



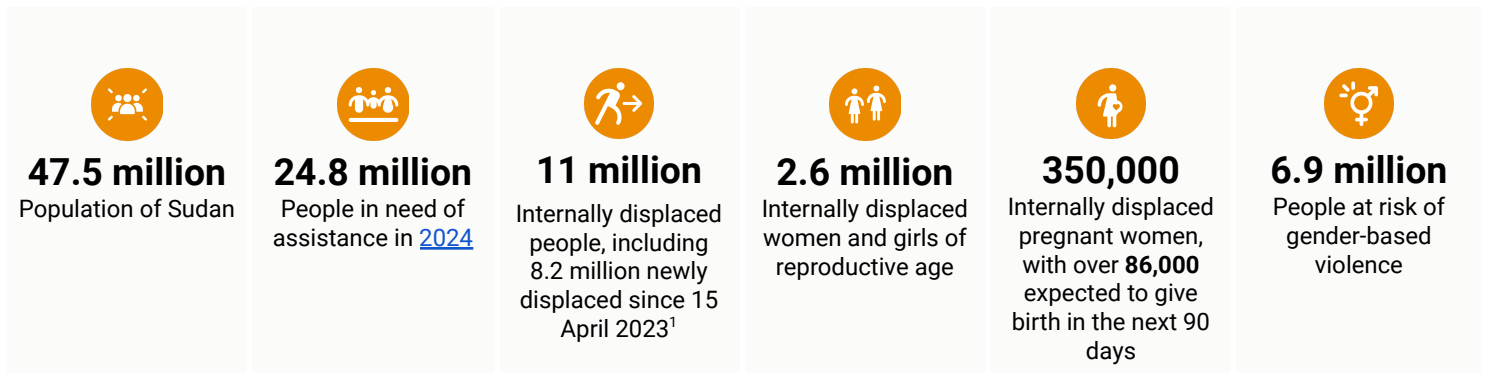
Situation Report No.17

Sudan Emergency

Photo: © UNFPA/Sudan

Country:	Sudan ▾
Emergency type:	Conflict ▾ Food and nutrition crisis ▾ Floods and heatwaves ▾ Displacement ▾
Start Date of Crisis:	Apr 15, 2023
Date Issued:	Oct 28, 2024
Covering Period:	Sep 10, 2024 to Oct 15, 2024
Contact Persons:	Ms. Argentina Matavel Piccin, UNFPA Sudan Representative ad interim, email: amatavel@unfpa.org - mobile: +249 91 230 7004 // +351 91277 4038 Mr. Bruno Husquinet, Humanitarian Coordinator, email: husquinet@unfpa.org - mobile: +249 12 316 2648 Mr. Sufian Abdulmouty, Communication Specialist abdul-mouty@unfpa.org - mobile: +249 99 773 0447

Key Figures



Highlights

- Sudan is now the largest humanitarian crisis in the world and among the top four countries globally with the highest prevalence of global acute malnutrition (GAM), a crisis that severely affects pregnant and breastfeeding

¹ [JOM, DTM Sudan Mobility Update, August 2024](#)

women and girls, exacerbating risks to maternal health and increasing protection needs.²

- **Sudan continues to see massive displacements due to active conflict, and grapples with multiple disease outbreaks**, including cholera, malaria, dengue fever, measles, and rubella. These outbreaks disproportionately affect pregnant women and girls, severely disrupting access to life-saving reproductive health services, as well as increasing maternal and neonatal mortality and morbidity since pregnant women face heightened risks of complications, including miscarriage, premature birth, and life-threatening infections.
- **Nearly 600,000 people have been affected by heavy rains and flooding across the country** since the onset of the rainy season in June 2024. The compounded effects of flooding and food insecurity are severely impacting access to maternal health and gender-based violence (GBV) services, while increasing the vulnerability of women and girls to various health risks.

Situation Overview

- More than 17 months after the eruption of the conflict between the Sudan Armed Forces (SAF) and the Rapid Support Forces (RSF), the security situation in Sudan remains extremely volatile with continuing mass displacement and further escalating humanitarian needs. According to the 2024 Humanitarian Response Plan, [24.8 million people are in urgent need of assistance](#), while more than [11 million are internally displaced](#) – since the conflict erupted in April 2023. In addition to the conflict, Sudan is facing multiple crises, including famine, disease outbreaks and severe flooding, exacerbating an already critical situation and further straining basic services. UNFPA is responding to these urgent challenges by prioritizing reproductive health, strengthening responses to GBV and providing vital assistance to protect vulnerable populations.
- **Escalating Violence in Aj Jazirah:** A surge of violence in eastern Aj Jazirah state has led to severe civilian casualties and the displacement of approximately 119,000 people to Gedaref, Kassala, and River Nile states. Among those affected are 28,665 women and girls of reproductive age who face increased risks of GBV and urgently need reproductive health services. With at least 2,853 pregnant women on the move, access to essential reproductive health interventions is critical. To address these immediate needs, UNFPA is deploying five mobile medical teams to the Harira, Elfao, Baladiat Elgdarif, and Al Butana localities. These teams are equipped with doctors, midwives, and health promoters. Additionally, Emergency Obstetric and Neonatal Care (EmONC) is being coordinated through Eltahily Hospital, which is now supported by UNFPA-provided solar power.



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.

² <https://reports.unocha.org/en/country/sudan/>

- **Humanitarian access:** Humanitarian access in Sudan remains a significant challenge, with large populations trapped in conflict zones and cut off from essential services. An on-the-ground humanitarian presence is crucial for delivering life-saving aid and swiftly responding to shifts in the conflict environment. In response, UNFPA has deployed an Access Specialist from its global Emergency Response Team (GERT), who participated in an inter-agency mission to Darfur in October.
- **Flooding:** Since June, nearly 600,000 people across Sudan have been affected by flooding, which has destroyed 56,000 homes and displaced 172,000 people, further worsening an already fragile humanitarian situation. An [estimated 44 percent](#) of those displaced by the floods had already been uprooted by conflict before the onset of the rainy season and are now experiencing secondary or even tertiary displacement.
- **Famine:** The floods have also impacted areas at risk of famine, creating a double burden for an estimated 124,000 flood-affected people in these regions. Food insecurity has worsened due to the sharp rise in food prices, especially in areas where famine conditions have been reported. More than half of the population—25.6 million people—are facing Crisis ([IPC Phase 3](#)) or above between June and September 2024.

Inadequate nutrition weakens immune systems, making pregnant women more susceptible to infections and other health risks, while severely compromising their overall well-being. Malnutrition during pregnancy heightens the risk of complications such as maternal and neonatal mortality, premature birth, and low birth weight, which can have long-term effects on the health of both mother and child. As families resort to negative coping mechanisms, such as early marriage and child labor, women and girls face increased vulnerability to GBV and limited access to essential sexual and reproductive health (SRH) services. UNFPA is urgently working to restore life-saving SRH and GBV services in the hardest-hit areas, ensuring the safety and dignity of women and girls.

- **Disease Outbreaks:** Sudan is currently grappling with multiple disease outbreaks, including cholera, exacerbated by the destruction of health, water, sanitation, and hygiene infrastructure due to the ongoing conflict. Between late July and September, more than 17,600 cholera cases and 546 deaths were reported across 60 localities in 10 states. UNFPA is working closely with health partners to address the specific reproductive health needs of women and girls, particularly in cholera-affected areas and put in place adequate mitigation measures. Pregnant women are at heightened risk of cholera due to dehydration and related complications, which can lead to premature labor, miscarriage, and stillbirth.

UNFPA Response

SEXUAL AND REPRODUCTIVE HEALTH

Supplies: A total of 268 Inter-Agency Emergency Reproductive Health (IARH) Kits to service delivery points in Red Sea, Kassala, River Nile, Northern State, Gedaref, and Khartoum were distributed, ensuring life-saving SRH services for 10,364 vulnerable women and girls among IDPs, refugees, and host communities. All kits have been delivered except in White Nile, where the distribution is planned in November. The IARH kits are specifically designed for use during crises, facilitating the provision of life-saving reproductive health services to populations in areas where medical facilities and supply lines have been destroyed or severely disrupted. Each kit contains essential drugs, supplies, and equipment to address critical reproductive health needs, including safe deliveries, C-sections, the management of obstetric complications, treatment of sexually transmitted infections (STIs), family planning, and post-rape care. In addition, 15 IARH kits have arrived in Zalingi,

Central Darfur, and were distributed through a local partner, directly supporting 785 pregnant women in need of care. These kits are vital in ensuring the uninterrupted provision of essential SRH services in crisis-affected regions.

Emergency Obstetric and Neonatal Care (EmONC) support: New EmONC equipment has been distributed to Port Sudan Maternity Hospital in Red Sea state. The remaining supplies will be distributed to 50 health facilities across all states, except Central Darfur due to access difficulties. Moreover, UNFPA supported Al-Saudi Maternity Hospital in Al Fasher, North Darfur, by providing fuel, installing a solar power system, and rehabilitating the outpatient department. UNFPA also covers staff incentives to ensure a continuous power supply and sustain essential EmONC services. From June to mid-October 2024, the hospital recorded 2,706 consultations in the outpatient department, 249 deliveries, and 638 cesarean sections. In addition, UNFPA delivered infection prevention and control supplies to Atbara and Aldamer hospitals in River Nile state, which will cover the hospitals' needs for three months. Furthermore, UNFPA supported the renovation of Altahili Hospital in Gedaref State and provided a solar power system and equipment to Wadelabas Rural Hospital in Sinnar State. In September, UNFPA conducted a mapping of EmONC services across all 18 states, assessing 162 facilities, including 73 Basic EmONC (BEmONC) facilities and 89 Comprehensive EmONC (CEmONC) facilities. During the reporting period, 55 of the BEmONC facilities (75%) and 70 of the CEmONC facilities (79%) were operational.

Deployment of health care providers: UNFPA has deployed 273 healthcare providers to key hospitals, including Al Saudi Maternity Hospital in Al Fasher, North Darfur; Ed Damazine, Bout, and Elrossirs hospitals in Blue Nile; Eldeuim, Kosti, and Aljabalin hospitals in White Nile. This deployment ensures the continuity of life-saving EmONC services, helping to safeguard maternal and neonatal health in conflict-affected areas where access to essential healthcare is critically limited. In October, 22 midwives were deployed across 13 IDP gathering points in Gedaref. They are facilitating safe births and providing antenatal and postnatal care, family planning, and awareness-raising messages.

Mobile clinics: UNFPA deployed 12 new mobile health teams in Gedaref, White Nile, and Northern States in September and October 2024. Since the conflict outbreak, UNFPA has deployed a total of 78 mobile health teams across Sudan, delivering 189,359 medical consultations in West Darfur, East Darfur, Gedaref, Sennar, Al Jazirah, North Kordofan, Blue Nile, Kassala, White Nile, Khartoum, Northern, and River Nile States.

Referral system: Eight new [community-based referral mechanisms](#) were established by UNFPA in September and October 2024, bringing the total to 127 across Kassala, Gedaref, Red Sea, Blue Nile, Khartoum, and White Nile States. Among these, 32 groups are equipped with "tuk-tuk ambulances" to facilitate the timely referral of obstetric emergencies to essential EmONC facilities. Since the conflict outbreak, 2,235 obstetric emergencies have been referred.

Cash and Voucher Assistance (CVA): Since August 2024, UNFPA has provided cash and voucher assistance to 297 women across Gadaref and Kassala states to facilitate safe deliveries, including 21 cases with pregnancy complications.

Rehabilitation of health facilities: Since January 2024, UNFPA has installed solar-powered electric systems, along with supporting renovations, at nine health facilities in Blue Nile, Northern, Kassala, River Nile, Red Sea, and West Darfur States. Installations are also ongoing at nine additional facilities in Khartoum, White Nile, Gedaref, East Darfur, South Kordofan, North Kordofan, and Kassala States.

Capacity building: UNFPA trained 153 healthcare providers (CPs) on the Clinical Management of Rape (CMR) in North Kordofan, White Nile, Khartoum and Kassala States. Additionally, 25 medical assistants were trained on Family planning long-acting methods (task shifting) in River Nile state to expand the service coverage and address the unmet needs in hard-to-reach areas. Also, 75 CPs, specifically Medical Doctors and sisters trained on Family Planning service provision at Red Sea, North Kordofan, and Gadrief states. Also, 25 HIV-CPs from VCT, PMTCT at the eastern region (Gadrief, Kassala,

and Red Sea) trained on FP service provision. Since January, 2023 and up to the date of report In total, UNFPA has trained 995 service providers on different Sexual and Reproductive Health and Rights (SRHR) topics.

Ethiopian Refugee Response: Since April 2023, the UNFPA-supported field hospital in Tunaydbah Refugee Camp in Gedaref has provided 2,332 SRH consultations, 353 C-sections, and 107 normal deliveries for Ethiopian refugees and the host community.

GENDER-BASED VIOLENCE

Over 6.9 million women and girls, and increasingly men and boys, are at risk of GBV across Sudan, with a marked increase in conflict-related sexual violence reported in all areas of the country with incidents of sexual violence, kidnapping, forced marriage, intimate partner violence, and child marriage. There are rising reports of sexual exploitation and abuse, and trafficking, targeting women and girls but also increasingly affecting men and boys. Underreporting remains a significant challenge due to fear of retaliation, stigma, and limited access to life-saving response services. Humanitarian access in conflict zones is severely restricted, exacerbating the situation by limiting access to essential response services and supplies, and hindering comprehensive support for survivors of GBV.

Dignity kits: Since January 2024, UNFPA distributed 46,584 Dignity Kits to support affected women and girls in Red Sea, River Nile, Kassala, Northern, and Gedaref States, providing critical supplies. These kits also serve as an entry point for women to access other life-saving services by enabling them to connect with healthcare providers, receive psychosocial support, and access information on gender-based violence prevention and response. In addition, UNFPA has supported 2,334 internally displaced women and girls in the River Nile, Gedaref, and Kassala states with vouchers to obtain menstrual hygiene supplies to cover the needs for a duration of three months.

Women and Girls Safe Spaces: UNFPA is currently supporting 49 Women and Girls Safe Spaces (WGSS) across Sudan, providing essential GBV prevention and response services this month. These services include individual and group-based psychosocial support, referrals, and information sessions on GBV and available services, including referrals. Approximately 13,283 women visited the WGSS in September to utilize the various services and activities offered. Additionally, 27 WGSS are currently being rehabilitated in Red Sea, Northern State, North Kordofan, South Kordofan, East Darfur, Central Darfur, white Nile, North Darfur and Gedaref states to enhance their capacity.

Community-based protection networks: In October, 82 community-based protection networks (CBPNs) are operating in Blue Nile, White Nile, Sennar, Nile River, Northern State, Gedaref, Kassala, Red Sea, West Darfur, Central Darfur and South Darfur states. In September, another 30 CBPN members in Sennar (15 people) and Blue Nile State (15 people) received training on GBV response, risk mitigation and safety audit procedures.

Awareness-raising sessions: A total of 138,646 people were reached through awareness-raising sessions and campaigns on GBV across Blue Nile, Sinnar, Kassala, Red Sea, Gedaref, North Darfur, Northern, Sennar, River Nile, Central Darfur, West Darfur, and White Nile States since the beginning of this year. These initiatives support community engagement and strengthen local mechanisms for effective GBV prevention and response.

Vocational and life-skills training: 4,453 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 since the beginning of this year. In September, 25 individuals in South Darfur, 24 in Kassala, 3 in White Nile, 45 in Sinnar, and 38 in Northern State received training in local perfume making, soap making, and sewing. These trainees were also provided with

raw materials to support their enterprises. Additionally, 1,275 women and girls were trained and received start-up grants to establish their own businesses.

Capacity building: Since January, a total of 5,834 people were trained on various GBV topics, including 1,455 specialized GBV service providers (both women and men) who received training on GBV prevention, risk mitigation, and response across Blue Nile, White Nile, and Northern State. Additionally, 3,015 community members (women and men) were trained on GBV prevention, risk mitigation, and response.

Disability Inclusion in GBV program: In October a total of 25 GBV actors (17 women and eight men), including 10 individuals out of the targeted persons with disabilities (PWD), were trained on disability inclusion in Gender-Based Violence in Emergencies (GBViE) in Kassala. The training aimed to enhance understanding of the intersections between disability, gender, and violence in communities and subsequently develop strategies for improving the inclusion of PWD in GBV programming.

PROTECTION FROM SEXUAL EXPLOITATION AND ABUSE & ACCOUNTABILITY TO AFFECTED POPULATIONS

Capacity building: UNFPA trained 100 individuals (75 female and 25 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 West Darfur, Gadarif, Kassala, 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 244 individuals (116 women, 26 men, 64 girls, 38 boys) with awareness-raising sessions on PSEA in North Darfur, Gadarif, Kassala and River Nile this month. These sessions were followed by drama performances, open community events, focus group discussions, and the distribution of information, education and communication materials to encourage the community to report cases and share their concerns over SEA.

PSEA Mainstreaming: UNFPA conducted orientation sessions in Kassala and White Nile for 32 participants (22 female and 10 male) from GBV WG members. The sessions aimed to enhance their understanding and implementation of PSEA principles, ensuring that PSEA measures are effectively in place.

Results Snapshots (Jan - Oct 2024)



185,170
People reached with **SRH and other medical services**. 76.8% Female 23.2% Male



124
Health facilities supported by UNFPA³



92,277
People reached through **GBV prevention, mitigation, and response activities**, including case management, psychosocial support







71
Safe spaces for women and girls supported⁴

³ At the time of reporting, support is being provided to 25 health facilities, including mobile and temporary clinics.

⁴ 71 WGSS in total are supported by UNFPA, out of which 50 are currently operational and 21 are being rehabilitated

(PSS), recreational activities, dignity kits distribution, group therapy sessions, and more. **89.72% Female 10.28% Male**

	698	Inter agency reproductive health kits provided to 129 service delivery points to meet the needs of 76,918 people. ⁵
	7,987	Safe births
	3,013	Obstetric emergencies referred to hospitals
	3,034	Partners and community members trained on PSEA and AAP

Coordination Mechanisms

Gender-Based Violence:

- **Reach:** Between January and September 2024 alone, 152,794 people were reached by 21 GBV partners, who provided life-saving interventions, psychosocial support, awareness-raising sessions, material assistance, referrals to services, and dignity kits. Community-based information sessions covered GBV-related topics, service availability, and the referral system.
- **GBV Area of Responsibility (AoR):** UNFPA chairs the National and subnational GBV AoR. At the national level, the GBV AoR comprises 97 member organizations, including 33 local NGOs (24 of which are women-led organizations (WLOs)), 36 international NGOs, and 9 donors, enhancing stakeholder participation. At the sub-national level 15 groups have been established with an average of 15 members, the majority of which are WLOs. The GBV AoR ensures coordination within and between GBV actors so as to increase the technical skills, capacity of front line response providers, as well as working with non-GBV actors to address GBV risks.
- **Technical Guidance:** In October, 2024, the GBV Sub-Cluster held two pivotal workshops in Port Sudan, bringing together participants from UN agencies, international NGOs, local NGOs, and WLOs. The GBV Strategy Workshop, attended by 49 participants from across Sudan, focused on developing a comprehensive strategy to strengthen GBV prevention and response efforts and enhance inter-agency coordination. Simultaneously, a GBV SOP Workshop with 52 partners revised and updated the existing

⁵ 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.

Standard Operating Procedures (SOPs) to align with the evolving context, ensuring improved protection mechanisms and accountability for survivors. Both workshops adhered to Sudanese laws and international obligations, laying the groundwork for sustainable and contextually relevant GBV interventions.

- **Capacity Building and technical guidance:** Since January 2024, a total of 2,892 GBV Working Group members and GBV response providers received training on various topics related to GBV prevention, response, and risk reduction strategies by the GBV AoR.
- **Assessments and Joint Missions:** In September, two safety audits were conducted in Red Sea State and Al Tadamon- Blue Nile, assessing key IDP gathering points. Red Sea State has seen a significant influx of over 248,500 displaced individuals, with ongoing security concerns, economic strain, and challenges in accessing shelter and basic services. GBV risks remain high due to unsafe conditions and gendered displacement dynamics. The audits covered gathering points such as Abdulla Nagi, Almawanee, Haroun Issa, and several schools in Al Tadamon, where similar vulnerabilities and risks were identified among the IDP populations. These findings highlight the urgent need for continued support and protection measures for the displaced communities.
- **GBV Risk mitigation within famine prevention:** 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. 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 the chair of the national SRH Working Group under the health cluster, UNFPA held its second SRH working group meeting on September 26, attended by 25 partners from UN agencies, international NGOs, and local NGOs. Key topics discussed included data harmonization, an overview of maternal deaths, the status of operating EmONC facilities as of September, and a revision of SRH indicators for sharing with the health cluster. In 2024, a total of nine meetings were conducted, 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 assessment to evaluate the functionality of MISP components in the current emergency context across 13 states. Assessments have been completed in Blue Nile, White Nile, Kassala, West Darfur, East Darfur, Northern, and River Nile states.

Funding Status

In 2024, UNFPA Sudan is appealing for US\$ 82.9 million to respond to the GBV and SRH needs of those most in need, including refugees in Sudan. To date, only around 34% of this funding has been pledged. Contributions and pledges towards UNFPA's 2024 humanitarian response in Sudan amount to US\$ 28.4 million, leaving a US\$ 54.5 million gap.

Key donors include Canada, the Central Emergency Response Fund (CERF), the European Commission, the Global Fund, Ireland, Japan, Norway, the Republic of Korea, Sweden, the United Kingdom, and the United States. UNFPA Sudan is also receiving support from the UNFPA Emergency Fund and the Humanitarian Trust Fund.

