



# Situation Report #18

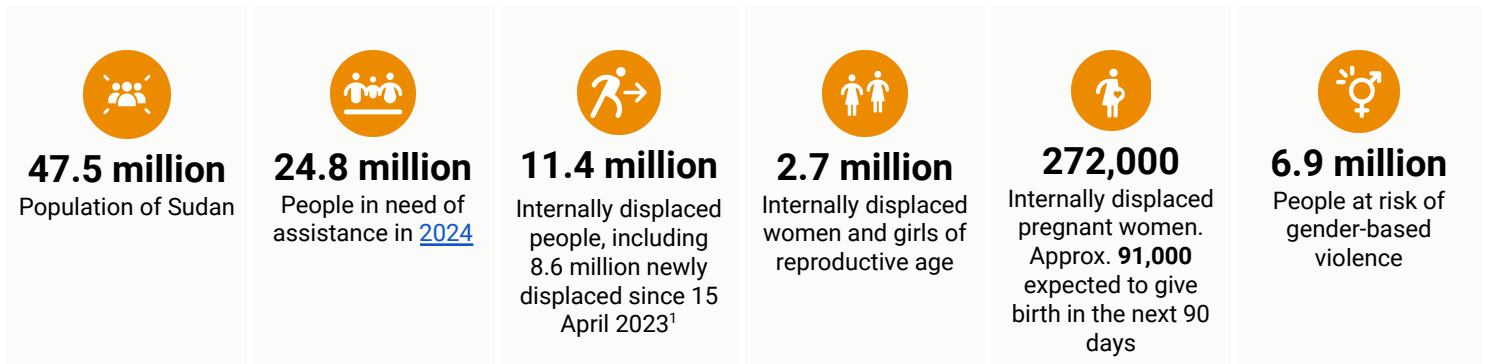
## Sudan Emergency



Photo © UNFPA/Sudan

Country:	Sudan ▾
Emergency type:	Conflict ▾ Food and nutrition crisis ▾ Floods and heatwaves ▾ Displacement ▾ Protection
Start Date of Crisis:	Apr 15, 2023
Date Issued:	Dec 9, 2024
Covering Period:	Jan 1, 2024 to Nov 20, 2024
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### Key Figures



<sup>1</sup> [JOM, DTM Sudan Mobility Update, November 2024](#)

## Highlights

- UNFPA is responding to the reproductive health and protection needs of women and girls displaced from eastern Aj Jazirah State. Since 20 October 2024, more than 343,500 people have fled their homes following armed attacks on over 30 villages and towns.

## Situation Overview

- Since mid-April 2023, the ongoing conflict, along with previous conflicts dating back to 2003, has led to Sudan becoming the world's largest internal displacement crisis. Approximately [11.4 million people](#) – or one in every five individuals in Sudan – are now displaced. This figure includes 8.6 million people displaced since mid-April 2023 and an additional 2.75 million people displaced prior to this date. Around 3 million people have fled to neighboring countries, including the Central African Republic, Chad, Egypt, Ethiopia, South Sudan and Uganda.
- **Conflict and displacement update:** Since 20 October 2024, escalating violence in Aj Jazirah State has forcibly displaced [approximately 343,500 people](#), following armed attacks on over 30 villages and towns. Reports indicate that the Rapid Support Forces (RSF) have indiscriminately targeted civilians, committing acts of sexual violence against women and girls, burning farms, and looting homes and markets. Gender-based Violence (GBV) actors, including the Ministry of Health, have reported an increase in cases, particularly of rape and sexual assault. Women and girls are in urgent need of reproductive health services, mental health and psychosocial support. They also require clothing and sanitary/hygiene items, as they have lost all their belongings during displacement.
- **Health care update:** Between January 1 and November 20, 2024, [61 attacks](#) on healthcare have been reported, resulting in 155 deaths and 95 injuries. Reports continue to highlight violence, looting, and intimidation targeting health workers and patients. At the same time, cholera cases are surging nationwide, driven by the destruction and contamination of water sources following an unusually intense rainy season and severe flooding.
- **Food insecurity and malnutrition:** Sudan is facing the worst levels of acute food insecurity ever recorded in the country by the Integrated Food Security Phase Classification (IPC). Food insecurity and malnutrition in Sudan, particularly in Zamzam internally displaced persons (IDP) camp, North Darfur, have worsened due to access restrictions and conflict. Around 755,000 people are facing catastrophic levels of hunger (IPC 5) and close to 26 million people are in need of humanitarian assistance.



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.

## UNFPA Response

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### SEXUAL AND REPRODUCTIVE HEALTH

**Aj Jazira Response:** UNFPA is targeting 30,000 people with comprehensive sexual and reproductive health (SRH) services. Mobile health teams deployed by UNFPA have conducted over 1,200 consultations. Additionally, UNFPA has distributed reproductive health supplies to support safe deliveries and the clinical management of rape..

**Supplies:** A total of **323 Inter-agency Reproductive Health (IARH) kits** were delivered to service delivery points in Red Sea, Kassala, River Nile, Northern State, Gedaref, and Khartoum, containing supplies and equipment for safe deliveries, C-sections, the management of obstetric complications, the treatment of sexually transmitted infections (STIs), family planning, and post-rape care to meet the needs of close to 16,000 vulnerable women and girls in IDP, refugee, and host communities. 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. In addition, **15 IARH kits have arrived in Zalingi, Central Darfur**, and were distributed through a local partner, supporting 785 pregnant women in need of maternal health care.

#### **Emergency Obstetric and Neonatal Care (EmONC) support:**

- EmONC equipment has been distributed to Port Sudan Maternity Hospital, Red Sea State, to improve delivery rooms, operating theaters, and maternity wards. The remaining equipment will be distributed to 50 health facilities across all states, except Darfur, due to access challenges.
- UNFPA has installed a solar system in Al-Saudi Maternity Hospital, Al Fasher, North Darfur, and rehabilitated the outpatient department. UNFPA is also covering staff incentives. From June to 20 November 2024, the hospital recorded 2,706 consultations in the outpatient department, 249 normal deliveries, and 638 cesarean sections. The high number of cesarean sections is a reflection of the high proportion of home-based deliveries where women seeking hospital care mainly do so when experiencing complications.
- UNFPA delivered infection prevention and control supplies to hospitals in River Nile state, which will cover the hospitals' needs for three months.
- 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 provided financial support for 365 health care providers, including medical doctors, nurses, anesthetists, and midwives, deployed to hospitals in Al Fasher (North Darfur), South Darfur, Blue Nile, and 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 health care is limited.
- In October, a 20 person midwife roving team was deployed to Aj Jazirah, while a 15 midwife roving team was deployed to IDPs gathering sites in five locations in North Darfur. The deployed midwives are supporting safe births and providing antenatal and postnatal care, family planning, and awareness-raising messages.

**Mobile clinics:** Since the outbreak of the conflict, UNFPA has deployed a total of 90 mobile health teams across Sudan. During the reporting period the total number of beneficiaries reached with medical consultations in Gazira, White Nile, and West Darfur was 8,157.

**Referral system:** Through [community-based referral mechanisms](#) established by UNFPA 2,353 obstetric emergencies have been referred since the outbreak of the conflict in April 2023.

**Rehabilitation of health facilities:** Since January 2024, UNFPA has installed solar-powered electrical systems and supported renovations at nine health facilities. An assessment to support solarization and rehabilitation for two hospitals (El Manaqil & El Gurashi) in Gezira state and the rehabilitation of Alsoudi Hospital in Omdurman is ongoing. The renovation of Atbara Hospital (labour room and maternity ward) is planned for December.

**Capacity building:** UNFPA trained 173 health care providers on the clinical management of rape (CMR) in North Kordufan, White Nile, Khartoum, North Darfur and Kassala States. To increase and strengthen the national pool of trainers, 12 providers from various states were trained and certified as CMR trainers. Additionally, 25 medical assistants were trained on family planning long-acting methods (task shifting) in River Nile state to expand service coverage and address unmet needs in hard-to-reach areas. In North Darfur 60 health care providers received training – 40 on infection prevention and control (IPC) and 20 on CMR. Since January 2023, UNFPA has trained 1,055 service providers on different sexual and reproductive health and rights (SRHR) topics.

**Ethiopian Refugee Response:** Since January 2024, the UNFPA-supported field hospital in Tunaydbah Refugee Camp in Gedaref has provided 1,920 SRH consultations, performed 287 C-sections, and assisted 101 normal deliveries for Ethiopian refugees, IDPs and host communities.

**Food insecurity and Malnutrition:** UNFPA is responding to the high levels of food insecurity by scaling up nutritional and reproductive health support for women and girls in crisis areas. Malnutrition weakens the immune systems of pregnant women, increasing their risk of infections, complications, and both maternal and neonatal mortality. Children born to malnourished mothers are at higher risk of fetal growth restriction, which contributes to poorer health outcomes later in life and increased neonatal mortality. As families resort to coping mechanisms like early marriage and child labour, women and girls face heightened exposure to GBV at the same time as access to essential SRH services has diminished. UNFPA's response aims to address these risks by restoring life-saving SRH and GBV services, ensuring the health, safety, and dignity of women and girls.

## 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 across the country,** as well as incidents of sexual violence, kidnapping, forced marriage, intimate partner violence, and child marriage. There are rising reports of sexual violence, sexual exploitation and abuse, and trafficking, targeting women and girls but also increasingly men and boys. Underreporting remains a significant challenge due to fear of retaliation, stigma, and limited access to life-saving protection services. Humanitarian access in conflict zones is severely restricted, hindering the provision of comprehensive support for survivors of GBV.

**Aj Jazira Response:** To support GBV survivors, UNFPA is establishing two women and girls' safe spaces (WGSSs) along the Elfao route, and four temporary WGSSs in Kassala, which will provide psychosocial support, referrals, and case management.

Additionally, 3,140 dignity kits and expanded cash assistance are being provided, with ongoing interagency safety audits to refine responses for affected women and girls.

**Provision of GBV prevention, mitigation, and response activities, including case management, psychosocial support (PSS), recreational activities, dignity kit distribution, awareness sessions, and group therapy sessions.**

**Dignity kits:** Since January 2024, UNFPA has distributed over 64,000 dignity kits to support affected women and girls in Red Sea, River Nile, Kassala, Northern, and Gedaref States. In November, UNFPA prepositioned 15,000 dignity kits in Gedaref and Kassala states targeting recently displaced women and girls from Aj Jazirah state. The kits serve as an entry point for women to access other life-saving services, enabling them to connect with healthcare providers, receive psychosocial support, and access information on GBV prevention and response. In addition, UNFPA has supported 2,976 internally displaced women and girls in the River Nile, Gedaref, and Kassala states with vouchers to obtain menstrual health supplies to meet their needs for three months. Furthermore, 200 women and girls at risk of GBV received cash under emergency assistance programs, while 198 GBV survivors received cash support through case management services in Gedaref, Kassala, and Central Darfur.

**Women and Girls Safe Spaces:** UNFPA is currently supporting 51 WGSSs across Sudan, which are providing essential GBV prevention and response services. Additionally, four temporary WGSSs and six GBV mobile teams were established and deployed to respond to the immediate needs of women and girls recently displaced from Aj Jazira state. Services provided include individual and group psychosocial support, GBV case management, referrals, and information sessions on GBV and available services. Since January 2024, more than 74,000 women and girls have visited the WGSSs and received GBV related services.

**Community-based protection networks:** In October, 82 community-based protection networks (CBPNs) were operating in Blue Nile, White Nile, Sennar, Nile River, Northern State, Gedaref, Kassala, Red Sea, West Darfur, Central Darfur and South Darfur states. Bi-weekly meetings of CBPNs take place in Zamzam IDP Camp, North Darfur, to strengthen the community-based protection mechanism and promote a safer environment for women and girls.

**Awareness-raising sessions:** Close to 184,000 people have been 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 the year. These initiatives support community engagement and strengthen local mechanisms for effective GBV prevention and response interventions.

**Vocational and life-skills training:** Over 5,200 women and girls, including women and girls with disabilities, have participated in recreational and life skills activities in Blue Nile, White Nile, Gedaref, Northern State, and North Darfur since the beginning of the year. In October, 555 individuals attended recreational and life skills training in Blue Nile and Northern State. Since January 2024, more than 1,500 women and girls have been trained and received start-up grants to establish their own businesses.

**Capacity building:** Since January, **6,091** people have been trained on GBV topics. This includes more than 1,800 specialized GBV service providers (both women and men) from Blue Nile, White Nile, and Northern State who have received training on GBV response and risk mitigation related topics, including GBV case management. Additionally, 3,480 community members (women and men) were trained on GBV prevention, risk mitigation and response related topics.

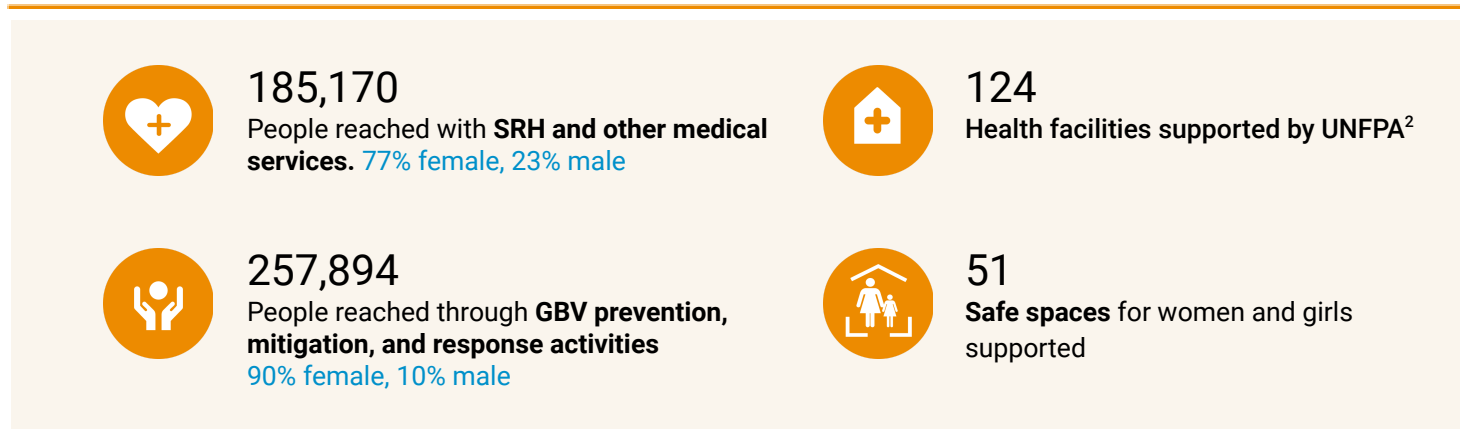
**Women-led organizations and local actors:** UNFPA is actively supporting 23 women-led organizations (WLOs) by building their institutional capacity and skills to provide essential services to the most affected populations in states including Kassala, Gedaref, River Nile, Northern State, and Port Sudan. Out of these 23 organizations, eight have received financial assistance specifically to implement programmes focused on preventing and responding to GBV. Additionally, 13 of these





organizations have been provided with IT equipment and furniture. UNFPA is also supporting the Emergency Response Rooms (ERRs) to provide critical health and protection services in Khartoum state.

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

**Capacity building and awareness raising:** In October and November, UNFPA trained 50 service providers on protection from sexual exploitation and abuse (PSEA) and accountability to affected populations (AAP). Additionally, UNFPA reached 500 individuals with awareness-raising sessions on PSEA in West Darfur, North Darfur, Gedaref, Kassala, White Nile and River Nile. These sessions were followed by drama performances, open community events, focus group discussions, and the distribution of information, education and communication materials to encourage communities to report cases and share their concerns about SEA.

### Results Snapshots (Jan - Nov 2024) for SRH and GBV



	698	IARH kits provided to 129 service delivery points to meet the needs of 76,918 people. <sup>3</sup>
	7,987	Safe births supported
	3,013	Obstetric emergencies referred to hospitals
	3,034	Partners and community members trained on PSEA and AAP

<sup>2</sup> At the time of reporting, support is being provided to 25 health facilities, including mobile and temporary clinics.

<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:

- **GBV Area of Responsibility (AoR):** UNFPA leads the National and 16 subnational GBV AoRs. At the national level, the GBV AoR comprises 97 member organizations, including 33 local NGOs (24 of which are WLOs), 36 international NGOs, and nine donors. At the sub-national level, 16 groups have been established, each with an average of 15 members, the majority of whom are WLOs. The GBV AoR ensures coordination within and between GBV actors to increase technical skills, the capacity of front line response providers, as well as working with non-GBV actors to address GBV risks.
- **Reach:** Between January and mid-November 2024, close to 183,000 people were reached by 22 GBV AoR Members at the national and sub-national level with life-saving interventions, psychosocial support, awareness-raising sessions, material assistance, referrals to services, and dignity kits. Community-based information sessions covered GBV-related topics including encouraging help seeking behavior, service availability, and the referral system.
- **Capacity building and technical guidance:** In October 2024, the GBV AoR held three 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 two year comprehensive strategy and annual workplan that will guide the overall humanitarian response to increase access and quality of GBV services as well as address risks that contribute to GBV. Following this, 52 AoR members met to update the GBV standard operating procedures (SoPs), ensuring they have evolved with the changing context, and that protection mechanisms and accountability for survivors have improved. Also in October, a week-long workshop was held with a small number of members to address the urgent need for improving case management tools. Since January 2024, a total of 2,892 GBV AoR members and GBV response providers have received training on 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 and Blue Nile states, assessing key IDP gathering points. Red Sea State has seen a significant influx of over 248,500 displaced individuals, amid ongoing security concerns, economic strain and pressure on already stretched shelter and basic services. GBV risks remain high due to unsafe conditions and gendered displacement dynamics.
- **GBV risk mitigation within famine prevention:** The GBV AoR 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 is coordinating with non-GBV actors, particularly members of the Food Security and Livelihoods and Nutrition Working Groups at the state level, to ensure the implementation of GBV risk mitigation measures at both state and local levels.



### Sexual and Reproductive Health:

- **Coordination:** As the chair of the national SRH Working Group under the health cluster, UNFPA held its third SRH Working Group meeting in a hybrid format on 4 November 2024, attended by 39 members, including 31 participants offline and eight online. Key topics discussed included the ongoing crisis in Aj Jazirah,

maternal death surveillance and response (MDSR) updates, the status of EmONC facilities, CMR, and the mapping of reproductive health services.

- 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 40% of this funding has been pledged. Contributions and pledges towards UNFPA's 2024 humanitarian response in Sudan amount to US\$ 33.3 million, leaving a US\$ 49.6 million gap.

UNFPA is deeply grateful to our key donors, whose financial and advocacy support has made it possible to provide vital assistance to women and girls: Canada, the Central Emergency Response Fund (CERF), the European Commission, the Global Fund, Ireland, Japan, the Multi Partner Trust Fund (MPTF), 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.

■ Required Funding (Jan-Dec 2024) ■ Pledges and Contributions ■ Funding Gap

