

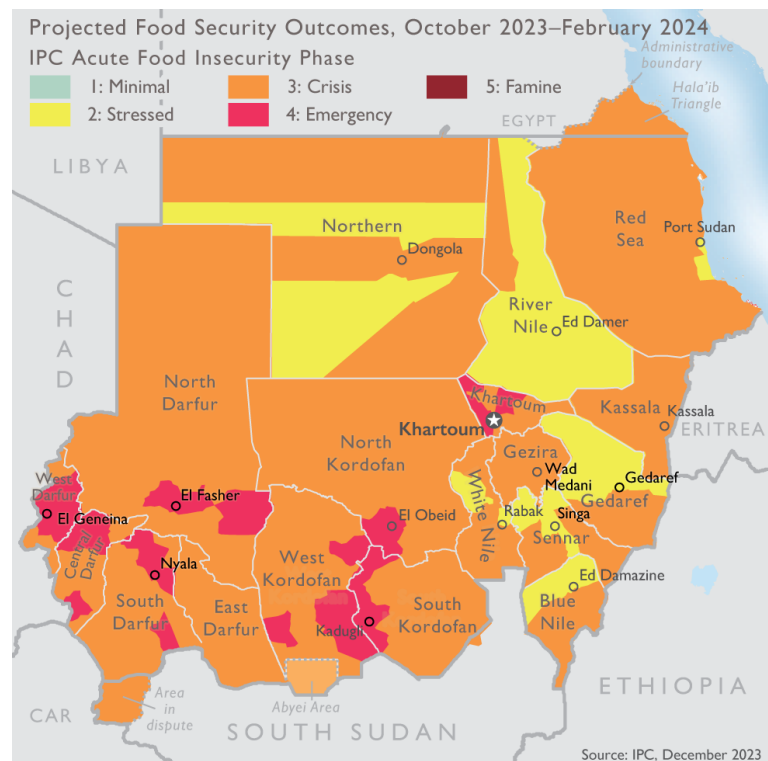
Sudan – Complex Emergency

DECEMBER 19, 2023

SITUATION AT A GLANCE

12,501	24.7 MILLION	5.5 MILLION	992,414	378,883
Deaths Caused by Ongoing Conflict in Sudan Since April 15, 2023 <i>ACLED – December 2023</i>	Number of People in Need of Humanitarian Assistance <i>UN – May 2023</i>	People Internally Displaced Since April 15, 2023 <i>IOM – December 2023</i>	Sudanese Refugees and Asylum-Seekers Displaced from Sudan Since April 15, 2023 <i>UNHCR – December 2023</i>	Refugee Returnees Displaced Since April 15, 2023 <i>UNHCR – December 2023</i>

- RSF–SAF clashes in Gezira State’s capital city of Wad Medani—a major humanitarian hub—displaced up to 300,000 people between December 15 and December 18. On December 15, the UN suspended all humanitarian programming in Gezira until further notice.
- SAF actors attacked an ICRC humanitarian convoy in Khartoum city on December 10, resulting in two deaths and seven injuries, including at least three ICRC staff, the organization reports.
- An estimated 17.7 million people in Sudan are projected to face Crisis—IPC 3—or worse levels of acute food insecurity between October 2023 and February 2024, the highest number of food-insecure individuals ever projected during the October-to-May harvest period, according to a December IPC analysis. USAID/BHA partner WFP reached more than 4.8 million people with food and nutrition assistance between May and December.



KEY DEVELOPMENTS

Clashes in Wad Medani Displace Up to 300,000 People and Threaten Humanitarian Operations

On December 18, Rapid Support Forces (RSF) overtook a Sudanese Armed Forces (SAF) army base guarding the Hantoob Bridge—which links Hantoob city to Gezira State’s capital city of Wad Medani—and stormed into Wad Medani, an important hub for international relief efforts, following clashes that began on December 15, local media report. Airstrikes and artillery shelling remained ongoing as of December 18, according to the International Organization for Migration (IOM). The clashes resulted in an unconfirmed number of deaths and displaced up to 300,000 people from Gezira between December 15 and December 18. Most displaced persons have sought refuge in neighboring Sennar State, while others transited through the state to reach Blue Nile, Gedaref, Kassala, and White Nile states. Displaced households are currently sheltering in improvised shelters, open areas, schools, and within the host community, IOM reports. USAID Bureau for Humanitarian Assistance (USAID/BHA) partners are conducting rapid assessments in Gedaref and Sennar to understand the needs of newly arrived internally displaced persons (IDPs).

The UN suspended all humanitarian programming in Gezira on December 15 until further notice. Many UN agencies and nongovernmental organizations (NGO)—including USG partners—have relocated international and national staff from Gezira to surrounding states and are prepared to return to the state as soon as security allows. In coordination with USAID/Sudan, the USAID/BHA Disaster Assistance Response Team (DART) for Sudan remains in close contact with implementing partners and has voiced the importance of prioritizing staff safety.

In tandem, RSF–SAF clashes resumed in South Darfur State’s capital city of Nyala and North Darfur State’s capital city of El Fasher between December 16 and 17, resulting in three deaths, injuries to 10 others, and the displacement of more than 300 households, according to IOM. The RSF recently expanded its territorial control in the Darfur region by taking control of four state capitals in Central Darfur, East Darfur, South Darfur, and West Darfur in October and November. USAID/BHA currently supports eight NGOs and three UN agencies in South Darfur and five NGOs and three UN agencies in North Darfur and continues to monitor the impact of recent hostilities on operations. On December 16, the U.S. Department of State released a statement condemning the outbreak of clashes in Wad Medani and El Fasher and urged the RSF and SAF to refrain from endangering civilian lives.

SAF Forces Attack ICRC Convoy; Bombardments Continue Following IGAD Summit

SAF troops attacked an International Committee of the Red Cross (ICRC) humanitarian convoy in Sudan’s capital city of Khartoum on December 10, resulting in two deaths and seven injuries, including at least three ICRC staff, the organization reports. The humanitarian convoy, which consisted of three ICRC vehicles and three buses marked with the red cross emblem, was due to evacuate more than 100 vulnerable civilians—including children, older people, and those with illnesses—from Khartoum city to Wad Medani but came under attack upon entering the evacuation area. SAF released a public statement on December 10 claiming responsibility for the attack but blamed ICRC for not adhering to the previously agreed upon route and for allegedly having an RSF escort accompany the convoy. UN Resident and Humanitarian Coordinator for Sudan Clementine Nkweta-Salami released a statement on December 11 expressing alarm at the ICRC attack and emphasizing the responsibility of parties to the conflict to ensure the safe evacuation of civilians from conflict-affected areas.

The attack came one day after Intergovernmental Authority on Development (IGAD) leaders reported

that SAF General Abdel Fattah al-Burhan and RSF leader Mohamed Hamdan Daglo, also known as Hemedti, committed to sign a cessation of hostilities agreement during an IGAD Assembly meeting in Djibouti on December 9. According to the IGAD communiqué released following the assembly, the RSF and SAF leaders also agreed to a one-to-one meeting to discuss a political process to end the conflict. However, the Government of Sudan (GoS) Ministry of Foreign Affairs disavowed IGAD’s statement on December 10, noting that the communiqué contained inaccuracies and was not based on consensus. Notably, increased aerial bombardment of Khartoum resulted in more than 100 civilian deaths and damaged and destroyed public and private infrastructure between December 9 and 12, local media report. On December 12, RSF–SAF artillery shelling in Khartoum’s Omdurman locality resulted in 37 civilian deaths and injury to nearly 30 individuals.

IPC Status October 2023 – February 2024	
Phase 5	0 People in Catastrophe
Phase 4	4,898,000 People in Emergency
Phase 3	12,828,00 People in Crisis
Phase 2	17,983,000 People in Stress
Phase 1	12,481,000 People Minimally Food Insecure

Nearly 18 Million People Likely to Face Acute Food Insecurity During Harvest Season

More than 17.7 million people in Sudan, representing nearly 40 percent of the country’s population, will likely experience Crisis—IPC 3—or worse levels of acute food insecurity between October 2023 and February 2024, according a December IPC analysis.¹ This figure represents the highest number of individuals projected to experience food insecurity ever recorded during the October-to-May harvest period, when food is typically more available. Of this total, approximately 4.9 million people are projected to experience Emergency—IPC 4—outcomes, primarily in conflict-affected areas of Khartoum State’s Bahri, Khartoum, and Omdurman cities, as well as in the Darfur and Kordofan regions.² Conflict between the SAF and the RSF, as well as other organized violence, remains the main driver of food insecurity in Sudan, as localized sieges and movement restrictions constrain civilians’ ability to access agricultural fields and markets. Increased insecurity, combined with below-average rainfall, has limited agricultural production, resulting in hampered crop yields, IPC reports. As a result, more households will likely rely on humanitarian assistance and markets for food consumption rather than consuming food they have grown themselves. However,

insecurity has also destroyed or disrupted key markets, and food prices and the depreciation of the Sudanese pound have decreased household purchasing power.

With USG support, the UN World Food Program (WFP) reached more than 4.8 million people with food and nutrition assistance between May and December. However, access challenges—including bureaucratic impediments, fuel shortages, insecurity, looting, and poor network connectivity—continue to limit humanitarian partners’ ability to deliver urgently needed assistance to people in conflict hotspots, the UN reports. On December 13, WFP expressed concerns that if parties to the conflict do not address access challenges and humanitarian donors do not increase funding for food assistance in Sudan, populations in conflict areas risk slipping into Catastrophe—IPC 5—levels of food acute insecurity at the beginning of the lean season in May 2024.

¹ The Integrated Food Security Phase Classification (IPC) is a multi-partner initiative that developed a standardized scale to classify the severity and magnitude of food insecurity. The IPC scale, which is comparable across countries and time, ranges from Minimal—IPC 1—to Famine—IPC 5—for acute food insecurity.

² Darfur region comprises the following states: Central Darfur, East Darfur, North Darfur, South Darfur, and West Darfur. Kordofan region comprises the following states: North Kordofan, South Kordofan, and West Kordofan.

Suspected Cholera Cases Increase by Nearly 140 Percent in One Month

The GoS Ministry of Health (MoH) and the UN World Health Organization (WHO) reported more than 7,700 suspected cholera cases in Sudan as of December 15, representing an estimated 160 percent increase since early November. The number of associated deaths more than doubled from 97 to 216 recorded deaths over the same period, representing a case fatality rate of approximately 3 percent, exceeding the WHO's 1 percent emergency threshold. Suspected cholera cases were present in nine states as of December 10, WHO reports; Gedaref, Gezira, and Red Sea states reported the largest outbreaks, recording approximately 1,800, 1,400, and 800 suspected cases, respectively. In response to the suspected cholera outbreaks, USG-partner the UN Children's Fund (UNICEF) and the GoS MoH conducted a vaccination campaign in Gedaref, reaching an estimated 97 percent of the more than 1.5 million targeted for vaccination. Moreover, in Gezira, UNICEF and the MoH vaccinated 99 percent of the approximately 693,000 people targeted in one locality. The Health Cluster—the coordinating body for humanitarian health activities, comprising UN agencies, NGOs, and other stakeholders—in coordination with the GoS MoH, released a National Cholera Preparedness and Response Plan for December 2023 to March 2024 on December 13. The response plan aims to bolster sector leadership and coordination; enhance risk communication and community engagement; improve surveillance systems and the capacity of national health facilities; increase the use of the oral cholera vaccine; and strengthen WASH services.

Displaced Persons at Heightened Risk of Protection Violations, as Approximately 4.2 Million People Require GBV Services in Sudan

The ongoing conflict between the SAF and RSF has displaced nearly 7 million individuals in Sudan and into neighboring countries between April 15 and December 12, the majority of whom are women and children, according to the U.S. Department of State's Bureau of Population, Refugees, and Migration (State/PRM) partner the Office of the UN High Commissioner for Refugees (UNHCR). Many women and children have experienced protection violations, including detention, gender-based violence (GBV), and torture, before and during displacement, a USAID/BHA NGO partner reports. Notably, the GBV sub-cluster of the Protection Cluster—the coordinating body for humanitarian protection activities, comprising UN agencies, NGOs, and other stakeholders—and medical providers have raised concerns over a surge in reported GBV cases, including sexual violence, in conflict-affected areas. The sub-cluster indicated that displaced women and girls are at increased risk of sexual violence and exploitation while in temporary shelters and awaiting visas at border crossings. Due to the collapse of the health system and the reluctance of survivors to report violations, the number of GBV cases remains unknown. However, the UN reported approximately 4.2 million people required GBV services in Sudan as of October, a more than 1 million person increase since the conflict began on April 15. The UN projects that without a significant change in circumstances in Sudan, this figure will further increase to 6.8 million individuals in 2024.

The destruction of infrastructure, the looting of medical supplies and facilities, and ongoing fighting have impeded the delivery of humanitarian assistance to GBV survivors in conflict-affected areas. Despite these challenges, GBV service providers, including USG partners, provided medical treatment and related assistance—including awareness sessions, clinical management of sexual violence, legal support, psychosocial support (PSS), and referrals to other service providers—to 161,000 people between April and October. USG partner the UN Population Fund (UNFPA) continued to support essential health care services in Sudan, including by supplying fuel to five facilities in Khartoum that provide emergency obstetric and neonatal care and supporting more than 1,300 consultations and nearly 590 births as of October 29. Additionally, UNFPA support contributed to nearly 100 deliveries in Gedaref and Blue Nile.

KEY FIGURES



4.8 Million

People reached with WFP food assistance between the onset of the crisis in mid-April and early December



1,000 MT

Of medical supplies shipped by WHO across Sudan with USAID/BHA support between April 15 and October 4



3.9 Million

Children screened for malnutrition by USG partner UNICEF between April 15 and October 31



161,000

Women and girls reached with dignity kits and information about GBV services between April 15 and October 29 by USG partner UNFPA

U.S. GOVERNMENT RESPONSE

FOOD SECURITY

USAID/BHA and State/PRM support multiple UN agencies and NGOs to bolster food security and livelihoods throughout Sudan. In partnership with USAID/BHA, WFP provides emergency food assistance to people experiencing acute food insecurity countrywide through cash transfers for food and U.S.-sourced and locally and regionally procured cereals, pulses, and vegetable oil. With support from USAID/BHA and other donors, the UN agency reached an estimated 4.8 million people across Sudan between the onset of the crisis on April 15 and early December.

HEALTH

USAID/BHA and State/PRM support IOM, UNICEF, UNFPA, UNHCR, WHO, and NGO partners to provide life-saving health care across Sudan. USAID/BHA partners provide essential medicines, support health facilities, and train implementing partners to address critical health needs. In addition, USG partners—including UNFPA and UNICEF—support essential health interventions for IDPs, refugees, and other vulnerable populations in Sudan and neighboring countries.

NUTRITION

IOM, UNICEF, WFP, WHO, and other USAID/BHA and State/PRM partner organizations prevent, identify, and treat acute malnutrition through multi-sector interventions by providing nutritional supplements and conducting agriculture, food security, health, and water, sanitation, and hygiene (WASH) activities. Between April 15 and October 31, UNICEF screened 3.9 million children ages five years and younger for malnutrition and admitted nearly 234,000 children for treatment of severe acute malnutrition.

PROTECTION

USG partners—including UNFPA, UNICEF, and several NGOs—provide conflict-affected and vulnerable people with protection support in Sudan, as well as neighboring countries. UNFPA reached approximately 161,000 individuals with dignity kits and information about GBV and other medical services between April 15 and October 29. UNFPA-supported mobile clinics provided health and GBV services to more than 28,000 IDPs and host community members across nine states.



4.2 Million

People in Sudan provided with safe drinking water by USG partner UNICEF between April 15 and October 31

WASH

With USAID/BHA and State/PRM support IOM, UNICEF, UNHCR, WHO, and NGOs continue to provide emergency WASH assistance in Sudan. With USG and other donor support, UNICEF reached an estimated 4.2 million people in Sudan with safe drinking water between April 15 and October 31. USAID/BHA and State/PRM partners—including UNHCR, UNICEF, and WHO—also assist in preventing and containing vector-borne and waterborne disease outbreaks, including cholera, dengue, and malaria. During Sudan’s June-to-September rainy season, USG partners support flood-affected populations with emergency WASH supplies—such as chlorine for water purification, hygiene kits, and water containers—to ensure access to safe drinking water.

CONTEXT IN BRIEF

- In April 2019, a civilian uprising grew out of protests against fuel shortages, high bread prices, and other economic issues. On April 11, 2019, Sudanese military officials overthrew President Omar al-Bashir in support of a popular revolution, and subsequent political uncertainty contributed to heightened humanitarian, security, and protection concerns. In August 2019, a signed constitutional declaration detailed arrangements for a civilian-led transitional government for a 39-month period, with Abdalla Hamdok appointed as Prime Minister. However, following political unrest, the military took over the transitional government on October 25, 2021, arresting civilian leadership. On November 21, 2021 Hamdok was reinstated as Prime Minister under a power-sharing agreement with SAF military leader Abdel Fattah al-Burhan, but thereafter resigned on January 2, 2022. The October 25 military takeover sparked widespread protests across the country. Military leaders and representatives of civilian pro-democracy parties subsequently signed a preliminary agreement to establish a two-year transitional civilian government on December 5, 2022.
- Fighting between the RSF and SAF began on April 15, 2023, significantly escalating the humanitarian crisis in Sudan. On April 23, USAID/BHA activated a DART and Washington, D.C.-based Response Management Team to coordinate the USG response to escalating needs.
- The Inter-Agency Standing Committee activated a system-wide scale-up for Sudan—formerly known as an L3 emergency—from August 29, 2023 to February 28, 2024, according to a press release from UN Emergency Relief Coordinator (ERC) Martin Griffiths. The scale-up will mobilize the operational capacities and resources needed to match the scale, complexity, and urgency of the crisis in Sudan.
- The UN estimates that 24.7 million people require humanitarian assistance in Sudan in 2023, an increase from 15.8 million estimated to be in need prior to the RSF–SAF conflict. Access restrictions, bureaucratic impediments, insecurity, and limited funding hinder relief agencies’ ability to respond to humanitarian and recovery needs in Sudan.
- On October 31, 2023, U.S. Ambassador John T. Godfrey reissued a declaration of humanitarian need (DHN) in Sudan for FY 2024. The U.S. Mission in Sudan has issued disaster declarations or DHNs due to the complex emergency in Sudan annually since 1987.
- The USG, the Kingdom of Saudi Arabia, and the International Authority on Development (IGAD)—participating on behalf of the African Union—convened two rounds of humanitarian negotiations

between the RSF and SAF in Jeddah, Saudi Arabia. Following the first round of negotiations in May 2023, representatives signed a ceasefire agreement and the May 11 Declaration, which defined the obligations of both sides under international humanitarian and human rights law to facilitate and safeguard humanitarian action to meet the emergency needs of civilians. However, neither party upheld the ceasefire nor the Declaration during the following months. The second round of negotiations—convened between October 26 and November 7—concluded without a ceasefire agreement, though both parties reaffirmed their obligations under the May 11 Declaration to protect civilians.

- Following the conclusion of the second round of negotiations in Jeddah, RSF and SAF actors also agreed to establish an OCHA-led Humanitarian Forum to facilitate the provision of humanitarian assistance in Sudan. The first Sudan Humanitarian Forum convened on November 13 and was attended by representatives of RSF and SAF, opened by ERC Martin Griffiths, and chaired by Deputy Special Representative of the Secretary-General, Resident and Humanitarian Coordinator Clementine Nkweta-Salami.

PUBLIC DONATION INFORMATION

- The most effective way people can assist relief efforts is by making cash contributions to humanitarian organizations that are conducting relief operations. A list of humanitarian organizations that are accepting cash donations for disaster responses around the world can be found at [interaction.org](https://www.interaction.org).
- USAID encourages cash donations because they allow aid professionals to procure the exact items needed, often in the affected region; reduce the burden on scarce resources, such as transportation routes, staff time, and warehouse space; can be transferred very quickly and without transportation costs; support the economy of the disaster-stricken region; and ensure culturally, dietarily, and environmentally appropriate assistance.
- More information can be found at:
 - USAID Center for International Disaster Information: [cidi.org](https://www.cidi.org)
 - Information on relief activities of the humanitarian community can be found at [reliefweb.int](https://www.reliefweb.int).

USAID/BHA bulletins appear on the USAID website at [usaid.gov/humanitarian-assistance/where-we-work](https://www.usaid.gov/humanitarian-assistance/where-we-work)