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1.3.1. Humanitarian situation

As of October 2024, the humanitarian crisis in Sudan remained ‘severe’ and malnutrition, displacement and outbreaks of diseases - such as cholera, malaria and dengue fever - were ‘pervasive’.320 In the same month, UNHCR and UNICEF noted in a joint statement that the country’s humanitarian crisis continued ‘to spiral’, with several million people in ‘desperate need of assistance’ in terms of access to water, healthcare, shelter and food.321

In a report of December 2024, UNOCHA described the situation as ‘one of the world’s largest humanitarian crises’, due to the ongoing armed conflict, attacks against civilians, displacement, malnutrition and hunger, disease outbreaks (like cholera and measles), and climate shocks. Almost two thirds of the population were in ‘desperate need’ of humanitarian and protection assistance. Attacks on civilian areas and infrastructure, including healthcare facilities, school closures, collapsing water and sanitation systems and telecommunication blackouts contributed to the ‘staggering’ level of needs, according to UNOCHA.322

IOM pointed to a ‘polycrisis of catastrophic proportions’, with about 11.5 million people internally displaced, including more than 8.7 million who were displaced over the past 20 months alone. Moreover, the country was also facing an ‘unprecedented’ protection crisis, as the lack of food, income and other resources – aggravated by a lack of access to government or legal services – led IDPs to accept risky jobs to cover their needs. Some of the specific protection risks identified by IOM included trafficking of persons, exploitation of migrants, child marriage, forced recruitment, child labour and sexual violence.323

More than 25 million people − over half of the population − were reportedly suffering acute food insecurity,324 and famine was confirmed in at least five areas as of December 2024. The ongoing armed conflict has led to an economic collapse and disrupted supply chains for food, other basic commodities, and services, as well as agricultural activities, with crops being abandoned, looted and stock destroyed.325 For more information on food and water insecurity, please see below, section 1.3.1(b).

☐ (a) IDPs and refugees on the move

Internally Displaced Persons

As of the start of December 2024, there were about 11.5 million internally displaced persons (IDPs) in Sudan,326 which represents an increase of about 1.5 million IDPs since the end of January 2024. At that time, Sudan hosted about 9 million IPDs across the country, while the total number of persons displaced by the conflict (including those who fled abroad) amounted to 10.7 million people.327 For more detailed information on the situation before February 2024, please see section 1.1.5 of the previous report EUAA report Sudan - Country Focus (April 2024).

1.6 million Sudanese were forcibly displaced between January and June 2024 – the largest new displacement in that period worldwide, according to UNHCR.328

According to IOM, an estimated 30 % of the population (about 11.2 million people) has been displaced as of early November 2024, with more than half of them (53 %) being children under the age of 18 years and 55 % being female. Of these 11.2 million people, about 8.4 million have been displaced since the beginning of the armed conflict in April 2023. More than 1 million of the IDPs who had been displaced prior to April 2023 experienced secondary displacement after the outbreak of the current armed conflict. According to IOM's Displacement Tracking Matrix (DTM) Data, IDPs had been displaced to 9 653 locations across all 18 states.329 States of origin were Khartoum, accounting for 32% of IDPs (3 719 212 persons), South Darfur, accounting for 18% (2 080 174 persons) and North Darfur, accounting for 14% (1 641 178 persons). The latter two were also among the top three hosting states (15 % or 1 831 920 persons and 13 % or 1 603 671 persons, respectively), together with Gedaref state (10 % of IDPs or 1 159 414 persons).330

According to a report by Refugees International of August 2024, about 700 000 IDPs were estimated to have arrived in the Nuba Mountains area in South Kordofan since April 2023, an area bordering South Sudan that has long been controlled by the Sudan People's Liberation Movement North (SPLM-N), a non-state armed group.331

131a_332_Sudan_IDPs_origin_displacement_03122024

Figure 4: Sudan, IDPs' States of Origin and Displacement, as of 3 December 2024. EUAA elaboration based on IOM DTM Data332

According to UNICEF, the number of displaced children (internally and abroad) amounted to 5 million as of September 2024. More than 17 million children were not attending school, and more than 3 200 school buildings were being used as shelters for IDPs.333

IOM DTM for Sudan recorded 52 incidents that caused sudden displacement in the period from 1 October to 30 November 2024, leading to the displacement of an

estimated 501 525 individuals. The main regions of origin of IDPs in this period were North Darfur, West Darfur, Al Jazirah and River Nile states.334 In another report covering the months of September and October 2024, IOM DTM noted that increased violence-induced displacement was recorded in the states of North Darfur, West Darfur, River Nile, Sennar and Karthoum.335

In terms of location, about 58 % of IDPs (6 722 137 people) stayed in urban areas and 42 % (4 797 461 people) in rural areas across Sudan, although this proportion varied from state to state. In urban areas, 83 % of IDPs lived in urban neighbourhoods and about 17 % in camps. In rural areas, the percentage of IDPs living in camps was similar with 18 %, while 82 % were living in rural villages.

In terms of type of shelter, about half of all IDP households were staying with host families and communities (50 % or 1 170 053 households). About 17 % (403 461 households) stayed in camps, 16 % (363 165 households) in informal settlements or open areas, 9 % (206 686 households) in schools or other public buildings, 6% (142 542 households) in private rented accommodation and 1 % (34 342) of households stayed in critical or improvised shelters as of December 2024. There were, however, major regional differences between the country's northern regions and the Darfur region: while most IPD households in Sennar and Al Jazirah states were reportedly sheltered by host families (88 % and 85 %, respectively), most of IDP households in South Darfur reportedly stayed in camps (47 %), with host families (24 %) or in open area gathering sites (20 %), according to IOM DTM data.336 Similarly, in Northern state, the majority of IDP households reportedly stayed with host families (79 %) or in rented accommodation (11 %). Only 4 % stayed in schools or other public buildings or improvised shelters, and 2 % stayed at gathering sites. On the other hand, in Central Darfur, most IPD households stayed either at gathering sites/open areas (39 %) or at formal camps (33 %), while 17 % were sheltered by host families, in schools/public buildings (9 %) or improvised/critical shelters (2 %).337

Asylum seekers, refugees and returnees

In December 2024, IOM DTM noted with reference to several sources that, since 15 April 2023, approximatively 3.25 million individuals – an estimated 70 % of them Sudanese nationals – had crossed into neighbouring countries, in particular into Egypt (37%), Chad (29 %) and South Sudan (27%).338 In figures, 1 200 000 Sudanese nationals crossed into Egypt, 719 482 into Chad, 211 555 into South Sudan, 83 554 into Ethiopia, 30 246 into the Central African Republic and 19 482 into Libya.339 This represents an increase of approximatively 1.4 million individuals crossing from Sudan into neighbouring countries since the end of January 2024. Then, the cross-border movement of 1 780 295 individuals had been recorded, according to EUAA's previous report on Sudan of April 2024. The authors, however, had noted that these figures were drawn from a combination of different sources and referring to different timeframes.

340 For more detailed information on the situation before February 2024, please see section 1.1.5 of the previous report (EUAA report Sudan - Country Focus, April 2024).

In the period from January to June 2024, 465 900 Sudanese sought refuge abroad, including in neighbouring states such as the Central African Republic (CAR), Chad, Egypt, Ethiopia and South Sudan, but increasingly also in other countries such as Libya, Tunisia and Uganda, according to UNHCR.341

131a_342_Sudan_displacement_neighbouring_countries_15042023

Figure 5: Sudanese nationals and non-nationals displaced into neighbouring countries since 15 April 2023, as of December 2024. EUAA elaboration based on IOM DTM Data342

Figures provided by UNHCR on Sudanese refugees who fled to neighbouring countries differ from IOM DTM figures with the most notable discrepancy observed in Libya (180 000), followed by Ethiopia (40 439 Sudanese refugees as of 1 December 2024) and the Central African Republic (30 246).343 In Libya, an estimated 128 000 Sudanese refugees have arrived through Kufra (a Libyan border district) alone in the period from January to October 2024, according to local authorities.344 The Sudan Tribune wrote in August 2024 on over 96 000 Sudanese refugees arriving in Libya since April 2023, with many of them reportedly arriving traumatised, malnourished and in need of medical care.345 According to a public official quoted by the Libya Observer, as of October 2024, the number of Sudanese refugees in Kufra city was equal to half the city's population (reportedly not more than 50 000 people346), exhausting the city's institutions' capacities and resources.347

Incidents involving displacement, as reported by sources, include:

- On 20 October 2024, the RSF launched an assault on 30 villages in the state of Al Jazirah, leading to the displacement of over 119 400 people and the killing of 124 civilians. According to the Al Jazirah Ministry of Health, more than 27 women and girls aged between 6 and 60 years old were subjected to rape and sexual assault. The displaced fled to localities in the states of Gedaref, Kassala, and River Nile. 348

- On 16, 19 and 25 September 2024, artillery rounds on the Abu Shouk IDP Camp in El Fasher killed two children and wounded ten civilians.349

- On 16 September 2024, Radio Dabanga reported that the RSF besieged the area surrounding Shangil Tobay Refugee Camp, Shangil Tobay city, North Darfur state, which was going through a 'severe humanitarian crisis', and 'prevented the entry of food supplies such as sugar, flour, onions, fuel, and other essentials; they also confiscated any materials brought into the camp'.350

- On 11 September 2024, the RSF launched an artillery attack on Kafut, a residential area in El Fasher, striking homes and a shelter for IDPs located in a local school, where two women were killed and four civilians were injured.[351]

☐ (b) Food and water security

The Famine Early Warning Systems Network (FEWS NET) noted in August 2024 that more than 20 million people were in need of humanitarian food assistance in order to avoid 'hunger, acute malnutrition, and mortality'.[352] In October 2024, a group of UN experts declared in a joint statement that 'never in modern history' had 'so many people faced starvation and famine as in Sudan today'.[353] A UN aid official reportedly stated that 100 people were dying of hunger every day in Sudan.[354]

As of October 2024, Sudan was among the 'top four countries' with the highest rate of global acute malnutrition (GAM), according to UNOCHA.[355] In the same month, UNHCR and UNICEF issued a joint statement noting that an estimated 13 million children were acutely food insecure. About 3.7 million children under the age of five years old were estimated to experience 'severe acute malnutrition' and were in 'urgent need' of treatment to save their lives.[356] According to a Mercy Corps report of July 2024, four to five children are estimated to be dying from malnutrition-related causes every day in the Al Radoum area in South Darfur.[357]

According to an Integrated Food Security Phase Classification (IPC)[358] report of December 2024, the humanitarian situation was expected to continue to 'significantly worsen' in the coming months. The IPC's Famine Review Committee (FRC) identified famine conditions in five areas across the country where reliable data was available, including the Zamzam, Abou Shouk and Al Salam IDP camps and the Western Nuba Mountains. Famine conditions were expected to expand to five additional locations in North Darfur by May 2025. Moreover, the FRC identified a risk of famine in 17 other areas across Sudan.[359] In the Nuba Mountain area, about 20 % of families were facing a severe food shortage and about 30 % of children were suffering from malnutrition, according to local leaders of the SPLM-N, the armed group controlling the area. Several children and adults had reportedly died from malnutrition in the past few months, and Human Rights Watch (HRW) noted that while no data on the total number of deaths by starvation were collected, that number was likely to rise if food aid was not provided 'as a matter of urgency'.[360] In the Darfur region, graveyards were reportedly 'expanding fast', due to the rising number of people dying from starvation and diseases.[361]

Besides the increased risk of diseases and death, food insecurity also affected the population's mental health. World Vision estimated that due to the linkage link between hunger and mental health, 15.7 million children and their families might be at risk to develop mental disorders such as depression or anxiety. Moreover, in the context of conflict and food insecurity, gender-based violence such as sexual exploitation and child marriage were increasing.362 Other harmful coping mechanisms included prostitution for food, child labour or families eating whatever they could find.363 FEWS NET noted that in September 2024, food prices in the besieged city of Kadugli had increased by 500 % compared with September 2023, leaving IDP households dependent on support from their host communities and on wild foods.364 The Sudan Tribune quoted a resident from Dilling as similarly saying that many had resorted to eating leather or wild herbs.365 In other regions, people reportedly lived on only one meal per day.366

Food insecurity was caused by the disruption of trade routes – a consequence of conflict-induced displacement –, ensuing market food shortages and high prices unaffordable for most of the poor and IDP households,367 as well as by the disruption of agricultural production.368 The latter included the deliberate destruction of crops, 369 the disruption of the production or import of agricultural inputs such as seeds, fertilisers, and agrochemicals, and the shift from cultivating food crops to cash crops. 370 Food insecurity was further aggravated by the parties to the conflict preventing the access and delivery of humanitarian aid.371 A human rights analyst with deep knowledge of the country, who was interviewed by EUAA, stated that the RSF do not allow people to obtain goods from areas that they do not control and force people to buy expensive goods they have looted themselves.372

A group of UN experts noted in a joint statement in June 2024 that both the SAF and the RSF were 'using food as a weapon and starving civilians' and had to stop blocking, looting and exploiting humanitarian aid.373 The Danish Refugee Council (DRC), the Norwegian Refugee Council (NRC) and the Mercy Corps stated in a joint report of September 2024 that the hunger crisis in Sudan was 'human-made', with the parties to the conflict deliberately hindering the delivery of humanitarian assistance and blocking the access to aid for people in need, thus turning hunger into 'a weapon of war'.374 The SAF's and RSF's 'starvation tactics' reportedly included the use of bureaucratic and administrative impediments to obstruct the delivery of aid, attacks against local respondents,375 logistical constraints and the blocking or delaying of aid to access areas controlled by the respective other party.376

According to UNICEF, 17.3 million people in Sudan were lacking access to safe drinking water and about 24 million access to sanitation facilities.377 Africanews reported in October 2024 that tens of thousands of households had reportedly been left without access to safe drinking water in Khartoum city after parts of the city's water infrastructure had been destroyed by fighting and could not be repaired due to a lack of personnel and spare parts. Instead, residents relied on water from the Nile River or

untreated water that had to be bought at high prices, thus risking falling ill with water-borne diseases such as cholera.[378]

Moreover, water sources in several states across the country were destroyed and contaminated by heavy rainfall and flooding, leading to an increase in cholera cases in the weeks following the end of the rainy season. A new cholera outbreak had been officially declared in August 2024 by Sudan's Federal Ministry of Health (FMoH) starting from 22 July 2024.[379] As of the end of November 2024, the number of cases had risen to 43 490, and 1 187 people across 11 states had died of the disease, according to the Ministry of Health.[380]

UNHCR pointed to the necessity of improving water and sanitation infrastructure in refugee camps to cope with the rising number of displaced persons, as poor conditions and unsafe hygiene practices had contributed to a cholera outbreak in these areas.[381] Measures included, for example, maintaining water distribution networks, water chlorination, the cleaning of latrines and hygiene promotion campaigns across refugee camps in Gedaref state.[382]

UNICEF similarly reported on the provision of water, sanitation and hygiene (WASH) services to more than half a million people and 10 health care facilities in 41 localities across 17 states in September 2024, including the construction or repair of water sources, chlorination/ flocculation[383] of water and water trucking.[384] 1.9 million people had reportedly been supported by UNICEF with water chlorination of water sources as of mid-September 2024.[385]

Zamzam camp

UNICEF and the WFP pointed to severely limited humanitarian access as one of the primary causes of famine in the Zamzam camp,[386] the country's largest IDP camp located in El Fasher, North Darfur's capital city.[387] With the RSF controlling most of the supply roads and making it 'all but impossible' to deliver humanitarian supplies for the camp's 300 000 to 500 000 residents, Doctors without Borders (MSF) stated in September that it had to cut down the services it was able to provide, while about 10 % of the more than 29 000 children under the age of five living in the camp were suffering from live-threating levels of hunger and 34 % more from global[388] acute malnutrition (GAM).[389] According to aid groups cited by NPR, children were dying almost daily and many camp residents had been forced to eat peanut shells and animal fodder.[390] For additional information on the situation in Zamzam camp, please see below section 2.2.4 (Darfur - Civilian casualties) of this report.

In North Darfur state, the ongoing blockade of deliveries by the RSF led to a scarcity of affordable fuel in El Fasher city and the Zamzam IDP camp, thus making it difficult to operate water pumps necessary to provide water to the local and IDP populations.[391] According to the International Committee of the Red Cross (ICRC), one third of the Zamzam camp's water points were not working as of November 2024.[392] Previously,

several water points had reportedly been contaminated by flood water following heavy rains. ‘Multiple’ latrines at school facilities had reportedly also been affected.393

In early December 2024, Zamzam camp was reportedly attacked by RSF forces, causing casualties and forcing people to flee.394 The RSF denied responsibility for the attack.395 NPR noted with reference to local media sources that more than 80 people were killed and almost 400 injured in the ongoing shelling. Patients in need of surgery had to be transferred to a hospital in nearby El Fasher city. Transport, however, was dangerous as warring parties were holding positions along the only exit road. One humanitarian driver was reportedly killed earlier in 2024 on the way to the hospital.396 For additional information regarding attacks on humanitarian staff, please see below section **1.3.1 (d) of this report**.

☐ (c) Access to healthcare and medical supplies

As of October 2024, UNOCHA referred to the country’s health system in some states as ‘barely functional and essentially defunct’.397 An Integrated Food Security Phase Classification (IPC) analysis of September 2024 pointed to reports of ‘highly dysfunctional health services’ in several parts of the country.398 Other sources described Sudan’s health system as ‘collapsing’,399 facing ‘virtual collapse’,400 or being ‘in ruins’,401 with an acute shortage of personnel, funding and medical supplies, 402 attacks on medical facilities,403 as well as electricity blackouts and insufficient water supplies.404

In September 2024, the World Health Organization (WHO) stated that in the areas worst affected by the conflict such as Al Jazirah, Kordofan, Darfur and Khartoum, 70-80 % of health facilities were ‘barely operational or closed’. The same applied to about 45 % of health facilities in other parts of the country. More than 100 verified attacks on health care facilities had been recorded since the outbreak of the armed conflict in April 2023, although the actual number of attacks was likely ‘much higher’, according to the WHO. Attacks targeted not only health facilities but also healthcare workers, ambulances and other means of transport, medical supplies and equipment and warehouses, and in 29 cases, directly impacted patients.405 Several sources pointed to the deliberate nature of attacks on health care by the warring parties,406 notably the RSF.407

In July 2024, MSF suspended all activities at the Turkish hospital in Khartoum, located in an area under RSF control. The announcement was made following a year of

‘multiple violent incidents […] inside and outside the premises’, including death threats against MSF staff.[408] According to a joint study by the Humanitarian Research Lab (HRL) at Yale School of Public Health and the Sudanese American Physicians Association (SAPA), nearly half of hospitals in Khartoum state were damaged in attacks between 15 April 2023 and 26 August 2024. The study pointed to the ‘widespread, indiscriminate, and persistent nature of attacks on this critical infrastructure’ and noted these attacks affected not only the local patient population but the entire country, as also tier-1 referral facilities and teaching hospitals had been targeted.[409] The Saudi Maternity Hospital, the last – partially – functional in El Fasher in Northern Darfur was repeatedly attacked, including in August[410] and October 2024, injuring medical staff and damaging several departments and infrastructure.[411] It was destroyed by repeated RSF artillery and drone attacks in December 2024, which damaged several sections of the hospital, rendering it unusable.[412]

The ICRC observed in August 2024 that two thirds of the population were no longer able to access essential health services, as many of them had to close due to the ongoing violence. Violent incidents reportedly included an increasing number of attacks on and threats against personnel and patients, as well as the looting and vandalising of health facilities,[413] such as a dialysis centre in Al Hilaliya in Al Jazirah state.[414] Many health workers fled from the ongoing violence, thus increasing the shortage of medical staff.[415] According to UNHCR, there is currently one doctor available for 24 000 patients, in comparison to the emergency standard of 10 000 patients per one doctor.[416]

Moreover, the ICRC pointed to reports that civilians were increasingly being denied healthcare services.[417] Given the lack and inaccessibility of healthcare facilities, it reportedly became increasingly difficult for women to access maternal health services.[418] According to the United Nations Population Fund (UNFPA), an estimated 1.6 million women and girls of reproductive age were in need of reproductive health care as of May 2024.[419] UNFPA reported that '[a]ccess to essential sexual and reproductive health (SRH) services is dwindling, placing pregnant and lactating women at heightened risk of complications due to malnutrition and lack of healthcare'.[420]

Pregnant women gave birth without medical assistance or with unsterilised instruments, according to the New Humanitarian (TNH). Moreover, while sexual violence was reportedly widely used as a tool of war, rape victims were unable to access medical services, or to get abortion medication and post-exposure prophylaxis to prevent an HIV infection.[421]

In addition, the lack of functioning medical infrastructure exacerbated outbreaks of cholera, malaria and dengue fever.[422] In the context of a ‘mysterious’ eye disease that appeared in early August 2024, doctors were reportedly lacking the resources and tools to properly diagnose and treat the disease, which was suggested to be linked to

environmental damage caused by toxic remnants of war.423 MSF reported that Sudanese staff severely ill with malaria could not be treated due to a lack of essential medicines.424

UNICEF noted that the outbreak of several infectious diseases occurred in the context of a 'significant' decline in vaccination rates and the conflict-related destruction of health and WASH infrastructure. A cholera vaccination campaign was reportedly conducted in September 2024 in Kassala state.425

Health centres in Sennar, South Darfur and North Kordofan states reportedly pointed to a severe shortage of medicines. Moreover, a dialysis centre in North Kordofan had to stop working due to a lack of dialysis materials. Dialysis centres in South Darfur and in some SFA-controlled states were reportedly also facing shortages of medical supplies and functional equipment and either had to close or were at risk of closure.426 For additional information on the lack of medical supplies and on access to healthcare until February 2024, please see section 1.1.5 of the previous report (EUAA report Sudan - Country Focus, April 2024).

☐ (d) Aid delivery and humanitarian access

In the period from January to October 2024, 12.4 million people received 'some form' of humanitarian assistance, according to UNOCHA.427

Nevertheless, humanitarian organisations continued to experience 'a range of restrictions and challenges', such as bureaucratic obstacles, attacks on humanitarian personnel and facilities, and interference in humanitarian operations. From January to September 2024, humanitarian organisations reportedly recorded 73 incidents of humanitarian access impediments in 16 states and 30 localities.428

In April 2024, MSF noted that the country's government continued to obstruct the delivery of humanitarian aid, in particular to areas outside their control, by denying travel permits for humanitarian workers and supplies to cross front lines, restricting the use of border crossings and the issuing of humanitarian visas. On the other hand, in areas under RSF control, MSF pointed to frequent incidents of looting warehouses and health facilities, harassment and arrests of medical personnel - especially those working for the Ministry of Health - as well as carjacking.429

Delivery of aid continued to be blocked or delayed by the parties to the conflict.430 UNICEF mentioned 'access constraints' that impeded the delivery of humanitarian

assistance, in particular to areas such as Kordofan, Darfur and Khartoum, due to bureaucratic obstacles, ongoing fighting and 'lack of commitment' from the warring parties to give security guarantees for humanitarian operations.[431] The UN's Independent International Fact-Finding Mission for the Sudan noted in a report of October 2024 that humanitarian organisations continued to face 'multiple challenges', such as the denial of or delays in processing visa applications or granting travel permits for humanitarian workers as well as restrictions on cross-border delivery of humanitarian aid and on humanitarian movement within the country. The Sudanese Agency for Relief and Humanitarian Operations (SARHO), established by the RSF in August 2023,[432] reportedly introduced administrative impediments such as registration requirements of humanitarian organisations or mandatory travel permits for aid workers and supplies entering RSF-controlled areas. Moreover, according to humanitarian organisations, RSF compiled a list of vendors from whom they must purchase local goods and services in the future, which would undermine the neutrality of their organisations and activities.[433]

On the other hand, FEWS NET pointed to disruptions in cross-line aid deliveries to Darfur and Kordofan districts following a 'proliferation of checkpoints' by Sudanese Armed Forces (SAF) and delays in granting approvals for the passing of aid convoys.[434] Moreover, Sudanese authorities restricted cross-border aid deliveries from Chad into Darfur in February 2024, claiming that the border with Chad was being used for the transfer of arms and equipment into Darfur, as a leaked UN experts' report of January 2024 suggested.[435] While alternative routes were allowed, they were repeatedly facing blockades and bureaucratic obstacles, according to a joint report by the Norwegian Refugee Council (NRC) and other organisations.[436] The Ayin Network reported on allegations of irregularities with regard to the distribution of aid supplies by the Humanitarian Aid Commission (HAC), the official body under the 'de facto army government' tasked with overseeing humanitarian operations.[437]

The UN's International Independent Fact-Finding Mission eventually concluded based on its findings that both the RSF and the SAF and their respective allied militias prevented access of humanitarian aid to areas controlled by the respective other party;[438] the International Crisis Group made a similar observation.[439]

The Assessment Capacities Projects (ACAPS) noted in a report of June 2024 and with reference to several sources that cross-border deliveries of humanitarian aid remained challenging, with the El Tina border crossing from Chad being the only exception. At other crossing points, including Wadi Halfa and Argin (from Egypt), Gallabat (from Ethiopia) and Renk-Kosti (from South Sudan), aid organisations continued to face legal obstacles and blockages from both the Sudanese and the respective other authorities. Humanitarian personnel continued to be allowed to enter Sudan only through Port Sudan.[440] In November 2024, the country's military leader, General Al-Burhan, granted permission to the United Nations to use three airports – Kadugli (South Kordofan), El Obeid (North Kordofan) and Damazin (Blue Nile) – as 'humanitarian hubs'

for storing aid supplies.441

In mid-August, the Adre border crossing between Chad and Sudan was re-opened for a period of three months for the delivery of humanitarian aid.442 In mid-November 2024, Sudan's government decided to extend the opening for another three months. During that period, at least 377 trucks have reportedly delivered aid supplies for about 1.4 million people in need through the Adre border crossing into Sudan.443

In mid-November 2024, the first aid convoy in several months reached Zamzam, a camp in North Darfur hosting about half a million IDPs where famine has been confirmed since August 2024.444 MSF had previously announced that it had to stop outpatient treatment for more than 5 000 children with acute malnutrition living in the camp as the warring parties had blocked the delivery of aid supplies for several months.445 For additional information, please see also the sub-section on Zamzam camp in section 1.3.1(b) above.

Government officials rejected claims of famine in Zamzam and other camps, claiming that conditions for the declaration of famine did not exist,446 and that MSF's finding were exaggerated. The rejection was reportedly linked to military concerns that an official declaration of famine would increase pressure on the government to allow easier access of humanitarian supplies, thus increasing the risk of allowing in supplies for the RSF and areas under its control.447

In a statement of June 2024, a group of UN experts pointed to the 'deliberate targeting' of humanitarian personnel and local volunteers, noting that many of them had been arrested, threatened and prosecuted during the previous weeks.448 [...] A UNOCHA representative similarly stressed in the context of a Security Council meeting in August 2024 that humanitarian workers continued to face harassment and – in some cases even deadly – attacks. Other sources pointed to attacks on local volunteers and activists of emergency response rooms who were operating in conflict zones.449 Humanitarian Outcomes noted that in the period from January to October 2024, 25 aid workers had been killed in Sudan.450 For additional information regarding attacks on humanitarian or aid personnel, please see sections 1.1.5 (Humanitarian situation) and 2.2.1 (Aid workers) of the of the previous report (EUAA report Sudan - Country Focus, April 2024).

131d_451452_Sudan_humanitarian_access_contraints_092024

Map 3. Humanitarian access constraints map, September 2024.451, 452

☐ (e) Road security

Border areas

The Gallabat-Metema crossing between Sudan and Ethiopia re-opened on 21 October 2024.[453] It had been closed in early September after the Fano militia took control of Metema town in the Ethiopian Amhara region bordering Sudan's Gedaref district.[454] Thousands of Sudanese reportedly have crossed into Ethiopia through this border point since the beginning of the armed conflict in April 2023.[455] The border crossing had been closed several times in the past,[456] and reopening reportedly included the establishment of a temporary Sudanese-Ethiopian security force.[457]

Border issues with South Sudan over the disputed region of Abyei remained unresolved and the security situation in the region continued to be affected by the armed conflict in Sudan, in particular in terms of an ongoing influx of arms into the region and the arrival of people displaced by the fighting. According to a report by the UN Secretary-General on the situation in Abyei, 691 displaced persons arrived in Abyei in the period 16 April - 1 October 2024, the majority of whom were women and children.[458] Moreover, there were reports of RSF fighters crossing into Abyei and being involved in incidents of looting in October 2024.[459]

For additional information on the main border crossing and internal routes, please see section 1.1.5 (e) of the previous report (EUAA report Sudan - Country Focus (April 2024).

Internal routes

In Khartoum city, both, RSF and SAF reportedly set up checkpoints in their respective areas of control. MSF noted, in March 2024, that there had been reports of civilians being mistreated by staff at SAF checkpoints when going back to government-controlled areas.[460] RSF checkpoints were also reported in Sinjah, the capital city of Sennar state, along the national highway leading south to Abu Hugar, on the road north to Senna and on the road to Al-Rusayris in Blue Nile state as of June 2024.[461] In November, the SAF reportedly regained control over Sinjah,[462] as well as over the road linking Sinjah to Damazin, the capital city of Blue Nile state.[463] Previously, the SFA had retaken control over Jabal Moya, a mountain overlooking key roads linking Sennar to neighbouring states and claimed to have set up 'huge checkpoints' in the area.[464]

In North Darfur, the road running from the city of El Fasher's western gate (reportedly the only one not controlled by the RSF) around the Zamzam camp and then to Tawila and other towns further west was reportedly 'dotted with checkpoints' staffed with armed men who charged fees for letting vehicles pass. The Guardian quoted a driver saying that he was charged with at least 5 000 Sudanese pounds at every of the more than 15 checkpoints along the way, which increased the price for a place on the lorry and made it unaffordable for many families wishing to leave El Fasher.[465] In November

2024, the Humanitarian Research Lab at Yale School of Public Health noted that the B-26 road linking El Fasher with the Zamzam camp was under threat from RSF lines of attack.466 UNOCHA's Humanitarian Access Constraints map of December 2024 marked all main roads linking Al Fasher with surrounding towns and cities as either only partially accessible or inaccessible.467

Circulation on main routes

Cross-line aid deliveries inside the country remained challenging. For example, of two proposed routes to deliver aid from Port Sudan to El Fasher in North Darfur, the RSF rejected the northern route via Ad Dabbah,468 Atbara and Mellit,469 while the southern route via Kosti and El Obeid had been out of use since the end of 2023 due to increased fighting and the lack of delivery permits by the warring parties.470 Similarly, UNOCHA pointed to insecurity, bureaucratic obstacles and poor road conditions as the main reasons for the routes to Blue Nile, Khartoum, Darfur and Kordofan remaining inaccessible through the Gedaref-Sennar route.471 Moreover, the RSF and several local militias were reportedly setting up checkpoints and charging 'protection fees' from aid convoys crossing through territory under their control.472 For information on cross-border and cross-line aid deliveries, please also see above section 1.3.1(d) of this report.

The Danish Refugee Council (DRC) quoted traders from West Darfur and South Kordofan equally saying that they were forced to pay fees at checkpoints set up along trading routes.473 The UN Fact-Finding Mission pointed to reports of civilians being physically attacked at RSF checkpoints on the way between El Geneina and Adre, Western Darfur.474

In August 2024, seasonal rainfall and flooding led to the disruption of roads in several areas in Central Darfur, including around Mornei and Krinding bridges and between Nertiti and Golo, delaying the delivery of aid supplies.475 Radio Dabanga reported on the collapse of four important bridges in the Darfur region, among them the Azum Valley Bridge in West Darfur, a 'critical logistic link' between the West, Central and South Darfur states.476

In an interview with EUAA, a human rights analyst with in-depth expertise on the country indicated that the SAF usually places checkpoints in the main highways, while the RSF has many checkpoints within cities and neighbourhoods.477 The Dutch COI report indicated that, according to Sudanese human rights organisation Sudan Transparency and Policy Tracker, between Nyala and El Fasher, for example, the RSF can have as many as 70 checkpoints.478 A confidential source also indicated that between Central and South Darfur, the RSF can have as many as 45 checkpoints.479 Around Port Sudan there are also many checkpoints.480 Checkpoints are also usually located next to markets, so people are obliged to pay a fee when they go to get food.481

Sources indicated that people transiting through checkpoints are requested to pay.[482] The Dutch COI report indicated that, according to confidential sources, the fee to transit a checkpoint can reach 'thousands' of Sudanese pounds at each checkpoint.[483] A human rights analyst with years of experience in the country interviewed by the EUAA indicated that fees range from $10 to $100 USD.[484]

Combatants from both the SAF and the RSF often harassed women, detained men,[485] and steal valuables at checkpoints.[486] The human rights analyst interviewed indicated that people from Darfur are ethnically targeted at checkpoints by both the RSF and the SAF, and that younger people are more likely to be targeted.[487] In an interview with EUAA, Elbagir Ahmed Abdullah also indicated that particular profiles, including members of Resistance Committees, Emergency Response Rooms, and political activists, face 'lots of difficulties', with some of them detained and interrogated about their political affiliations.[488] The same source indicated that women and children are particularly vulnerable at checkpoints, and provided the example of a woman who was subjected to sexual violence at a checkpoint in Gedaref and sustained bleeding from the injuries, according to medical volunteers at an IDP camp in Gedaref.[489] Human Rights Watch mentioned the case of a family (husband, wife and three daughters) that was stopped at a RSF checkpoint when they were trying to flee Al-Sireha on 22 October 2024, and was pressured to hand over the youngest daughter of 15 years of age; the family managed to escape.[490] The Dutch COI report indicated that

'[i]n some cases, the unfair treatment at a checkpoint seemed arbitrary in nature. For example, one source was aware of a group of people travelling from Kadugli, the capital of South Kordofan, to Port Sudan in the north of the country. This group passed many checkpoints held alternately by the SAF and the RSF. The travelling group was threatened by both sides. In other cases, negative treatment at a checkpoint targeted individuals. For example, a source was aware of human rights defenders who were blacklisted and detained at SAF checkpoints in eastern Sudan. According to the source, some were released, but many remained in detention'.[491]

In an interview with EUAA, a human rights analyst with deep knowledge of the country provided the following information about checkpoints:

'There is no significant commander control over checkpoints by both the RSF and the SAF. … It is like a feudal system with the RSF. For example, a Lieutenant picks a junior officer with 20 soldiers under his command and tells him to run a checkpoint. The junior officer would need to pay the Lieutenant certain amount of money every month, but he would be free to do anything with the checkpoint. The more money the junior officer pays back, the more benefits he gets. With SAF is more opportunistic, you can negotiate, they may let you pass'.[492]

In an interview with EUAA, Elbagir Ahmed Abdullah indicated that 'buses transiting through a checkpoint are searched thoroughly. Journalists are at the mercy of soldiers

manning checkpoints, they can be said to be luckier compared to other travellers; however, soldiers are very volatile, and the situation can change unexpectedly.493

According to a report by Human Rights Watch, between February and April 2024, 'UN convoys stopped entering Sudan from Eastern Chad along the route toward El Geneina following a Sudanese Armed Forces declaration that it would no longer allow such cross-border movement'.494

According to OCHA, '[r]outes to Blue Nile, Khartoum, Darfur, and Kordofan via Gedaref-Sennar remain inaccessible since mid-June due to insecurity, bureaucratic impediments, and poor roads'.495 Sudan Protection Cluster reported that civilians attempting to flee violence in Al Jazirah state have faced difficulty due to the presence of armed actors and the use of heavy weaponry, including bombardments on RSF positions in Azraq.496

A report by the Sudan Protection Cluster indicated that, in conflict areas such as Tamboul, Al Jazirah state, civilians have faced obstacles when trying to flee, with some of them getting trapped in areas where bodies of the deceased remained uncollected in the streets, and that there are reports of wounded persons who are unable to access medical care due to violence from armed groups and bombardments.497 The Protection Cluster indicated that those who managed to leave Tamboul faced a journey of over 100 kilometres on foot toward New Halfa, Al Fao, and Geradef, which takes about three days to complete and with limited access to water, food, and exposed to violence.498

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- 487

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