Situation Report: Emergency Response in Tawila Amid El Fasher Crisis (Snapshot Updates – November 2025)

October 28, 2025 — Tawila, North Darfur, Sudan
A long line of newly displaced families waits at one of SAPA's food distribution points in Tawila locality.

1. Situation overview

Tawila has transformed from a peripheral rural locality into a humanitarian epicenter absorbing cascading displacement from El Fasher and the wider Darfur belt. The scale—652,000 IDPs and counting—and density of arrivals have overwhelmed every system: health, WASH, shelter, and protection. This situation validates SAPA's framing of Tawila as both a critical spillover zone and a crisis of its own, requiring sustained multi-sectoral response capacity and urgent scaling of life-saving services.

IOM's Displacement Tracking Matrix (DTM) reports ~81,817 people displaced from El Fasher town and nearby villages between 26 Oct and 4 Nov 2025. This is the newest official figure (Flash Alert Update 108, posted Nov 5), and it supersedes Update 107 (Nov 2), which had 70,894 for 26 Oct–2 Nov. In other words, the caseload rose by ~10,900 in two days as fighting persisted.

DTM notes most displaced remained within El Fasher locality, with additional movements toward Kebkabiya, Melit, Kutum, and Tawila (all in North Darfur). Smaller outflows reached Kosti (White Nile); Wasat Jabal Marra & Shamal Jabal Marra (Central Darfur); Ag Geneina & Kulbus (West Darfur); Shia'ria (East Darfur); Sharg Aj Jabal & Al Wihda (South Darfur); and Ghubaish (West Kordofan). These are the precise administrative destinations cited by DTM.

The city has endured a prolonged siege; UNICEF highlighted "500+ days under siege" by late August and ~260,000 civilians (≈130,000 children) still inside, creating extreme scarcity and periodic flight when frontlines shift or corridors open. The late-October/early-November escalation unlocked a new displacement burst.

DTM explicitly flags these counts as preliminary and subject to change—teams are compiling from field key informants and site verification in a highly volatile environment, so under- or over-counts can occur (e.g., rapid re-displacement, inaccessible sites, and potential double counting across reception points). Still, the step-up from Update 107 to 108 is a robust directional signal that displacement is continuing to rise.

DTM's Tawila snapshot (29 Oct) had already shown the locality nearing saturation after months of inflow (Tawila became one of the fastest-growing IDP concentrations in 2025). The late-October spike from El Fasher is therefore adding to an already overloaded reception system, not creating a new one from scratch. Expect secondary and tertiary movements as families chase assistance, safety, or kinship networks.

SAPA in partnership with humanitarian actors on the ground estimated that up to Nov 4th, >80,000 displaced from El Fasher (26 Oct–4th Nov)—consistent with DTM's Update 107 and lending confidence that the order of magnitude is correct; DTM's newer Update 108 pushes the figure to 81,817 through Nov 4.

In Summary

1. Numbers are climbing, not stabilizing; planning assumptions should bake in further growth and re-displacement.

2. Most people are still within El Fasher locality, so in-locality assistance (and corridors) remain crucial even as Tawila/Kutum/Melit/Kebkabiya absorb spillover.

3. Data will shift as access improves or frontlines change; keep citing DTM Flash Alerts for the canonical running total, and pair with UNICEF situational notes for cross-checks.

Meals being dispatched from a SAPA kitchen to IDP entry points in Tawila as part of the organization's emergency response, North Darfur, Sudan.

2. Displacement Dynamics & Spillover Into Tawila

By 29 October 2025, DTM recorded sustained inflows from Al Fasher into Tawila, which was already serving as the single largest IDP-hosting locality in Sudan.

Tawila's displacement trajectory is unprecedented—652,079 internally displaced persons (IDPs) were registered across 32 sites by 30 September 2025, including ~379,000 new arrivals since April. This equates to an average of ~63,000 new arrivals per month, one of the fastest displacement rates recorded globally in 2025.

These movements have not slowed; rather, they have accelerated following the late-October fighting in El Fasher, as households previously trapped by siege lines found temporary escape routes. Dabba Naira and neighboring spontaneous settlements have become the primary reception areas for new arrivals, now visibly overextended with shelter, WASH, and health systems near total collapse.

SAPA's field team conducting an on-ground assessment alongside newly arrived IDPs from El Fasher in Tawila, North Darfur State.

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3. Scale and context

To grasp the magnitude

Tawila alone now hosts over 6% of all new displacements across Darfur in 2025.

Its current IDP population exceeds the combined total of North Kivu and Ituri's monthly inflows during the DRC crisis, underscoring how concentrated and localized Sudan's displacement has become.

In comparative perspective, the per-capita and per-km² displacement rate in Tawila outpaces even Gaza's 2024–25 displacement surge, validating its classification as "the world's fastest-growing displacement zone."

4. Population Distribution & Settlement Strain

DTM and SAPA's mapping highlights that the **32** displacement sites encompass both long-standing camp structures and newly established spontaneous settlements.
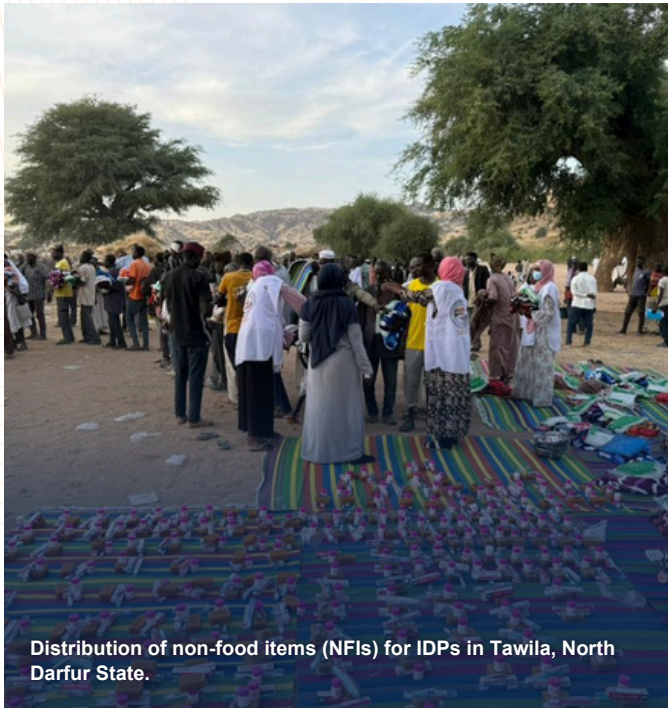
Distribution of non-food items (NFIs) for IDPs in Tawila, North Darfur State.

SAPA's temporary primary healthcare center at Tawila's entry point, providing initial treatment to injured or sick incoming IDPs before referral to Tawila Hospital, Tawila, North Darfur State.

- Dabba Naira, Martal, Kugna, and Tabara are absorbing the majority of new arrivals.

- Approximately 74% of Tawila's displaced population live in informal gathering sites without adequate infrastructure.

- Less than 10% of displaced households have reliable water or latrine access, far below Sphere standards.

These conditions mean Tawila has effectively become a stand-alone crisis epicenter, not merely an overflow from El Fasher. The locality's facilities—initially designed to serve a fraction of this population—are now operating beyond capacity, with major shortfalls in healthcare access (72% of households seeking care, half unable to obtain it), nutrition screening, and disease outbreak control.

Summary of Implications

Indicator	Current status (as of Oct–Nov 2025)	Source
Total IDPs in Tawila	652,079 across 32 locations	DTM Sudan, Sept 2025
New arrivals since April 2025	~379,000	DTM Sudan 2025 Untitled document (10) (1)
Since El fasher crisis inflow	~81,000 IDPs	Derived from DTM data SAPA field assessment
% in informal sites	~74%	DTM/SAPA 2025
Water access	<10% reliable supply	NRC & DTM Tawila Snapshot
Displacement driver	99% armed violence	PMT Tawila 2025

Cross-Locality Comparison and Implications

Indicator	El Fasher	Tawila
Main displacement driver	100% armed violence	99% armed violence
Women/girls reporting no safe space	30%	28%
Households citing no functional health care	13%	42%
Main tension source	Aid distribution (35%)	Aid distribution & market access (26% each)
Primary child risk	Violence, neglect, labor	Violence, neglect, labor
Main WASH barrier	59% distance to water	54% distance to water

5. Health & Nutrition Needs

Household data collated for Tawila show:

- **Care demand:** 72% needed care in the prior 3 months; ~50% couldn't get it (stockouts, cost, long waits).

- **Top morbidities:** malaria (~70%), ARI (~45%), diarrhea (~27%)—amplified by overcrowding and low EPI frequency (often weekly at best) at some sites.

- **Access barriers:** 39% travel >1 hour to the nearest functioning facility.

- **Cholera risk compounds this:** Tawila recorded >1,180 cases and ≥20 deaths by early Aug; wider analyses describe Sudan's worst cholera year in recent memory. Expect renewed spikes with new arrivals if water/sanitation lags.

6. WASH Needs

Only ~33% of households use improved sources; ~75% rely on surface water and ~50% report reducing intake due to scarcity. Many new sites lack any emergency latrines/bathing facilities—conditions ripe for cholera/ARI/skin infections.

SAPA's mobile clinic teams providing urgent medical care at entry points in Tawila, North Darfur State.

7. Shelter/NFI Situation

Roughly 43% report collapsed/unsafe shelters; ~98% lack basic sleeping items. ~74% are living in informal gathering sites, driving density, exposure, and GBV risks.

8. Access, Operations & Security

Road closures, intermittent armed checkpoints, and fuel scarcity cause volatile access. Mobile teams and pre-positioned supplies partially offset this, but service interruptions are likely until convoy windows stabilize. Targeting now prioritizes Dab Naira and adjacent spontaneous sites where the newest arrivals cluster.

9. SAPA Response Progress — October 26th - November 5th, 202

Since the escalation on October 26, 2025, SAPA has rapidly expanded its humanitarian operations in Tawila, North Darfur, building on its established presence to meet surging needs of newly displaced families fleeing from El Fasher and surrounding villages. The organization activated its emergency response plan within 24 hours, scaling both nutrition and health sectors to absorb new IDP inflows at Tawila's northern and eastern entrances. More than 100 families at the two entry points supported by SAPA, have been provided with NFIs, shelter, as well as dignity kits and hygiene kits to avail a comprehensive care.

In food security and nutrition, SAPA increased its central kitchen network from 4 to 5, extending coverage to new arrival points and providing over 21,500 people with daily hot meals — a rise from 20,000 before the escalation. These kitchens now supply 5,375 meals per day, each portion supporting approximately four individuals.

In the health sector, SAPA doubled its operational reach through a combination of static and mobile health clinics.

- At Dali and Dabbat Naira Health Centers, daily patient intake jumped from 85 to 210 cases per day, marking a 147% increase per facility.

- Two mobile clinics were deployed: one to the northern entrance and another to the remote Martal area, jointly serving 70–150 patients per day.

- Each static site is staffed by 18 personnel, and each mobile team by 10, maintaining round-the-clock service through a rotational system to prevent burnout.
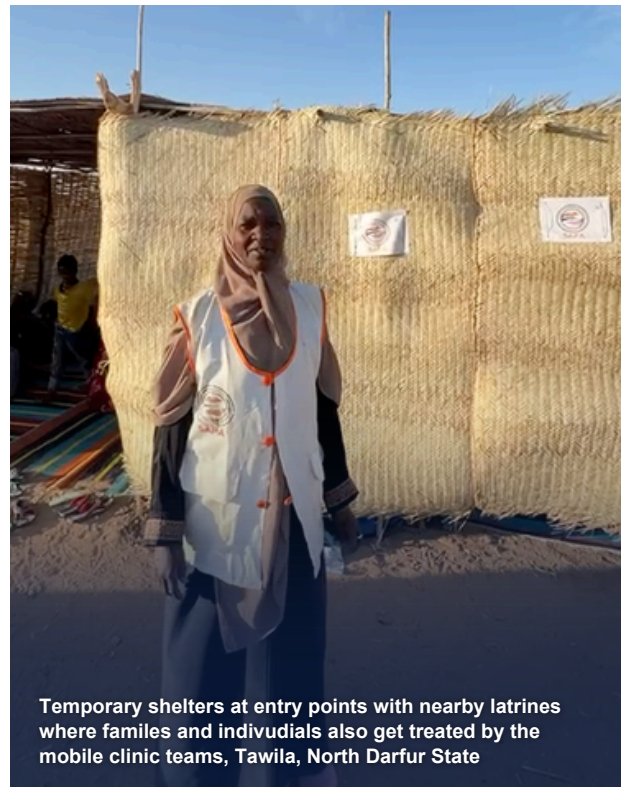
Temporary shelters at entry points with nearby latrines where familes and indivudials also get treated by the mobile clinic teams, Tawila, North Darfur State

SAPA's medical teams are delivering a dual-track health response — integrating primary healthcare, maternal and child services, chronic disease care, and emergency trauma management for conflict-related injuries. The system enables 24/7 coverage and real-time redeployment as displacement patterns evolve.

In parallel, SAPA continues to support cholera prevention, nutrition screening, WASH access, and dignity-kit distribution, in coordination with partners and humanitarian actors. The teams are using real-time monitoring to allocate resources efficiently and maintain continuity despite volatility and access constraints.

In total, SAPA's integrated operations now serve over 25,000 direct beneficiaries weekly, stabilizing life-saving services amid conflict while embedding GBV risk mitigation, data-driven planning, and community-based delivery. The organization remains the lead medical actor in Tawila, ensuring health, nutrition, and protection lifelines remain open in one of Sudan's most complex displacement environments.

10. Immediate priorities (next 2–4 weeks)

(a) Scale mobile primary & maternal care at high-density sites to cut preventable deaths and decompress fixed facilities (currently ~70 patients/day intake limits). Integrate on-site MUAC, TSFP linkages, ANC, mental health first-line support, and weekly+ EPI at the point of contact.

(b) Aggressive cholera control: chlorination, safe-storage jerrycans, rapid water trucking where feasible, hygiene promotion, and clinical support for case management; coordinate for OCV if partners clear supply/cold chain.

 (c) Rapid WASH minimums: emergency latrines and bathing facilities with GBV-sensitive design (privacy/screens/lighting/sex-segregation), plus dignity kits for women/adolescent girls.

(d) Emergency shelter/NFIs: plastic sheeting, sleeping mats/bednets, water containers, and targeted kits to de-densify the most overcrowded clusters.

(e) Referral & surveillance: stand up simple referral pathways for obstetric emergencies and SAM, and track weekly indicators (under-five SAM/MAM, ANC coverage, latrine-to-user, water-point functionality) to adapt micro-plans.

References

- DTM Sudan Flash Alert – Al Fasher (Update 108, Nov 5): displacement 81,817 (Oct 26–Nov 4) and dispersal pattern.
- DTM Tawila Snapshot (Oct 29): sustained inflows to Tawila; site saturation signals.
- UNICEF: Al Fasher under siege (~500 days); ~260,000 civilians including ~130,000 children trapped.
- UNICEF press note (Aug 3): >1,180 cholera cases, ≥20 deaths in Tawila since June 21; risk framing for North Darfur.
- MSF (Aug 14): national context—worst cholera year in years, compounding risks.
- Protection Monitoring Tool (30 Oct): El Fasher & Tawila protection/health/water access barriers and "no safe spaces" signals.
- SAPA ops/assessment excerpts: service-access %, morbidity mix, WASH/Shelter/Protection gaps; Dab Naira targeting; integrated response and monitoring plan.

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About SAPA: The Sudanese American Physicians Association (SAPA) is a humanitarian, non-profit, and non-political organization registered in the United States, Sudan, Uganda, and Chad.

Established in 2019 as a membership-based humanitarian organization consisting of Sudanese American physicians, SAPA utilizes its substantial connections with local and regional healthcare providers in Sudan to deliver critical aid to its most vulnerable communities.

Since the outset of the conflict in Sudan in April 2023, SAPA has been on the frontlines to ensure that healthcare services are able to meet the growing health needs in impacted areas.