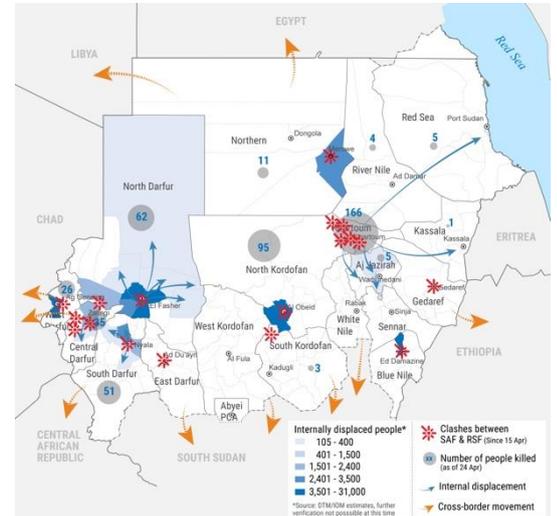


HIGHLIGHTS

- Fighting between the Sudanese Armed Forces (SAF) and Rapid Support Forces (RSF) has been ongoing for 14 consecutive days, with devastating consequences for civilians, who have been killed, injured and forced to flee their homes as a result of the conflict.
- There have been further reports of killing of civilians—including medical personnel—and looting of humanitarian and health premises in Ag Geneina, West Darfur.
- More than 75,000 people have been internally displaced in Sudan, mainly in Khartoum, Northern, Blue Nile, North Kordofan, North Darfur, West Darfur and South Darfur states, and this number is expected to rise in the days ahead, as the full extent of displacement becomes known.
- Sixty-one per cent of health facilities in Khartoum are closed, and only 16 per cent are operating as normal, leaving millions of people without access to health care.
- Humanitarians are delivering assistance wherever and whenever possible, including supporting health and nutrition programmes in Blue Nile.



SITUATION OVERVIEW

Fighting between the Rapid Support Forces (RSF) and the Sudanese Armed Forces (SAF) has continued for 14 consecutive days since 15 April, despite the announcement of an extension of the ceasefire for an additional 72 hours from the evening of 27 April. Tensions remain high in Al Obeid in North Kordofan, with reports of heavy shooting and airstrikes. In Ag Geneina, West Darfur, the situation is alarming, with further reports of killing of civilians, including medical personnel, on 27 April. The main referral hospital in the state—Ag Geneina Teaching Hospital—has been directly affected by the fighting in the city, according to Médecins Sans Frontières (MSF), and most of the private clinics and pharmacies are out of service due to the violence.

Goods are becoming scarce in the hardest-hit urban centres, especially Khartoum, and many civilians are struggling to access water, food, fuel and other critical commodities. The cost of transportation out of conflict-affected areas has risen exponentially, leaving the most vulnerable unable to afford ticket prices. Telecommunications and internet connectivity have been affected by the lack of fuel and damage to infrastructure.

People in urgent need of health care—whether for trauma or pre-existing conditions—are unable to access it in many areas, increasing the risk of death for those injured during the war, as well as those with other health complications. One quarter of the lives lost since the conflict began could have been saved with access to basic haemorrhage control and if paramedics, nurses and doctors had access to injured civilians, according to the World Health Organization (WHO). In Khartoum, 61 per cent of health facilities are closed, and only 16 per cent are operating as normal. Many patients with chronic diseases, like kidney disease, diabetes and cancer, are unable to access the health facilities or medicines they need. The risk of diarrhoeal diseases is high, as water supply is disrupted, and people are drinking river water to survive. Since the conflict began, WHO has verified 25 attacks on health, killing 8 people, injuring 18 and undermining the functioning of the impacted health facilities. Power cuts are threatening to make the limited remaining blood stored in the Central Blood Bank unusable, according to WHO, while the cold chain that keeps vaccines viable has been affected by constant cuts in power and fuel, putting at risk the lives of millions of children in a country where vaccination rates were already falling, according to a [statement](#) by United Nations’ Children’s Fund (UNICEF), Save the Children and World Vision.

The conflict is having a dramatic impact on children. Children have been killed and injured, while the hostilities are causing displacement and further exposing children to potential grave violations, including recruitment and use by armed groups, as well as sexual violence. School closures have forced millions of children from their classrooms, in a country where 7 million children were not in school and some 70 per cent of 10-year-old children were unable to read before the conflict began, according to UNICEF, Save the Children and World Vision’s [statement](#).

Reported cases of sexual violence are surging, particularly among displaced people who are on the move, seeking shelter and safety, according to women-led organizations in Sudan. Gender-based violence (GBV) services and supplies have been severely impacted, especially in Khartoum, and Blue Nile and Darfur States. Before the conflict, about 76 organizations were providing GBV-related services in Sudan—half of them local organizations, including community-based protection networks. Sudanese women from different regions have come together and issued a statement condemning the war and calling for an immediate cease fire and the opening of safe routes to evacuate the wounded and allow civilians to buy food and critical supplies.

People continue to flee from conflict-affected areas to other localities of Sudan. More than 75,000 people have reportedly been internally displaced within Sudan between 15 to 22 April, mainly in Khartoum, Northern, Blue Nile, North Kordofan, North Darfur, West Darfur and South Darfur states, according to the International Organization for Migration (IOM).

In West Darfur, the violence since 24 April has reportedly forced people from Ag Geneina to move out of the town, according to IOM's Displacement Tracking Matrix (DTM), and about 3,500 people (700 households) reportedly fled Foro Burunga Town across the border to Chad, due to fears of escalating insecurity. In North Darfur, IOM teams have received preliminary reports of up to 17,000 people displaced, mainly due to fighting in Al Fasher and Kebkabiya towns in the early days of the conflict. In South Darfur, up to 37,000 people are estimated to have been displaced across Nyala town, with reports of residents evacuating neighbourhoods affected by fighting, and markets and other community facilities being burned to the ground.

Refugees from other countries who were living in Sudan when the conflict erupted have also been displaced by the fighting. About 33,000 refugees have reportedly fled Khartoum to find safety in the refugee camps in White Nile State, 2,000 to the camps in Gedaref and 5,000 to Kassala since the crisis started unfolding two weeks ago, according to UNHCR.

People are also fleeing to neighbouring countries, including Central African Republic (CAR), Chad, Egypt, Ethiopia, the Kingdom of Saudi Arabia (KSA), and South Sudan. In Ethiopia, more than 4,700 arrivals were recorded in Metema between 21 April and 26 April, according to IOM, with more than 1,000 arrivals reported per day since 24 April. Those arriving to Ethiopia from Sudan are from over 45 nationalities; the largest group are Turkish nationals (32 per cent), followed by Ethiopians (16 per cent), Sudanese (9 per cent) and Somalians (8 per cent). Fourteen per cent of arrivals are children. South Sudan, meanwhile, has received more than 5,000 people, most of them South Sudanese returnees. About 3,000 people have reportedly crossed the Sudan border into Am-Dafock in CAR and are living in spontaneous settlements.

HUMANITARIAN RESPONSE

Humanitarians continue to deliver wherever and whenever possible. WHO has stocks of essential medicines, blood bags, supplies for surgery and trauma care waiting for delivery once access is safe. Médecins Sans Frontières (MSF) continues to treat people where possible, including in Al Fasher, and was able to donate medical supplies to a health facility in Khartoum on 23 April. International Medical Corps (IMC) is continuing to support the operations of 65 health facilities in five states, providing staffing support, medical consumables, supplies and pharmaceuticals.

Refugee camps in Gedaref, Kassala, White Nile and Blue Nile, as well as refugee settlements in South and West Kordofan, are still receiving essential services, including health and water, according to UNHCR. In Gedaref, partners are providing life-saving services to refugees and the host community. In Blue Nile, humanitarian partners have been able to keep integrated health and nutrition programmes running.

Local organizations and networks are providing support to people facing GBV, but with very little funding. Response for now is largely focused on remote service provision/programming, and some counsellors are offering voluntary support to undertake remote psychosocial services, according to UNFPA.

In multiple neighbouring countries, humanitarian organizations are responding to the immediate needs of those arriving from Sudan. In CAR, a mobile emergency response team has deployed to Am-Dafock to provide, among others, medical and nutrition response. In Chad, where about 20,000 new arrivals have been recorded, several organisations urgent additional funding is required to meet people's urgent needs and the Emergency Relief Coordinator (ERC) Martin Griffiths has allocated an initial \$3 million from the UN Central Emergency Response Fund (CERF) for an urgent response to the arrival of Sudanese refugees and others in Chad.

BACKGROUND ON HUMANITARIAN NEEDS IN SUDAN

Before the conflict erupted, humanitarian needs across Sudan had reached record levels, with 15.8 million people—about a third of the total population—requiring humanitarian assistance, according to the 2023 Humanitarian Needs Overview (HNO). This is 1.5 million more people in need of humanitarian assistance than in 2022, the highest since 2011. Prior to the current conflict, humanitarian organizations aimed to reach 12.5 million of the most vulnerable nationwide with some form of humanitarian assistance. However, under-resourcing was a major constraint, with the Humanitarian Response Plan just less than 14 per cent funded.