nutrition crisis ▾   Floods and heatwaves ▾   Displacement ▾
Start Date of Crisis:	Apr 15, 2023
Date Issued:	Sep 17, 2024
Covering Period:	Aug 10, 2024 to Sep 10, 2024
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### Key Figures

 <b>47.48 million</b> Population of Sudan	 <b>24.8 million</b> People in need of assistance in <a href="#">2024</a>	 <b>10.7 million</b> Internally displaced people, including 7.9 million newly displaced since April 2023 ( <a href="#">IOM</a> )	 <b>2.58 million</b> Internally displaced women and girls of reproductive age	 <b>250,000</b> Internally displaced pregnant women (over <b>85,000</b> expected to give birth in the next 90 days)	 <b>6.9 million</b> People at risk of sexual and gender-based violence
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## Highlights

- **Over 500 days of conflict** have triggered the world's largest hunger, protection, and displacement crisis in Sudan, devastating lives and livelihoods, with severe impacts on women, children, and other marginalized population groups.
- **Famine conditions** were confirmed in [Zamzam IDP camp](#) near Al Fasher, North Darfur, while over half of Sudan's population are experiencing Crisis (IPC 3) or worse conditions. This has compounded the urgent need for reproductive health, maternal care, and gender-based violence (GBV) services, as women and girls in famine-affected regions face heightened vulnerabilities.
- **Heavy rains, flooding, and disease outbreaks**, including cholera, and conflict-induced displacement continue to worsen humanitarian needs, particularly for pregnant women and girls and those at risk of GBV, exacerbating the need for safe spaces, dignity kits, and life-saving reproductive health services.
- Recent visits by UN Senior leaders to Sudan include: 1) **UN Deputy Secretary-General, Amina Mohammed's visit to Port Sudan**, accompanied by Ramtane Lamamra, the Personal Envoy for Sudan, and senior officials from the UN and humanitarian agencies; 2) WHO Director-General, Dr. Tedros Ghebreyesus; and 3) UNFPA Regional Director Ms. Laila Baker; and FAO Assistant Director-General and Regional Representative for the Near East and North Africa, AbdulHakim Elwaer FAO. During their visit, they witnessed the extreme devastation and the severe impact of the conflict on the people of Sudan. In meetings with displaced persons, the UN team, and Sudanese government officials, they called for an end to the ongoing conflict and urged the international community to renew focus on the crisis, which has largely faded from global attention. Additionally, they stressed the importance of unhindered access for humanitarian aid and welcomed the reopening of the Adre border as a critical step in ensuring that much-needed assistance reaches those in need.

## Situation Overview

- Over 16 months into the conflict between the Sudanese Armed Forces (SAF) and the Rapid Support Forces (RSF), Sudan's security situation remains volatile, with heavy clashes reported in the Greater Darfur region, the Kordofan states, Sennar, Al Jazirah, and Khartoum. As of 2024, an estimated [24.8 million people are in need of humanitarian assistance](#), and over [10.7 million are internally displaced](#), primarily from Khartoum (35%), South Darfur (19%), and North Darfur (14%) states. The conflict has severely impacted women and girls, with more than 255,000 displaced pregnant women and an estimated 85,000 live births expected in the next three months, while the risk of gender-based violence (GBV) continues to rise. UNFPA is prioritizing the delivery of life-saving reproductive health services and GBV response measures, along with the distribution of aid supplies to protect vulnerable women and girls.



Map Sources: UNCS, SIM, Natural Earth.  
 The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Final boundary between the Republic of Sudan and the Republic of South Sudan has not yet been determined. Final status of the Abyei area is not yet determined. Map created in Jan 2012.

- On 15 August, 2024, the Transitional Sovereignty Council announced the reopening of the [Adre border crossing](#) from Chad to Darfur, one of the most effective and shortest routes for delivering humanitarian assistance to eastern Sudan. This reopening is critical as the Tine border crossing, the only available route since Adre's closure in February 2024, has become impassable due to heavy rains and flooding. Between 20 and 30 August, **59 aid trucks** carrying emergency shelter, food, livelihood, and nutrition supplies crossed from Chad into Darfur via Adre, reaching nearly **195,000 people** in need. An additional **128 aid trucks** are being prepared to support **355,000 more people** in the coming days, ensuring a continuous flow of aid.
- **Famine:** Over half of Sudan's population, or 25.6 million people, are facing Crisis or worse conditions ([IPC Phase 3 or above](#)) during the lean season from June to September 2024. Of these, 8.5 million are in Emergency ([IPC Phase 4](#)), and 755,000 are experiencing Catastrophe ([IPC Phase 5](#)) across 10 states, including the five states of Greater Darfur, South and North Kordofan, Blue Nile, Al Jazirah, and Khartoum. After 16 months of conflict, famine conditions were declared in Zamzam IDP camp, North Darfur—the [first global famine report](#) since 2017. On 1 August 2024, the Integrated Food Security Phase Classification (IPC) Famine Review Committee (FRC) confirmed that communities in North Darfur, particularly Zamzam camp near Al Fasher, entered famine (IPC 5) conditions in June-July 2024, likely to persist through October. Located 12 km south of El Fasher, Zamzam is one of Sudan's largest IDP camps, with an estimated population of 500,000.

The impact of food insecurity on maternal health outcomes is severe. Already fragile due to the destruction of health systems, pregnant women and breastfeeding mothers face heightened risks from acute malnutrition, which can lead to maternal morbidity and mortality. Malnutrition exacerbates conditions like anemia, a major contributor to maternal deaths from hemorrhage, and increases the risk of complications during pregnancy, including miscarriage or stillbirth. As maternal malnutrition continues, it leads to fetal growth restriction, contributing to poor infant health outcomes and increased neonatal mortality.

In response to the growing humanitarian needs, UNFPA has pre-positioned essential supplies at the Chad border, ready for deployment to Al Fasher and Zamzam. These supplies include 3,000 dignity kits and 26 Inter-Agency Reproductive Health Kits to meet the needs of 2,558 people requiring life-saving reproductive health services, including basic and comprehensive Emergency Obstetric and Neonatal Care (EmONC), STI management, and post-rape treatment. Persistent food insecurity also forces many families to adopt negative coping mechanisms, such as early marriage, child labor, and sexual exploitation and abuse, which disproportionately affects girls and increases their vulnerability to GBV. The IPC Phase 3-5 levels of food insecurity are particularly concerning for women and girls, as food scarcity exacerbates their exposure to GBV and SRH-related risks, including reduced access to essential health services and GBV support services.

- **Flooding:** Above-normal rains since June have caused widespread flooding and displacement across Sudan, affecting an estimated [491,100 people in 63 localities across 15 states](#). In total, more than **143,200 people** have been newly displaced, and the heavy rains have severely damaged infrastructure, blocked road access, and heightened the risk of disease outbreaks. Areas like **Zamzam and Abu Shouk camps** in North Darfur, where **4,300 IDPs** have been displaced and over 900 tents destroyed, have seen conditions worsen due to the ongoing conflict and famine-like conditions. The situation is particularly dire for women and girls, who are disproportionately affected by the disruption of essential services. UNFPA is actively working to maintain access to sexual and reproductive health (SRH) services and GBV response measures, alongside distributing dignity kits and hygiene supplies to ensure their safety and dignity. The cholera outbreak, exacerbated by flooding and stagnant waters, is further complicating efforts to manage the humanitarian crisis.

- **Disease Outbreaks:** A cholera outbreak was officially declared by the Federal Ministry of Health (FMoH) on 12 August 2024, following a surge in cases from late July. Over [2,895 cholera cases and 112 deaths](#) have been reported across five states: Kassala, Gedaref, River Nile, Aj Jazirah, and Khartoum. The outbreak is compounding an already dire humanitarian situation, with women and girls in affected areas facing additional risks due to limited access to clean water, sanitation, and health services. UNFPA is closely coordinating with health partners to address the reproductive health needs of women and girls in cholera-affected areas. Pregnant and breastfeeding women are particularly vulnerable during disease outbreaks, requiring uninterrupted access to maternal health services, including safe childbirth, antenatal care, and postnatal care. UNFPA is supporting efforts to ensure the continued availability of **Emergency Obstetric and Neonatal Care (EmONC)** and **GBV response services**, especially in high-risk areas like Kassala and Gedaref.

## UNFPA Response

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### SEXUAL AND REPRODUCTIVE HEALTH

- **Supplies:** The distribution of 268 Inter-Agency Reproductive Health (IARH) kits to service delivery points in Red Sea, Kassala, River Nile, Northern State, White Nile, Gedaref, and Khartoum is ongoing. These kits directly benefit 28,269 individuals for three months, with 95% of the recipients being pregnant women. With the support of our partners on the ground, 98 UNFPA IARH kits have been distributed in Nyala, South Darfur, after arriving from Chad. These supplies are ensuring life-saving SRH services for 10,364 vulnerable women and girls among IDPs, refugees, and host communities. The supplies are being handed over to health partners operating primary healthcare centers and EmONC facilities to facilitate normal childbirths and C-sections, management of obstetric complications, management of sexually transmitted infections (STIs), and post-rape treatment. In addition, 15 IARH kits arrived in Zalingi, Central Darfur, with the support of our partner. These kits will directly benefit the delivery of 785 pregnant women.
- **Emergency Obstetric and Neonatal Care (EmONC) support:** Life-saving EmONC equipment has arrived in Port Sudan, and is ready for distribution to allow service provision across 50 health facilities. It supports cesarean section, resuscitation, sterilization, normal delivery, and intensive care services. Moreover, UNFPA supports the functionality of Al-Saudi Maternity Hospital in Al Fasher / North Darfur by providing fuel to ensure a continuous power supply to provide essential EmONC services. In addition, UNFPA delivered infection prevention and control (IPC) supplies to Atbara and Aldamer hospitals in River Nile state, which will cover the hospitals' needs for three months.
- **Deployment of health care providers:** Three teams of three roving community midwives each were deployed in Kreinik, Kulbus, and Jebel Moon localities in West Darfur from April to August 2024, providing 4,306 SRH services, including antenatal care, postnatal care, family planning, nutritional support, and awareness-raising messages, while also supporting 1,184 safe births. As part of EmONC support, 273 healthcare providers are deployed in Al Saudi maternity hospital in Al Fasher / North Darfur, Ed Damzine, Bout and Elrossirs hospitals in Blue Nile and Eldeuim, Kosti and Aljabalin hospitals in White Nile to ensure the continuity of life-saving EmONC services.
- **Mobile clinics:** In July and August 2024, UNFPA deployed 11 new mobile health teams in Aj Jazirah, West Darfur, Gedaref, North Kordofan, White Nile, and Northern states. Since the conflict outbreak, UNFPA has deployed 66 mobile health teams across Sudan, providing 173,998 medical consultations in West Darfur, East Darfur, Gedaref, Sennar, Aj Jazirah, North Kordofan, Blue Nile, Kassala, White Nile, Khartoum, Northern, and River Nile.

- **Referral system:** UNFPA is supporting 119 community-based referral mechanisms across Kassala, Gedaref, Red Sea, Blue Nile, Khartoum, and White Nile, including 32 groups equipped with “tuk-tuk ambulances”, to facilitate the timely referral of obstetric emergencies to vital EmONC facilities. Since the conflict outbreak, 2,160 obstetric emergencies have been referred.
- **Rehabilitation of health facilities:** In 2023, UNFPA supported comprehensive rehabilitation measures, including installing a solar system in ten health facilities. Since January 2024, UNFPA has installed solar-powered electric systems along with supporting renovations at nine health facilities, namely Wad Almahi Hospital in Blue Nile, Aldabah Hospital in Northern State, Wadsharefay rural hospital, El Shagarab rural hospital, and Aboda Health Unit in Kassala, Atbara and Almataa in River Nile, Ardamata PHC in West Darfur and Port Sudan Hospital in Red Sea, to ensure reliable delivery of SRH services. Installation is ongoing at nine additional health facilities, namely Kosti Hospital in White Nile, Al-Tahili Hospital in Gedaref, Sheireea and Yassin Rural Hospitals in East Darfur, Kadugli hospital in South Kordofan, Elobeid Maternity hospital in North Kordofan, Wad Alaabas Hospital in Sennar, Alsudi hospital in Khartoum and Saudi Maternity Hospital in Kassala.
- **Capacity building:** UNFPA supported the training of 25 HIV service providers, who are medical assistants, on the administration of long-acting family planning methods. These trained providers are now delivering services in Peer Driven Intervention (PDI) centers located in River Nile, Gedaref, Kassala, and Red Sea. Furthermore, 20 healthcare providers were trained on the Clinical Management of Rape (CMR) in Gedaref state. This brings the total number of service providers trained on SRHR topics since the conflict outbreak to 720.
- **Ethiopian Refugee Response:** Since the outbreak of the war in April 2023, the UNFPA-supported field hospital in Tunaydbah Refugee Camp in Gedaref has provided 2,196 SRH consultations, 325 C-sections, and 99 normal deliveries for Ethiopian refugees and the host community.

## GENDER-BASED VIOLENCE

- Over 6.9 million people are at risk of GBV across Sudan, with a marked increase in conflict-related sexual violence reported in all areas of the country. Incidents of sexual violence, kidnapping, forced marriage, intimate partner violence, and child marriage are particularly prevalent in Khartoum, Aj Jazirah, and the Darfur states. There are rising reports of sexual exploitation, abuse, and trafficking, not only targeting women and girls but increasingly also affecting men and boys. Underreporting remains a significant challenge due to fear of retaliation, stigma, and limited access to services. Humanitarian access in conflict zones is severely restricted, exacerbating the situation by limiting access to essential services and supplies, and hindering comprehensive support for survivors of GBV.
- **Dignity kits:** UNFPA has distributed over 41,700 Dignity Kits to support vulnerable women and girls in Red Sea, River Nile, Kassala and Gedaref states and ensured that five per cent out of total Dignity Kits distributed reached women and girls with disabilities.
- **Women and Girls Safe Spaces:** UNFPA continues to support 45 Women and Girls Safe Spaces (WGSS) across Sudan, providing essential GBV prevention and response services. These services include individual and group-based psychosocial support, referrals, and information sessions on GBV and available services, including referrals. Approximately 45,562 women visit these WGSS regularly two to three times per week to utilize the various services and activities offered. Additionally, 26 WGSS are currently being rehabilitated in Red Sea, Northern State, North Kordofan, South Kordofan, East Darfur, Central Darfur, North Darfur and Gedaref states to enhance their capacity.
- **Community-based protection networks:** Currently, 74 community-based protection networks (CBPNs) are active in Blue Nile, White Nile, Sennar, River Nile, Northern State, Gedaref, Kassala, Red Sea, West Darfur, Central Darfur and South Darfur. In July 2024, UNFPA trained an additional 25 CBPNs in Northern state on GBV prevention and response related topics including referral system. In August 2024, additional 30 CBPN were trained in Sennar (15 people) and Blue Nile state (15) on GBV response and risk mitigation topics including safety audit.



- **Awareness-raising sessions:** 88,430 people were reached through awareness-raising sessions and campaigns focused on GBV, across Blue Nile, Gedaref, North Darfur, Northern, Sennar, Kassala, River Nile, Central Darfur, West Darfur, and White Nile. These efforts aimed to enhance local prevention and response initiatives.
- **Vocational and life-skills training:** 3,183 women and girls, including women and girls with disabilities, participated in vocational and life-skills training programs in Blue Nile, White Nile, Gedaref, Northern State, and North Darfur. These initiatives included literacy classes, perfume making, small business management, soap making, beauty salon services, and sewing machine training. Additionally, 1,094 women and girls received start-up grants to establish their own businesses.
- **Capacity building:** A total of 4,332 people were trained on various GBV topics, including 880 specialized GBV service providers (women and men), who received training on GBV prevention, risk mitigation, and response across Blue Nile, White Nile and Northern State. Additionally, 2,358 community members (both women and men) were trained on GBV prevention, risk mitigation, and response, while 1,094 individuals were trained and supported with start-up capital in these states.
- **Disability Inclusion in GBV program:** A total of 100 GBV actors (76 women and 24 men), including 17 individuals out of the targeted persons with disabilities (PWD), were trained on disability inclusion in Gender-Based Violence in Emergencies (GBViE) in Kassala and Gedaref. The training aimed to enhance understanding of the intersections between disability, gender, and violence in the communities they serve and to develop strategies for improving the inclusion of persons with disabilities in GBV programming. This initiative is guided by UNFPA's Disability Inclusion Strategy 2022-2025.

## PROTECTION FROM SEXUAL EXPLOITATION AND ABUSE & ACCOUNTABILITY TO AFFECTED POPULATIONS

- **Capacity building:** UNFPA trained 928 individuals (675 female and 253 male) on the Protection from Sexual Exploitation and Abuse (PSEA) and Accountability to Affected Populations (AAP), including UNFPA implementing partners, SRH and GBV service providers, and community members in North Darfur, West Darfur, Red Sea, White Nile, Gadarir, Kassala, River Nile and Northern States. These trainings aimed to strengthen the PSEA and AAP capacity of UNFPA implementing partners, enhance reporting mechanisms, and improve referral processes using the IASC PSEA training materials.
- **Awareness raising:** UNFPA reached 2,158 individuals (972 women, 324 men, 323 girls, 539 boys) with awareness-raising sessions on PSEA in North Darfur, West Darfur, White Nile, Gadarir, Kassala, River Nile and Northern States using community PSEA awareness guides developed by the Sudan PSEA Network. These sessions were followed by drama performances, open community events, focus group discussions, and the distribution of information, education and communication materials. The sessions aimed to encourage the community to report cases and share their concerns over sexual exploitation and abuse.
- **PSEA Mainstreaming:** UNFPA conducted orientation sessions in Kassala for 75 participants (65 female and 10 male) from partner organizations providing Cash and Voucher Assistance and distributing dignity kits. The sessions aimed to enhance their understanding and implementation of PSEA principles, ensuring that PSEA measures are effectively in place.

## Results Snapshots



173,998

People reached with **SRH and other medical services**

76.8% Female 23.2% Male



122

Health facilities supported by UNFPA<sup>1</sup>



727,292






People reached with **GBV prevention, mitigation and response activities**

89.72% Female 10.28% Male



71

**Safe spaces** for women and girls supported<sup>2</sup>

	<p>93,680</p>	<p>A total of 82,817 dignity kits have been distributed to women and girls of reproductive age, each kit covering the needs of one woman for a three-month period.</p> <p>Additionally, 863 sanitary napkins have been provided to women and girls, each item covering the needs of one person for one month. A further 253,000 packs of sanitary napkins, each pack containing ten items, are currently awaiting customs clearance and will be distributed soon to meet the needs of 2.53 million women and girls.</p>
	<p>698</p>	<p>Inter agency reproductive health kits provided to 129 service delivery points to meet the needs of 76,918 people.<sup>3</sup></p>
	<p>6,955</p>	<p>Safe births</p>
	<p>2,851</p>	<p>Obstetric emergencies referred to hospitals</p>
	<p>3,034</p>	<p>Partners and community members trained on PSEA and AAP</p>

<sup>1</sup> At the time of reporting, support is being provided to 25 health facilities, including mobile and temporary clinics.

<sup>2</sup> 71 WGSS in total are supported by UNFPA, out of which 45 are currently operational and 26 are being rehabilitated

<sup>3</sup> Additionally, UNFPA procured and distributed 1.1 million ampules of Oxytocin and 655,000 tablets of Misoprostol to assist over 1.3 million women with the prevention and management of obstetric hemorrhage, the leading cause of maternal death in Sudan.

## Coordination Mechanisms

### Gender-Based Violence:

- **Gender-based violence Sub-Cluster** (in 15/18 states): UNFPA is spearheading efforts to respond to and mitigate GBV in Sudan. In addition to GBV Sub-Cluster at national level, by establishing and supporting 15 state level GBV Working Groups, the GBV Sub-Cluster has fostered collaboration and improved the delivery of essential services, with updated referral pathways expanding access to services in 15 states.
- **Capacity Building and technical guidance:** In 15 states, 1,447 GBV Working Group members and service providers received training on various topics related to GBV prevention, response, and risk reduction strategies by the GBV Sub-Cluster. Additionally, a GBV Case Management Training of Trainers (ToT) was held in the second week of September, successfully training 21 candidates to become GBV Case Management trainers.
- **Assessments and Joint Missions:** An Inter-Sector Needs Assessment Mission was conducted in Zamzam camp on 1 September 2024. Key findings revealed that the lack of access to basic necessities is driving IDPs to increasingly rely on risky coping mechanisms. In addition to this, limited access to basic needs, exposure to violence, severe psychological stress, uncertainty, and the presence of armed groups are all contributing to heightened risks of GBV.
- **Famine Prevention and GBV Risk mitigation:** The GBV Sub Cluster has established a Localized GBV Risk Mitigation Task Force in North Darfur, Central Darfur, South Darfur, East Darfur, Aj Jazirah, Khartoum, White Nile, and North Kordofan. The task force will coordinate with non-GBV actors, particularly members of the Food Security and Livelihoods (FSL) and Nutrition Working Groups at the state level, to ensure the implementation of GBV Risk Mitigation measures at both state and locality levels. In August 2024, safety audits were conducted in Red Sea and Gedaref states, identifying key risks in IDP camp settings. These included inadequate lighting in camps and latrines, as well as food distribution sites located too far from the camps, which expose women to risks during travel.

### Sexual and Reproductive Health:

- **Coordination:** As chair of the national SRH Working Group under the health cluster, UNFPA held its first on-site SRH working group meeting in Port Sudan on 27 August 2024. The meeting involved the Ministry of Health's national reproductive health program as a co-chair and 21 partners of UN agencies and (I)NGOs. This meeting reviewed the terms of reference for the working group, the challenges faced by MoH, and the current status of SRH response, EmONC services, and the SRH commodities stock. In 2024, nine meetings were held, involving UN agencies, (I)NGOs, and directorates from the Federal Ministry of Health. These meetings reviewed SRH partners' progress, discussed response plans, and facilitated supply allocations.



- Sexual and Reproductive Health Working Groups** (in 10/18 states): State SRH Working Groups are active in Red Sea, Gedaref, Kassala, River Nile, Northern, Blue Nile, White Nile, East Darfur, West Darfur, and North Darfur. UNFPA is collaborating with the Ministry of Health’s Reproductive Health Program to update the SRH partner mapping. Additionally, UNFPA is conducting a Minimum Initial Service Package (MISP) for SRH in Crisis assessment to evaluate the functionality of MISP components in the current emergency setting across 13 states, with assessments completed in Blue Nile, White Nile, Kassala, West Darfur and East Darfur.

## Funding Status

UNFPA Sudan, in 2024, is appealing for \$127.5 million to respond to gender-based violence, and sexual and reproductive health needs of those most in need including refugees in Sudan. To date, only 21.2% of this funding has been pledged. Contributions and pledges towards UNFPA's 2024 humanitarian response in Sudan amount to \$27 million, leaving a \$100.5 million gap.

Key donors include Canada, the Central Emergency Response Fund (CERF), the European Commission, Ireland, Japan, Norway, the Republic of Korea, Sweden, and the United Kingdom.

UNFPA Sudan is also receiving support from the UNFPA Emergency Fund and the Humanitarian Trust Fund.

