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2.1.4. Civilian casualties

As of December 2024, there were no reliable statistics available on direct and indirect conflict deaths. For more information on the difficulty of reporting and obtaining data in the conflict see sections 1.1.4 Security incidents and civilian deaths estimates and section 1.3.2 Communication and media presence.

A study the London School of Hygiene & Tropical Medicine (LSHTM)'s Sudan Research Group estimated that between 15 April 2023 and 4 June 2024, there had been 61 202 all-cause wartime deaths (which also included deaths from accidents, disease and starvation) and 26 024 deaths from intentionally inflicted injury in Khartoum state.636 This figure by far surpassed the number of fatalities from intentional injury (battles, explosions/remote violence/violence against civilians) recorded by ACLED for the entire country during the same period (20 104 fatalities).637 The LSHTM estimated that more than 90 % of both all-cause and intentional-injury deaths in Khartoum state had gone unrecorded.638
Between March639 and October 2024, Action on Armed Violence (AOAV) recorded 604 civilian casualties resulting from incidents of explosive weapons use in Khartoum state, with peaks recorded in September (178 casualties) and October (158 casualties).640

Many indirect cases of death resulting from war-exacerbated factors – such as lack of emergency care, essential food, medicine and vaccination programs – have not been recorded.641 Khartoum's healthcare system has been 'decimated' due to the conflict,642 with MSF warning in January 2025 that healthcare in the state was 'on the verge of collapse'.643 An analysis of satellite imagery by the Humanitarian Research Lab at Yale School of Public Health (Yale HRL) revealed that 41 out of a total 87 hospitals sustained damages in 55 incidents documented through satellite imagery during this period (eight hospitals were assessed as 'minimally damaged' and 33 as 'partially damaged').644 Residents of Khartoum state were increasingly being cut off from healthcare as only a limited number of hospitals were still operational645 (in Bahri, only one hospital was functional as of October 2024)646 and prices of essential medicines have risen exponentially. Movement restrictions imposed on medical and humanitarian workers have prevented residents from being able to access lifesaving treatments for injuries and preventable diseases.647

Khartoum has been affected by severe food insecurity as a result of the ongoing conflict,648 with reports of deaths from starvation,649 including among children.650 The Integrated Food Security Phase Classification (IPC) assessed in December 2024 that the risk of famine was 'extremely high' in Khartoum state.651 As of July 2024, over 90 000 residents of Khartoum city were facing 'catastrophic levels of hunger (IPC5)' – indicating they were unable to access

sufficient food to survive and were at risk of starvation.652

ACLED observed that the security incidents it recorded in Khartoum state between 1 February 2024 and 30 November 2024 caused an estimated 2 127 fatalities.653 Among main security events affecting civilians were air and drone strikes, clashes between the parties to the conflict, and instances of artillery shelling.654

214_655_estimated_number_fatalities_01022024_30112024

Figure 7: Fatalities as a result of armed conflict in Khartoum, 1 February 2024 – 30 November 2024, based on ACLED data655

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