









Situation Report No.15

Sudan Emergency

Photo: © UNFPA/Sudan

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| Country: | Sudan |
| Emergency type: | Conflict Food and nutrition crisis Floods and heatwaves Displacement |
| Start Date of Crisis: | Apr 15, 2023 |
| Date Issued: | Aug 11, 2024 |
| Covering Period: | Jul 1, 2024 to Aug 10, 2024 |
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Key Figures

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|  47.48 million Population of Sudan |  24.8 million People in need of assistance in 2024 |  10.7 million Internally displaced people ¹ |  2.56 million Internally displaced women and girls of reproductive age |  0.25 million Internally displaced pregnant women, with 85 thousand expected to give birth in the next 90 days |  6.9 million People at risk of sexual and gender-based violence |
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Highlights

- Famine is confirmed in Zamzam Camp. Other areas throughout Sudan remain at high risk of famine as long as the conflict and limited humanitarian access continue.
- Eight rockets struck Al Fasher Maternity Hospital, the last functioning hospital in North Darfur.

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

- Armed clashes in Sennar and West Kordofan have displaced hundreds of thousands of people internally and across the border to South Sudan.
- Heavy rainfall and flash floods in eastern and western parts of Sudan have displaced thousands of people.
- UNFPA Emergency Reproductive Health Kits arrived in Nyala, South Darfur via cross-border routes from Chad and were delivered through Médecins Sans Frontières (MSF).

Situation Overview

- Since the conflict outbreak between the Sudanese Armed Forces (SAF) and the Rapid Support Forces (RSF) on 15 April 2023, the security situation across Sudan remains extremely unstable. Significant clashes have been reported in Khartoum, Aj Jazirah, North Darfur, West Kordofan, North Kordofan, and Sennar. **Over 10.7 million people are now internally displaced in Sudan.** This extensive displacement has heightened risks in maternal and child health, **with more than 255,000 currently displaced pregnant women and an estimated 85,000 live births in the next three months.**

- **Conflict:** Between 1 April and 30 June 2024, up to [328,981](#) people were displaced in **Al Fasher** locality in North Darfur. Attacks on Al Fasher Saudi Hospital have severely reduced its operational capacity and caused extensive infrastructure damage, including to the maternity ward. Despite the most recent attack, UNFPA continues to provide operational support for lifesaving SRH interventions and is collaborating with partners to support the renovation and installation of a solar-powered electric system. In **Sennar**, reported clashes displaced an estimated [725,965](#) individuals between 25 June and 29 July 2024. The displaced individuals have moved to other locations within Sennar, other states in Sudan (Gedaref, Kassala, Blue Nile, White Nile, River Nile, and Red Sea), and across the border to South Sudan. In **West Kordofan**, [clashes in Al Fula town](#) and other locations in As Salam locality have similarly increased displacement in the state, which now hosts [356,934](#) IDPs.

- **Famine:** About **25.6 million** people—more than half of Sudan's population—are facing acute hunger, with more than **755,000** people in 10 states – including the five Darfur states, South Kordofan, North Kordofan, Blue Nile, Aj Jazirah, and Khartoum – on the brink of famine, according to the latest [IPC analysis](#). The situation is particularly dire in North Darfur State, where **Zamzam Camp** near the state capital, Al Fasher, has reached famine levels (IPC Phase 5). According to [the latest report by the Famine Review Committee](#) (FRC), famine conditions in the Zamzam IDP camp are likely to persist into August through October 2024. The FRC analysis also indicates that similar conditions may be affecting other IDP sites in the Al Fasher area, particularly the Abu Shouk and Al Salam camps. In



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.

response, UNFPA has prepared essential supplies at the border in Chad for immediate 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 in need, **providing basic and comprehensive Emergency Obstetric and Neonatal Care (EmONC), STIs management and post-rape treatment.**

- **1.2 million pregnant and breastfeeding women are facing acute malnutrition across Sudan.** Persistent food insecurity among displaced families, particularly female-headed households, widows, adolescent girls, and people with disabilities, has led them to adopt negative coping mechanisms to survive. Girls are particularly at risk of having their education cut short and being forced into hazardous work, child marriage, or sexual exploitation and abuse in times of crisis and food shortage. Moreover, the risk of GBV increases as women and girls often lack financial resources and access to essential services and safe spaces.
- **Floods:** Heavy rainfall and flash floods have displaced more than **21,370 people** in locations across **Aj Jazirah, Central Darfur, Kassala, Khartoum, North Darfur** (including Zamzam town near Al Fasher), **North Kordofan, Northern, Red Sea, River Nile, West Darfur, and White Nile**. The majority of displaced households sought shelter with host communities within the same localities. In **Kassala**, while flooding has reportedly impacted over 10,700 people, most of whom fled recent hostilities in Sennar State, many were reportedly unable to leave as the flooding from the Gash River blocked main roads and transit routes, and because many households could not afford transport to other states. The onset of the rainy season and poor living and sanitation conditions at IDP sites raise concerns about potential water-borne disease outbreaks like Cholera and Dengue. Approximately 7,863 structures were either partially damaged or destroyed by the rain and floods, including homes, commercial buildings, and latrines.
- **Sexual Violence:** Over **6.9 million people are at risk of GBV** across Sudan, with rising concerns over increased sexual and gender-based violence (SGBV) incidents, with reports of sexual violence, kidnapping, forced marriage, intimate partner violence, and child marriage, particularly in Khartoum, Aj Jazirah and the Darfur states. Reports of **sexual exploitation, abuse, and trafficking have surged.** Underreporting remains high due to limited access to services and fear of retaliation and stigma. Moreover, humanitarian access in conflict zones is severely compromised, impacting medical care, maternal health, and especially the provision of SRH services and supplies.

UNFPA Response

SEXUAL AND REPRODUCTIVE HEALTH

Supplies: UNFPA distributed Inter-Agency Reproductive Health (IARH) kits to service delivery points in Red Sea, Kassala, River Nile, Northern State, White Nile, Gedaref, and Khartoum. These kits directly benefit 28,269 individuals over a period of three months, with 95% of the recipients being pregnant women.

With the support of MSF, 98 UNFPA IARH kits arrived in Nyala, South Darfur from Chad. These supplies will ensure life-saving SRH services for 10,364 vulnerable women and girls, including IDPs, refugees, and host communities. The supplies are being handed over to health partners operating primary healthcare centers and EmONC facilities to facilitate normal child births and C-sections, management of obstetric complications, management of sexually transmitted infections (STIs) and post-rape treatment.

A shipment of 2,100 ampules of Oxytocin and 4,000 tablets of Misoprostol, life-saving drugs used for the management of obstetric hemorrhage, arrived in South Darfur and West Darfur, estimated to serve more than 5,000 women.

EmONC support: EmONC equipment has arrived in Port Sudan, ready for distribution to 50 health facilities. UNFPA also supported Al-Saudi Maternity Hospital in North Darfur by providing fuel to ensure continuous power supply for life-saving EmONC services.

Deployment of care providers: Three teams of roving community midwives were deployed in Kreinik, Kulbus and Jebel Moon localities in West Darfur from April to August 2024, providing 2,995 SRH services and supporting 878 safe births.

Mobile clinics: In June, UNFPA deployed five mobile clinics. UNFPA has deployed 56 mobile health teams across Sudan since the conflict outbreak, providing 153,568 medical consultations in West Darfur, East Darfur, Gedaref, Sennar, North Kordofan, Blue Nile, Kassala, White Nile, Khartoum, Northern and River Nile.

Referral system: UNFPA is supporting 119 community-based referral mechanisms in 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. 2,106 obstetric emergencies have been referred since the conflict outbreak.

Rehabilitation of health facilities: UNFPA supported comprehensive rehabilitation measures in 12 health facilities. Since January 2024, UNFPA has installed solar-powered electric systems at Wad Almahi Hospital in Blue Nile, Aldabah Hospital in Northern State and Port Sudan Hospital in Red Sea to ensure reliable delivery of SRH services. Installation is ongoing at Kosti Hospital in White Nile, Al-Tahili Hospital in Gedaref, Sheireea and Yassin Rural Hospitals in East Darfur and Saudi Maternity Hospital in Kassala.

Capacity building: 103 health care providers in River Nile and Northern State were trained on Infection Prevention and Control (IPC). This brings the total number of service providers trained on different SRHR topics since the conflict outbreak to 675.

Ethiopian Refugee Response: The UNFPA-supported field hospital in Tunaydbah Refugee Camp in Gedaref has provided 1,987 SRH consultations, 278 C-sections, and 93 normal deliveries for Ethiopian refugees and the host community since the outbreak of the war in April 2023.

GENDER-BASED VIOLENCE

Dignity kits: UNFPA has procured and distributed over 21,400 Dignity Kits to support vulnerable populations in the Darfur and the Kordofan regions. Additionally, 54,798 Dignity Kits, along with 11,768 packs of sanitary napkins, are pre-positioned for distribution in Northern State, Kassala, Gedaref, River Nile, Red Sea, and Khartoum. In June 2024, 400 Dignity Kits were distributed at an IDP gathering site in Port Sudan.

Women and Girls Safe Spaces: UNFPA continues to support 71 Women and Girls Safe Spaces (WGSS) across Sudan, providing essential SGBV prevention and response services. These services include individual and group-based psychosocial support, referrals, and information sessions on SGBV and available services, including referrals. Approximately

41,000 women visit these WGSS regularly to utilize the various services and activities offered. Additionally, three WGSS are currently being rehabilitated in Northern State, River Nile and West Darfur State to enhance their capacity.

Community-based protection networks: Currently, 73 community-based protection networks (CBPNs) are active across Sudan. In June 2024, UNFPA trained two CBPNs at Al Redis 2 and Khor Alwaral South Sudanese refugee camps in Al Salam locality, White Nile. Additionally, three CBPNs in Blue Nile were trained on GBV core concepts and referral pathways.

Awareness-raising sessions: Through awareness-raising sessions and community dialogues on SGBV and harmful practices, including FGM and child marriage, as well as safe referral practices, UNFPA reached 39,289 people across Blue Nile, East Darfur, Gedaref, Khartoum, North Darfur, Northern, Sennar, South Darfur, West Darfur, and White Nile. These sessions also led to the establishment of CBPN and FGM protection networks to enhance local prevention and response efforts.

Vocational and life skills training: In several states, including Blue Nile, White Nile, Gedarif, Northern State, and North Darfur, 1,290 women and girls received life-skills and vocational training. Specific initiatives included literacy classes, perfume making and small business management.

Capacity building: In Northern State, 20 social workers and psychologists were trained in GBV information management, enhancing their ability to handle sensitive data and support survivors. In North Darfur, 17 members of women's groups were trained on psychosocial support and trauma management to help vulnerable individuals in Zamzam Camp and Abu Shouk Camp.

PROTECTION FROM SEXUAL EXPLOITATION AND ABUSE & ACCOUNTABILITY TO AFFECTED POPULATIONS

Capacity building: UNFPA trained 578 individuals 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 White Nile, Kassala, River Nile and Northern State. 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 1,138 individuals with awareness-raising sessions on PSEA in Kassala and White Nile 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.

“I thought it was the end for us, but then we found hope in the most unexpected places,” said Nisreen a survivor of sexual violence.

Results Snapshots



153,570
 People reached with **medical and SRH services**
 76.8% Female 23.2% Male








93
 Health facilities supported by UNFPA²



604,850
 People reached with **GBV prevention, mitigation and response activities**
 89.72% Female 10.28% Male



71
Safe spaces for women and girls supported

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|  | 73,359 | Dignity kits and sanitary napkin packs distributed to individuals |
|  | 683 | Reproductive health kits provided to 125 service delivery points to meet the needs of 76,133 people. ³ |
|  | 4,646 | Safe Births |
|  | 2,487 | Obstetric emergencies referred to hospitals |
|  | 2,106 | Partners and community members trained on PSEA and AAP |

² At the time of reporting, support is being provided to 15 health facilities, including mobile and temporary clinics.

³ 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 working groups** (in 15/18 states): UNFPA is spearheading efforts to respond to and mitigate SGBV in Sudan. By establishing and supporting 15 state Working Groups, the GBV Area of Responsibility (AoR) 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 Blue Nile, White Nile, Northern State, and Khartoum, 268 service providers were trained in different SGBV prevention and response topics. To date, over 25,900 individuals, including GBV specialists, humanitarian workers, and community members, have been trained in GBV prevention, response, and risk reduction strategies.
- **Assessments and Joint Missions:** The GBV Working Group in River Nile and UNICEF conducted a joint assessment mission to Alnahda to evaluate the GBV, child protection, and general protection needs of IDPs in the area. Similarly, in Blue Nile State, the GBV Working Group took part in an inter-agency mission with UN agencies and (I)NGOs to assess the humanitarian situation of newly displaced populations residing in Ad Damazin and Ar Rusyaris.
- **Famine Prevention:** The GBV Sub Cluster has established a Localization 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.

Sexual and Reproductive Health:

- **Coordination:** As a co-chair of the national SRH Working Group, UNFPA co-facilitated the SRH Working Group meetings with the Ministry of Health's national reproductive health program. In 2024, seven 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 assessment to evaluate the functionality of MISP components in the current emergency setting across 13 states, with assessments completed in Blue Nile, White Nile, and East Darfur.

Funding Status

UNFPA is appealing for \$82 million in Sudan in 2024 to respond to gender-based violence, sexual and reproductive health, and refugee SGBV and SRH needs in Sudan. To date only 33% of this funding has been pledged. Contributions and pledges towards UNFPA's 2024 humanitarian response in Sudan amount to \$27 million, leaving a \$55 million gap.

Key donors pledging funding to UNFPA Sudan in 2024 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 Thematic Fund.

