

A conflict surge threatens millions to slide into worst levels of acute food insecurity and malnutrition.

The food security and nutrition situation in Sudan has deteriorated significantly amidst escalating conflict, raising major concern. The IPC analysis released in December 2023 projected that, between October 2023 and February 2024, 17.7 million people in Sudan (37% of the population) faced high levels of acute food insecurity (IPC Phase 3 or above), of which 4.9 million (10%) were in IPC Phase 4 (Emergency). The unprecedented levels of acute food insecurity recorded by the IPC in 2023 have been driven by the devastating conflict that engulfed the country.

Security threats, roadblocks and protection concerns limit both the humanitarian response and assessments. Due to data gaps in hotspot areas and connectivity challenges, the Sudan IPC Technical Working Group (TWG) has not been in a position to update the IPC analysis released in December 2023. Consequently, this alert has been developed based on the review of the latest evidence available and issued to express major concern regarding the deteriorating situation; and advocate for stakeholders to act immediately to prevent famine.

Since this IPC exercise, there has been a significant escalation of the conflict among armed factions and a rise in organized violence beyond the initial IPC assumptions made in previous analyses.

These developments are heavily impacting the densely populated central, southern and western parts of Sudan. With the onset of the lean season from April onwards, food insecurity and acute malnutrition are expected to further worsen.

Khartoum and Gezira States, as well as Greater Darfur and Greater Kordofan, could face catastrophic outcomes in case of further intensification of the conflict, sustained displacements, and limited to no humanitarian access to provide supplies and services to the population in need. Of highest concern are North Darfur State and Khartoum States, including Omdurman locality, as well as areas in greater Darfur hosting Internally Displaced Persons (IDPs) in overcrowded camps.

Sudan has the largest number of IDPs in the world, with over 6.5 million displaced within the country. An additional 2 million people sought refuge in neighbouring countries (DTM). As dramatic as the high level of displacement, is the inability to relocate to safer areas for the population trapped in areas of high conflict intensity, such as Zamzam camp in El Fasher and some areas neighbouring Khartoum. This is exacerbated by high travel costs.

Humanitarian food, nutrition, Water, Sanitation, and Hygiene (WASH) and health assistance are significantly limited by a severe shortage of funds - with 45% of the Humanitarian Response Plan (HRP) funded in 2023 and only 5% in 2024 (OCHA Financial Tracking Service), combined with poor humanitarian access in areas of high conflict intensity.

Fighting in the country's primary crop production areas, during the peak of the harvest season severely reduced cereal production, estimated to be 46% lower than the previous year, with yield reductions up to 80% in Greater Kordofan and Greater Darfur. In West Darfur State, insecurity during the planting season has led to complete crop failure (CFSAM). Despite the relative functionality of markets, food prices are 73% higher than in the same period last year and 350% above the five-year average (WFP and FEWS NET). This is further compounded by the devaluation of the Sudanese currency.

About 70% of health facilities in the conflict-affected areas are either non-functional, burnt down, or destroyed, with staff fleeing to safer areas (WHO). This further aggravates the risk of death for children from

displacement and disease outbreaks of measles, malaria and cholera (having already reached 11,000 cases (Ministry of Health). Shortages of medical and nutrition supplies, insufficient access to clean water, sanitation and hygiene supplies and services, and overburdened health services in IDP catchment areas are increasing the risk of death from preventable or treatable diseases.



As of March 2024, a total of 4.86 million people are estimated to be acutely malnourished, of whom 3.66 million are children under five and 1.2 million are pregnant and lactating women. This reflects an increase of over 22% compared to the beginning of 2023 (UNICEF).

Without an immediate cessation of hostilities and significant deployment of humanitarian assistance (pending both sufficient funding and immediate and unhindered access to the population in need) the population of Khartoum and Gezira States, Greater Darfur and Greater Kordofan, is at risk of reaching the worst levels of acute food insecurity and malnutrition during the upcoming lean season starting from April – May 2024. Immediate action is thus required to prevent widespread death and total collapse of livelihoods and avert a catastrophic hunger crisis in Sudan.

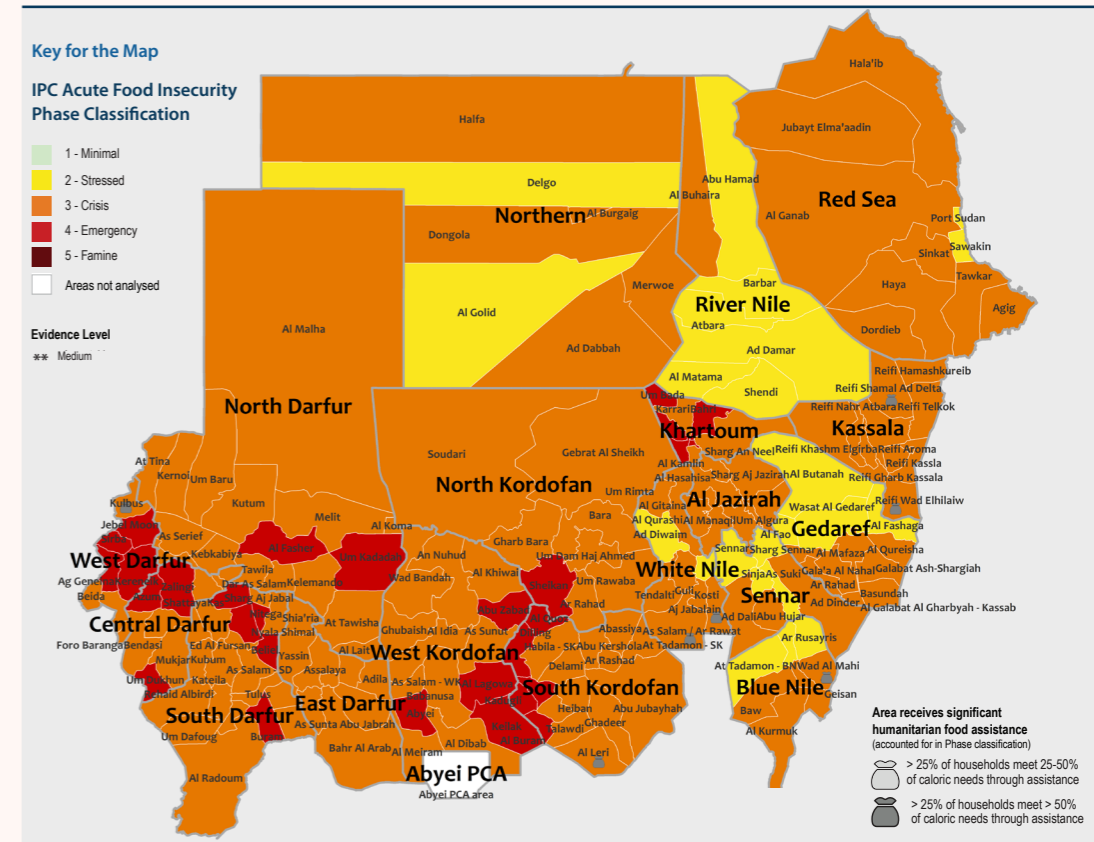
Key Driver - Hostilities

Conflict has led to the displacement of 6.5 million people inside Sudan and an additional 2 million people seeking refuge in neighbouring countries. Over 1 million people were displaced between November 2023 and March 2024 alone. In December 2023, the conflict spread to Al Gazira State, displacing hundreds of thousands of people. While the intensity of the conflict slightly reduced in parts of western Sudan, White Nile, North Darfur, West Kordofan and South Kordofan have experienced an intensification of hostilities.

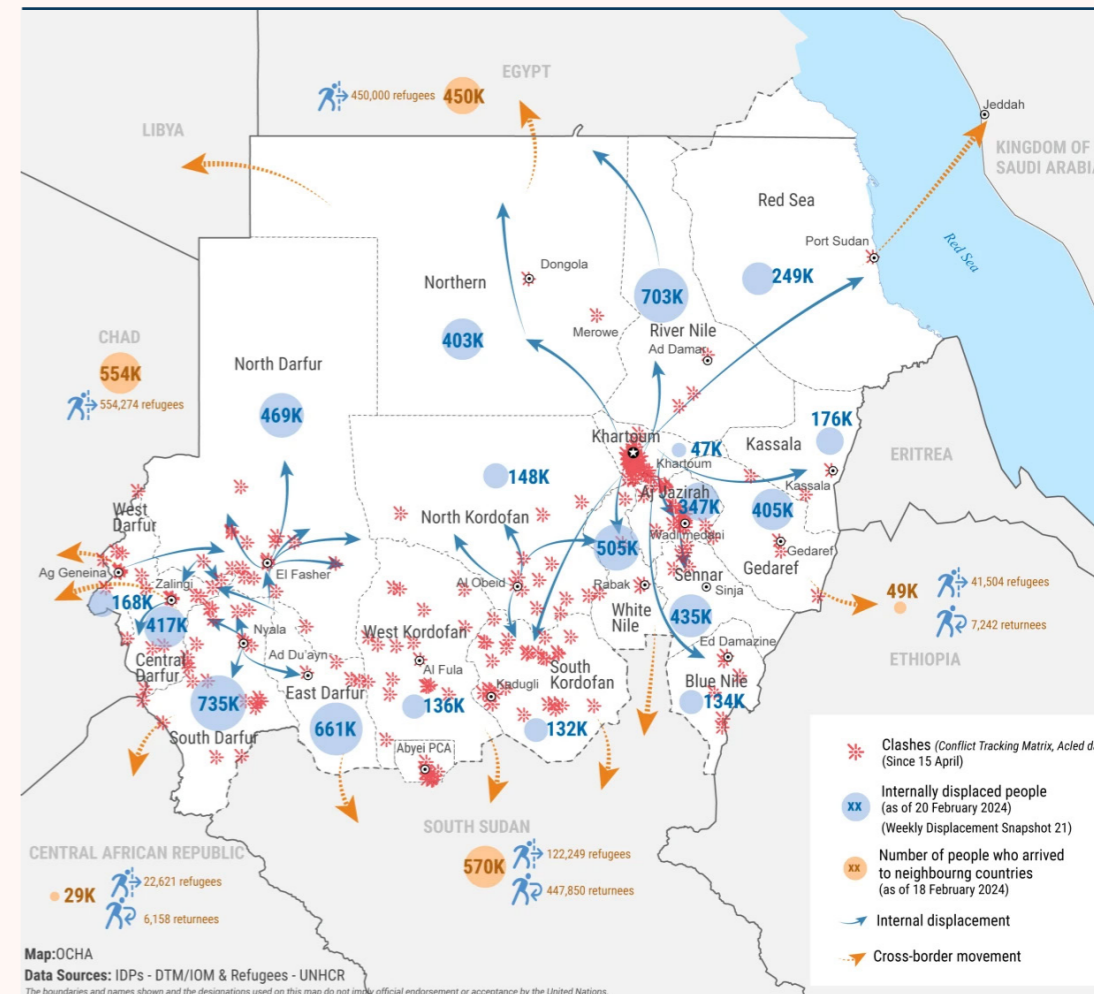
Recommended Actions

-  **Immediate ceasefire and unhindered humanitarian access**
Cessation of hostilities and unrestricted and safe humanitarian access are needed to avert a catastrophic hunger crisis in Sudan.
-  **Resources for integrated multisectoral programming**
Mobilization of resources for adequate multisectoral humanitarian response is critical to prevent a humanitarian catastrophe.
-  **Lifesaving humanitarian response**
Provision of safe, nutritious and sufficient food as well as nutrition, health and WASH supplies and services, is essential to alleviate acute food insecurity and malnutrition and prevent widespread deaths.
-  **Malnutrition treatment**
Provision of complimentary foods and micronutrient supplements for young children, pregnant and lactating women, the chronically ill, and the elderly is also essential.
-  **Livelihood support**
Provision of essential life-sustaining agricultural livelihood support and opportunities, including for agricultural and livelihood activities, through creation, building, or rehabilitation of assets is needed to promote livelihood recovery.

Acute Food Insecurity Map | October 2023 - February 2024 (IPC analysis completed in December 2023)



Number of people displaced by the conflict as of 23 February 2024, Source: OCHA



Acute Food Insecurity

The 2023 cropping season's performance was negatively impacted by conflict, the irregular distribution of rain and the high cost of inputs. Significant production reductions, up to 80% less yield than normal, were observed in Greater Kordofan and Greater Darfur regions. National cereal production in 2023 is estimated to be 46% lower than the previous year, with sorghum, millet, and wheat outputs significantly reduced. The country faces a major food deficit in 2024 (CFSAM).

The movement of commodities, including food, is difficult, contributing to the declining availability of market supplies and high and rising prices of locally produced and imported essential commodities, particularly in Greater Darfur and Greater Kordofan.

Alternate long-distance unpaved routes are being used resulting in increased costs, with high fuel prices also generating higher consumer prices. Although the majority of markets have remained at least partially functional, food access has thus been more restricted than anticipated due to significantly higher prices of basic commodities. Staple food prices have followed atypically rising trends during the post-harvest season: on average, the price of sorghum in February was 34% higher compared to October 2023, 73% higher than at the same time last year (February 2023), and 350% above the five-year average average (WFP and FEWS NET).

Acute Malnutrition

Millions of people, including vulnerable children and pregnant or breastfeeding women (PBW), are currently enduring dire conditions in overwhelmed, makeshift shelters or crowded collective sites. These environments lack adequate sanitation, heightening the risk of disease outbreaks and exacerbating acute malnutrition. In 2024 alone, a staggering 4.86 million individuals are estimated to be acutely malnourished, of which 3.66 million are children under five and 1.2 million are pregnant and lactating women, representing a significant 22% increase within just one year.

The Zamzam camp in North Darfur State epitomizes the crisis, with a very high share, i.e. 23.1% of children 6-59 months suffering from wasting, including 7.1% from severe wasting. Additionally, 40% of PBW exhibit malnutrition, indicating widespread vulnerability. Alarming high mortality rates further underscore the need for urgent intervention, with 2.5 deaths per 10,000 individuals and 2.3 deaths per 10,000 children under five (all causes) reported daily (MSF).

In other states such as Blue Nile and Gedaref, recent surveys reveal a deteriorating nutrition situation compared to previous assessments. In Baw and Geissan localities, Global Acute Malnutrition (GAM) prevalence has risen from 3.04% to 9.6% and from 3.91% to 14.0%, respectively. Similarly, Severe Acute Malnutrition (SAM) prevalence in these states remains alarmingly high (Nutrition partners). Localized programme screenings show very high prevalence, in some places reaching 50 per cent of children were found to be acutely malnourished (UNICEF).

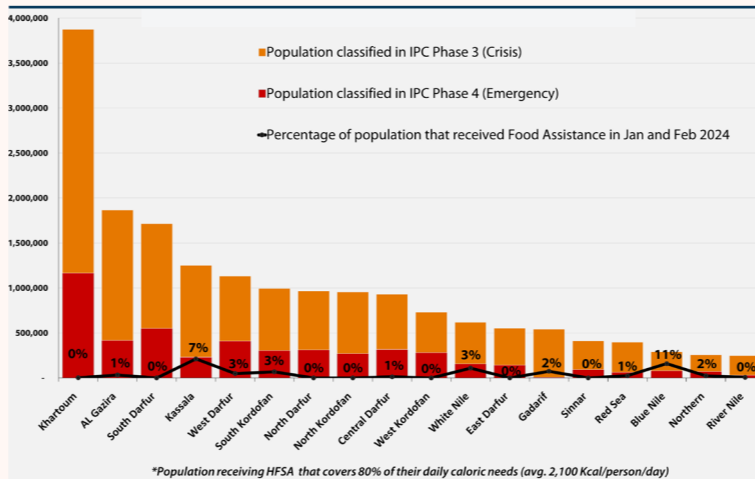
In areas where access is challenging, underlying factors such as food poverty and inadequate diets contribute significantly to the looming nutrition crisis. The scarcity of essential resources like healthcare and clean water exacerbates the situation, leaving vulnerable populations at heightened risk. Populations in these areas do not have adequate access to critical nutrition, health and WASH supplies, thereby obstructing an effective and timely response to the increasing nutrition needs.

Without prompt and coordinated action addressing drivers of acute malnutrition, the potential for significant loss of life is imminent. It is therefore imperative to urgently implement a multisectoral humanitarian response to prevent a catastrophic outcome and alleviate the suffering of those caught in the midst of the conflict.

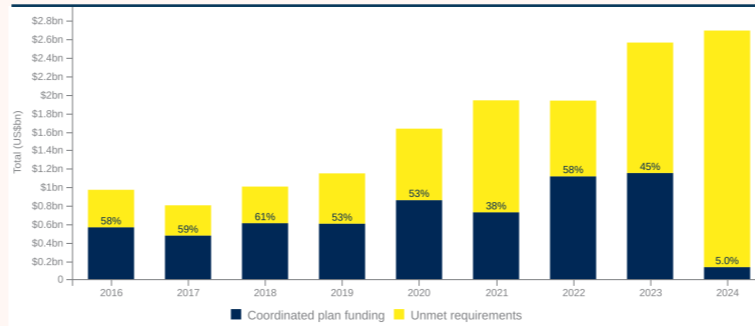
Focus on Humanitarian Assistance

The delivery of humanitarian assistance remains extremely challenging, with access to parts of Greater Darfur, Greater Kordofan, and Gezira State severely hampered by both insecurity and logistical challenges. Assistance has yet to resume in Gezira State, and all crossline movements have remained suspended since the attacks on Wad Madani in mid-December 2023 (OCHA). In late February 2024, the Sudanese government's temporary ban on flows from this border seriously affected cross-border access from Chad, with significant consequences for the Greater Darfur region. In most states, humanitarian food security assistance reached a much lower caseload compared to the estimated number of people in IPC Phase 3 or above. In the most affected areas in Darfur, Khartoum, and Kordofan, the number of people reached is even below the estimated population in IPC Phase 4 (Emergency). While access to these areas is a highly limiting factor, it is important to note that 95% of the funding requirements for the 2024 Humanitarian Response Plan remain unmet (OCHA FTS).

Humanitarian Food Security Assistance coverage | January - February 2024



Trends in coordinated plan requirements | as of March 2024
Source: OCHA Financial Tracking Service



Monitoring

The extremely volatile situation in Sudan requires near real-time monitoring and updates to inform an appropriate and adaptable response. Security threats, roadblocks, intermittent communication, and protection concerns pose major challenges to data collection and situation monitoring. The Sudan IPC Technical Working Group plans to conduct a new IPC analysis by May 2024. However, humanitarian access to hard-to-reach areas may remain a major challenge, hampering the capacity of the IPC Technical Working Group to provide a granular analysis for these areas.

IPC Analysis Partners

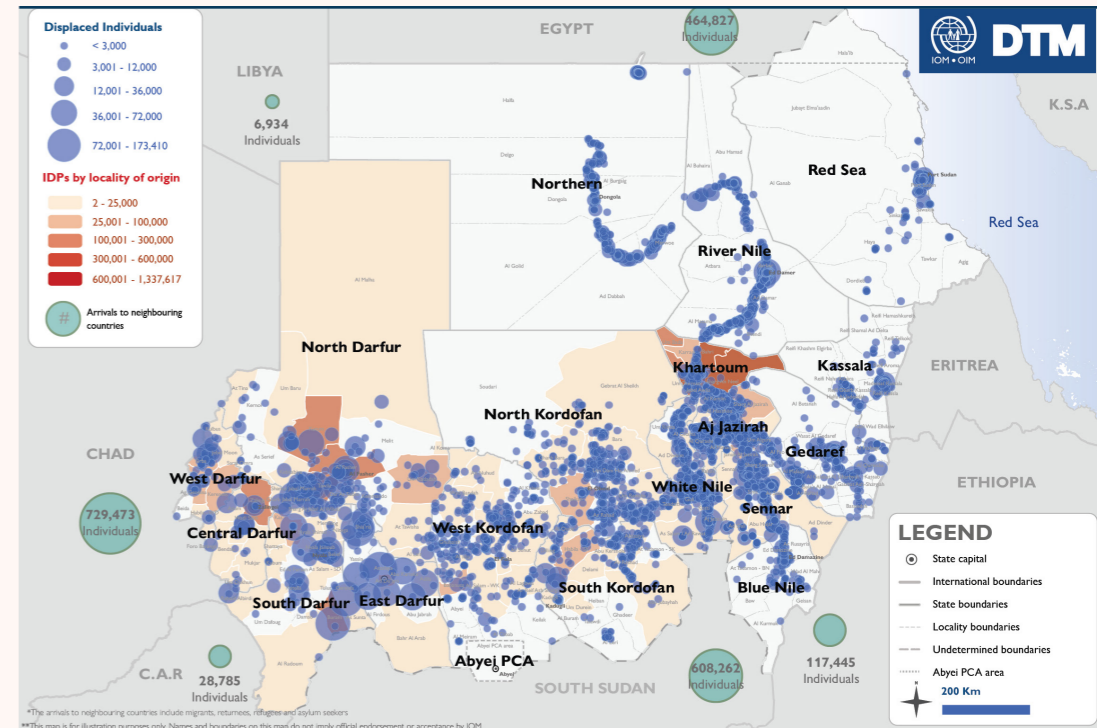


Focus on Displacement

The conflict triggered the displacement of over 6.5 million people within the country, with over 1 million people becoming internally displaced between November 2023 and March 2024. The highest numbers of IDPs are observed in the Greater Darfur area (3% of the displaced, 2.5 million people), the northern states (21%, 1.37 million people) and Greater Kordofan (7%, 460,000 people). About 3.5 million people have fled Khartoum. Two-thirds of the IDPs are living in host communities, the rest are accommodated in public buildings, informal or informal/improvised shelters (mainly). Nearly 2 million people have sought refuge in Chad, South Sudan, Egypt, Uganda and Libya (DTM). The conflict dynamics generate barriers to the movement of people from the areas subject to heavy fighting to the relatively secured areas. This has been a particular challenge for the IDPs fleeing Darfur and Kordofan areas to central Sudan due to tensions in Gezira State as well as for the Gezira residents who were seeking safer locations while trapped in Sinnar State.

Displacement across Sudan and into neighbouring countries since 15 April 2023

Source: DTM IOM



Outlook

Due to lack of evidence on food security and nutrition outcomes for parts of Greater Darfur, Khartoum, and Greater Kordofan States, it is extremely challenging to conduct a new IPC analysis. Yet, the localized information available point to an extremely alarming situation. The lean season will soon approach and last until September 2024, in a context of high intensity conflict, scarce food availability, skyrocketing prices in all sectors, despite the ongoing efforts of humanitarian actors.

Continued conflict and lack of humanitarian access will likely compound heightened vulnerabilities and extremely limited food availability, access, and utilization, as well as access to healthcare, water, and sanitation. In the upcoming months, there will be an extremely high risk of disease outbreaks amidst malfunctioning health systems, inadequate humanitarian support, and medical staff fleeing for safety. This will likely contribute to the increase of child deaths from preventable diseases (cholera, measles, and malaria). Acute malnutrition will continue to deteriorate with a significant impact on child mortality.

An immediate cease-fire and scale-up of humanitarian assistance is required to avert a deterioration to catastrophic levels of acute food insecurity and malnutrition for millions of Sudanese.