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1.3. Impact of the security situation on civilian population

1.3.1. Humanitarian situation

In 2025, the humanitarian crisis reached 'catastrophic proportions',[354](#) with reports of starvation and famine in parts of Sudan.[355](#) Meanwhile, experts have described the crisis as 'the world's largest humanitarian emergency'.[356](#) Across the country, humanitarian access has been systematically obstructed by both parties,[357](#) and starving civilians served the purposes of the conflicting parties[358](#) – the best reported example being the deliberate starving of the population in El Fasher by the RSF.[359](#) An Integrated Food Security Phase Classification (IPC) analysis drawing on data available up to 10 April 2026 showed that about 19.5 million people (41 % of the total population) faced high levels of acute food insecurity, while 14 areas faced a risk of famine.[360](#)

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Map 3. Sudan Acute Food Insecurity: June 2026 assessed outcomes[361](#)

Throughout the reference period, Khartoum, Darfur and Kordofan were the regions where conflicts triggered the highest number of displacements, both within the states and out of them.[362](#) According to IOM, as a consequence of the conflict and displacement, psychological distress was reported in 24 % of households nationwide. Moreover, people in Sudan faced critical insecurity of tenure. Particularly, IDP households in both rural and urban displacement sites, relied on makeshift shelters and lived under conditions of overcrowding and poor infrastructure.[363](#)

Indiscriminate attacks by warring parties continuously targeted medical personnel, healthcare facilities, critical civilian infrastructure, and humanitarian aid.[364](#) Humanitarian access remained highly restricted, particularly in North Darfur and the Kordofans.[365](#) As reported in June 2026, drone strikes hit areas beyond active frontlines, including IDP sites. These strikes limited chances for return or improved humanitarian access, destroyed critical and health infrastructure essential for the survival of civilians, such as markets, hospitals, airports, and fuel depots.[366](#) Schools[367](#) and residential areas were targeted, humanitarian personnel and volunteers were tortured and killed,[368](#) drinking water and sewage systems damaged.[369](#)

○ a) IDPs and refugees on the move

According to IOM, as of 30 July 2026, there were an estimated 8.6 million IDPs recorded across all 18 states in Sudan,[370](#) which represents a decrease of about 2.6 million IDPs since March 2025.[371](#) According to UNHCR, as of 6 July 2026, the total number of persons displaced by the conflict amounted to 11.4 million people. Of these, 4.6 million were displaced into neighbouring countries, while 6.6 million were internally displaced.[372](#) As of 28 July 2026, IOM recorded about 4.9 million returnees across 9 states, of whom 82 % (4 million) were IDP returnees and 18 % (900 000) returnees from abroad.[373](#) About 50 % of returnees and 55 % of IDPs were children under the age of 18.[374](#)

As of August 2025, IDPs were the most vulnerable group in terms of shelter in Sudan as even after years of conflict, many remained in temporary or inadequate housing. More precisely, 30 % of IDPs lived in makeshift shelters, 10 % in tents, and only 24 % in solid houses.[375](#) The international humanitarian organisation Norwegian Refugee Council (NRC) reported, in April 2026, that displaced families within and outside Sudan had experienced major losses, including lost personal belongings, homes and livelihoods. Moreover, 66 % of respondents displaced to Chad, South Sudan and within Sudan had lost contact with family members entirely, without knowledge about their conditions or whereabouts.[376](#) The United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) stated in February 2026 that many IDPs had been extorted, affected by sexual violence, kidnapped, and trafficked while fleeing. Moreover, older persons and persons with disabilities were often unable to leave in time and were therefore left behind in conflict-affected areas.[377](#) Large numbers of IDPs, especially in East and North Darfur, reportedly lived under conditions that ‘significantly increase health and protection risks’, as shelters were partly unsafe or collapsed, overcrowded, inadequate regarding privacy, or poorly ventilated.[378](#)

As of July 2026, 47 % of IDPs originated from North and South Darfur, particularly El Fasher (15 %). 19 % of IDPs had their origins in Khartoum state. The main destinations for IDPs were North, South and Central Darfur. 91 % of IDPs from Khartoum left their state, whereas most IDPs from across the Darfur region were primarily displaced within the broader Darfur region.[379](#)

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Figure 4: Sudan, IDPs’ States of Origin and Displacement, as of 30 July 2026.
EUAA elaboration based on IOM DTM Data[380](#)

According to IOM’s Displacement Tracking Matrix (DTM) Data, as of 30 July 2026, North Darfur was the primary state of origin of IDPs (2 063 450), followed by South Darfur (1 985 088) and Khartoum (1 668 122). South Darfur was the state hosting the most IDPs (1 765 738), followed by North Darfur (1 672 222) and Central Darfur (993 352).
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Figure 5: Sudan, IDPs’ movement by state, as of 30 July 2026. EUAA elaboration based on IOM DTM Data[382](#)

According to IOM’s Displacement Tracking Matrix (DTM) Data, as of 30 July 2026, of the 2 063 450 IDPs from North Darfur, 1 579 288 were internally displaced within North Darfur, and 484 162 to other states. Of the 1 985 088 IDPs from South Darfur, 1 656 578 were internally displaced within South Darfur, and 328 510 to other states. 683 528 IDPs originating from Central Darfur were internally displaced within the state, and 73 576 to other states. Of the 1 668 122 IDPs from Khartoum, 150 591 were internally displaced within Khartoum, and 1 517 531 to other states.[383](#)

According to IOM estimates, about 4.6 million people were displaced from Sudan to neighbouring countries since April 2023.[384](#) About 1.5 million (33 %) crossed into Egypt, 1.4 million (30 %) into South Sudan, 1.3 million (29 %) into Chad, 184 100 (4 %) into Ethiopia, 158 700 (3 %) into Libya, and 44 500 (1 %) into the CAR.[385](#) African Security Analysis (ASA)[386](#) reported in June 2026 that intercommunal violence was a driver of displacement for families from Central and South Darfur, who crossed the border into Chad.[387](#)

As of July 2026, IOM reported return movements to areas of Sudan involving about 4 032 500 IDP returnees and 896 500 returnees from abroad.[388](#) Between January 2024 and June 2026, IOM monitored inflows from neighbouring countries amounting to about 954 000 individuals. Of these, 464 400 returned from Egypt at Argeen border crossing and 305 200 at Ashkeet; 125 900 from Chad at Um Dukhun border crossing, 54 200 at Adekonk, and 900 at Al-Tina; 2 000 from Ethiopia at Gallabat/Metema border crossing; and 1 300 from Eritrea at Al-Laffa border crossing.[389](#) The principal state of origin of IDPs who returned to areas of Sudan was Khartoum, followed by Al Jazirah, River Nile, Central Darfur, Northern, and West Darfur.[390](#)

Table . Individuals crossing from and to Sudan from neighbouring countries (January 2024 - June 2026)[391](#)

Neighbouring Country	Individuals who crossed from Sudan	Individuals who crossed Into Sudan	Data collection period
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Chad	1 336 784	181 038	Aug 2025 - Jun 2026
Egypt	1 514 824	769 602	Jan 2024 - Jun 2026
Ethiopia	184 055	2 013	Aug 2025 - Jun 2026
Eritrea	1 311	1 311	Apr 2026 - Jun 2026
Total	3 036 377	953 964	

The source indicates that data on cross-border movement from Sudan to neighbouring countries is collected from various sources: Chad (IOM, UNHCR); Egypt (Egypt Ministry of Foreign Affairs); Ethiopia (IOM). Data on cross-border movement valid as of: Chad (6 July 2026); Egypt (14 July 2026), and Ethiopia (31 December 2025). Due to high mobility and the fluidity of the situation, these estimates may not capture all movements and could be subject to underreporting. These estimates represent cumulative movements from Sudan to neighbouring countries since 15 April 2023. [392](#)

○ **b) Food and water security**

Food insecurity in Sudan was among the most critical worldwide,[393](#) as farms were contaminated by landmines and explosive remnants of war (ERW)[394](#) or devastated by the conflict, and markets and infrastructure were damaged across multiple areas,[395](#) and supply chains interrupted.[396](#) The destruction of agricultural equipment and robbing of warehouses by RSF further constrained food supply.[397](#) The conflict in the Middle East is intensifying the hunger crisis further, as it has disrupted supply chains [398](#) such as global oil and fertilizer supplies. Consequently, prices of food have risen sharply in Sudan.[399](#)

According to UN Women, food insecurity in Sudan affected women and girls disproportionately.[400](#) National hunger totals were alarming and female-headed households (FHHs) were three times more at risk of extreme hunger than male-headed households. In 2025, extreme hunger in FHHs has reportedly nearly doubled. Less than 2 % of FHHs could sustain themselves with sufficient food.[401](#)

In the first half of 2026, 'severe' food insecurity (IPC Phase 3 or above) remained high – affecting nearly 19.5 million people in Sudan – even though the harvest had only just taken place.[402](#) IPC described the food security situation as 'extremely fragile and

volatile', although, with regard to areas previously classified as IPC Phase 5, data available did not allow for disaggregation for the February to May 2026 IPC reporting period. Between May and September 2025, the number of highly food insecure people had decreased by 3.4 million people due to improved conditions in Khartoum, Al Jazirah and Sennar states, whereas active conflict and restricted access exacerbated food insecurity in Greater Darfur and Greater Kordofan. As of September 2025, 98 % of the nationwide total facing food insecurity classified as IPC Phase 5 lived in these areas.[403](#)

From 1 March 2025 to 31 August 2026, an officially declared famine has been reported for parts of Darfur (including El Fasher)[404](#) and Kordofan (including the Western Nuba Mountains[405](#) and Kadugli)[406](#). A risk of famine has been reported for areas in the Greater Darfur and Greater Kordofan regions (including the Nuba Mountains, Nyala, and Dilling)[407](#) as well as for Al Jazirah, and Khartoum states.[408](#) According to the Safeguarding Health in Conflict Coalition (SHCC)[409](#) and Insecurity Insight, in mid-2025, famine was declared in 10 areas and 17 areas were at risk of famine.[410](#) Reportedly, famine conditions were particularly severe in El Fasher[411](#) in North Darfur, and Kadugli[412](#) and probably Dilling (lack of data prevents IPC classification of this area)[413](#) in South Kordofan, due to sieges imposed.[414](#) According to IPC, as of June 2026, food insecurity was reaching critical levels in Al-Tina and Kadugli in North Darfur, Al-Sunut in West Kordofan, and Al-Buram in South Darfur, with a heightened risk of death among children under the age of five.[415](#)

In a UNICEF assessment in North Darfur's Um Baru in December 2025, 18 % of children assessed suffered from life-threatening Severe Acute Malnutrition (SAM), 35 % from Moderate Acute Malnutrition (MAM). These were among the highest recorded malnutrition rates in the world.[416](#)

Water systems were destroyed in the conflict, resulting, as of May 2026, in an estimated 17 million people without access to safe drinking water.[417](#) As reported in April 2026, the conflict exacerbated the already 'severe and compounding challenges' of Sudan's water systems. Damaged and poorly maintained water delivery systems have become inoperable, and water pumping stations suffered from fuel shortages[418](#) or weak and unstable electricity supplies[419](#). By contrast, for most rural communities, water supply came from hand pumps and protected wells.[420](#) UNOCHA reported in February 2026 that lack of clean water and basic hygiene was among the biggest challenges for the communities consulted. More than 27 million people in Sudan needed WASH assistance, and FFHs had a 40 % higher risk of extreme water deprivation. Existing water services came under 'immense strain' especially in areas hosting large numbers of IDPs. People were exposed to unsafe water and high risks of related outbreaks of diseases such as cholera, dengue and malaria, in return, conflict, and urban areas.[421](#)

○ c) Healthcare

The WHO reported in January 2026 that more than 20 million people in Sudan required health assistance, but ongoing fighting, mass displacement, increasingly deadly attacks on health care, lack of medical supplies, and shortages of funding and health personnel have severely damaged the country's health system.[422](#)

Between 1 March 2025 and 17 August 2026, Insecurity Insight recorded 94 attacks on health care facilities and their vicinity in Sudan, 66 of which were reportedly perpetrated by the RSF and 14 by the SAF. These attacks resulted in the destruction of 10 health facilities and damaged 55 more.[423](#) 12 aerial attacks on health care were recorded between January and March 2026.[424](#) As of January 2026, about 37 % of all health facilities were non-functional[425](#) due to damage sustained since the outbreak of the conflict in 2023, and millions of people lacked access to essential and life-saving health services.[426](#)

According to SHCC and Insecurity Insight, the conflict had a severe impact on the availability of medical supplies and contributed to critical shortages or non-availability of essential commodities, medicines, and vaccines.[427](#) Domestic pharmaceutical manufacturing had effectively halted,[428](#) manufacturers had supplies confiscated, damaged or seized, and transportation challenges delayed the arrival of medicines and equipment. Estimates suggested that 60 % of required medical supplies were lacking.[429](#) According to MSF president Javid Abdelmoneim, medicines for HIV, tuberculosis and malaria are scarcely available in many places.[430](#) The Iran war has further obstructed supply of essential goods, such as therapeutic food, intravenous solutions, medicines, and malaria nets from MSF's stock in Dubai.[431](#)

Access to healthcare was reportedly particularly challenging for displaced women and girls. Many pregnant IDP women and girls could not access antenatal care and safe delivery support. Some were forced to give birth at home[432](#) or on the road,[433](#) had no or untrained help, no sterile equipment and no medical supervision. When unable to provide documents necessary for free treatment, these women and girls often avoid medical follow-ups to avoid high fees. Without birth certificates, many newborns in displacement cannot access medical services and vaccination programmes.[434](#)

According to OHCHR, adequate medical services were inaccessible for most victims of sexual violence within the critical 72- to 120-hour window for post-exposure medical interventions.[435](#) Reported reasons were non-functioning or absent health facilities, the security situation, restrictions on movement,[436](#) fear that medical settings could be controlled by perpetrators,[437](#) lack of medical supplies, and unaffordable cost of transport.[438](#) Gang rape reportedly caused the most severe of medical complications.

Injuries and infections resulting from rape remained mostly untreated even in hospitals in displacement settings, due to the lack of capacities.[439](#) Moreover, survivors of sexual violence were often stigmatised by their families and communities.[440](#)

In Darfur, remoteness, difficult terrain, vast distances, and costs for transport made access to MSF healthcare facilities reportedly 'extremely challenging'.[441](#) During the takeover of El Fasher in October 2025, when only one hospital was operational in the town and medical supplies diminished, wounds had reportedly to be cleaned with water and salt, and rape survivors could not be treated timely and adequately.[442](#) Also in Tawila, where people from El Fasher and Zamzam were displaced to, health services buckled,[443](#) leaving more than 70 % of households without healthcare, as of September 2026.[444](#)

As of January 2026, outbreaks of cholera were reported in all 18 states, malaria in 16, and dengue in 14 states. Disease outbreaks were fuelled by poor living conditions, overcrowded displacement sites, disrupted water, sanitation, and hygiene (WASH) and health services, and a breakdown of routine immunisation.[445](#) Responses to disease outbreaks were reportedly further constrained by armed attacks on hospitals and medical staff[446](#) – such as during a cholera outbreak in Central Darfur in August 2025 [447](#) – as well as by drone attacks – such as in El Obeid in July 2026.[448](#) As reported on 8 August 2025, limited access to healthcare and medical supplies during a deadly cholera outbreak in Darfur resulted in over 4 300 cases and 113 deaths.[449](#) The Sudanese Ministry of Health reportedly withheld information on accurate numbers of infections from local NGOs during the cholera outbreak in summer 2025.[450](#)

○ **d) Aid delivery and humanitarian access**

According to SHCC and Insecurity Insight, in 2025, over half the population (about 25 million) depended on humanitarian assistance. However, humanitarian aid delivery was almost completely obstructed by fragmented authority of the two rival governments established by the SAF and the RSF, who reportedly interrupted aid delivery and services by attacking humanitarian agencies and their staff.[451](#) Bureaucratic restrictions, checkpoints, blockades, and damaged infrastructure impeded aid deliveries.[452](#)

Access through the humanitarian El Obeid-Darfur and El Obeid-southern corridors were reportedly challenging.[453](#) In 2026, the Al-Tina border crossing in North Darfur on the border with Chad remained closed,[454](#) with no access activities reported there already

since 2025.[455](#) Therefore, humanitarian agencies had to rely on the intermittently closed Adré border crossing for accessing the Darfur and southern regions from Chad.[456](#) Moreover, during rainy season, the routes from Chad and South Sudan were reportedly impassable.[457](#) Administrative constraints further restricted humanitarian aid.[458](#) For the first time since April 2023, the International Committee of the Red Cross (ICRC) accessed Sudan with humanitarian aid via flight connections from Jeddah in May 2026.[459](#) In June 2026, the first inland flight from Port Sudan to Khartoum was operated by the ICRC.[460](#)

National NGOs and civil society organisations have suffered from limited resources, material and personnel losses, as well as a militarised environment. Mental health and psychosocial support services have been particularly limited. MSF concluded that humanitarian aid did not meet the level of needs.[461](#) According to IOM, humanitarian operations in Sudan were ‘massively’ underfunded.[462](#) Moreover, ‘significant funding shortfalls’ restrained the humanitarian response along the corridor from southwestern Sudan into eastern Chad.[463](#)

Warring parties have obstructed aid delivery and interrupted aid services by attacking humanitarian agencies and their staff.[464](#) Obstructions to humanitarian aid included blocked convoys, checkpoint fees, armed interference at distribution sites, demands for beneficiary data, as well as delayed or[465](#) pending visas.[466](#) Accusations that humanitarian convoys were smuggling weapons, delayed aid approvals and heightened risks to humanitarian staff.[467](#) Furthermore, aid convoys were attacked[468](#) or looted[469](#).

Particularly, RSF-held El Fasher had remained ‘largely inaccessible’ to humanitarian actors until January 2026, and reportedly locals trying to bring in food faced life-threatening risks.[470](#) In SAF-controlled areas, including Khartoum,[471](#) bureaucratic constraints hindered humanitarian access and timely response to humanitarian emergencies.[472](#) As reported in June 2026, humanitarian operations had to be suspended in Central Darfur due to armed clashes.[473](#)

Emergency Response Rooms (ERRs) – a decentralised local humanitarian initiative – were set up in all 18 states in response to the lack of international aid. As of June 2026, more than 700 ERRs were operating, involving more than 26 000 volunteers, mostly doctors, teachers, and community organisers from a variety of social and political backgrounds.[474](#) Their activities include meal distribution, the provision of healthcare, education, psychological support, and evacuation assistance, among others.[475](#) Moreover, they run women’s response rooms and community kitchens (*takaaya*).[476](#) Such community kitchens are organised voluntarily within communities across Sudan, and often operate alongside ERRs.[477](#) Islamic Relief reported in April 2026 that almost 42 % of community kitchens in Khartoum, Omdurman, Port Sudan, North Kordofan, North Darfur, Sennar, and Gedaref had closed in the previous six months due to

underfunding and increased meal costs.[478](#) Such local aid efforts rely on food sharing and contributions from host communities and diaspora networks.[479](#)

○ **e) Road security**

As stated by UNHCR in November 2025, escape routes became longer and more dangerous as IDPs tried to circumnavigate armed checkpoints in the Darfur and Kordofan regions.[480](#) Refugees International interviewed newly arrived people displaced from Sudan, who reportedly described RSF checkpoints and roadblocks as 'sites of terror' and 'extraction points' where fighters extorted cash and other valuables from them. When unable to pay, people were reportedly stripped, beaten, humiliated, prevented from leaving, or even killed. As a consequence, families split up, left family members behind, or took riskier routes around the worst checkpoints.[481](#) Checkpoints have also restricted movement of pastoralists in Eastern Sudan.[482](#) Women in South Darfur reported to MSF they felt constrained to their homes as the risk of rape had become almost inevitable on roads, in markets, and across farmlands.[483](#) Also in Kordofan's territories under RSF's and affiliated groups' control, people reportedly had to pay multiple times at checkpoints along the roads to South Sudan.[484](#)

According to the UN Human Rights Council, survivors reported extreme danger as well as executions and continued killings on the road when leaving El Fasher after it had come under RSF control.[485](#) The New Humanitarian (TNH) reported that RSF and affiliated groups' fighters had looted, abducted, and killed people on the way.[486](#) Evidence of numerous bodies of children, women, and men lying along the roads to Garni and Tawila was documented.[487](#) El-Fasher was reportedly encircled by barriers, including checkpoints on roads leading out, making it 'extraordinarily difficult' for civilians to leave. According to Amnesty International, those who failed to escape were killed by RSF fighters.[488](#)

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