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Sudan

Highlights (4 days ago)



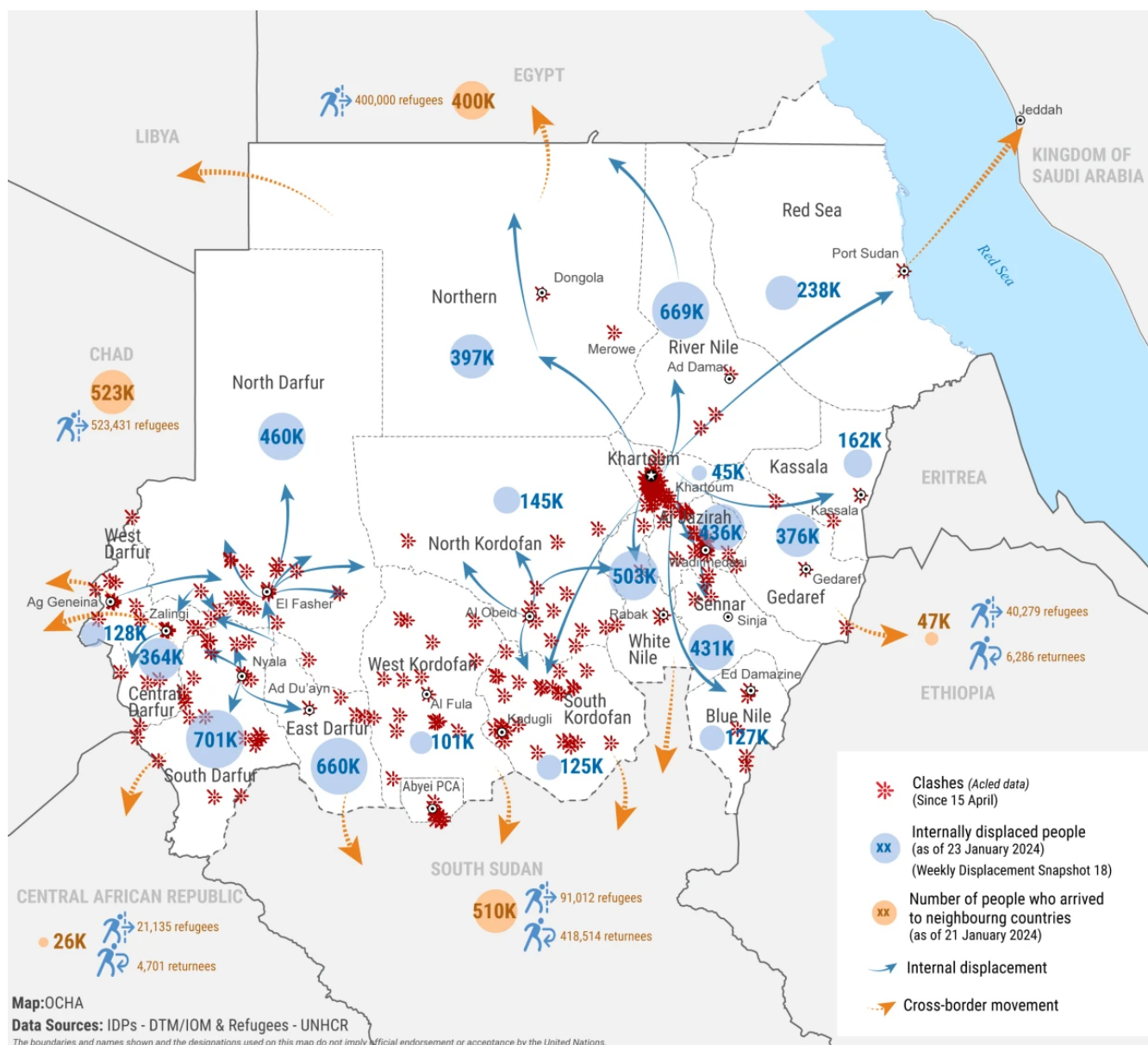
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Sudan

Situation Report

Analysis (4 days ago)



Sudan Humanitarian Update (25 January 2024)

SITUATION OVERVIEW

Sudan is now the largest internal displacement crisis globally hosting an estimated 9.05 million displaced persons (IDPs) as of 31 December 2023, according to the [International Organization for Migration Displacement Tracking Matrix \(IOM DTM\)](#). Since mid-April 2023, armed clashes in multiple cities across the country have displaced an estimated 6 million people over the past nine months. Prior to this, Sudan was already hosting an estimated 3.8 million IDPs. This means that Sudan hosts approximately 13 per cent of all the IDPs globally and nearly 1 in every 8 IDPs worldwide is Sudanese.

More than nine months after the war erupted between the Sudanese Armed Forces (SAF) and the Rapid Support Forces (RSF) on 15 April 2023 in the capital Khartoum, about 7.6 million people have fled their homes, taking refuge inside and outside Sudan. A Since 15 April 2023, about 6.1 million people have been displaced within Sudan, increasing by an estimated 13,500 people over the past week, according to the International Organization for Migration Displacement Tracking Matrix (IOM DTM) [Sudan Weekly Displacement Snapshot \(18\)](#). The 6.1 million IDPs are sheltering in 6,482 locations across all of Sudan's 18 states, an increase of 127 locations in one week. The majority of IDPs – 67 per cent – are residing in host communities, compared to 6 per cent living in camps. The highest number of IDPs were observed in South Darfur (12 per cent), followed by River Nile (11 per cent), East Darfur (11 per cent), White Nile (8 per cent), North Darfur (8 per cent) and Aj Jazirah (7 per cent). IOM DTM field teams report that the IDPs were originally displaced from 12 states; the majority of people displaced, about 3.5 million (58 per cent of all people displaced internally) are from Khartoum State, followed by South Darfur (15 per cent), North Darfur (8 per cent), Aj Jazirah (8 per cent), Central Darfur (4 per cent), West Darfur (3 per cent), and the rest in other six states. In addition, about 1.5 million people have crossed into neighbouring countries since 15 April 2023, according to the [UN Refugee Agency \(UNHCR\)](#).

Deteriorating health situation and rise in disease outbreaks

The [World Health Organization \(WHO\) Surveillance System for Attacks on Health Care \(SSA\)](#) indicates that 60 attacks on health care have been reported since the onset of the violence on 15 April resulting in 34 deaths and 38 injuries. These are only the attacks that WHO has been able to verify through its verification system. This includes 39 attacks that impacted facilities; 23 attacks impacted personnel; 17 attacks impacted supplies; eight attacks impacted transport; seven attacks impacted patients; and seven attacks impacted warehouses. The healthcare system has been severely impacted by the conflict in Sudan. Health partners report that between 70 to 80 per cent of health facilities in conflict areas are no longer functioning and disease outbreaks – including malaria, measles, dengue and cholera – are increasing due to the disruption of basic public health services.

Close to 10,000 suspected cholera cases, including 275 associated deaths, were reported as of 20 January 2024 from 60 localities of 11 states, according to the Federal Ministry of Health (FMoH) and WHO [Sudan Outbreaks Dashboard](#). This is an increase of about 21 per cent compared to the number of cases reported on 20 December 2023. However, the trend over the past three months is downward, with a much lower increase than in previous months. For instance, between 20 November – 20 December the number of cases increased by 119 per cent, and between 16 October and 16 November the increase was

133 per cent. Oral cholera vaccination campaigns were carried out in Gedaref and Aj Jazirah states during November, and in a locality in Khartoum State in December, reaching over 2.2 million people.

The FMOH launched on 22 January a six-day campaign to vaccinate 5.7 million children aged between nine months and 15 years across seven states against measles and rubella, with support from the UN Children's Fund (UNICEF), WHO and GAVI, the Vaccine Alliance.

Impact of conflict on civilians

Conflict between SAF and RSF and inter-communal clashes in the Darfur and Kordofan regions have resulted in civilian casualties and displacement during the reporting period.

In South Kordofan State, about 1,500 people were displaced on 19 January 2024 after RSF attacked Abassiya town in Abassiya locality. [IOM DTM](#) field teams reported that the displaced families sought refuge in Al Tomat, Um Geris, Al Zubl and Um Algura villages in Abassiya locality.

In North Darfur State, SAF carried out airstrikes targeting RSF positions in Al Zurug village in Kutum locality on 17 January, reports [IOM DTM](#). As a result of the airstrikes, 12 people were reportedly killed and 15 others were injured. No civilian displacement has been reported.

In West Kordofan State, inter-communal clashes erupted between Al Jukhaisat and Bur'as tribesmen in Aj Jagoumi village on 17 January in Ghubaish locality, reports [IOM DTM](#). The incident reportedly occurred following a dispute between members of the two tribes over access to land. As a result of the violence, four people were killed and an estimated 810 people were displaced and sought refuge in Muraba'at, Flendo, Eial Naeem, Okaz Al Modeer, Siba and Umm Dabeiba villages in Ghubaish locality.

Also in West Kordofan, clashes were renewed between the SAF and RSF in the Babanusa town of Babanusa locality on 23 January, reports [IOM DTM](#). Airstrikes carried out by SAF targeting RSF positions south of Babanusa town led to widespread civilian displacement across the town. Estimates on the number of displaced people are yet to be confirmed. IOM DTM field teams report that most of the displaced people had already been displaced due to previous attacks. Displaced families sought refuge in villages across neighbouring localities. The situation on the ground remains tense and unpredictable.

In South Darfur State, SAF carried out airstrikes targeting RSF positions in Sungo village of Um Dafoug locality on 22 January, reports [IOM DTM](#). As a result, eight people were reportedly killed, an unconfirmed number were injured, and residents were displaced from affected neighbourhoods to other locations in neighbouring localities. Estimates on the number of displaced people are yet to be confirmed.

HUMANITARIAN RESPONSE

Various challenges - insecurity, looting, bureaucratic impediments, poor network and phone connectivity, lack of cash, and limited technical and humanitarian staff on the ground – have been affecting the delivery of humanitarian assistance in many parts of the country. Fuel shortages also affect the movement of humanitarian staff and supplies and the generation of power needed for operations (maintaining cold chain storage, supplying water, etc). Despite all these challenges, humanitarian partners continue to provide life-saving assistance to the vulnerable people they can reach. The conflict – particularly in Khartoum, Darfur and Kordofan – has exacerbated an already dire humanitarian situation.

The Food and Agriculture Organization (FAO) has provided agricultural and livelihood support to hundreds of farmers across Sudan enabling them to plant about 450,400 ha of land and produce an estimated 900,800 metric tonnes (MT) of sorghum during the 2023 main planting season. [According to FAO](#), this has indirectly contributed to ensuring that about 12 million people have access to food across the states. FAO has distributed 4,504 MT of sorghum and millet seeds to about half a million vulnerable farming households (about 2.3 million people), of whom 182,600 are female-headed. According to IPC, 17.1 million people are acutely food insecure across Sudan between October 2023 and February 2024, including 4.9 million who are in emergency levels of acute food insecurity.

Humanitarian needs across Sudan are at record highs with 24.8 million people, or every second person, needing humanitarian assistance in 2024. This is 9 million more than in 2023. Millions lack access to essential goods and services such as food, water, shelter, electricity, education, health care and nutrition.

For more information on cluster-specific response see the latest [Sudan Humanitarian Response Dashboard](#).

HUMANITAIRAN NEEDS AND RESPONSE PLAN FUNDING OVERVIEW

The 2024 [Sudan Humanitarian Needs and Response Plan \(HNRP\)](#) requires US\$2.7 billion to provide life-saving multi-cluster and protection assistance to 14.7 million people across Sudan in 2024. As of 25 January 2024, the appeal is 3.1 per cent funded, with \$84 million received, according to the [Financial Tracking Service](#).

Previous updates:

- [Sudan Humanitarian Update, 21 January 2024](#)
- [Sudan Humanitarian Update, 14 January 2024](#)
- [Sudan Humanitarian Update, 4 January 2024](#)

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Sudan

Situation Report

Background (1 week ago)

KEY FIGURES

People in need of humanitarian assistance and protection services



24.7M

nearly half the pop. (inc. **14M** children). *Revised HRP, May 2023*

People targeted for humanitarian assistance



18.1M

(Apr - Dec 2023). *Revised HRP, May 2023*

People who received multisectoral lifesaving humanitarian assistance since April¹



5.2M

(Apr - Nov). *Clusters, 2023*

Sudan: Nine months of conflict, Key Facts and Figures

Nine months after war erupted between the Sudanese Armed Forces (SAF) and the Rapid Support Forces (RSF) on 15 April 2023, Sudan is facing one of the fastest unfolding crises globally, with unprecedented needs emerging in such a short period. About **25 million** people – of whom over **14 million** are children – need humanitarian assistance and support. More than **7.4 million** people – about **15 per cent** of the total population of the country – have fled their homes since the conflict started. They have sought refuge within Sudan or in neighbouring countries, making Sudan the largest displacement crisis in the world. With every second person in Sudan in need of humanitarian assistance, the UN and partners are aiming to reach **14.7 million** people with assistance through 2024.

More than 6 million people displaced within Sudan and 1.4 million fled the country

More than **7.4 million** people have been displaced by fighting within Sudan and neighbouring countries. More than **6 million** of them have been displaced and are sheltering mainly with host communities in **6,282** locations across Sudan's 18 states, according to the International Organization for Migration Displacement Tracking Matrix (IOM DTM). About **1.4 million** people have sought refuge in the neighbouring countries of Central African Republic, Chad, Egypt, Ethiopia and South Sudan as of 15 January, according to the UN Refugee Agency (UNHCR). With close to **4 million** children displaced, Sudan is facing the largest child displacement crisis in the world. The internally displaced people (IDPs) are originally from 12 states, with the majority – about **3.7 million** people (**61 per cent** of all IDPs post-April) – from Khartoum. Most sought refuge in South Darfur followed by River Nile, East Darfur, Aj Jazirah, White Nile, North Darfur, Sennar, Northern, Gedaref, Central Darfur – most of which saw high levels of violence recently – and other states. As the conflict spread into Aj Jazirah in December, more than half a million people had to flee in a month, many for a second time having previously displaced from Khartoum.

Close to 9,600 suspected cholera cases, other disease outbreaks

Disease outbreaks are increasing in the face of disruptions of basic public health services, including disease surveillance, functioning public health laboratories and rapid response teams. In addition, insecurity, displacement, limited access to medicines, medical supplies, electricity, and water continue to pose enormous challenges to delivering health care across the country. About **65 per cent** of the population lack access to healthcare and between **70 - 80 per cent** of hospitals in conflict-affected areas are no longer functional. About **9,600** suspected cases of cholera, including **264** deaths, have been reported from nine states as of 13 January, according to the Federal Ministry of Health (FMoH) and the World Health Organization (WHO). Other disease outbreaks are ongoing in several states, including measles, malaria and dengue fever.

About 17.7 million people face acute hunger, 4.9 million in emergency levels

Devastating conflict and organized violence, coupled with the continued economic decline, have driven about **17.7 million** people across Sudan (**37 per cent** of the population) into high levels of acute food insecurity, classified in IPC Phase 3 or above (Crisis or worse) between October 2023 and February 2024. This includes about **4.9 million** people (**10 per cent** of the population) who are in IPC Phase 4 (Emergency) and almost **12.8 million** people (**27 per cent** of the population analyzed) are in IPC Phase 3 (Crisis). The Food and Agriculture Organization (FAO) sounded the alarm about the escalating food security crisis in Sudan, urging immediate and collective action to avert an impending humanitarian catastrophe. Parts of Sudan are at a high risk of slipping into catastrophic hunger conditions by next year's lean season if humanitarian organizations, including the World Food Programme (WFP), are unable to expand access and regularly deliver food assistance to people trapped in conflict hotspots such as Khartoum, the Darfurs, and the Kordofans, WFP warned. The expansion of fighting in December 2023 between the SAF and the RSF into parts of central and eastern Sudan—the country's most important regions for crop production—has driven a significant increase in humanitarian needs during the harvesting season (December and January), according to the FEWS NET. This development is expected to lead to considerable deterioration in acute food insecurity in the southeast from what was previously expected, worsening an already dire situation. About **3.5 million** children already are acute malnourished, of whom **700,000** suffer from the most dangerous form of malnutrition – severe acute malnutrition, and without treatment are at significant risk of dying.

19 million children out of school

Sudan is now the world's largest child displacement crisis in the world. The conflict has deprived about **12 million** children of schooling since April, with the total number of children in Sudan who are out of school reaching **19 million**, Save the Children (SC) and the UN Children's Agency (UNICEF) reported. Of this total, **6.5 million children** — or **1** in every **3** children in the country — have lost access to school due to increased violence and insecurity, with at least **10,400** schools now closed in conflict-affected areas. Meanwhile, over **5.5 million** children who reside in areas less affected by war are waiting for local authorities to confirm whether classrooms can be re-opened. Before April, nearly **7 million** children were already out of school. If the war continues, no child in Sudan can return to school in the coming months, exposing them to immediate and long-term dangers, including displacement, recruitment into armed groups and sexual violence. Sudan is on the brink of becoming home to the worst education crisis in the world, according to UNICEF.

Livelihoods decimated, economy to shrink by 18.3 per cent in 2024

The conflict is devastating the livelihoods of millions of people in Sudan. The International Monetary Fund (IMF) projects that Sudan's real Gross Domestic Product (GDP) is likely to reduce by **18.3 per cent** in 2024. According to the World Bank, the economy contracted by **12 per cent** in 2023 as the conflict has halted production and destroyed human capital and state capacity. Moreover, the armed conflict has damaged the country's industrial base, education, and health facilities. It has also led to a collapse in economic activity — including commerce, financial, and information and communications technology services — and the erosion of state capacity, with detrimental impacts on food security and forced displacement. For comparison, the economies of Yemen and Syria have shrunk by about **50 per cent** over the past decade, or about **5 per cent** per year on average. The pace of economic contraction in Sudan is on pace to more than double that decline.

About 5.2 million people have received lifesaving assistance since April

Despite various challenges - insecurity, looting, high levels of bureaucratic impediments, poor network and phone connectivity problems, lack of cash, and few technical and humanitarian staff on the ground – affecting the delivery of humanitarian assistance in many parts of the country, humanitarian organizations reached about **5.2 million** people with multi-cluster life-saving assistance and **5.7 million** people with agriculture and livelihood support between mid-April until 30 November 2023. Mutual support and locally led aid efforts by volunteers have been instrumental in supporting people, particularly for those trapped in conflict or hard to reach areas. Prior to the conflict, **2.7 million** people were reached with some form of humanitarian assistance from January to March 2023. This includes vital education, health, food, nutrition, water assistance and protection services.

More funding needed to reach more people

The revised 2023 Sudan Humanitarian Response Plan (HRP) sought **US\$2.6 billion** from donors to provide life-saving multi-cluster and protection assistance to **18.1 million** people in desperate need through the end of 2023. According to the Financial Tracking Service, the 2023 HRP was only **41.1 per cent** funded, with **\$1,075.9 million** received as of 15 January 2024. In 2024, the **165** UN and NGO partners in Sudan can provide more people with assistance and services if the funding for humanitarian response is expanded with an emphasis on funding early in the year. The 2024 Sudan Humanitarian Needs and Response Plan (HNRP) requires **\$2.7 billion** to provide life-saving multi-cluster and protection assistance to **14.7 million** people in desperate need through the end of 2024.

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Situation Report
Media (3 weeks ago)

Statement by Martin Griffiths, Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator - 2024 demands swift action to stem Sudan's ruinous conflict

(New York, 4 January 2024) Nearly nine months of war have tipped Sudan into a downward spiral that only grows more ruinous by the day. As the conflict spreads, human suffering is deepening, humanitarian access is shrinking, and hope is dwindling. This cannot continue. 2024 demands that the international community – particularly those with influence on the parties to the conflict in Sudan – take decisive and immediate action to stop the fighting and safeguard humanitarian operations meant to help millions of civilians.

Now that hostilities have reached the country's breadbasket in Aj Jazirah State, there is even more at stake. More than 500,000 people have fled fighting in and around the state capital Wad Medani, long a place of refuge for those uprooted by clashes elsewhere. Ongoing mass displacement could also fuel the rapid spread of a cholera outbreak in the state, with more than 1,800 suspected cases reported there so far.

The same horrific abuses that have defined this war in other hotspots – Khartoum, Darfur and Kordofan – are now being reported in Wad Medani. Accounts of widespread human rights violations, including sexual violence, remind us that the parties to this conflict are still failing to uphold their commitments to protect civilians.

There are also serious concerns about the parties' compliance with international humanitarian law. Given Wad Medani's significance as a hub for relief operations, the fighting there – and looting of humanitarian warehouses and supplies – is a body blow to our efforts to deliver food, water, health care and other critical aid. Once again, I strongly condemn the looting of humanitarian supplies, which undermines our ability to save lives.

Across Sudan, nearly 25 million people will need humanitarian assistance in 2024. But the bleak reality is that intensifying hostilities are putting most of them beyond our reach. Deliveries across conflict lines have ground to a halt. And though the cross-border aid operation from Chad continues to serve as a lifeline for people in Darfur, efforts to deliver elsewhere are increasingly under threat.

The escalating violence in Sudan is also imperiling regional stability. The war has unleashed the world's largest displacement crisis, uprooting the lives of more than 7 million people, some 1.4 million of whom have crossed into neighbouring countries already hosting large refugee populations.

For Sudan's people, 2023 was a year of suffering. In 2024, the parties to the conflict must do three things to end it: Protect civilians, facilitate humanitarian access, and stop the fighting – immediately.

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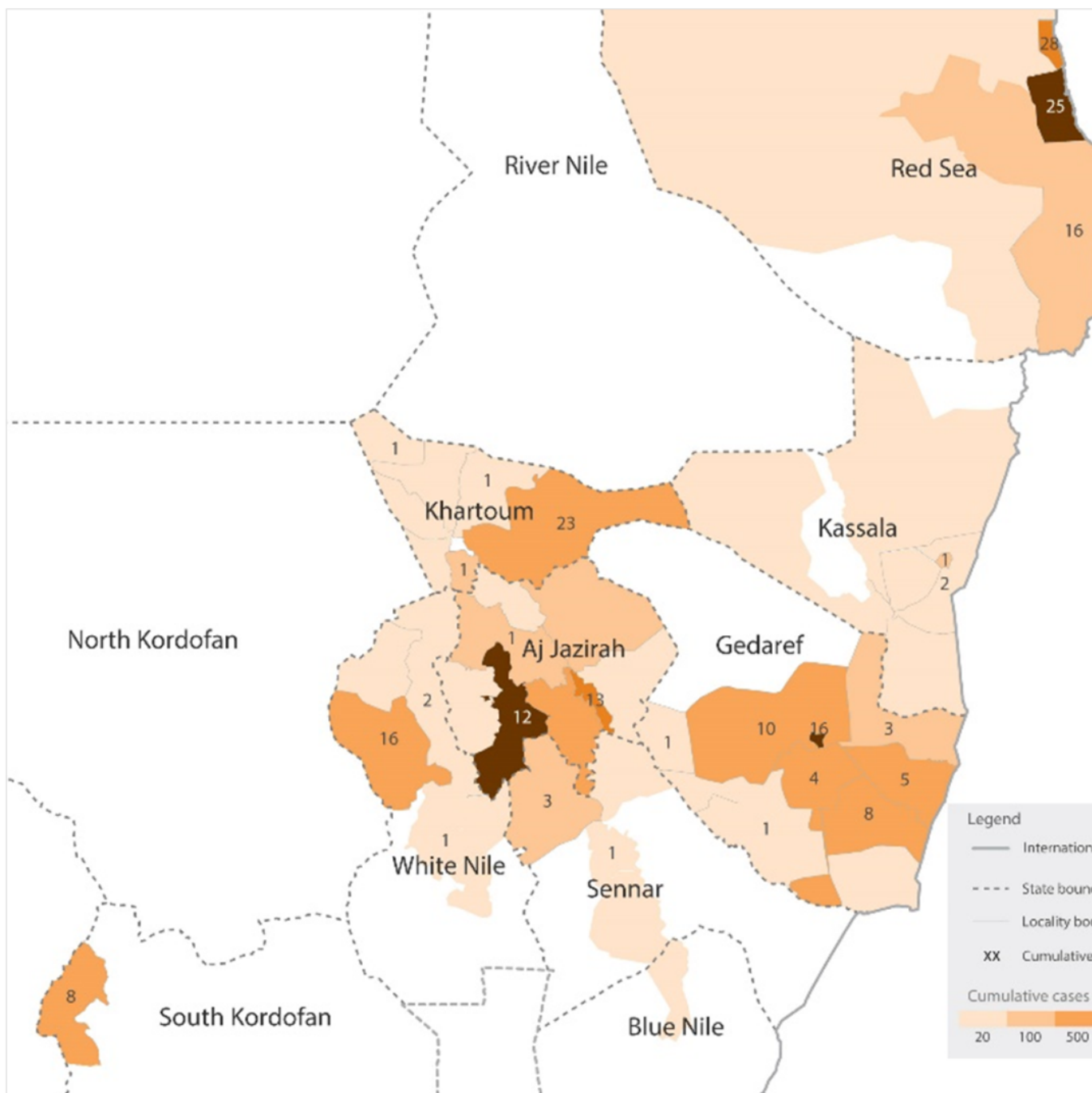
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Situation Report
Emergency Response (3 weeks ago)

Cumulative Cholera Cases (Source: FMoH & WHO Outbreaks Dashboard)



Sudan: Cholera outbreak Flash Update No. 05 (as of 24 December 2023)

HIGHLIGHTS

- At least 8,267 suspected cholera cases, including 224 associated deaths, have been reported. Sudan declared a cholera outbreak in Gedaref on 26 September.
- Cholera has spread to 46 localities in nine states as of 23 December 2023.
- Humanitarian agencies are scaling up the response to the outbreak, supporting the detection and treatment of cases. They also address water, sanitation and hygiene issues, water quality monitoring and chlorination, risk communication, and community engagement.
- Surveillance is ongoing to identify and address risk factors in affected and high-risk areas.
- Over 2.2 million people (98 per cent of the target) were vaccinated against cholera in high-risk localities in Gedaref and Aj Jazirah.
- A planned oral cholera vaccination campaign targets 5.5 million people living in 14 localities reporting cholera cases in Aj Jazirah, Red Sea, Kassala, White Nile, Sennar, and Blue Nile states.

SITUATION OVERVIEW

At least 8,267 suspected cases of cholera, including 224 associated deaths (case fatality rate of 2.7 per cent), were reported as of 23 December from 46 localities of nine states, according to the Federal Ministry of Health (FMOH) and the World Health Organization (WHO) [Sudan Outbreaks Dashboard](#). This is an increase of about 104 per cent compared to the number of cases reported on 23 November 2023. So far, there are 2,240 suspected cases and 77 associated deaths in Red Sea; 2,005 suspected cases of cholera and 49 associated deaths in Gedaref; 1,859 suspected cases and 26 associated deaths in Aj Jazirah; 1,090 suspected cases and 31 associated deaths in White Nile; 525 suspected cases and 26 associated deaths in Khartoum; 346 suspected cases and eight associated deaths in South Kordofan; 113 suspected cases and four associated deaths in Sennar; 86 suspected cases and three associated deaths in Kassala; and three suspected case in Blue Nile.

The Federal Ministry of Health (FMOH) declared the current cholera outbreak on 26 September 2023 after the vibrio was isolated and confirmed while the initial suspected cases were reported from South Kordofan State on 19 July 2023. Based on the Global Task Force on Cholera Control (GTCC) tool, it is estimated that about 46 per cent (19.5 million) of the population in 51 localities of 15 states in Sudan will be at medium to high risk of cholera before the end of 2023. A total of 3.1 million (7.3 per cent of the total population) in 12 localities of six states will be at higher risk of cholera this year. Based on the average attack rate of 0.025 per cent for the past five years, 77,500 cholera cases could be expected this year from the high-risk localities, of which, only 15,500 cases (20 per cent) may develop severe dehydration requiring admission at cholera treatment centers. Overall, Sudan experienced more than 17 outbreaks of cholera and/or Acute Watery Diarrhea (AWD) over the past 50 years. Seasonal upsurges of AWD/cholera cases were experienced either during the dry season with water shortages or during the rainy season following flooding and contamination of water sources.

RESPONSE

Following the declaration of a cholera outbreak in Sudan in September, the World Health Organization (WHO), the UN Children's Agency (UNICEF), and partners activated an inter-agency multi-cluster cholera action plan. They established national and state-level public health emergency operation centres (EOC) with the Federal and State Ministries of Health. The outbreak response is organized by pillars of coordination, disease surveillance, laboratory, case management, water, sanitation and hygiene (WASH) supplies, risk communication and community engagement (RCCE), and OCV.

In terms of the main cholera control measures, partners are focusing on support for the Public Health Emergency Operation Centres (PHEOC) and Cholera Taskforce PHEOC at all levels to analyze and provide daily situation reports to inform the response planning; support the Community-based Surveillance (CBS) system for early detection and confirmation of cases; ensuring access to water, sanitation and hygiene (WASH) facilities in each oral rehydration therapy (ORT) corner.

Humanitarian organizations are participating in the Cholera Taskforce and supporting the PHEOCs at all levels to analyse and provide daily situation reports to inform the response planning; support the community-based Surveillance (CBS) system for early detection and confirmation of cases; ensure access to WASH facilities; support management of cholera cases in cholera treatment centres and units; and build the capacity of health care workers for disease surveillance, case management and infection prevention and control at health facilities.

All States: 8,267 suspected cases and 224 associated deaths, with a crude case fatality rate (CFR) of 2.7 per cent.

Coordination: WHO and UNICEF actively support cholera task force meetings jointly with the water, sanitation and hygiene (WASH) Cluster. In addition, joint monitoring is ongoing, including health, nutrition, social and behaviour change (SBC), and WASH cluster participation. UNICEF is strengthening the coordination of cholera response at state and locality levels by providing funds for communication and community-based surveillance for effective cholera case reporting and detection. It also leads and supports active and regular coordination efforts, actively engaging with key sector partners to monitor and respond to the cholera situation.

Health: WHO supports cholera treatment centres (CTCs) through the provision of supplies, covering operational costs and staff incentives, and supports State Ministries of Health (SMoH) and health partners with the provision of cholera kits that contain medicines, supplies and equipment for cholera treatment. WHO also trains health workers in surveillance, case management of cholera and infection prevention and control; and has trained and helped deploy rapid response teams to affected and at-risk localities. The Early Warning, Alert and Response System launched through WHO support contributes to real-time data collection and reporting for enhanced disease surveillance. WHO teams are also on the ground conducting water quality monitoring and distribution of chlorine tablets in communities.

UNICEF is supporting CTC and ORT corners with supplies and direct incentive payments; capacity-building for service providers; and support to the Cholera Outbreak Coordination Forums in Gedaref, Aj Jazirah, White Nile, Kassala, Red Sea, Sennar, Blue Nile, and Khartoum states. Supplies were released to CTCs, and health facilities at community levels in Gedaref, Kassala, Khartoum, Sennar, Red Sea, Blue Nile, and White Nile to treat over 8,300 mild and severe cholera cases. UNICEF and partners established 80 ORT corners in Aj Jazirah, Gedaref, Kassala, Red Sea and White Nile and plan to establish an additional 60 ORT corners in Khartoum, Sennar and Red Sea new hot spot areas.

UNICEF is supporting the training of health personnel on case management, information systems and supply management in addition to strengthening the Infection prevention control (IPC) measures and PPEs provision. UNICEF also supports community-based surveillance for better cholera case reporting and detection by training community representatives and avail the communication costs for more than 1,000 community members in Red Sea, Kassala, Gedaref, Aj Jazirah, White Nile and Sennar states.

In coordination with WHO, UNICEF conducted oral cholera vaccination (OCV) campaigns in high-risk localities in Gedaref and Aj Jazirah, vaccinating over 2.2 million people or 98 percent of the target. Planned OCV campaigns target 5,529,774 people living in 14 localities currently reporting cholera cases in Aj Jazirah, Red Sea, Kassala, White Nile, Sennar, and Blue Nile states. The OCV request is under the International Coordinating Group (ICG) on Vaccine Provision review. The OCV request is critical for Sudan as conflict continues in parts of Khartoum, Darfur, and Aj Jazirah.

UNICEF is sending emergency, cholera and midwifery kits, PHC, IMCI and PPEs. Supplies will be delivered to White Nile, Kassala, Gedaref and Khartoum states, prepositioning supplies in River Nile and Northern states to respond to IDP influx and expected cholera cases.

WASH: The provision of safe drinking water, water chlorination and water quality monitoring, and hygiene promotion/cleaning campaigns are ongoing in Gedaref, Aj Jazirah, White Nile, Kassala, Red Sea, Sennar, and Blue Nile states, as well as providing supplies to Khartoum.

Activities are underway for chlorinating over 3,000 water supply sources/shock chlorination of hand-dug wells (HDW), including water storage and distribution points (donkey carts, water tankers), with over 2.5 million people reached.

UNICEF is distributing water treatment chemicals and critical products distributed across affected states (3 tons of polymer, over 3 tons of chlorine of different types and concentrations, 5.6 tons of household-level water purification products; over 200 kg of water flocculant; 2,000 WASH kits and 121 kg of soap).

In addition, there is an integrated response with social and behavioural change (SBC) focusing on water handling and safety, personal hygiene with a focus on handwashing and food hygiene as well as appropriate disposal of human excreta and prevention of human-human transmission.

SBC

Awareness campaigns, and house-to-house visits conducted by trained community volunteers in hotspot areas and high-risk zones.

Challenges:

- High mortality among children under 5. Constrained water quality treatment and monitoring
- Lack of enforcement of local authorities' public health measures that impact the outbreak's timely containment.
- Access issues coupled with the deteriorating security situation and extension of clashes to Aj Jazirah can further complicate the emergency and response effort.

Gedaref State: 2,005 suspected cholera cases and 49 associated deaths, with a CFR of 2.4 per cent.

Response: With support from the Swedish International Development Cooperation Agency, the Danish Refugee Council (DRC) partnered with SMOH to chlorinate 5.35 million m³ of water at 20 water collection points across Gedaref municipality, serving more than 55,000 residents. In the Al Sharif – Al Agib area of Gedaref municipality, Gedaref main market and Almahsul market, DRC collected 560 tons of waste and transported it to disposal sites, benefitting nearly 8,000 residents and vendors.

IOM health team continued supporting the Gedaref SMOH cholera response effort through mobile medical team intervention activities. No cholera cases have been reported in IOM clinic sites, and IOM community outreach activities reached 645 people through health education and hygiene promotion sessions.

White Nile State: 1,090 suspected cholera cases and 31 associated deaths, with a CFR of 2.9 per cent.

Response: During the reporting period, the IOM health team continued supporting cholera response through mobile clinics with outreach activities, including hygiene kits distribution, health education and hygiene promotion conducted during five days at Ad Diwaim locality from 29 November to 4 December 2023. These activities targeted 20 IDP gathering sites and reached more than 3,000 people (1,622 females and about 1,400 males). The key messages of these activities were focused on hygiene promotion and cholera prevention

Red Sea State: 2,240 suspected cholera cases and 77 associated deaths, with a CFR of 3.4 per cent.

Response: The IOM health team continued supporting SMOH in cholera response management. Capacity building and training activities on the SBC campaign for 20 community health workers from six localities are ongoing.

Blue Nile State: 3 suspected cholera cases.

Response: The IOM health team is preparing in coordination with the SMOH capacity building and training medical personnel on cholera surveillance and reporting systems. This activity entails a three-month intervention with the deployment of two mobile clinics in the Bau and Kurmuk localities for three months.

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HC making a statement

Statement by the Humanitarian Coordinator in Sudan on the launch of Sudan 2024 Humanitarian Needs and Response Plan

Port Sudan, 21 December 2023. The humanitarian community in Sudan launches today the 2024 Humanitarian Needs and Response Plan (HNRP) to address the most urgent and critical needs of 14.7 million people in Sudan that have been displaced and affected by the conflict that erupted in April 2023. This includes people newly displaced, some of whom were already living in protracted displacement, refugees that found shelter and assistance in Sudan, and host communities that have generously taken in millions of displaced people from conflict-affected areas.

Heavy fighting that started in Khartoum on 15 April 2023 quickly spread to the larger Darfur and Kordofan regions and has had an impact on every state in the country. The conflict has displaced millions of people and it is now the largest displacement and protection crisis in the world.

“More than eight months since the start of the conflict, the humanitarian needs keep growing and almost 25 million people across Sudan will require humanitarian assistance in 2024. At the same time, the severity levels and scope of the needs are increasing,” the Humanitarian Coordinator in Sudan Ms. Clementine Nkweta-Salami said.

The fighting has also caused extensive damage to critical infrastructure and an estimated 70 per cent of health facilities in states affected by conflict are not working.

Devastating conflict, coupled with the continued economic decline, has driven about 17.7 million people across Sudan into high levels of acute food insecurity. About 3 million children are displaced making Sudan the country with the highest number of displaced children globally. In addition, 19 million are not in school.

Meanwhile, lack of access due to insecurity and bureaucratic impediments are hindering humanitarian organizations from reaching those in need. Attention, or lack of it is another daunting challenge. The world is dealing with a multitude of crises, many of which receive much more attention than the crisis in Sudan, but it is not because of the scale. In that regard, the Sudan crisis has few equals.

In 2024, humanitarian organizations aim to provide humanitarian assistance and support to 14.7 million of the most vulnerable people at the cost of US\$2.7 billion. This plan, a collective effort of all humanitarian actors and stakeholders in the country, will address the specific needs of women, children, the disabled, and other vulnerable groups.

The 2024 HRP will, as in previous years, prioritize multi-cluster, life-saving assistance to the most vulnerable. “The UN and partners agencies appreciate the generous support from donors and urge them to continue supporting humanitarian action in Sudan, it is needed now more than ever,” Nkweta-Salami said.

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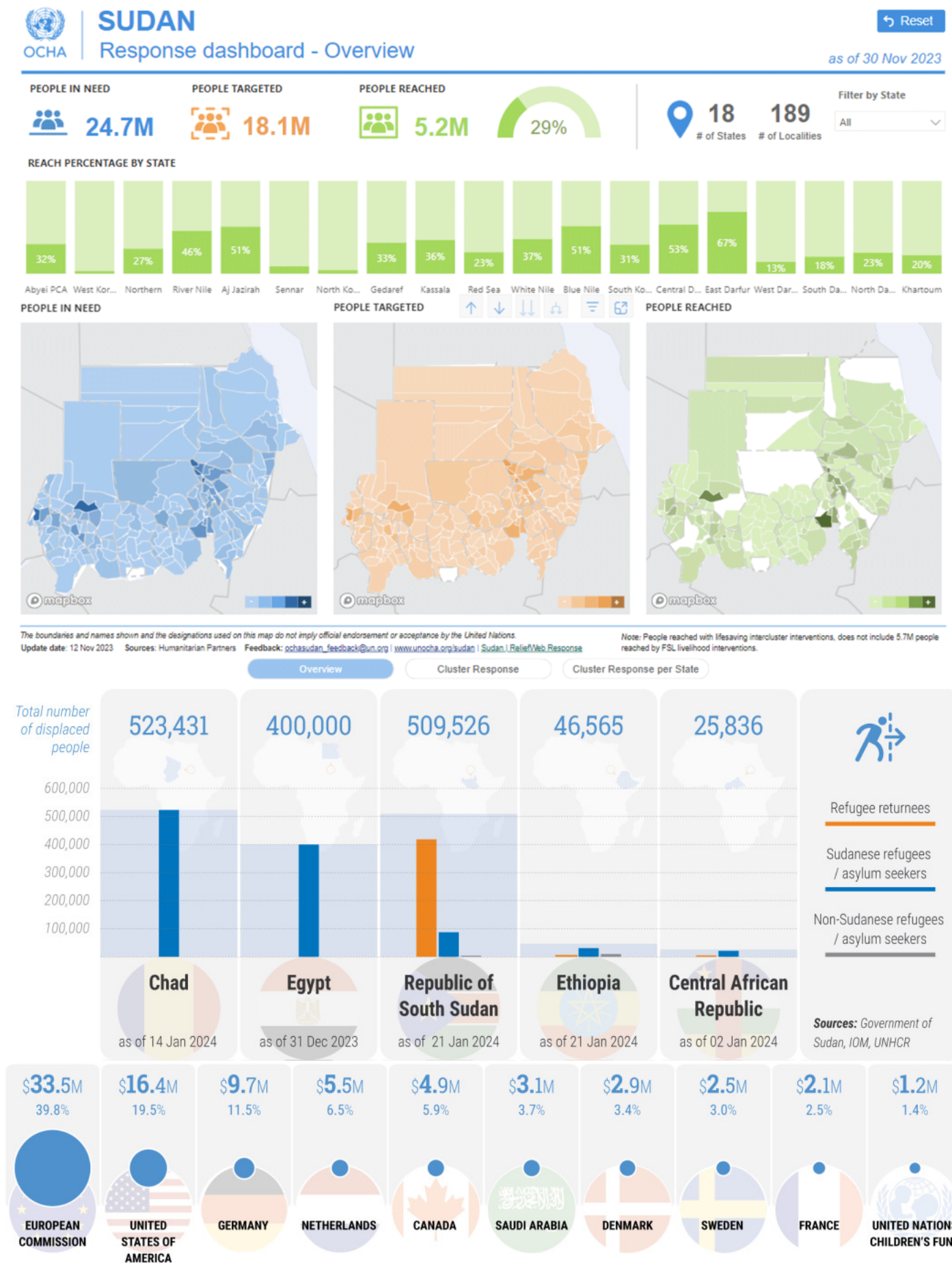
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Sudan

Situation Report

Background (3 months ago)

Sudan Crisis: Humanitarian Key Messages – November 2023

More than six months since fighting erupted on 15 April, Sudan is experiencing a humanitarian crisis of epic proportions. Civilians are paying the price of the ongoing fighting. About half of the population – 24.7 million people, including 14 million children – needs humanitarian aid and protection assistance. About 5.8 million people are displaced inside Sudan or have fled to neighbouring countries, half of whom are children. Women make up 69 per cent of the internally displaced persons (IDPs), including those in war zones, and data from Chad indicates that 90 per cent of the refugees crossing the borders are women and girls. Similarly in Egypt, the UN Refugee Agency (UNHCR) has recorded that most of the registered households upon crossing the borders were female-headed ones. The conflict – and surging hunger, disease and displacement – threatens to consume the entire country. It is time to silence the guns.

- **Millions of people – especially in Khartoum, Darfur and Kordofan – lack access to food, water, shelter, electricity, education, health care and nutrition. As the humanitarian situation deteriorates, the communities' coping capacity has weakened.** Hunger and malnutrition were already at record levels before the fighting, now, an estimated 20.3 million people – 42 per cent of the population – face acute food insecurity. Of these, 6.3 million people are at emergency levels of hunger, only one step away from famine. Over 18 million people lack access to improved sanitation and around 8 million people practice open defecation. About 3.5 million children under five years are acutely malnourished, of whom 700,000 suffer from severe acute malnourishment and are at 11 times higher risk of death compared with their healthy peers. This adds to the burden of care on women and girls and exposes them to multiple risks in the context of the armed conflict.
- **Parties to the conflict must put an end to harming civilians and respect international humanitarian law, as agreed under the Jeddah Declaration of Commitment to Protect the Civilians of Sudan.** The parties must allow civilians safe passage. People fleeing conflict – especially women, children and those with special needs – must be able to do so safely. Attacks on hospitals, schools and other essential civilian infrastructure must stop. Access to critical items and services must be guaranteed. All health facilities occupied by parties to the conflict must be vacated. De-escalation, dialogue and a cessation of hostilities are essential to resolve the crisis.
- **The spread and escalation of fighting is deeply concerning, especially as the conflict reaches new areas.** Hostilities have started to spill over into Aj Jazirah State, Sudan's breadbasket, which could have grave consequences for the harvest season and agricultural productivity. Shortages of critical inputs like seeds and fertilizers coupled with erratic weather patterns threaten both planting and harvesting. A below average harvest in the coming months would push more people into hunger and others into more severe levels of hunger.
- **Protection remains an urgent priority, with an increasing number of reports of sexual and gender-based violence, enforced disappearance, arbitrary detention, and grave violations of human and children's rights. Parties to the conflict should not use rape as a weapon of war and those accused of it should be held accountable.** As inter-communal tensions mount, the ability to access protection services and support systems reduces. Civilians are at risk of explosive hazards, though the extent and level of new contamination is unknown. Parties to the conflict must protect civilians, including children, from grave violations of their rights.
- **The war in Sudan is now the world's largest displacement crisis. As more refugees flee across Sudan's borders, host communities in neighbouring countries are struggling. A protracted conflict in Sudan could tip the entire region into a humanitarian catastrophe.** Humanitarian partners are working closely with governments in neighbouring countries to respond. New arrivals need protection and assistance. Moreover, host communities in remote border areas, where services and infrastructure are scarce or non-existent, were already suffering due to climate shocks and food scarcity.
- **Outbreaks of diseases pose a growing threat, particularly in overcrowded shelter sites and sites with poor water, sanitation and hygiene. Sudan is already facing outbreaks of cholera, dengue, measles, and malaria.** Even in relatively safe locations hosting displaced populations, living conditions are deteriorating. Displacement sites have been flooded during the rainy season, raising the risk of further spread of deadly diseases. Partners must step up to contain ongoing disease outbreaks and mitigate the risks of potential outbreaks. Projections based on Johns Hopkins' Lives Saved Tool modelling indicate that at least 10,000 children under five years may die by the end of 2023 due to an increase in food insecurity, and disruptions to essential services
- **About 19 million children are awaiting schools to re-open.** For children, education is about more than the right to learn. Schools can protect children from the physical dangers around them – including abuse, exploitation, and recruitment into armed groups. Schools serve as centres for multiple services. Children can be reached with life-saving information, food, water, immunizations, healthcare, and hygiene supplies. Teachers and other education personnel can support children's mental health, providing children with stability and structure to help them cope with the trauma they experience every day and referring children for any necessary additional support. Should the conflict result in schools remaining closed, this will have devastating impacts on children's development and psychosocial well-being.
- **Humanitarians continue to face immense obstacles to assist people in need. Bureaucratic and administrative impediments must be lifted so that aid workers can move supplies more swiftly.** Visas, travel permits, and other procedures required to move staff and assistance inside the country delay the delivery of assistance. Looting and attacks against humanitarian personnel, facilities and supplies further compromise the ability of partners to deliver aid and services. The parties to the conflict must adhere to international humanitarian law and guarantee unhindered access for humanitarian personnel and supplies. Aid convoys face threats, roadblocks, restrictions and bureaucratic impediments, while intensified airstrikes and shelling in Khartoum make safe access almost impossible.
- **Despite the challenges, humanitarian agencies in Sudan have made strides in accessing people across Sudan, including in hard-to-reach areas.** Through both crossline and cross-border movements, convoys have reached East Darfur, North Darfur, South Darfur, West Darfur, North Kordofan states, Jabal Awlia in Khartoum, and other areas. More than 3.7 million people have received lifesaving food, emergency shelter, health, nutrition, protection, water, sanitation and hygiene (WASH) and other assistance since 15 April. An estimated 5.2 million people received livelihood assistance. Aid must be scaled up and sustained to reach more people in desperate need. To expand assistance to people in hard-to-reach areas, innovative approaches to working with communities are critical.
- **Additional resources are urgently required to support a humanitarian response that was already significantly underfunded prior to the current conflict.** Humanitarian actors require US\$2.6 billion to provide life-saving multi-cluster assistance and protection services to 18.1 million people through the end of this year. So far, only 33.6 per cent has been received. Additional funds are urgently needed to meet immense needs, including critical funding to national NGOs on the frontlines of the response.

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