

Situation Overview July 2024¹

Situation Overview



1.8 million

women of reproductive age were displaced since 15 April 2023



7.3 million

Number of people internally displaced since 15 April 2023



6.7 million

People at risk of gender-based violence

UNFPA Response As of July 2024



196,500

Reached with sexual and reproductive health supplies



52

Mobile medical teams



128,730

Medical, sexual and reproductive health services



3,730

Safe Births, including C-sections



2,080

Obstetric emergency referrals



72,096

Dignity kits & sanitary napkins



66

Women and Girls Safe Spaces



600,850

Gender-based violence response services, including clinical management of rape



15/18 states

Gender-Based Violence Working Groups



8/18 states

Sexual and Reproductive Health Working Groups



2,106

Partners and community members trained on PSEA and AAP

KEY UPDATES

Escalation in Humanitarian Crisis: The security situation across Sudan remains highly volatile, with heavy clashes reported in Khartoum, Aj Jazirah, North Darfur, Sennar, West Kordofan, and North Kordofan states. These conflicts have severe implications for civilian safety and humanitarian operations. Since the outbreak of conflict between the Sudanese Armed Forces (SAF) and the Rapid Support Forces (RSF) in mid-April 2023, over 11 million people have been displaced inside and outside Sudan. Sudan is now experiencing one of the world's most severe humanitarian crises, hosting 13% of all internally displaced people (IDP) globally, marking the largest displacement crisis worldwide. This extensive displacement has heightened risks in maternal and child health, with an estimated 50,000 live births expected in the next three months and 1.2 million pregnant and breastfeeding women facing acute malnutrition this year.

Armed Clashes in Sennar State: On 25 June 2024, armed clashes erupted between SAF and the RSF in Jebel Moya village and Sennar locality in Sennar state. Approximately [327 households were displaced](#) within Sennar and Sinja localities. On 29 June 2024, clashes continued to spread across the state, including Sinja town, the Military HQ, and surrounding neighborhoods. Approximately [55,440 individuals were displaced](#) from Sinja town and neighboring villages, as well as from Abu Hujar and Ad Dali localities. Around 50,000 individuals from Sinja and Abu Hujar localities were displaced to Ar Rahad locality, Gedaref, while 5,000 were displaced to Ed Damazine locality, Blue Nile. Additionally, 440 individuals were displaced across Aj Jabalain locality, White Nile. On 1 July 2024, an additional [62,000 people](#) fled to Ar Rahad in Gedaref, Ed Damazine in Blue Nile, and Kassala state due to increased security concerns.

Escalating Crisis in Al Fasher: The humanitarian situation for an estimated 800,000 civilians in Al Fasher and surrounding areas has severely deteriorated following the armed clashes between SAF and the RSF on 10 May 2024. Since 20 May, close to 130,000 people have been displaced in Al Fasher locality, [according to IOM reports](#). In addition, between 1 and 23 June 2024, at least an additional 12,900 people were displaced in Al Fasher locality due to the ongoing clashes. However, these figures are likely underestimated due to communications disruptions and access challenges. Health partners [report](#) that at least 700 civilians have been injured and 85 people have been killed during the armed clashes since 10 May. Al Fasher maternity Hospital, the only working hospital in the state, is critically low on supplies and urgently needs restocking. Humanitarian access into Al Fasher

¹ Figures are based on the [2024 Humanitarian Needs and Response Plan for Sudan](#) people in need (PiN) under the Health Sector and Gender-Based Violence Sub-Cluster and [DTM](#)

has been severely constrained since the disruption of the Kosti supply route in mid-December 2023. This dire situation highlights the urgent need for increased humanitarian assistance and the swift restocking of medical supplies to address the escalating crisis.

Severe Food Insecurity and Nutritional Crisis - Fourteen months into the conflict, Sudan is facing the worst levels of acute food insecurity ever recorded by the IPC in the country. Over half of the population (25.6 million people) are facing acute levels of hunger, including more than 611,000 pregnant women. In the coming months the situation will only worsen: the rainy season, which will cut off communities and raise rates of disease, starts in June. Sudan is also entering the lean season, a time between harvests when food stocks traditionally run low.

The clock is ticking, edging Sudan's pregnant women, mothers and children closer to famine. 8.5 million people (18 percent of the population) are on the verge of famine, including an estimated 203,000 pregnant women.

Mothers and children across Sudan are wasting away from hunger. The ongoing war has stripped them of everything they need to survive – food, medical support and shelter. They are also experiencing horrific violence. Of the 755,000 people already in famine conditions in 10 states of Sudan – including Greater Darfur (all five states), South and North Kordofan, Blue Nile, Al Jazirah, and Khartoum – 18,000 are pregnant women.

The situation has deteriorated rapidly since the last analysis in December 2024. The number of people facing acute hunger has risen by 45% - 17.7 million to 25.6 million. There are 3.6 million more people on the verge of famine – an increase of 74%. The number of people in famine conditions has gone from zero to 755,000.

Immediate and unfettered humanitarian access across conflict lines and borders, including Darfur, Al Jazirah, Khartoum, and Kordofan, is the only way to bring Sudan back from the brink. There must be a ceasefire and steps towards a lasting peace. There is no time to lose.

Allegations of Sexual Violence and Trafficking in Sudan: On 25 April, the Special Representative of the Secretary-General on Sexual Violence in Conflict, Pramila Patten, and Assistant Secretary-General for Humanitarian Affairs and Deputy Emergency Relief Coordinator, Joyce Msuya, issued a [joint statement](#) calling for increased international engagement to combat sexual violence against women and girls in Sudan. According to the statement, reports of sexual violence highlight the war's disproportionate impact on women and girls. Allegations of rape, forced marriages, sexual slavery, and trafficking of women and girls – particularly in Khartoum, Darfur, and Kordofan – continue to be recorded. Millions of civilians are especially at risk as they flee conflict areas in search of shelter,

both within Sudan and in neighboring countries. However, the true scale of this crisis remains unseen due to severe underreporting caused by stigma, fear of reprisals, and a lack of confidence in national institutions.

SEXUAL AND REPRODUCTIVE HEALTH

Supplies – UNFPA is distributing Inter-Agency Reproductive Health (IARH) kits to Red Sea, Kassala, Gedaref, Sennar, Blue Nile, White Nile, Northern, River Nile, Khartoum and North Darfur states to meet the Sexual and Reproductive Health (SRH) needs of over 17,000 in the month of June. In addition, over one million ampules of Oxytocin, used for managing obstetric hemorrhage—the leading cause of preventable maternal deaths in Sudan—along with 50,000 family planning tools, have arrived in Port Sudan and are currently undergoing customs clearance.

EmONC Support- UNFPA supported the operation of Al-Saudi maternity hospital in North Darfur by providing fuel to ensure continuous power supply for Emergency Obstetric And Neonatal Care (EmONC) Support.

Deployment of care providers - A team of roving community midwives was deployed in Krenik, Kulbus and Jebal Moon localities in West Darfur, providing 1,971 SRH services and supporting 603 safe births.

Mobile Clinics – UNFPA operationalized 33 mobile health teams across 11 states of Sudan, providing a total of 98,217 consultations in 2023. Additionally, 19 mobile clinics have been deployed in 2024 in the states of West Darfur, Blue Nile, Kassala, White Nile, Khartoum, Northern and River Nile, providing 30,521 medical consultations so far.

Referral System – Since April 2023, UNFPA has supported 119 community-based referral mechanisms in Kassala, Gedaref, Red Sea, Blue Nile, Khartoum and White Nile states. These include 32 groups equipped with tuk-tuk ambulances to facilitate the timely referral of obstetric emergencies to EmONC facilities. Since its introduction, 1,699 cases have been referred through these mechanisms.

Rehabilitation of Health Facilities – UNFPA supported comprehensive rehabilitation efforts in several health facilities, including the installation of solar-powered electric systems. During Q1 2024, UNFPA installed solar-powered electric systems at Wad Almahi Hospital in Blue Nile and Aldabah Hospital in Northern states to ensure reliable delivery of medical services. The installation of solar-powered electric systems at Port Sudan Hospital in Red Sea, Kosti Hospital in White Nile and Al-Tahili Hospital in Gedaref is ongoing and expected to be finalized by the end of June 2024.

Capacity Building- 37 health care providers were trained on clinical management of rape (CMR) in River Nile and North Darfur. Besides, 50 health care providers and personnel received sensitization sessions in CMR. Furthermore, 19 community

midwives in West Darfur received in-service training. Additionally, 52 health care providers in River Nile and Northern State were trained on Infection Prevention and Control (IPC).

Coordination – As co-chair of the national SRH Working Group, UNFPA supported the National Reproductive Health Program of the Ministry of Health in conducting three national SRH Working Group meetings, involving UN agencies, (I)NGOs and directorates from the Federal Ministry of Health. These meetings reviewed the progress of SRH partners, discussed the SRH plans for 2024 and facilitated reporting to the Forum. In addition, seven state SRH Working Group meetings were held: one in Gedaref, one in White Nile, two in Blue Nile, one in East Darfur and two in North Darfur. The SRH Working Groups are active in Red Sea, Gedaref, Kassala, River Nile, Northern, Blue Nile, White Nile, North Kordofan, West Darfur and North Darfur. UNFPA is working with the National Reproductive Health Program to update the map of SRH partners and activate the SRH Working Group in the remaining states. Furthermore, UNFPA is conducting a MISP assessment to evaluate the functionality of MISP components in the current emergency setting, focusing on Blue Nile, White Nile, and East Darfur.

GENDER-BASED VIOLENCE

GBV Prevention and Response Interventions

Dignity Kits – UNFPA has procured more than 21,000 Dignity Kits to support vulnerable populations in the Darfur and the Kordofan regions. Additionally, 10,000 Dignity Kits, along with sanitary napkin packs, are planned for distribution in Northern State, Kassala, Gedaref, and River Nile states.

Women and Girls Safe Spaces – UNFPA continues to support 66 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 41,000 women visit these WGSS monthly to utilize the various services and activities offered. Additionally, two WGSS are currently being rehabilitated in Northern State and West Darfur State to enhance their capacity and improve the quality of services provided.

Awareness-raising sessions – In Blue Nile, East Darfur, Gedaref, Khartoum, North Darfur, Northern, Sennar, South Darfur, West Darfur, and White Nile states, 35,477 people were reached through awareness-raising sessions and community dialogues on GBV, female genital mutilation (FGM) and safe referral. These sessions included the establishment of community-based protection networks and FGM protection networks to enhance local prevention and response efforts.

Additionally, 12,500 people, including persons with disabilities, internally displaced persons (IDPs), refugees, and host community members, were reached in Kassala, White Nile, West Darfur, Central Darfur, Blue Nile, River Nile, and Northern State,

receiving crucial information on referral services, prevention of sexual exploitation and abuse (PSEA), GBV, SRH, and available support services.

Trainings – In Kassala, 250 persons with disabilities participated in capacity-building initiatives on GBV core concepts and referral pathways, with an additional targeted training session involving 25 key stakeholders on these critical topics. Concurrently, in Northern State, White Nile, Gedaref, River Nile, and Aj Jazirah, orientation sessions and capacity-building initiatives were held for 200 GBV service providers to address prevalent misconceptions about GBV and disability. Furthermore, in White Nile State, 150 GBV service providers were empowered through specialized training on disability inclusion and rights, enhancing their effectiveness in supporting individuals with disabilities.

In Northern State, 20 social workers and psychologists were trained in GBV information management, improving their ability to handle sensitive data and support survivors. Furthermore, in Northern State, 50 women and girls with disabilities received training on life skills and income-generating activities (IGA). Among them, 20 participants received support to start small businesses, fostering their economic empowerment.

GBV Coordination Mechanisms

Reach – Since April 2023, 272,943 people have been reached by 41 GBV partners, providing 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. A total of 46,986 people were reached by 15 GBV partners between January and May 2024.

GBV Working Groups – UNFPA leads GBV prevention and response coordination in 15 states through GBV Working Groups. Referral pathways have been developed and updated in 14 states. At the national level, the GBV Sub-Cluster, comprising 88 member organizations, including 32 national NGOs and 24 women-led organizations (WLO), has increased stakeholder participation. The GBV Sub-Cluster published a [situation analysis](#) in April 2024 highlighting GBV trends and funding gaps in Sudan.

Capacity Building – The GBV Working Group trained 720 GBV and non-GBV actors on GBV prevention and risk mitigation, the integration of GBV services in humanitarian actions, and GBV in Emergencies (GBVIE). These training sessions were conducted in Blue Nile, Khartoum, Northern, River Nile, Sennar, South Darfur, South Kordofan, White Nile, North Darfur, and West Darfur states.

In Gedaref, the GBV Sub-Cluster completed an assessment for implementing the GBV Information Management System (GBVIMS) in refugee settings. This inter-agency effort, involving five GBV partners, included a context analysis by the GBVIMS

Steering Committee and a self-reflection with partners. The findings were presented to the GBVIMS Global Technical Team. GBVIMS training for GBV actors in Gedaref is planned for the coming months. Currently, the GBV Sub-Cluster is surveying the potential expansion of GBVIMS+ to refugees in other states.

Technical Guidance – The GBV Sub-Cluster has developed key guiding documents, including national and state-level standard operating procedures (SOPs) and standard guidelines for essential GBV interventions. To date, the GBV Sub-Cluster has trained 1,407 GBV actors on these guidelines to facilitate the establishment and delivery of services and ensure the safety of both service providers and survivors during conflict.

Famine Prevention- As a part of [Famine Prevention Plan](#), GBV Sub-Cluster targets 637,530 beneficiaries, in targeted states in the Famine Prevention Plan, and by the beginning of June, 14 organizations are actively addressing GBV in targeted states. In order to strengthen GBV Risk Mitigation, GBV Sub-Cluster established a localized GBV Risk Mitigation mechanism, in 7 targeted states. The selected focal points for GBV Risk Mitigation at state level, will conduct safety audits together with Food Security Livelihood, Nutrition, and other relevant sectors, and will conduct GBV Risk mitigation for non-GBV actors, and follow up and monitor GBV Risk Mitigation interventions.

Prevention of Sexual Exploitation and Abuse and Accountability to Affected Populations

UNFPA continues to work closely with its partners and the PSEA Network, and PSEA Network Strategic Advisory Group (SAG), to ensure that aid workers maintain an environment that prevents sexual exploitation and abuse and supports, respects and empowers affected populations. UNFPA has a *zero tolerance* policy towards PSEA and has implemented an ambitious plan to support partners, service providers and community leaders. This plan includes the establishment of community-based mechanisms to ensure widespread awareness of PSEA and related issues.

100 people at IDP gathering sites were reached with awareness raising sessions on PSEA. These sessions fostered dialogue and addressed PSEA to ensure a comfortable and confidential environment. The sessions incorporated a variety of engaging techniques, including the distribution of Information, Education, and Communication (IEC) materials, drama presentations, and clear explanations of the UNFPA sexual exploitation and abuse (SEA) reporting mechanism.

Training- 150 service providers were trained on PSEA in White Nile State. These trainings aimed to equip service providers with the knowledge and skills necessary to prevent sexual exploitation and abuse, ensuring a safe and supportive environment for all.

30 youth peer educators participated in a PSEA training session

held in Kassala. This training focused on empowering young leaders with the information and tools they need to promote PSEA awareness and practices within their communities.

CHALLENGES

Operational Challenges – Key operational challenges are related to humanitarian access, security, logistical and communication constraints. UNFPA is working closely with stakeholders to collectively find solutions and mitigate some of the existing challenges, including cross-border operations from Chad and South Sudan and the movement and storage of supplies within Sudan. Moreover, in addition to leading the GBV Sub-Cluster and co-leading the SRH Sub-Cluster, UNFPA is an active member of other cluster coordination fora, such as the Health, Protection, Refugee Coordination Forum, and the Inter-Cluster Coordination Group (ICCG).

Access to SRH Services – Access to lifesaving EmONC remains difficult across Sudan due to electricity blackouts, lack of clean water and a limited number of care providers who can reach and operate in health facilities. UNFPA interventions aim to address these challenges by deploying roving teams of midwives, deploying staff to EmONC facilities, investing in sustainable clean energy solutions, exploring cross-border operations for the transportation of supplies, deploying temporary and mobile clinics in areas of high needs with limited access to health and protection services, and strengthening the capacity of local community structures and health care providers. In response to identified needs, UNFPA will support the operation of 30 EmONC facilities in 11 states.

Access to GBV Services – Access to comprehensive GBV prevention and response services remains a challenge in this protracted crisis amidst the large-scale displacement of people, including service providers, and UNFPA implementing partner staff who have to work remotely from different locations. Crucially, GBV, sexual exploitation and abuse, and other protection risks have been exacerbated by a lack of sufficient risk mitigation measures and investment across other sectors. UNFPA is actively working to address these challenges through investing in remote service-provision, facilitating cross-state referrals to available in-person services, and mainstreaming GBV across humanitarian sectors.

FUNDING NEEDS - 2024

	GBV Response	SRH Response	Refugee Response (in Sudan)	Total
Requirement*	\$40.8M	\$18.6M	\$23.5M	\$82.9M
Pledges and	\$13.4M	\$13.2M	\$0M	\$26.6M

Contributions				
Funding Gap	\$27.4M	\$5.4M	\$23.5M	\$56.3M

*For January - December 2024

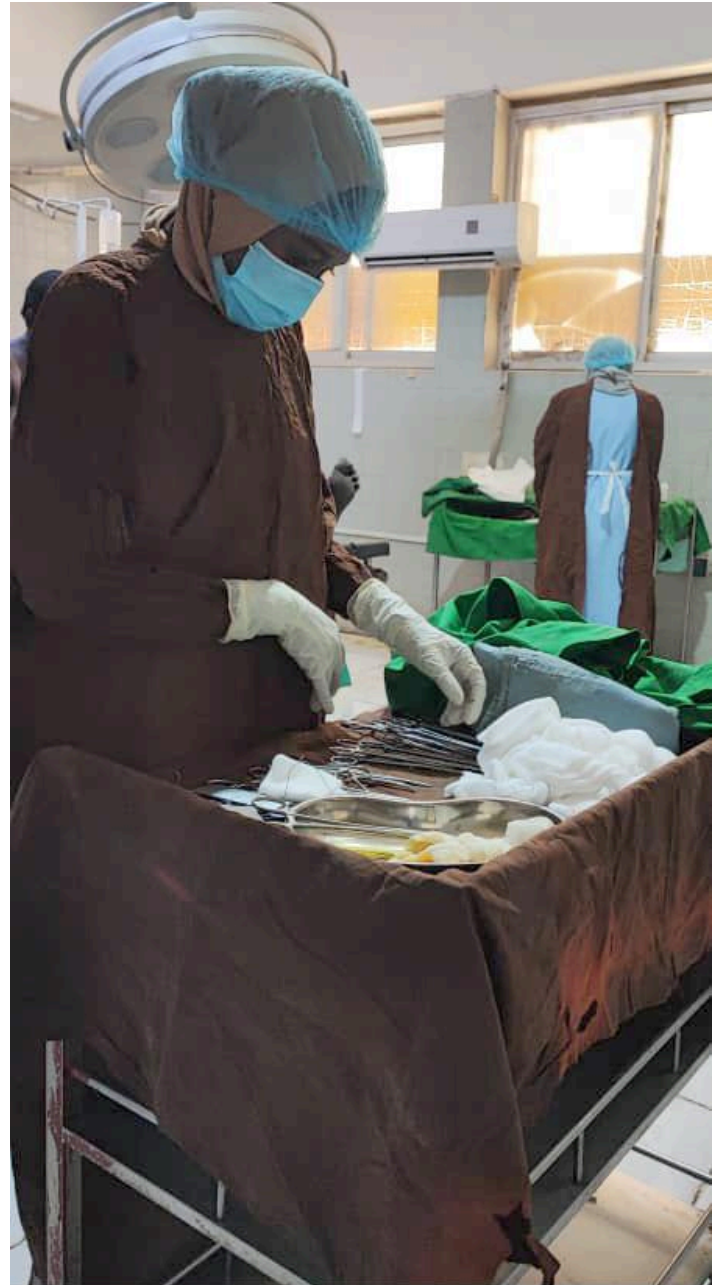
UNFPA is appealing for \$82,930,028 in Sudan in 2024 to address gender-based violence (GBV), sexual and reproductive health (SRH), and the needs of refugees. Over **one million** women, girls, and vulnerable populations will benefit from specialized GBV response services, dignity kits, Women Centers, community-based protection networks, income-generating activities, and life-skills training. This includes GBV prevention and response training for community members, GBV service providers, and non-GBV humanitarian actors, as well as awareness-raising campaigns.

Additionally, 1.5 million women and girls of reproductive age, including 150,000 pregnant women, will benefit from essential primary and secondary health care services. This encompasses emergency obstetric and newborn care, the deployment of mobile clinics, strengthening community-based obstetric referral mechanisms, rehabilitating and equipping health facilities, and enhancing the capacity of healthcare providers and community health workers to deliver essential health services. Lastly, over 0.5 million refugees will benefit from integrated GBV/SRH services.

For more information, please contact:

Mr. Mohamed Lemine, UNFPA Sudan Representative,
 email: ould@unfpa.org
 Ms. Kinana Adra, External Relations and Reporting Analyst,
 email: adra@unfpa.org

Follow us on:  



Al Fasher Maternity Hospital
The last functioning hospital in North Darfur
(June 2024)