

**FLASH UPDATE** (9 Jan 2020)

**Humanitarian Response in Geneina, West Darfur**

Humanitarian partners continue to assist people affected by inter-communal violence between Massalit and Arab tribespeople in and around El Geneina town in West Darfur. According to media reports, Prime Minister Dr Abdallah Hamdoug said in a press statement that the two parties committed to a cessation of hostilities, non-aggression, and keeping peace and stability in the area.

Sudan's Humanitarian Aid Commission (HAC) and partners estimate that about 40,000 people have been displaced, including secondary displacement of some 32,000 from three internally displaced persons IDP camps (Krinding 1, Krinding 2, and Al Sultan IDP camps). In addition, UNHCR reported that over 5,488 people have crossed the border into Chad, seeking refuge in villages near the border. Assistance being provided includes food, health, non-food items (NFIs), nutrition, as well as water, sanitation and hygiene (WASH), and protection services.

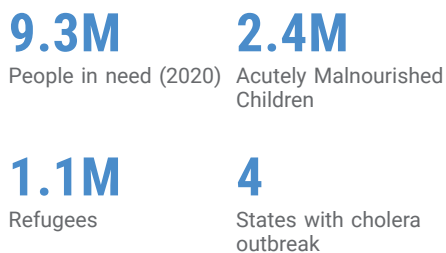
**HIGHLIGHTS** (9 Jan 2020)

- 40,000 people have been displaced in West Darfur, including 32,000 internally displaced persons (IDPs) from three IDP camps
- Humanitarian partners visit the IDPs site affected by the recent incidents in El Geneina, West Darfur
- Looting of the former UNAMID Super Camp in Nyala town, South Darfur
- Chikungunya (260 cases), cholera (346 cases), dengue (4,096 cases), diphtheria (80 cases) and rift valley fever (453 cases) were reported across the country as of 18 December 2019

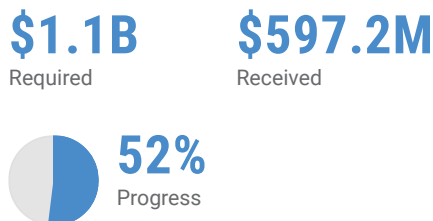


*UNHCR delivers humanitarian assistance in West Darfur*

**KEY FIGURES**



**FUNDING** (2019)



FTS: <https://fts.unocha.org/appeals/670/summary>

**CONTACTS**

**Paola Emerson**  
 Head of Office  
[emersonp@un.org](mailto:emersonp@un.org)

**Mary Keller**  
 Head, Monitoring and Reporting  
[kellerm@un.org](mailto:kellerm@un.org)

## EMERGENCY RESPONSE (9 Jan 2020)

### Humanitarian Response in El Geneina, West Darfur

Humanitarian partners continue to assist people affected by inter-communal violence between Massalit and Arab tribespeople in and around El Geneina town in West Darfur. According to media reports, Prime Minister Dr Abdallah Hamdok said in a press statement that the two parties committed to a cessation of hostilities, non-aggression, and keeping peace and stability in the area.

Sudan's Humanitarian Aid Commission (HAC) and partners estimate that about 40,000 people have been displaced, including secondary displacement of some 32,000 from three internally displaced persons IDP camps (Krinding 1, Krinding 2, and Al Sultan IDP camps). In addition, UNHCR reported that over 5,488 people have crossed the border into Chad, seeking refuge in villages near the border. Assistance being provided includes food, health, non-food items (NFIs), nutrition, as well as water, sanitation and hygiene (WASH), and protection services.

Humanitarian partners reported that IDP leaders raised concerns with local authorities about the security situation in the IDP camps saying they would not return until security is ensured. Government authorities informed humanitarian partners they have established security points and deployed security forces in the camps. According to UNHCR, HAC has set up a temporary office for registering and providing assistance to IDPs in the camp. Health facilities and water points will also be assessed.

UNHCR advised HAC that the return process should be voluntary, based on the informed decision of the IDPs.

WHO, UNHCR, UNICEF, WFP, DSS, IOM, IMC and OCHA together with HAC and Ministry of Health visited today the Krinding camps, affected by the recent incidents in El Geneina. During the visit, participants met with IDPs who were searching for their belongings. The mission also met with HAC West Darfur and the head of the security committee in the camp, and the military commander who is responsible to provide security in the camp. The mission noted some burning as well as looting of homes, shops, and building. IDPs are visiting their homes. The team received a briefing from the HAC Commissioner who mentioned that the local authority is willing to resume services in the camp.

As of 8 January there is more free movement reported between the places of displacement and the original IDP sites, however many people still feel unsafe to return.

### Humanitarian response

#### Food Security

WFP delivered food and nutrition assistance in 22 locations where the displaced people are currently taking shelter. A total of 111 metric tons (MT) of mixed food has been delivered, which is enough to feed 24,454 people for 15 days. This assistance also includes emergency blanket supplementary feeding supplies for 6,847 children under 5 years and pregnant and nursing mothers. Partners are working to fill gaps and complete distribution to all gathering sites based on the rapid assessment.

#### Health



*El Geneina, West Darfur*



El Geneina hospital is open, with the support of the World Health Organization (WHO) and health partners. WHO provided one Rapid Response Kit, eight new emergency health kits, 2 malaria kits to SRCS, one trauma kit and three new emergency health kits. Health clinics will be established in seven IDPs gathering points to respond to health needs. The Ministry of Health and WHO have confirmed they have enough medical stock to support those in need, however, there is a gap for the provision of healthcare for children under 5 years. Other partners have confirmed the availability of drugs to support the Ministry of Health. The UN Children's Agency (UNICEF) has provided El Geneina hospital with malaria kits, and 15 inter-agency emergency health kits (IEHK)—each kit can cover the health needs of 10,000 people for three months. WR and IMC have committed to fully support 3 primary health care clinics for the IDPs in addition to the 7 clinics that will be run by other partners and State Ministry of Health (SMoH) and UNICEF distributed 700 neonatal blankets/wraps.

According to UNFPA, there are 10,800 women of reproductive age in need of sexual and reproductive health services. The SMoH reports that there are 3,442 pregnant women among the people affected and UNFPA estimates that around 119 births are expected to take place during this month. Safe places to give birth (tents) are urgently needed. In addition, UNFPA is planning to carry out an assessment of El Geneina hospital to check on the available sexual and reproductive health (SRH) stocks as well as the SRH services provided. The hospital did not receive any referrals of rape cases following the recent events and clinical management of rape (CMR) treatment is available. UNFPA has deployed a SRH focal point to El Geneina town.

SMoH has deployed community midwives in 40 IDP locations, however, the lack of shelter/private space for performing deliveries is very challenging. SMoH is planning to provide 40 tents for deliveries. Transportation of pregnant women with obstetric complications to El Geneina hospital is very important. UNFPA will rent two vehicles for this purpose.

During the next week, UNFPA will deliver the following items:

- 2,000 dignity kits (personal hygiene kits) for women of reproductive age.
- 15 clean delivery kits—enough for the needs of over 3,000 women—for visibly pregnant women.
- 5 clean delivery kits for birth attendants (midwives). These supplies are sufficient to cover the needs of 25 birth attendants.
- 5 kits for the treatment of sexually transmitted infections (STIs) will be distributed to health facilities and or mobile clinics, sufficient to cover the needs of 1,250 patients.
- Supplies/kits for normal deliveries and to stabilize patients with obstetric complication will be distributed in health facilities, sufficient for 300 deliveries.
- Supplies/kit for caesarean sections and other surgical interventions will be distributed to health facilities, sufficient to perform caesarean sections for approximately 100 pregnant women with obstetric complications.
- Supplies/kit for safe blood transfusions.

#### **Non-food items (NFIs)**

The NFI core pipeline, managed by UNHCR, has released 3,000 NFI kits from pre-positioned stocks for immediate distribution. Distributions are currently on-going by SRCS - UNHCR NFI partner, and IOM who have allocated stocks together targeting over 1,000 households. To date, approximately 8,000 people (1,601 households) received NFI items, including blankets, sleeping mats and jerry cans. Sector partners on ground including international and national NGOs,



UNHCR and IOM have also mobilized resources and staff to support the response. As of 8 January, 3,637 households (about 18,000 people) have been reached with NFI assistance. This is approximately 45 per cent of the estimated 8,000 households (40,000 people) in need of assistance.

In addition, IOM has distributed NFIs to 598 households (benefitting about 3,000 people) and collectively, UNHCR and IOM are currently distributing to another NFIs to 1,438 households (benefitting about 7,000 people) in El Geneina town.

Key challenges include providing shelter assistance to affected people currently taking refuge in schools and other government buildings. Once they relocate to safe locations, more sustainable shelter solutions and key NFIs (plastic sheets, sleeping mats and kitchen sets) will be provided.

#### **Nutrition**

WHO and the State Ministry of Health (SMoH) are providing nutritional support to children and pregnant and lactating mothers. WFP—who had been providing nutritional services in Krinding IDP camp—will continue this support for the Krinding IDPs. UNICEF has mobilized nutrition in-patient kits for the stabilization centre in El Geneina to ensure treatment of children with severe acute malnutrition (SAM) and complications. To address maternal and child health needs, UNICEF is supporting the MoH with 700 cartons of ready-to-use therapeutic food (RUTF) and will support with transportation costs to deliver the supplies to where the displaced people are taking refuge. In collaboration with the SMoH, UNICEF has initiated a mid-upper arm circumference (MUAC) screening for children under 5 years.

#### **Protection**

UNHCR has facilitated a series of meetings with IDP representatives from all gathering/displacement centres, UN and partners. Centrality of protection, identification and prioritization of the most vulnerable IDP families for delivery of assistance and referrals were discussed. While delivery of assistance is ongoing, and referral mechanisms in place, United Peace Organization (UPO), joined UNICEF efforts in provision of specific and general psychosocial counselling.

During various activities in the field, most of the IDPs expressed their concern about the security situation and reluctance to return to the camps or their places of origin due to feeling of insecurity. Some of the IDPs have decided to leave for neighbouring Chad due to this insecurity. Other IDPs have expressed their concerns on the lack of privacy in the places of temporary displacement, lack of latrines and child friendly spaces. UNHCR, UNICEF in coordination with the SMoH and Ministry of Social Development (MoSD) are following up on these issues.

UNICEF is supporting the Youth Initiative for Support and Reunification of Children to establish five centres within the 23 displaced assembly points. In these centres, awareness sessions and collection of information on missing children will be carried out. UNICEF is also working with the State Council for Child Welfare (SCCW) as well as international and national partners to ensure that the safety and wellbeing of the most vulnerable children in El Geneina—mainly newly displaced children and those who are separated or unaccompanied. UNFPA has sent a gender-based violence (GBV) coordinator to El Geneina to ensure that the key needs of women and girls, especially those pregnant, are met. The GBV coordinator will ensure the proper positioning and mainstreaming of GBV throughout the response.

For child protection, humanitarian partners will prioritize family tracing of separated children and tracing of missing children as well as establishing child-friendly spaces.

#### **Water, sanitation and hygiene (WASH)**

There is an urgent need for sanitation services—especially latrines—in schools and IDP gathering points which are insufficient to meet the needs of the IDPs. The public water system cannot meet the increasing needs due to the lack of fuel to operate generators needed to operate the water pumps. In response, UNICEF and partners have provided three water tanks for water trucking and are supporting the distribution of soap and collection of waste from displacement sites. To address sanitation needs UNICEF is supporting the construction of latrines in targeted areas



and jerry cans and hygiene dignity kits are enroute to El Geneina. Acute watery diarrhoea (AWD) kits have also been delivered as well as two rented vehicles to strengthen monitoring and supervision of response. UNHCR has provided plastic sheets to support the construction of 50 emergency latrines.

## FEATURE (9 Jan 2020)

### Looting of the former UNAMID Super Camp in Nyala town, South Darfur

Thousands of people, allegedly from the nearby internally displaced persons (IDP) camps and residents of Nyala town between 27 – 29 December 2019 forcibly entered the former United Nations – African Union Mission in Darfur (UNAMID) Super Camp and started looting the compound. Roofs, windows, doors, air-conditioners and other building materials were dismantled and taken away on donkey carts, trucks and Rickshaws (tuktuks) towards Nyala town and other neighbouring localities.

This UNAMID Super Camp is one of the biggest UN mission compounds in South Darfur, which was handed over to the state authorities in a formal ceremony in November 2019, with the agreement that the premises and assets will be used for civilian purposes. Part of the Super Camp was reportedly going to be given to the University of Nyala. According to UNAMID, the Super Camp has assets worth approximately US\$100 million. Government security forces (Rapid Support Forces, police and military) had been guarding the camp since its handover and when the looting started these forces used tear gas to try to disperse the looters but failed to contain the situation and the looting continued.

A delegation from the Sovereignty Council and the Ministry of Foreign Affairs in Khartoum arrived in Nyala town on 1 January 2020 to assess the situation. The delegation visited the Super camp and held meetings with state authorities –including the Governor (Wali) and security committees—who have set up a special committee to investigate the incident.



*Looting of the former UNAMID Super Camp in Nyala, South Darfur State, Sudan*

## ANALYSIS (19 Dec 2019)

### UN visits Yabus in Blue Nile State following a decade of inaccessibility

United Nations World Food Programme (WFP) Executive Director, David Beasley, accompanied by teams from WFP's Sudan and South Sudan operations and leaders of the UN country team in Sudan have achieved a significant breakthrough in humanitarian access, by landing in Yabus, a town in the southern Blue Nile State where they witnessed a food distribution to conflict and flood-affected residents for the first time since September 2011. The UN team included the United Nations Children's Fund, Office for the Coordination of Humanitarian Affairs, World Health Organisation, United Nations Population Fund and United Nations High Commissioner for Refugees from Sudan. Parts



of southern Blue Nile have been inaccessible to UN agencies and most humanitarian groups since conflict that began in South Kordofan in May 2011 spilt over to parts of Blue Nile in September 2011.

The first UN humanitarian assistance in the area in nearly a decade was distributed by a WFP-led, UN inter-agency team. The UN team provided food to nearly 10,000 people in Yabus as well as health and education supplies made possible through the work of UN staff from Sudan and cross-border assistance from South Sudan. Yabus and some areas in the Blue Nile State were recently affected by floods, pests and diseases resulting in low farm harvests and leaving many of its residents short of food. The United Nations humanitarian agencies in Sudan will move forward together to provide sustained assistance to address food security, health, education and livestock health deficits in the area.



*WFP Executive Director, David Beasley visits Yabus town in Blue Nile State (WFP, December 2019)*

In October, Beasley visited Kauda in South Kordofan – the first UN visit to the area in nearly a decade. This followed months of negotiations with the new Government of Sudan, leaders of South Sudan and the Sudan People Liberation Movement North (SPLM-N) leader, Abdulaziz Al-Hilu. Following this visit, commitments were made to enable humanitarian access to the conflict-affected areas of Blue Nile and South Kordofan.

Sudan's economic crisis is affecting living conditions and pushing more people into poverty. Nearly 9.3 million people – one in four in Sudan – will need humanitarian assistance in 2020. Around 5.8 million people are food-insecure. That number could rise to more than 10 million if wheat and fuel subsidies are removed. The cost of food has more than doubled in the past year.

According to the December issue of the Food and Agriculture Organization (FAO) [Food Prices Monitoring and Analysis \(FPMA\) Bulletin](#), prices of locally grown sorghum and millet in Sudan increased in November in spite of the ongoing harvest, while prices of imported wheat rose further. Overall, prices of cereals were at record or near-record levels despite the above-average 2018 harvest and overall favourable prospects for the current crops. An ongoing nationwide government-led crop assessment, supported by FAO, will provide detailed production estimates in early 2020.

Despite the good 2019 production outlook, food prices remained under upward pressure and at exceptionally high levels due to the significant depreciation of the country's currency, coupled with fuel shortages and soaring prices of agricultural inputs, which inflated production and transportation costs. The weak currency, coupled with shortages of hard currency, restrained the country's ability to import food and non-food items, including wheat flour and fuel, thus causing shortages and higher prices, according to the FPMA Bulletin.

## FEATURE (19 Dec 2019)

### The early and timely response to the cholera outbreak saves lives and resources

On 2 September 2019, Blue Nile State Ministry of Health (SMoH) reported five suspected cholera cases from El Roseires hospital. The index case was reported from the Ganees Al Shareg area of El Roseires locality with the date of onset of symptoms being 28 August 2019. On 8 September, the Federal Ministry of Health (FMoH) declared a cholera outbreak in Blue Nile after receiving positive laboratory results confirming the presence of *Vibrio Cholerae* in four out of six samples collected from the affected state. The previous cholera outbreak 2016 -2018 started primarily in Kassala and Blue Nile states and eventually spreading to all 18 states across Sudan.

The response started as early as 2 September and on 11 September WHO/FMOH conducted the first joint health and WASH cluster meeting on cholera response in Blue Nile.

As of 17 December 2019, 346 suspected cholera cases (including 11 deaths) were reported from Blue Nile, Sennar, Al Gezira and Khartoum states, according to FMOH. The case fatality rate (CFR) is 3.2 per cent.

According to WHO, there are two scenarios or patterns that can play out in any cholera outbreak. One is characterized by delayed outbreak detection, laboratory confirmation and response. In this scenario/pattern, there is little room for control of the outbreak as by the time response starts the outbreak (and the number of new cases per day) is already in the downward trend.

Another scenario/pattern features early detection, lab confirmation and response. This scenario has a much larger opportunity to prevent new cholera cases, avert deaths and saves time and resources to be spent on response.

During the second half of September, WHO experts visiting Sudan had estimated that without proper and timely interventions there could be between 5,000 and 13,200 cholera cases within six months (between September 2019 and February 2020). The projections were created based on the pattern of previous cholera/AWD outbreaks from 2016-2018, which can be characterized as the “delayed outbreak detection and response” case.

The information available and latest figures indicate that the prompt response and mitigation measures by all health sector partners led by FMOH have resulted in a much lower total caseload and spread control, compared to the previous 2016-2018 outbreak when about 37,000 cases were reported and should be considered as a successful early detection and response case. Half-way through this period forecast period, the reported number of cholera cases is way below the projected scenario that the WHO expert team developed.

This is attributed to the early detection, reporting and early response and mitigation measures taken at the right time. Thousands of potential cholera cases were prevented, deaths were averted, and time and resources were saved.

This was mainly due to the following concrete actions and their implementation:

- A 3-month (October-December 2019) US\$20.3 million cholera readiness and response plan was developed.
- Early detection and announcement of the outbreak.
- Early mobilization of health partners and providing surge capacity to affected areas.
- Activation of the emergency operation centers (EOC) in affected states.
- Effective information sharing and reporting by the State Ministries of Health (SMoH) and FMOH.
- Early activation and support of cholera treatment centers and isolation wards with provision of cholera treatment kits.
- The first round of the oral cholera vaccination (OCV) campaign in eight high-risk localities in Blue Nile and Sennar states.
- This was complemented by aggressive WASH interventions, including water chlorination, sanitation and health and hygiene awareness campaigns.
- In 2019, the Sudan Humanitarian Fund (SHF) allocated \$11 million to floods and cholera outbreak response, with most of the relevant projects combined to respond to cholera cases.

The data on cholera cases shows that the cholera outbreak has been on a downward trend and since early November, 14 new cholera cases were reported, with 0 new cases reported during some weeks.

**Way forward and recommendations:**

The outbreaks of water-borne diseases, like cholera and AWD, usually follow the rainy season and the subsequent floods. Both 2016-2018 and 2019 outbreaks started after the rainy season and floods and the weekly number of cases for both peaked during the week 38 suggesting a convergence of various factors - rains, floods and contamination of water sources – during that particular time.

Looking ahead to 2020, the government and health partners can save lives, avert hundreds of cholera cases and save time and resources by acting early:

- Updating rainy season and floods response plans.
- Pre-positioning of essential medicine and supplies and kits.
- Ensuring the readiness of disease surveillance, availability of trained rapid response teams (RRTs), and sufficient laboratory capacity in states and at federal level for early confirmation of an outbreak.
- WASH interventions to minimize contamination and mitigate the cases.
- Allocate sufficient funds early to ensure the best return on investment.

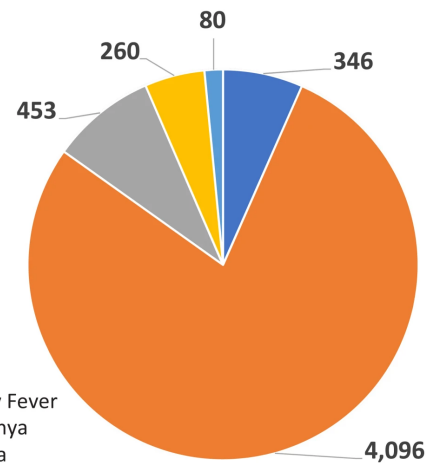
## TRENDS (19 Dec 2019)

### Trends in communicable diseases

Cases of diphtheria, dengue fever, rift valley fever (RVF), chikungunya and cholera continue to be reported across the country, according to the Sudan Federal Ministry of Health (FMOH).

As of 18 December, FMOH reported:

- 80 cases of diphtheria (including 12 deaths)
- 4,096 dengue fever cases (13 deaths)
- 453 Rift Valley fever cases (11 deaths)
- 260 chikungunya cases (5 deaths)
- 346 cholera cases (11 deaths)



*2019 breakdown of disease outbreaks in Sudan as of 18 December 2019*

The rise in malaria cases is closely related to the floods in Sudan this year, which were heavier and longer than usual – rainy season normally ends in September, but this year it lasted till October. The widespread presence of stagnant floodwaters offers breeding grounds for mosquitoes—which transmit diseases such as malaria, yellow fever and dengue. Government authorities and humanitarian partners are actively responding to these outbreaks across the country, providing health assistance, vaccinations were appropriate, and vector control interventions.

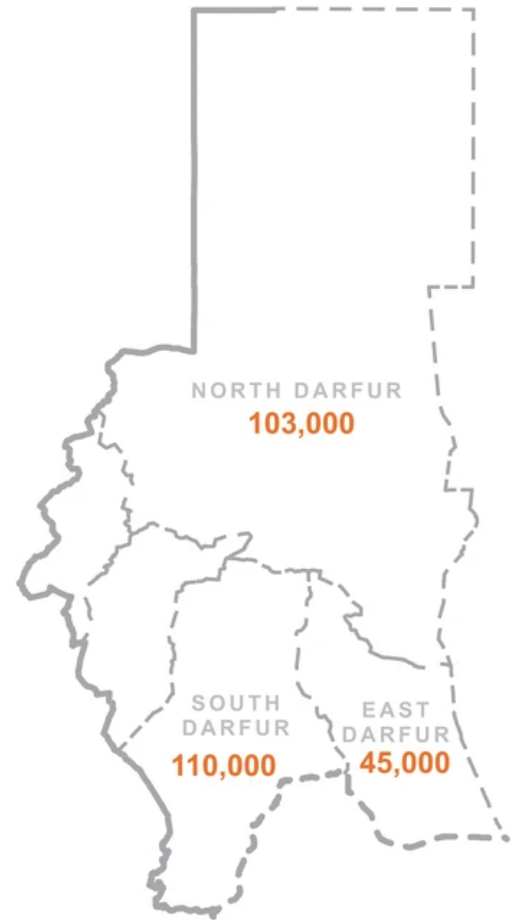
## FEATURE (12 Dec 2019)

### In 2019 malaria breached the epidemic threshold in Sudan

This year, malaria breached the epidemic threshold—when there is a sharp increase in malarial incidence rates among populations compared to previous years—accounting for 12.4 per cent of all diseases surveyed by the health sector (measles, dysentery, typhoid fever, acute watery diarrhoea, respiratory infections etc.) with a mortality rate of 13 per 10,000. This is a 30 per cent increase compared to the same period last year. Over 1.8 million cases of malaria were reported from across Sudan so far in 2019. Several states in Darfur region, White Nile, Khartoum and several other states are affected most. In November alone, about 250,000 cases of malaria were reported from Darfur, according to the Federal Ministry of Health (FMoH). This includes about 110,000 reported malaria cases in South Darfur, 103,000 cases in North Darfur, and about 45,000 cases in East Darfur. FMoH and WHO are leading country-wide comprehensive response to vector-borne disease outbreaks (malaria, dengue fever and chikungunya) covering 10 states, including five Darfur states. Malaria medicines have been distributed across all affected areas.

The rise in malaria cases is closely related to the floods in Sudan this year. The widespread presence of stagnant floodwaters offers breeding grounds for mosquitoes—which transmit the malaria parasite. These breeding grounds pose a further risk for other of vector borne diseases such as yellow fever and dengue. Government authorities and humanitarian partners have been actively mitigating the underlying causes of the disease including vector control and community awareness-raising. Meanwhile, while there are enough stocks of anti-malarial medicines at the national level, the availability of some malarial medicines, like Artemether + Lumefantrine, through the National Medical Supply Fund (NMSF) or through the National Health Insurance Fund (NHIF) was either low or not available in some states, but it was available in private sector. This was reported by the Essential Medicine, Availability and Affordability Survey in Sudan July 2019 FMoH/WHO.

According to the survey, medicine availability varied from 43 per cent at the National Medical Supply Fund (NMSF), 49 per cent at the National Health Insurance Fund (NHIF) and 59 per cent in private sector. The availability of medicines in 2019 was the lowest both in public and private sectors since 2012, according to the survey. According to the Central Bank of Sudan (CBoS) statistics, Sudan’s imports of medicine dropped sharply in 2018 after the economic crisis started in the beginning of that year. During January-September 2018, the imports of medicines dropped by 35 per cent compared to the same period of 2017. The level of medicine imports in 2019 remains similar to 2018 and is 34 per cent lower compared to the same period of 2017. The lack of drugs, particularly at primary health clinics, are having a negative impact on treatments available in clinics. This is increasing the pressure on clinics and other health facilities run by NGO partners where medicines and treatment are more easily available.

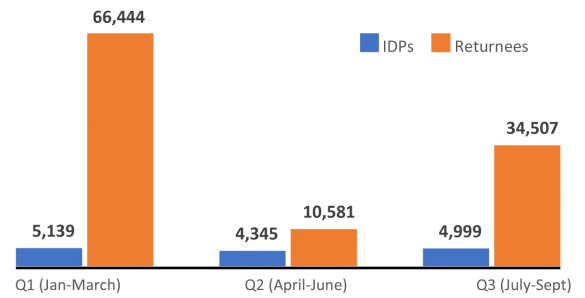


*Number of reported malaria cases in Darfur region of Sudan*

**FEATURE** (5 Dec 2019)

**IOM registers 14,500 IDPs and 111,500 returnees across the country in January-September 2019**

In the first three quarters of 2019, the International Organization for Migration (IOM) registered 14,500 IDPs and 111,500 returnees in six states in Sudan. The highest number of IDP registrations was in South Darfur (5,800 people) and the highest number of returnees registered was in North Darfur (44,500 people). Returns have been recorded in all Darfur states, most likely due to the improved security, cessation of hostilities and peace-building initiatives of the Government of Sudan and partners.



Registration of IDPs and returnees by quarter

There are still concerns about services in return areas, which often lack even the most basic of services that can impact the sustainability of these returns. The Government with the assistance of partners will need to ensure that return locations have the necessary basic services, including, protection, water, sanitation, hygiene, health, nutrition and education.

IOM uses the displacement tracking matrix (DTM) system to track and monitor displacement and population movements. It is designed to regularly and systematically capture, process and disseminate information to provide a better understanding of the movements and evolving needs of displaced populations, whether on site or en route. It is comprised of four distinct components; namely, mobility tracking, registration, flow monitoring and surveying. Registration data is used for beneficiary selection, vulnerability targeting and programming.

The DTM methodology refers to the following definitions:

- IDPs are considered all Sudanese persons who have been forced or obliged to flee from their habitual residence since 2003 and subsequently sought safety in a different location.
- Returnees are considered all Sudanese persons who were previously displaced from their habitual residence since 2003 and have now voluntarily returned to the location of their habitual residence—irrespective of whether they have returned to their former residence or to another shelter type.

*Click here for the IOM Sudan DTM report, Quarter 1 ([January – March](#)) Click here for the IOM Sudan DTM report, Quarter 2 ([April – June](#)) Click here for the IOM Sudan DTM report, Quarter 3 ([July – September](#))*

*OCHA coordinates the global emergency response to save lives and protect people in humanitarian crises. We advocate for effective and principled humanitarian action by all, for all.*

<https://www.unocha.org/sudan>

<https://reliefweb.int/country/sdn>

<https://www.humanitarianresponse.info/en/operations/sudan>

[About](#) [Privacy policy](#) [Copyright notice](#)

