

COLLECTIVE CALL TO ACTION

PREVENTING THE LOOMING HUMANITARIAN CATASTROPHE IN SUDAN AS THE LEAN SEASON BEGINS

On 15 April 2023, armed conflict broke out between the Sudanese Armed Forces (SAF) and the Rapid Support Forces (RSF). As the conflict approaches its one-year mark, Sudan faces one of the worst humanitarian crises in recent history, with the escalation of the conflict threatening to push millions into the worst levels of acute food insecurity and malnutrition. Humanitarian actors urgently need unimpeded and sustained access, both across conflict lines within Sudan and across borders from neighbouring countries, to respond to the rapidly escalating multi-sectoral needs. Agriculture-based livelihood assistance must be scaled up to boost the production of key staple cereals, mainly sorghum and millet, and cash crops such as sesame during the next planting season, which is due to commence in June 2024. This necessitates a prompt and substantial increase in humanitarian funding, which up to now has failed to match the scale and severity of the needs of the Sudanese people.

The food crisis in Sudan is expanding and deepening. Based on the [IPC analysis released in December 2023](#), an estimated 17.7 million people in Sudan faced high levels of acute food insecurity (IPC Phase 3 or above) between October 2023 and February 2024 – the highest number ever recorded during a harvest season. Since the beginning of 2024, the armed conflict has intensified and spread to new areas, significantly escalating food insecurity beyond the assumptions made at the time of the IPC analysis. At the end of March 2024, [IPC issued an alert](#) warning that without an immediate cessation of hostilities and a significant increase in humanitarian assistance, millions of people risk the worst levels of acute food insecurity and malnutrition.

Widespread insecurity, especially in the Greater Darfur and in the Greater Kordofan regions, along with the limited availability and high cost of agricultural inputs, resulted in a poor performance of the 2023 cropping season. This was further compounded by an erratic spatial and temporal distribution of seasonal rains, and prolonged dry spells in southeastern key-producing areas. According to FAO, the national production of cereals (sorghum, millet and wheat) is estimated at about [1.4 million tonnes](#). This is 46 percent below the output obtained in the previous year and about 40 percent below the average of the previous five years. Notably, in West Darfur State, where three episodes of mass atrocities in 2023 resulted in substantial and repeated displacements, with 330 000 internally displaced people reported to have been re-displaced, a total failure of the cropping season was reported. Due to this sharp reduction in cereal production, the lean season, which normally begins in June, has started as early as in March.

[FEWS NET assesses](#) that Crisis (IPC Phase 3) outcomes will be widespread, while Emergency (IPC Phase 4) outcomes will expand significantly across Greater Darfur, Greater Kordofan, Kassala, Khartoum, Red Sea and parts of the southeast through the lean season. Catastrophe (IPC Phase 5) outcomes are expected among households in parts of West Darfur, Khartoum, and among displaced populations, especially in hard-to-reach areas of Greater Darfur. If the conflict continues to escalate, further disruptions to livelihoods, trade, and humanitarian assistance delivery, combined with severely restricted options for households to migrate in search of food and income, could lead to extreme food consumption gaps, acute malnutrition and an escalation in mortality beyond what is currently anticipated. If the worst comes to the fore, the criteria for risk of Famine (IPC Phase 5) may be met in parts of West Darfur, Khartoum, and areas of Greater Darfur with high concentrations of protracted and often repeatedly displaced persons.

With planting during the upcoming agricultural season expected to be below average due to insecurity, large-scale displacement, and anticipated lack of access to finance and agricultural inputs, a higher number of households are expected to rely more on humanitarian assistance and markets for their food consumption. This is at a time when food is already increasingly unaffordable to large sections of the population, due to escalating price trends. Between March 2023, immediately before the conflict broke out, and February 2024, prices of sorghum and millet more than doubled.

The generally deteriorating economic conditions are further limiting households' purchasing power. Sudan's economy was already in crisis prior to the mid-April 2023 outbreak of conflict and remains so with [high inflation rates, estimated to be above](#)

4.86 million

malnourished children, pregnant and lactating women

8.65 million

displaced persons

[500 percent](#), shortage of foreign currencies and rapid local currency depreciation. The IMF projects that the economy of Sudan will contract by [18.3 percent](#) in 2024.

Meanwhile, acute malnutrition prevalence in the country is now estimated to be the highest across the globe, with [4.86 million people](#) in the country estimated to be acutely malnourished, including 3.66 million children under the age of five years and 1.2 million pregnant and lactating women. This represents a more than 22 percent increase compared to the same time in 2023. The most recent assessments conducted in March 2024 across 47 localities indicate [critical global acute malnutrition \(GAM\) rates \(>15 percent\), above the Emergency threshold, in 18 localities, while serious GAM rates \(10-14.9 percent\) are noted in 11 localities](#). These results show a significant deterioration when compared to the screening conducted in October 2023.

As the conflict intensifies weaknesses in Sudan's health system, healthcare needs are significantly increasing, characterised by cholera, measles, dengue and malaria outbreaks, among other public health challenges. This is amidst discontinued critical health services due to attacks on health facilities, restricted access to those still in operation, shortage of staff, and a lack of medical equipment and supplies due to supply chain disruptions. Currently, [between 70-80 percent of health facilities in the conflict-affected areas are either not functional or inaccessible](#), depriving a significant proportion of the population of essential healthcare services. Massive destruction of healthcare infrastructure, especially in Khartoum and the Darfur region, has been observed. For malnourished children in areas like these, where access to healthcare is extremely limited, diseases like diarrhoea, pneumonia and measles, are now posing a significant threat to their lives.

Sudan is now the largest and fastest growing displacement crisis across the world. About [8.65 million people have been displaced since 15 April 2023](#), with 6.62 million internally displaced, and 2.03 million displaced to neighbouring countries. The cross-border impacts of the conflict continue as its neighbours such as the Central African Republic, Chad, Egypt, Ethiopia and South Sudan record surging refugee arrivals, with the majority of arrivals being reported in Chad (36 percent), South Sudan (31 percent) and Egypt (25 percent). Even before the conflict, these countries were already grappling with other crises, including acute food insecurity crises of their own, large numbers of displaced populations, conflict, political upheavals, and economic challenges.

In South Sudan and Chad, in particular, critical services and resources in areas receiving and hosting refugees are overwhelmed, and humanitarian responses are at breaking points, resulting in increasingly appalling living conditions for millions of vulnerable populations who face a daily struggle to survive. In South Sudan, returnees and refugee arrivals at transit centres face critical needs for food, health and nutrition, water, sanitation and hygiene (WASH) services, shelter, and protection. This at a time when [56 percent](#) of the South Sudanese population is already facing Crisis or worse levels of acute food insecurity (IPC Phase 3 or above), with returnees accounting for [35 percent](#) of those expected to face Catastrophe (IPC Phase 5). Proxy malnutrition rates among refugees and returnees at the transit centres in Renk are considered to be alarmingly high, indicating a decline in nutrition status post-border crossing. Adding to this bleak picture is the likelihood of the expanding conflict adding to the already unprecedented numbers of forcibly displaced persons.

Humanitarian needs in Sudan have reached new, alarming highs and are likely to escalate steeply during the lean season. As of 10 April, the 2024 Sudan Humanitarian Response Plan (HRP) is only 6 percent funded, severely limiting humanitarian agencies' capacity to respond. As millions already face acute food insecurity and malnutrition, and with millions more expected to see their food security rapidly deteriorate, urgent global solidarity is imperative to prevent a total collapse of livelihoods and mitigate the looming humanitarian catastrophe. Most importantly, an immediate ceasefire, and unrestricted and safe humanitarian access are required to guarantee the delivery of humanitarian assistance to those in need, as well as the protection and preservation of lives.

Without prompt and coordinated action, the potential for significant loss of lives is imminent.

Immediate actions required:

Conflict

- Concerted efforts towards securing an immediate ceasefire. This is the only way to address the root causes of the crisis

Food security

- USD \$581.2 million are urgently needed to accelerate life-sustaining food, agriculture and livelihoods assistance, and prevent a further deterioration of the already alarming food insecurity situation in the country
- Scale up of life-saving food assistance to populations facing acute and severe food shortages
- Provide cash and voucher assistance in areas where markets are functioning to improve market access for vulnerable populations and keep local markets afloat during and beyond the crisis
- Ensure support to local production of key staple cereals (sorghum, millet, and others) during the next planting season starting in June 2024

Nutrition

- Scale up treatment and preventive nutrition interventions by expanding service sites, and prioritising areas with high burden and low coverage in internally displaced persons (IDP) camps and host communities, in addition to transit sites with high inter-sectoral severity
- Accelerate screening for early detection and timely treatment through different approaches, including mass mid-upper arm circumference (MUAC) screenings, child survival campaigns, and find and treat campaigns
- Strengthen the implementation of resilience action to minimise the impact of the current crises on the population, as part of enhancing the humanitarian-development-peace (HDP) nexus and localisation agenda
- Increase the capacities of the nutrition workforce and enhance investment in nutrition to ensure provision of quality essential services

Health

- Strengthen disease surveillance and early warning systems (including at cross-border areas), and reinforce the capacity of rapid response teams for timely detection, prevention and treatment of outbreaks
- Replenish and preposition health and medical supplies to prevent and treat diseases
- Increase the capacity to provide essential health services, including sexual and reproductive health services, child and maternal healthcare services, as well as mental health services and psychosocial support

WASH

- Maintain, rehabilitate and improve WASH infrastructure, in addition to establishing new ones where they have been completely destroyed
- Provide adequate and safe water, including through water trucking, particularly in IDP camps. WASH supplies, such as water storage tanks and water treatment chemicals, should also be provided
- Construct inclusive and accessible latrines and bathrooms for displaced populations, separated by gender. Furthermore, provide hand washing facilities and establish mechanisms to ensure water and soap availability

Protection

- Ensure the availability of gender-based violence (GBV) services, including mental health and psychosocial support, and sexual health services
- Establish child-safe spaces and safe spaces for girls and women to have access to information, including on existing GBV reporting mechanisms in their vicinities
- Enhance cross-cluster services and referrals for GBV case management given the rising cases of sexual violence against girls and women

Climate

- Enhance the delivery of climate services to all stakeholders for informed decision making in agriculture, health, water and disaster risk management, among other sectors

Coordination

- Collaborate and coordinate within and with other sectors and clusters to ensure well-coordinated, efficient, inclusive, and evidence-based programming, and decision making