



**Unprecedented hunger,
mental health tragedy, and
gender-based violence:
THE CRISIS FOR CHILDREN
AND FAMILIES IN SUDAN**

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CONTENTS

- 4 **Acronyms**
- 5 **Introduction**
- 7 **Unprecedented Levels of Hunger**
- 10 **The Crisis Behind the Crisis: mental health**
- 14 **Surge in Gender-Based Violence**
- 17 **Shortfall of attention and funding -
The cost of inaction**
- 19 **Conclusion**



ACRONYMS

BHA	U.S. Agency for International Development's Bureau for Humanitarian Assistance
GFFO	German Federal Foreign Office
IDP	Internally Displaced People
IPC	Integrated Food Security Phase Classification
MHPSS	Mental Health and Psychosocial Support
OHCHR	Office of the United Nations High Commissioner for Human Rights
PTSD	Post-Traumatic Stress Disorder
UNFPA	United Nations Population Fund
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WHO	World Health Organization
WFP	World Food Programme



INTRODUCTION

As the world's gaze is fixed on conflicts further east, Sudan has silently slid into a tragic humanitarian crisis.¹

In April 2023, conflict erupted in Sudan, plunging the country into disarray and inducing a humanitarian crisis of epic proportions. As we approach the 500th day of the conflict, the crisis only deepens. Children and their families are forcibly displaced from one location to another as the front lines shift, creating the largest child displacement crisis in the world.² Since the beginning of the conflict, 13 million people have been displaced,³ over half of whom are children.⁴ This means upwards of 7 million children have fled violence in search of food, shelter, and safety⁵ Across all of Sudan's 18 states, 10.7 million people have been internally displaced and 2.3 million are seeking refuge in neighbouring countries, including Chad, South Sudan, Egypt, Ethiopia and Central African Republic.

Yet the fate they flee is never far behind. Since the beginning of the conflict in April 2023, an estimated 15,550 people have been killed and 33,000 injured.⁶ Between 2022 and 2023 alone, 1,525 children were killed or maimed,⁷ and those who have survived are likely to have witnessed unfathomable brutality. Citizens face daily threats to their safety, from robberies targeting phones or cash, to acts of extreme violence. For example, a 14-year-old boy was shot in the abdomen in an unprovoked attack and "all his stomach fell out", while a 30-year-old woman was left unable to walk after the bus she was travelling on came under fire. Satellite footage also shows entire villages that have been scorched to the ground, and evidence suggests ethnic minorities are at particular risk of violence.⁸ These are just a handful of the many episodes of violence affecting civilians on a daily basis.

Compounding the crisis, Sudan is experiencing its most severe levels of hunger in recorded history.⁹ 26 million people in Sudan are expected to experience acute food insecurity, hunger and malnutrition.¹⁰ This is over half Sudan's population and a figure comparable to almost the entire population of Australia. One million of these people are expected to face life-threatening famine-like conditions between October and December 2024.¹¹ Compounding the current conditions, Sudan is also about to enter the peak of its lean season (June-September). This is a time when families have depleted their food reserves from the last harvest and are still waiting for the next. Acute food insecurity is

particularly expected to spike across areas of Greater Darfur where fighting is most pronounced, including El Fasher, South Kordofan and Khartoum.¹² The impact of increasing food security can already be seen. For example, in June, 14 graveyards in the Darfur region had noticeably expanded due to the mounting toll of hunger and disease. These graveyards serve as "canaries in the coal mine" of Sudan's imminent famine-like conditions.¹³

Children are expected to be particularly affected by the growing food insecurity. UNICEF warns that over 700,000 children are likely to experience severe acute malnutrition in the coming months, which can be deadly.¹⁴ Lack of access to conflict-afflicted areas makes it very challenging to accurately measure malnutrition levels. However, more than 95,400 severely malnourished children were admitted for treatment across Sudan between January and May 2024, an uptick of 20% from the same time frame in 2023.¹⁵ Alarming numbers of children are also experiencing wasting, where they are significantly too thin for their height.¹⁶ Currently, more than 30% of children at Zamzam camp are experiencing wasting, surpassing the threshold for the highest level of food insecurity and meeting famine conditions.¹⁷

In 1984-1985, famine in Darfur captured the world's attention with an estimated 150,000 people dying due to starvation¹⁸. Today the situation is even more precarious with more than 755,000 people on the brink of famine. Climate extremes, devastating conflict and pre-existing economic instability have mutually reinforced impacts. Sudan is experiencing extreme economic shocks driven by a devaluation of the Sudanese pound and reduced food production.¹⁹ The conflict has further exacerbated these conditions by upsetting markets, disrupting supply chains, halting agricultural production and destroying critical food-system infrastructures. Moreover, fighting separates people from their livelihoods and obstructs access to desperately needed humanitarian aid.²⁰

“**With every displacement, dreams and childhoods are lost.**”
Lilian Dodzo, World Vision
East Africa Regional Leader

Najwa's Story

Nine-year old Najwa is one of the many children who has been displaced by the conflict in Sudan. Late one evening her village was attacked. She, along with her five siblings and parents, was forced to flee. Her father was injured in the attack, and four other villagers lost their lives.

The small children in her family travelled with her father by donkey cart, while the rest of the family made the journey by foot. "We led a happy and secure life before the conflict, we never had a shortage of food in our house," she explains. Now, Najwa and her siblings have lost their belongings, access to school and their father is injured. She is also facing food insecurity for the first time.

"Initially, after reaching El Abbassiya, we used to collect these green leaves called Khodra, from the forest. We would dry it up in the sun and eat it. Many of the people who arrived from our village are staying like us. I have seen my brothers, sisters and myself losing our health due to lack of proper food three

times a day. We are struggling with food shortage, and I am deeply missing my schooling," Najwa says.

"Currently my mother goes out to work at houses in the town to get money for our day-to-day meals. Additionally, we rely on the food distribution drive by World Vision, due to which we manage to eat three times a day, but the aid support lasts for 10 to 15 days only. Our life completely changed, now we struggle to get nutritious food and I'm missing school. I would like to have peace in my country so that I can go back to my village and continue my education."

Together with the World Food Programme, World Vision reached 14,616 children and families with over 353 thousand metric tonnes of food assistance to help the affected communities in El Abbassiya in the month of July 2024, providing monthly food rations, such as sorghum, lentils, oil and salt and ready to use food (Plumpy Doz). World Vision also provided two months of essential rations to over 4000 internally displaced people in July, including Najwa's family.



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UNPRECEDENTED LEVELS OF HUNGER

Sudan has been experiencing an unprecedented level of hunger, which surpasses even the conditions of 1984-1985 Darfur famine.²¹ The country overwhelmingly hosts the highest number of people in the world, 8.5 million, experiencing “emergency” levels (IPC 4) of acute food insecurity. 755,000 people are in “catastrophic” levels of food insecurity on the brink of famine (IPC 5).²²

As of August 2024, famine conditions have been confirmed in North Darfur at Zamzam IDP camp, impacting at least 500,000 people.²³ Famine is the highest IPC classification at an area level when at least 20% of people experience extreme lack of food, starvation, and destitution, resulting in critical levels of acute malnutrition and death. If famine spreads to the rest of El Fasher, it could reach an additional population of 80,000. Although the famine has been determined in Zamzam camp, the Famine Review Committee warns that additional areas throughout Sudan are at risk.²⁴ If urgent action on food security is not taken, the famine situation is expected to continue at least through October 2024.

Children are particularly affected by high rates of food insecurity, with almost 1 in 6 children under the age of 5 affected in central Darfur.²⁵ In Zamzam, nearly one in every three children is food insecure.²⁶ Nationwide, 4 million children under the age of 5 are expected to experience hunger by the end of 2024, and 730,000 are projected to experience severe acute malnutrition,²⁷ which will increase their risk of other diseases and even death. Screenings at Zamzam camp by Medecins Sans Frontières also revealed that over one third of nursing and pregnant women are not receiving sufficient food intake. This creates a tremendous risk for both mothers and an entire future generation of Sudanese children.²⁸

The on-going conflict and declining economic conditions play a key role in exacerbating food insecurity, hunger and malnutrition. Sudan’s breadbasket in the southeastern regions has turned into battlefields, leaving farmers unable to grow much needed crops. Supply chains, seed distribution and agricultural finance have also been disrupted by the conflict. Key agricultural infrastructure has been destroyed, including the Gezira irrigation scheme which was previously responsible for 40-50% of the national wheat output.²⁹ Alongside destruction



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of the agricultural sector, the conflict has triggered hyperinflation, raising food prices by 350%.³⁰ Even before the crisis, food was barely affordable for many Sudanese; World Vision research in 2023 determined that it would take the typical worker 14 days to earn enough to buy a food basket of 10 common food items in Sudan, compared to just 2 hours for a Canadian.³¹ Food is scarce and, where it exists, it is simply unaffordable.

The ongoing conflict has also created a chokehold on humanitarian operations, preventing affected communities from accessing life-saving food aid. Severe funding shortfalls from international donors make it challenging for the aid community to respond at scale. Furthermore, humanitarian organisations face difficulties obtaining visas for international aid workers and permits necessary to move aid across the country are often being withheld. Without corridors to conflict-affected areas, humanitarian organisations

also face difficulties distributing aid to the most acutely affected populations.³² From April to June of 2024, only 22 truckloads of aid reached El Fasher, a city with 1.8 million people.³³ Similarly, in early July, the Food and Agriculture Organization procured 12,000 tons of emergency seed distribution to deliver to 1.2 million farmers. However, as the fighting intensified, delivery of aid became impossible as roads were blocked. Entire new areas thus became unreachable,³⁴ leaving fertile lands unfarmed and farmers increasingly desolate. Yet,

this aid is urgently needed; an assessment in Zamzam camp, estimated that a child is dying every two hours, many due to severe malnutrition.³⁵

“**This is the worst hunger crisis that has ever been recorded in Sudan, and the situation is dire,**”
John Makoni, World Vision’s national director in Sudan.



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The importance of cash

Cash transfers are often the most cost-efficient modality for delivering aid because it reduces logistical costs and waste, ensuring more resources go directly to those in need when markets are functioning. Cash allows humanitarian organizations to quickly target spending while adapting to changing circumstances. Cash assistance empowers families with a sense of dignity by allowing them to prioritise what they need most and helps stimulate local economies which is critical for long-term recovery.

World Vision has been implementing cash and voucher programmes in Sudan since May 2013, when it piloted a milling voucher programme, funded by the European Union, in which individuals could exchange vouchers for local milling services. Prior to the current

conflict, World Vision, in partnership with the World Food Programme (WFP), Bureau for Humanitarian Assistance (BHA) and German Federal Foreign Office (GFFO) was reaching over 200,000 families yearly with US\$10million in cash and voucher assistance in South Darfur, East Darfur and South Kordofan. From April 2023 onwards, World Vision has continued to deliver sector specific and multi-purpose cash assistance, providing [23,700 people with US \\$1.4 million](#), despite challenges of security for distributions and liquidity for the banking system. World Vision has been engaging several formal and informal financial service providers, continuing to find alternative and cost-effective ways of reaching hard-to-reach areas where needs are particularly dire.

Adam and Adeeb

As told to Kari Costanza, World Vision USA

Farchana, Chad, is a bumpy 90-minute drive away from the border crossing at Adré, where thousands of Sudanese refugees, mostly mothers and children, are crossing into Chad. Farchana is home to a large population of Sudanese refugees, mostly from West Darfur. The first camp opened here on January 17, 2004, during the conflict that claimed the lives of more than 200,000 Darfuri and drove another 2 million from their homes. Since then, there have been two extensions to the Farchana camp as more refugees arrive. Living conditions are harsh, with food and water hard to come by.

Tahani, age 20, and her 21-month-old twins, Adam and Adeeb, are among refugees at the camp's nutrition center. They left El Geneina in Sudan last June (2023) because of the conflict. Their memories of what happened, though, are awful. "When I started [to flee], I faced shooting and people killing people on the road," says Tahani. "Houses were on fire and villages. I carried one and a relative carried the other one."

Dr. Albachir, the physician who runs the nutrition center, says they are treating the twins with a fortified milk called F-75. "For Adam, [the problem] is severe malnutrition with diarrhea," he says. Adam's weight dropped overnight. This morning, he only weighs 13 pounds. "I am worried, but we can't control it," he says. "In the severe cases, the patient's weight doesn't increase for three or four days." He says the F-75 will help Adam's kidneys and liver begin to function properly again.

Adeeb cries weakly in his mother's arms. A fly lands on Adam's face. His eyes are open. He doesn't brush it away.

The babies were sick last June but are now severely malnourished. "I need help. I'm most worried about Adam." Adam mewls in her arms. "He refuses to eat. I didn't have milk to breastfeed them."

The doctor works with five nurses, serving a population of thousands. "It is very difficult," he says. I am afraid for two reasons: Every day we have a new patient with malnutrition." On this day in June 2024, 11 children are packed into a small space with their mothers. There is barely enough room to turn around. And second reason he is afraid: "Electricity. None. Every day we have a child who needs oxygen. But with no electricity, we can't give them oxygen." The busy hospital has just one ambulance.

"You need energy," he concludes. "At any time, they call me I come. Seven days a week, 24 hours a day. Daytime. Nighttime. They call me and I come." He comes for the children. "They could die at any moment," he says.

In Farchana, World Vision is partnering with the World Food Programme and is identifying severely malnourished children. World Vision has school feeding programs in four camps, including Farchana.



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THE CRISIS BEHIND THE CRISIS: MENTAL HEALTH

Even before onset of the current conflict, the mental health outlook for children in Sudan was bleak. One study found high levels of depression among adolescent girls in Khartoum.³⁶ Humanitarian emergencies, like the current conflict, further increase the risk of affected people developing mental disorders, including depression, post-traumatic stress disorder, and alcohol and substance abuse. All these weaken people's ability to fend for themselves and provide adequate care for those dependent on them, such as children. A study conducted by the World Health Organization WHO estimates that 22% of conflict-affected populations will develop a mental disorder, including post-traumatic stress disorder (PTSD), depression, anxiety, schizophrenia or bipolar disorder.³⁷ Of those, 1 in 11 people (9%) will experience a moderate to severe mental disorder. **Altogether, we estimate that 6.1 million people may develop mild to severe mental disorders as a result of the current conflict.**³⁸

Limited mental health service capacity

Sudan's longstanding economic challenges and civil insecurity have increased mental health needs of children and their families. Yet, support services to address these needs have been inadequate due to the healthcare system being extremely stressed. Even before the current surge in conflict, Sudan had an extreme shortage of healthcare workers; only 4 for every 10,000 people. In 2020, the WHO reported that resources for specialised mental health services were especially limited. Just two psychiatric hospitals and 12 units in general hospitals provided all inpatient psychiatric care to the entire Sudanese population of 43 million people at the time, supported by only 34 general psychiatrists country wide. Mental health care for children was even scarcer, provided by four child psychiatrists across the whole country.³⁹

Financial priorities shifted even farther from mental health care as civil unrest continued to brew into 2023.⁴⁰ The current crisis has also brought additional assaults on Sudan's health care system, as health care workers and facilities continue to be targeted. In 2023, there were 257 incidents of violence against

or obstruction of health care, including 57 lootings of health care transport and facilities and the killing of 56 health workers. Six months into the current conflict, 70% of health facilities ceased to operate.⁴¹

Even without the external pressures of conflict and insecurity, mental health care in Sudan has historically been underdeveloped. Pre-existing practices for treating depression were weak, as physicians lacked knowledge and training.⁴² Traditional health practitioners remain the main source for mental health care services outside of Khartoum,⁴³ reducing integration with primary healthcare and patients' access to specialised medical treatments for mental health disorders. Stigma towards mental illness throughout the African continent, both from the public and healthcare professionals, adds a further barrier to the provision of effective mental health care at a time when it is needed more than ever.⁴⁴



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Hunger and mental health

There are clear linkages between conflict, poor mental health and food insecurity, with the latter having a profound impact on the mental health of children and adults alike. This is because hunger is a psychological stressor that can lead to disorders such as depression, anxiety, shame or stress.⁴⁵ Research conducted during the COVID-19 pandemic found that people in stable contexts who experienced food insecurity had a 250% higher risk of experiencing anxiety and depression than people who were not food insecure.⁴⁶ Combining this expected impact of food insecurity on mental health with the 22% prevalence of mental disorders in conflict-affected populations,⁴⁷ a previous World Vision report estimated that the combined effects of food insecurity and conflict would result in a 57% prevalence rate of mental disorders.⁴⁸ Although likely

an overestimate, the synergistic factors of hunger and conflict undeniably augment mental illness in affected populations.⁴⁹ This means that **an estimated 15.7 million children and their families⁵⁰ impacted by the crisis in Sudan may be at risk of mental disorders because of the interlinking crises of conflict and hunger.** Furthermore, a recent systemic review found that people with major depression, bipolar disorder, schizophrenia and related psychoses in low and middle income countries are almost twice as likely to be food insecure as the general population.⁵¹ This means that the estimated 1.4 million Sudanese projected to have **severe mental illness after the conflict, may continue to struggle with hunger long after Sudan returns to stability.**⁵²

Ali's Story

*Ali is a 10-year-old boy who has been living in a refugee camp in East Darfur. He lives with his mother and three of his siblings. Since the eruption of the conflict their city, Ali and his family have been struggling to cope with the threat of violence.

"When the conflict started," Ali explains, "I felt very depressed and scared. All my family members are rarely able to sleep. I always feel very frightened at night because I expect an air attack. The conflict gives me nightmares. I try to distract myself as I am always afraid of losing my family members in Khartoum due to the constant conflicts."

World Vision has set up a Mutli-Purpose Community Center within the displacement camp where children like Ali can finally find a space to play, gather with friends, and receive counselling from trained volunteers.

"I always come to the World Vision centre two days per week to play with my other friends. We play rope jumping, football, volleyball and I also sometimes read stories with friends," says Ali.

*Name changed to protect the identity of the subject.



A lasting legacy

Mental health and psychosocial well-being are important for a person **to cope with the normal stresses of life, work productively and contribute to his or her family and community**. It is a crucial element in poverty reduction, peacebuilding and recovery from disasters. However, the sheer scale of the horrifying and life-threatening events experienced by children in Sudan is harrowing. A profound mental health crisis looms.

The compounding mental health impacts of hunger and conflict are likely to leave a lasting imprint on Sudanese society, especially children. Childhood trauma can impact an individual's mental and physical health, cognitive development and social behaviour, posing challenges that may ripple across a lifetime and for generations.⁵³ Cumulative outcomes include cycles of poverty that deprive whole generations of children of their right to education, health and a fulfilling life. The world's largest study on childhood trauma found that trauma affects neural networks of the brain that are associated with self-awareness and problem-solving. Affected children subsequently struggle with emotional regulation, empathy and academics.⁵⁴ Trauma can also be passed on for generations through epigenetic gene expression. This means that not only do children experience the impacts of trauma themselves, but these impacts can be passed on to their descendants on a cellular level.⁵⁵

Recognising the importance of mental health for resilience and recovery in crisis situations, World Vision implements Mental Health and Psychosocial Support (MHPSS) programming in emergency responses and development contexts in nearly 70 countries. Our interventions are based on four increasing levels of need: basic services and security, community and family support, focused, non-specialised support and specialised mental health care services.

Our global reach and grassroots operations help ensure children and families impacted by conflict, disasters and other drivers of poverty receive necessary MHPSS services and are not left with moderate or severe mental disorders that can affect their everyday life and future well-being. Our capacity includes more than 7,300 World Vision staff trained in psychosocial first aid, and over 21,000 community facilitators trained to deliver psychosocial support.

In Sudan, World Vision is providing MHPSS and referral services, case management, and safe spaces for children. We support unaccompanied and separated children by supporting alternative care and supporting family reunification. So far in 2024, 2,490 children have been reached in Sudan with MPHSS programming and 2,953 children have benefited from referral pathway services.



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Adoum's Story

As told to Kari Costanza, World Vision USA

For Adoum and his family, who abandoned their house in Sudan because of the war, the journey to Chad was terrifying.

Adoum couldn't stop crying. "I asked him to stop," says Kaltoum, Adoum's mother. "When he cried, I was afraid." Her fears were well-founded. People endured beatings as they made their escape.

Along the way, the mother of three passed the bodies of those killed in the fighting. "I have seen four dead bodies. They weren't soldiers," she says. She was worried about her son. "I covered his head on my back so he wouldn't see."

In the confusion of the journey, Kaltoum, Adoum, and sister Mariam, age 3, were separated from 10-year-old Yahia. Kaltoum, a widow who had already lost two children before the crisis, thought she'd lost another child.

Once at the spontaneous settlement, Adoum's mother created a small hut from sticks for her family. Ten days later, they experienced a miracle. Her missing daughter, Yahia, was found, alive. After getting lost during the escape, she'd made it to Adré. "I took and I held her," Kaltoum says. "I cried."

The family has lost so much. Kaltoum's husband died three years ago. Now she is concerned for 5-year-old Adoum. His medical card recorded his weight from a recent visit at just 26 1/2 pounds. A healthy 5-year-old boy weighs twice this amount. Adoum's ribs show through his thin chest, and he has an infection in his tooth or jaw.

"[Before] he was fat and normal," Kaltoum says, as Adoum lays in her lap, too hungry to move.

Adoum's mother has food for only four more days—a liter of oil, salt, a cup of okra, millet, and some flour. She's watched people in the camp take desperate measures for food. They find an anthill to dig up and pull out the millet the ants have stored there.

Kaltoum is stuck in Adré. "Because Adoum is sick, I can't go to work." She worries for her son, who used to fly kites with the other boys in the camp. Now he sits on his mother's lap, his big, brown eyes vacant.

World Vision staff checks on the family, helping Kaltoum with medical costs, but they have no idea when they will be transferred to a formal camp like Farchana or Metché.

SURGE IN GENDER-BASED VIOLENCE

UNFPA estimates that 6.7 million people are currently at risk of gender-based violence in Sudan, mostly women and girls, and particularly those who are displaced.⁵⁶ Survivors are as young as 9 years old.⁵⁷ IDP camps and asylum journeys present high risks of sexual violence; the OHCHR revealed credible reports of abduction, detention and “degrading slave-like conditions” for women and girls in Darfur.⁵⁸ Although women and girls who are displaced, migrant or refugee are at particular risk of gender-based violence,⁵⁹ men and boys are also impacted.⁶⁰ Displaced women and girls inside Sudan face heightened risk of rape, sexual assault and sexual harassment while walking to collect firewood, cooking fuel or water.⁶¹ These risks are worsened by insufficient water, sanitation and hygiene facilities and shortages of drinking water, requiring women and girls to walk longer distances to access water. Women’s and girls’ fear of sexual violence is evident on social media platforms, where they seek and share desperate preventative methods to avoid being assaulted, such as defecating on oneself to deter aggressors. Some women have even considered suicide as a result of the violence.⁶²

The exact scale of gender-based violence in Sudan is hard to know. Data is typically affected by significant under-reporting due to stigma, shame or fear of

ostracization and reprisal attacks, especially in conflict settings. Harassment, sexual assault, forced marriages, gang rapes and other forms of violence are consistently under-reported due to their inherently sensitive nature.⁶³ Furthermore, most evidence of gender-based violence is obtained through support services. Impeded access to gender-based violence services during humanitarian crises, such as the one in Sudan, therefore leads to distorted data.⁶⁴

However, what we do know about gender-based violence in humanitarian settings presents an alarming picture. While it is estimated that more than 35% of women globally will face sexual and/or intimate partner violence in their lifetime,⁶⁵ gender-based violence risks are typically heightened in humanitarian settings. The presence of armed actors, displacement, weakened social and protective networks, and insufficient access to services create an environment where women and girls are at acute risk of gender-based violence and its harmful effects. Reflecting this, a recent study from South Sudan revealed that up to 65% of women reported experiencing intimate partner and/or sexual violence, a rate that is double the global average.⁶⁶ Communities are also more likely to resort to specific forms of gender-based violence, such as sexual exploitation and child marriage, to cope with insecurity and escalating humanitarian needs.⁶⁷

The current threat of gender-based violence in Sudan is therefore substantial. Conflict-related sexual violence is a grave violation of international humanitarian law and a war crime,⁶⁸ yet there are reports of armed groups and militias in Sudan perpetrating sexual violence systemically and with impunity.⁶⁹ Gender-based violence in Sudan is thus a product of longstanding and deep-rooted harmful gender norms and inequalities inherent in Sudan’s social, legal and socio-economic structures⁷⁰ that normalise gender inequality and men’s and boys’ disproportionate power. Reflecting this, Sudan has a history of high rates of violence against women and girls during conflict, with the current surge in gender-based violence echoing atrocities committed during previous violent conflicts. For example, the International Criminal Court’s investigations of the Darfur genocide in 2005 uncovered widespread sexual violence against women.⁷¹ Similarly, in 2014, ferocious attacks on women in Darfur were neither arbitrary nor opportunistic, but rather premeditated and systemic.⁷²





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However, despite the heightened risk of gender-based violence at this current time, survivors currently face significant challenges accessing medical treatment. Sudan's healthcare system has virtually collapsed, evidenced by the closure of 80% of healthcare facilities.⁷³ Access to medical treatment, birth control and emergency contraception are therefore scarce, impeding survivors' long-term health and well-being. Survivors also require access to psychosocial support services as the physical *and* psychological impacts that gender-based violence survivors endure are often significant. For instance, gender-based violence is associated with poor long-term mental health such as anxiety, depression and PTSD.⁷⁴ Social isolation due to stigma and shame can also limit survivors' access to community support structures. Their recovery may be hindered by cultural stigma around sexual assault and rape, which can lead to ostracization and disrupt family structures,⁷⁵ further deepening their trauma. A psychotherapy specialist working in Port Sudan with internally displaced women reflected on these deep-rooted barriers to disclosure, saying, "We have cases of sexual violence, which we follow closely,

though many women don't want to talk about their experiences."⁷⁶

The psychological, social and economic impacts of gender-based violence can also significantly affect caregivers' capacity to support and care for their children. Children who are aware of or witness violence against their caregiver may endure behavioural and emotional difficulties linked to the secondary trauma of being exposed to gender-based violence, including depression, anxiety and developmental delays.⁷⁷ Furthermore, when children are routinely exposed to gender-based violence and socialised according to harmful gender norms, there is a heightened risk that they may normalise it. This makes it more difficult for survivors to seek help and increases the risk that boys may perpetrate gender-based violence as they get older, mirroring the actions of their adult male role models.⁷⁸

World Vision is carrying out protection interventions in Sudan through a joint protection mission supporting internally displaced Sudanese and re-displaced refugees in partnership with the Commission of Refugees. Regular meetings are conducted to discuss strategies for safeguarding refugees from harm and abuse. In East Darfur, with support from UNHCR, World Vision provides life-saving assistance, such as food and hygiene supplies, to unaccompanied and separated children and IDP households. The project also supports children to report incidents of violence.

In June 2024, World Vision supported survivors of gender-based violence, offering medical, food, psychosocial and transportation support. Integrated mental health and gender-based violence services are offered in primary health care units and mobile clinics, which include Clinical Management of Rape services and support to survivors of intimate or conflict-related violence. World Vision also referred survivors to specialised services for further action and follow-up. To help prevent gender-based violence, World Vision staff have conducted awareness sessions on early marriage, exploitation, violence against women (including intimate partner violence) and female genital mutilation.

Jamila's Story

*Jamila is from Omdurman in Khartoum State. Even before the conflict began, she faced severe domestic violence from her husband that led to their divorce after 11 years of marriage. When the fighting began, she was displaced from Omdurman to East Darfur.

"While I was staying in Omdurman, a group of armed men attacked my house. They took all of my belongings and assaulted me. But the worst experience I encountered was when I was fleeing from Khartoum to East Darfur. I was raped by eight armed individuals on the way and all of my belongings were looted again by these gunmen. I was then raped and beaten three times by thieves on the way from Omdurman to East Darfur," narrates *Jamila.

"I was so desperate and filled with guilt that I thought of committing suicide to get rid of the feelings of losing control and disgust that shadowed me. But despite my frustration and pain, I decided to continue my journey to East Darfur."

When she arrived in East Darfur, she met with local authorities and World Vision's GBV focal point. Through World Vision's GBV interventions, Jamilla was provided with basic life-saving assistance like in-kind support. She was also enrolled for psychosocial support facilitated by World Vision.

"I feel a little better now. The generous assistance has helped me recover from my distress but there is still a long way to go," says *Jamila.

*Name changed to protect the identity of the subject



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Ajak' Story

Unfortunately, arrival at an IDP or refugee camp does not always mean safety. * Ajak, a South Sudanese refugee living in East Darfur. She was living with her husband and four children in a refugee camp when the fighting began.

"As women and girls, it is unsafe to go out of the camp to collect firewood or to carry out any other daily activity. But within the camp things are not safe either," *Ajak explains.

"I was raped more than three times. The last time, a few months ago, a group of three gunmen sneaked into our house at night. One of them strangled me and attempted to rape me. My husband tried to rescue me, but they shot him before fleeing the scene. My husband was severely injured and died before we were able to rush him to the hospital" she shared with tears in her eyes.

*Ajak explains the struggle of now raising her children without her husband and the pain she has experienced, "I don't have relatives in East Darfur who I can lean on and ask for support. I try to hide my tears from my children and be strong for them, but some days are really painful as I relive that day over and over again. Talking about the ordeal I have gone through helps. When I joined World Vision's project, I found a way not only to share my fears with people who listen to me but also who support me to overcome the trauma of the horrible incident."

*Name changed to protect the identity of the subject

SHORTFALL OF ATTENTION AND FUNDING - THE COST OF INACTION

As Sudan falls deeper into the abyss, the window to avert famine, and its likely negative impact on mental health, is rapidly narrowing. Furthermore, UNHCR has stated that the \$1.4 billion Sudan Regional Refugee Response Plan for supporting those fleeing Sudan is only 19% funded,⁷⁹ and the 2024 Sudan Humanitarian Response Plan for inside the country is only 32% funded.⁸⁰ These funding shortfalls have far-reaching consequences that not only increase immediate suffering and mortality, but also exacerbate long-term mental health and protection needs in Sudan.

The cost of meeting the needs of Sudan's families and children may seem high, but the cost of inaction is far greater: an entire generation of children is being robbed of their future. Twenty-four million children in Sudan are being deprived of their right to life, protection, health and education,⁸¹ jeopardizing their individual development as well as the country's long-term future. More than 90% of school-age children in Sudan (19 million) are not in school, making it one of the worst education crises in the world.⁸² Data from the UN shows that in 2023, the number of grave violations against children in Sudan reached a record high of 1,721 violations committed against 1,526 children. This was a significant jump from the 306 recorded violations in 2022 and was the highest recorded number since 2006. While stunning, this is likely a significant underestimation due to lack of access to remote and conflict-affected areas.⁸³

When we fail to account for the needs of hungry and severely food insecure families and children,

the cascading effects become insurmountable. The relationship between poverty and social unrest is undeniable. Hunger and poverty have the power to ignite and perpetuate conflict. Conversely, conflict is the global leading driver of food crises, creating a vicious cycle that puts the lives and futures of millions of children at risk.

The humanitarian catastrophe in Sudan also risks destabilising the entire region. Refugees from Sudan are pouring into already fragile countries, including Chad, South Sudan and Ethiopia. Experts predict that Sudan's neighbouring countries, such as Eritrea, Chad and South Sudan, will get drawn into the conflict.⁸⁴ United States intelligence assessments caution that if Sudan becomes lawless, it could become fertile ground for "terrorist and criminal networks."⁸⁵ The conflict, and resultant cycles of poverty, hunger and violence, therefore need to be stopped to prevent further deterioration of an entire region.

“Without access to education, a generation of children living in conflict will grow up without the skills they need to contribute to their countries and economies, exacerbating the already desperate situation for millions of children and their families.”
Inos Mugabe, World Vision Sudan Operations Director



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Rachida's story

As told to Kari Costanza, World Vision USA

When the conflict arrived, Rachida's family ran for their lives.

"We were sitting at home," says Rachida's aunt, Halime, sitting close to Rachida's other aunt Gamara. "[Armed militants] knocked. They said, 'Get out.' They started beating us." Gamara was beaten with an electric cable.

"We started running away," she says. "They came in trucks. They started shooting. We ran barefoot. We walked to Adré [in neighbouring Chad], our feet swelling."

Within minutes, 8-year-old Rachida lost her family—her father, mother, and three brothers—shot to death. Her grandfather was killed, too. "She saw the bodies of her father and mother," says her aunt, Halime.

Rachida's brothers, 15, 18, and 25, were taking care of their grandfather who had been sick. When they heard the gunfire, they ran with him to the mosque where they thought they'd be safe.

"[They] took him out of the mosque and shot him," says Halime. Then they killed the boys. The 25-year-old had been married less than a year. His widow lives in the camp".

The family's trip from their home in El Geneina to Adré was nightmarish. When they came to a gully, they stopped, thirsty. "We saw bodies in the water, but we had to drink it anyway," says Rachida.

"Rachida cried when she saw the bodies," says Gamara. "She began asking questions. 'My father was killed by people we don't know. What should I do?'"

Rachida and her family arrived to Adré in June 2023 as the rainy season began.

"We slept in a school compound," says her aunt, Halime. "We collected pieces of wood and covered them with our clothes." It was a difficult time.

"We were totally dependent," Halime says. "We had no food. We just sat under the shelter in the rain until it stopped."

Rachida and her family were transferred to Metché camp after four miserable months in Adré. While just 25 miles from Adré, it is a 90-minute bumpy drive on sand to Metché. In eastern Chad, there is very little infrastructure and few roads.

Nearly 40,000 people live in Metché camp, which opened in August 2023. Some of them, like Rachida and her family, live in shelters provided by World Vision.

On a sweltering day in Metché—more than 100 degrees—it is much cooler inside the house than outside. Rachida was delighted when she saw the shelter where she now lives with her aunt Gamara. Aunt Halime and the rest of the family live nearby. "I was very happy. I can protect myself from the wind and rain," she says. Her aunts protect her, too. "I love them," she says.



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CONCLUSION

While the world's attention is focused elsewhere, the conflict in Sudan has triggered an unprecedented humanitarian crisis.

Even before the current conflict, Sudan was already experiencing pervasive poverty and economic hardship. After nearly 500 days of fighting, the conflict has engulfed children and families, pushing them deeper into terror and despair. Armed conflict has devastated food production and supply chains, stopped humanitarian aid flows and caused the largest forced displacement and hunger crisis in the world. Half of Sudan's population needs emergency food aid, and more than 750,000 women, men, girls and boys are experiencing famine-like conditions.

This confluence of factors has given rise to a profound mental health crisis that poses long-lasting consequences. In the face of unimaginable trauma, children in Sudan have few options for mental health and psychosocial support; health workers and facilities continue to be targeted within an already underdeveloped mental health care system. As an entire generation of Sudanese children grapple, mostly

unaided, with the horrors they have experienced, their prospect for psychosocial rehabilitation is grim. The impacts of hunger and conflict are expected to ripple across generations.

Millions of women and girls in Sudan are unsafe. Gender-based violence has been weaponised, targeting women's and girls' bodies as battlefields in unspeakable ways. While gender-based violence remains underreported, what we do know paints a disturbing picture: sexual violence is systemic and widespread, and some families are resorting to harmful coping mechanisms, such as forced marriage and sexual exploitation of women and girls.

The significant shortfall of international support is unacceptable. The global neglect of Sudan is a searing indictment of failed international solidarity and foresight. The situation in Sudan, and subsequent refugee flows, threaten to overwhelm the entire East African region and beyond. The opportunity to turn the tide on this humanitarian crisis is rapidly closing. Urgent concerted action is needed to protect the next generation of Sudanese children.

About World Vision

World Vision is one of the largest humanitarian agencies in Sudan, having worked there for decades. Since the conflict escalated in 2023, World Vision has reached more than [1.8 million](#) people, mostly women and children, with emergency assistance, including health and nutrition services and water, sanitation and hygiene solutions.

World Vision is also working in Chad, providing school feeding programmes, emergency shelters, and four Child-Friendly Spaces in camps where children can go to play, learn, and just be kids. World Vision runs 68 school feeding programs in four camps that will serve 70,000 children. Emergency feeding programs bring children back to school. They come for the food, and they stay to learn.

World Vision also helps find families for children who arrive in Chad unaccompanied. In Milé camp in eastern Chad where 311 children have arrived without parents, 25 children have been reunited with relatives. The other children are staying with loving host families. World Vision supports 10 host families in Milé camp and another 10 host families in a nearby camp, Konoungou, who take children in and care for them.

In South Sudan, World Vision is reaching people through our programs focused on health and nutrition; water, sanitation, and hygiene; and food and cash assistance. In the Central African Republic, World Vision is supporting children through child protection interventions, including Child-Friendly Spaces, as well as water, sanitation, and hygiene programs. World Vision has distributed mosquito nets and equipped 2,000 households hosting refugees with latrines and hygiene kits.

THE CALL TO ACTION

All parties to the conflict:

1. We call for cessation of hostilities in Sudan.
 - a. We call for all parties to the conflict to stop human rights violations, including grave violations against children, and to abide by their obligations to protect children under international humanitarian, human rights and refugee law.
 - b. We call for immediate measures to protect civilians, including refraining from directing attacks against them, allowing them to leave for safer areas and ending conflict-related sexual violence.
 - c. We call on all parties to the conflict to prioritise their commitments to UN Security Council resolutions relating to the protection of civilians in armed conflict which hold both state and non-state actors accountable for violations such as using hunger as a weapon of war and blocking humanitarian assistance and food aid to vulnerable groups.
 - d. We call for engagement in dialogue and negotiations to find peaceful and sustainable solutions to address the causes of food insecurity, hunger and malnutrition.
2. We call for unhindered humanitarian access.
 - a. We call for unimpeded humanitarian access through all possible cross-line and cross-border routes to allow civilians to receive humanitarian aid.
 - b. We call all parties to the conflict to simplify and expedite administrative and bureaucratic procedures related to the delivery of humanitarian aid.

Donors and humanitarian actors:

1. We call for full funding of the Sudan Humanitarian Response Plan and the Sudan Regional Refugee Response Plan.
 - a. We call for swift disbursement of the US\$ 2.2 billion in funding pledged in Paris and fast-tracking of additional funding for the humanitarian appeals of Sudan and its neighbouring countries.
 - b. We call for support for a multipronged response that includes immediate and systematic multi-purpose cash transfers, wherever markets are functioning, complemented by targeted in-kind food assistance where and when possible. The response should also include emergency agricultural support to boost food production, build long-term resilience and prevent future food insecurity.
2. We call for a prioritisation of and protection of children in all humanitarian responses.
 - a. We call for integration of mental health, child protection and gender-based violence services into food security programming to strengthen protection outcomes and avoid doing harm by designing, implementing and monitoring programmes that prevent and respond to protection risks that commonly arise from food insecurity, such as child labour, child, early and forced marriage, family separation and psychosocial distress.
 - b. We call for the scaling up of community-based, multi-disciplinary, multi-sectoral teams and services to promote the early detection of, response to and prevention of MHPSS needs amongst children and their caregivers.



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