

Sudan Crisis Report: One Year of Conflict



INTERNATIONAL
RESCUE
COMMITTEE

EXECUTIVE SUMMARY

April 2024 marks one year since fighting broke out between rival factions of Sudan's security force, the Sudanese Armed Forces (SAF) and the Rapid Support Forces (RSF), engulfing Sudan in conflict. The conflict has directly killed at least 14,700 people, and injured almost 30,000 more.¹ Due to extensive fighting, at least one-third of the population is displaced, and nearly half the population—25 million people—are in need of humanitarian assistance.² In Darfur, mass killings and displacement have led to reports of ethnic violence.³

Sudan's conflict has had a catastrophic impact on almost every aspect of day-to-day life in the country. The scale and extent of Sudan's deteriorating humanitarian crisis propelled it to the top of IRC's 2024 Emergency Watchlist; the IRC's assessment of the 20 countries at greatest risk of new humanitarian emergencies each year.⁴

By synthesizing research from IRC and other organizations, and incorporating case studies from IRC clients displaced in Sudan, South Sudan, Chad, and Uganda, this report aims to identify the multifaceted repercussions stemming from the year-long conflict in Sudan, including:

- **Mass and multiple displacements:** More than 9 million people have fled their homes since the conflict started, creating the world's largest displacement crisis, including for children.⁵ Many communities have been displaced multiple times. Sudanese now make up nearly 1 in every 8 internally displaced persons (IDPs) globally.⁶
- **Severe food insecurity:** The conflict pushed Sudan—already experiencing a food crisis—into one of the world's worst food insecurity emergencies. Eighteen million people are acutely food insecure—meaning that their lives are in danger from a lack of available, affordable food; nearly 4 million children under 5 years old are malnourished.⁷ Almost 5 million people are on the brink of famine.⁸
- **Collapse of health care services:** With 70% of healthcare facilities in Sudan's conflict areas either destroyed or forced to close,⁹ and an estimated 11 million in need of urgent medical care,¹⁰ Sudan's health care system is on the brink of collapse.
- **Economic crisis and widespread poverty:** The conflict has worsened Sudan's economic crisis, and nearly half of Sudan's population is unemployed.¹¹ The cost of the basic food basket has increased by over 300% in some areas since the start of the conflict.¹²
- **Child endangerment:** Fourteen million children are in need of lifesaving assistance; around 19 million children (1 in 3 of children in Sudan) are out of school.¹³
- **Failure to protect women:** More than 1.5 million internally displaced persons in Sudan are women and girls of reproductive age, with very little access to reproductive and maternal health services.¹⁴ There are reports of high rates of violence against women and girls.¹⁵
- **Significant disruptions to humanitarian access:** Intense violence and movement restrictions on humanitarian actors have shackled the humanitarian response.

In response to the conflict, the IRC has adapted and scaled up our programming in Sudan to address increased humanitarian needs. But while the conflict in Sudan continues to spread, constraints to humanitarian access are severely impeding the delivery of life-saving assistance, and humanitarian funding needs have gone largely unmet. As Sudan teeters on the precipice of collapse, immediate action is needed to end the fighting, protect civilians and meet humanitarian needs as a whole, including addressing food insecurity in order to avert a major famine. IRC is also calling for:

- An immediate cessation of hostilities, combined with concrete measures to protect civilians and a reinvigoration of diplomatic efforts to bring forward a long-term resolution to the conflict.
- The immediate removal of impediments to the delivery of humanitarian assistance, so that aid can reach all those in need, regardless of territorial control.
- An immediate increase in humanitarian funding to support an expansion of operations, including to address the severe food insecurity crisis.
- Increased support to local responders, who have been at the forefront of the response for the past year.

Cover Image: 14 March 2024 - Renk, South Sudan. Fairuz Faiz Deng, 60, outside her home in Transit Center 2.

BACKGROUND AND OVERVIEW OF THE CRISIS

When conflict erupted in Sudan on April 15, 2023, it marked the explosion of a long-simmering power struggle between Sudan's military, the Sudan Armed Forces (SAF), and the country's primary paramilitary force, the Rapid Support Forces (RSF).¹⁶ Fighting soon spread to multiple parts of Sudan, sparking massive displacements.¹⁷ With 25 million people in need of humanitarian assistance, Sudan is now on the brink of collapse, with devastating impacts on almost every aspect of day-to-day life, including:

MASS AND MULTIPLE DISPLACEMENTS

Sudan is experiencing the world's largest displacement crisis, with more than 6.4 million displaced within Sudan and 1.8 million who have fled abroad, primarily to Chad, South Sudan, and Egypt.¹⁸ Those IDPs since the conflict add to the 3 million IDPs in Sudan prior to April 2023.¹⁹ IDPs often arrive in host communities with few resources, stressing already economically fragile regions. As fighting continues to spread, IDPs are experiencing multiple displacements in a matter of months or even weeks--some communities have already been displaced more than two to three times.²⁰ Countries that have accepted Sudanese refugees are struggling to provide for both new arrivals and the large number of existing refugees already living in the host country.

SEVERE FOOD INSECURITY

Sudan is experiencing one of the worst food insecurity emergencies, with nearly 5 million people on the brink of starvation.²¹ Immediate action is needed to avoid mass deaths. Nearly 18 million people (more than 37% of the population) are experiencing high levels of acute food insecurity, meaning that people's lives or livelihoods are in immediate danger due to inadequate food consumption.²² Four million children under the age of 5 are malnourished, and most are trapped in conflict zones that humanitarian organizations cannot access.²³ Food insecurity is exacerbated by the reverberating impact of the conflict, including a poor harvest, the inability of farmers to access their land or equipment, and disrupted supply chains.²⁴ This has led to high food prices and low purchasing power through high inflation rates for the millions of people in need of food and other essential commodities.²⁵

COLLAPSE OF HEALTHCARE SERVICES

Sudan's health system is on the verge of total collapse. Critical services like immunization, nutrition, and emergency care have been suspended or severely disrupted.²⁶ Among other consequences, the decimated health care system has resulted in disease outbreaks, including cholera and dengue fever.²⁷ Multiple attacks on healthcare facilities and workers, and the occupation of medical facilities by armed groups, has resulted in the destruction of medical infrastructure and the closure of hospitals. At least 284 such attacks have been recorded since April 2023.²⁸ By the end of 2023, 70% of health care facilities in Sudan's conflict-affected areas are either not operating or are only partially functional.²⁹ The result is an estimated 11 million Sudanese in need of urgent health assistance.³⁰

ECONOMIC CRISIS AND WIDESPREAD POVERTY

Even before the outbreak of conflict in April 2023, Sudan's economy was marred by rampant inflation and shortages of essential goods, leading to protests across the country. Today, nearly half of Sudan's population is unemployed,³¹ and the Sudanese pound lost at least 50% of its value in 2023.³² Looting and damage to markets and stores in Khartoum has further reduced the population's access to products, amenities, and cash.³³ The collapse of Sudan's formal banking



25M

PEOPLE IN
HUMANITARIAN NEED
(NEARLY HALF
THE POPULATION)



6.3M

PEOPLE INTERNALLY
DISPLACED SINCE
APRIL 2023



1.8M

PEOPLE HAVE
SOUGHT REFUGE
IN NEIGHBORING
COUNTRIES SINCE
APRIL 2023

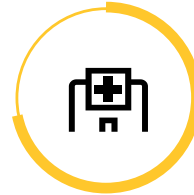


18M PEOPLE
INCLUDING NEARLY 4 MILLION
MALNOURISHED CHILDREN, ARE
UNABLE TO MEET THEIR BASIC
FOOD NEEDS

system—largely due to a lack of liquidity—has left civil servants without pay and people reliant on electronic payments and remittances. This adds further to the dire humanitarian impact of Sudan’s recent communications and internet blackout.³⁴ Rampant inflation continues, and the Sudanese economy is predicted to contract 18% in 2024, following a 12% contraction in 2023.³⁷

CHILD ENDANGERMENT

At the end of 2023, at least 435 children had been killed during the conflict.³⁸ A staggering 14 million children are in need of lifesaving assistance,³⁹ including 7.4 million children without access to safe drinking water, and 2 million children that have not received essential vaccines.⁴⁰ Three million children under the age of five suffer from acute malnutrition—a life threatening condition that occurs when children are not taking in enough food to grow; without medical treatment, 700,000 children with severe acute malnutrition could die from starvation.⁴¹ An estimated 19 million children (1 in 3 children in Sudan) are out of school, and at risk of abuse or exploitation.⁴² Unaccompanied children and children living in extreme poverty have been targeted for recruitment as child soldiers.⁴³



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FAILURE TO PROTECT WOMEN

Among the IDPs in Sudan, more than 1.5 million are women and girls of reproductive age, and more than 105,000 of them are currently pregnant.⁴⁴ Reports of gender-based violence (GBV) have escalated, including kidnapping, forced marriage, intimate partner violence, conflict-related sexual violence, and child marriage.⁴⁵ Significant barriers facing the delivery of humanitarian assistance have impacted the ability of women and girls to access protective services and receive maternal and reproductive health care, among other needs.⁴⁶

SIGNIFICANT DISRUPTIONS TO HUMANITARIAN ACCESS

While the conflict in Sudan continues to spread, constraints to access have shackled the humanitarian response. Intense violence and movement restrictions on humanitarian actors and supplies have prevented the delivery of aid, especially in parts of Sudan where needs are highest. **ACAPS** has rated the constraints on humanitarian access in Sudan as extreme (5 out of 5).⁴⁷ Of particular consequence was the December 2023 RSF incursion into Wad Madani, the Sudan food basket and humanitarian hub in northern Al Jazeera State. The town—which was housing hundreds of thousands of IDPs from Khartoum—has turned into a battlefield, leading to more displacement and interrupting humanitarian operations.⁴⁸

One year into the conflict, Sudan is facing a near total system collapse. The devastating consequences reverberate both within and beyond Sudan’s borders.

A CRISIS OF DISPLACEMENT

To further demonstrate the impact of the conflict in Sudan, IRC interviewed clients and staff in Sudan, South Sudan, Chad and Uganda whose stories reflect the challenges faced by many Sudanese.

CHAD | In July of 2023, 40-year old Sudanese refugee Raouda Moussa Ibrahim fled her rural village in Sudan with her husband, her sister, and her young son, leaving behind Raouda’s 14-year old daughter to look after Raouda’s elderly mother. Raouda decided to flee after a conflict between ethnic groups in her rural community, Misterei, turned deadly. “People killed each other,” said Raouda. “That is when people started taking the road towards the Chadian border.” Heavily pregnant at the time, Raouda walked 15 days to reach the border, her son strapped to her back.

“My stomach started to hurt,” said Raouda, “and I wondered if the child inside me would be able to come out healthy. What if I went to labor in the bush?” When Raouda and her family reached the border to Chad, they were turned away “several times” before finally being let through.



1/3

AN ESTIMATED 19 MILLION CHILDREN IN SUDAN ARE UNABLE TO GO TO SCHOOL

Like Raouda, more than 560,000 Sudanese have crossed the border into Chad in the last year.⁴⁹ These refugees join the nearly 409,000 Sudanese refugees seeking sanctuary in Chad prior to April 2023.⁵⁰ Nearly ninety percent of people arriving across the border are women and children,⁵¹ possessing very few resources to support themselves.⁵² “When I left home, I took very little food with me, nothing,” said Raouda,

who had made her living in Sudan by fetching firewood and making charcoal to sell for food. When Raouda arrived in Chad, her family stayed first in Goungour, just across the border from Sudan, before being moved to Gaga Camp, which has housed refugees in Chad for almost 20 years. It was at the Gaga Camp that Raouda, an IRC client, gave birth to a baby boy. “I never thought I would see my child alive like today,” said Raouda, “I never thought I would be able to have this child.”

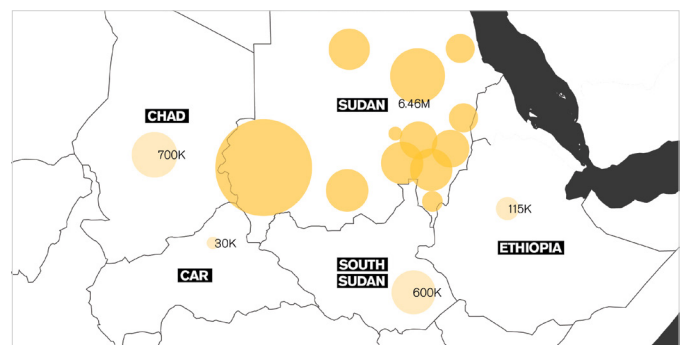
Sudanese refugees arrive in Chad looking for safety, security, and, in the words of IRC client and Sudanese refugee Haway Arba Adam, “calm.” Thirty-year old Haway came to Chad with her four children after fleeing violence in her village, leaving behind the family farm in Mouni, Sudan, where they had goats, millet, tomatoes, watermelon, okra, and other crops. At one point on her 23-day journey by donkey and on foot, Haway and her children took refuge in a school but were surrounded and attacked. Bullets were fired into the school, and the fighters took three of Haway’s four donkeys. “I thought I was going to die, that my children were going to be killed. People died in front of me, I stepped over them and left.”

Chad has been one of the most welcoming countries for Sudanese refugees, yet the rapid influx of refugees from Sudan into Chad, combined with Chad’s own severe and widespread poverty, means that many refugee camps lack the infrastructure necessary to meet basic needs: adequate shelter, water, sanitation, and food.⁵³ This was true for Haway and her family, who arrived in Chad’s Gaga camp with nothing but one cooking pot. “In Sudan, we had two huts, two sheds, and two trees, and we were fine,” said Haway, “Today I don’t even have enough to make tea. Since we came here, we can’t find food, we do not make breakfast, we haven’t found a house yet.”

Food insecurity among refugees is widespread, leading Chad to declare a state of emergency for food and nutrition.⁵⁴ One-fifth of young children arrived in Chad already experiencing acute malnutrition, which makes them more susceptible to illness.⁵⁵ Haway took her baby daughter to an IRC health center in Gaga after she fell ill with diarrhea. “My daughter doesn’t eat well, she doesn’t suck well, and I don’t eat well enough to produce milk either,” said Haway.

As Chad continues to accept new refugees, humanitarian organizations are struggling to meet the basic needs of the Sudanese refugees already in the country. In December 2023, the World Food Programme (WFP) had to suspend food rations for some refugees due to a lack of funds.⁵⁶ When WFP rations have been available, families have reported not having received ration cards necessary to access the WFP distributions.⁵⁷ Adding to refugees’ food insecurity is the impact the Sudan conflict has had on food prices in Chad. Due to scarcity and increased demand, the price of essential food, like millet, has skyrocketed in Chad’s food markets.⁵⁸

Sudan faces the world’s largest displacement crisis



6.46M
INTERNALLY DISPLACED

1.8M
CROSS-BORDER MOVEMENT

Gender based violence (GBV) was prevalent in Sudan before the conflict, and the risk has only increased for women and girls since conflict broke out. Many of the women and child refugees in Chad report being exposed to gender-based violence during the conflict,⁵⁹ including child marriage, rape, and sexual violence that could constitute war crimes.⁶⁰ Naigna Martine, a midwife and IRC senior reproductive health supervisor, worked in Borota, Chad, at an arrival site for Sudanese refugees. “Here, there are a lot of cases of early marriage,” said Naigna, “I have seen women under the age of 18 who already have three children.”

Despite the great need, protective services for GBV victims in Chad are scarce.⁶¹ Women and children remain at risk in Chad’s refugee camps. In Borota, Naigna observed “makeshift shelters of women’s veils stretched across branches, women sleeping on the ground, giving birth in these conditions.” Such threadbare shelters do not have adequate lighting to protect women who are moving around at night; limited access to food, water, and firewood requires women and girls to walk long distances to find essentials for survival—a perilous journey.⁶²

As Chad strains to meet the needs of the Sudanese refugees, women like Raouda and Haway experience the unbearable stress of trying to survive without even the most basic necessities. Yet Chad is a safe haven compared to what refugees have fled in Sudan. “I hope that I will be able to live in Chad,” said Raouda, “I don’t want to go back to Sudan. My children and I suffered a lot on the way here.”



90%
of people crossing
the border are
**women and
children**



07 March 2024 - Kiryandongo, Uganda. Widat Muhammad Ali, 37, soothes her four-month-old baby to sleep inside her tent at Kiryandongo reception center.

UGANDA | Before the conflict began, Widat Muhammed Ali had her own law office in Sudan, where she lived with her husband of 11 years, also a lawyer, and her children, who studied in an international school there. Once the fighting broke out, Widat, like more than 15,000 Sudanese refugees since January 2024, fled to Uganda in search of safety for her family and education for her children.⁶³

The influx of Sudanese refugees in Uganda is expected to grow as the conflict goes on: nearly 40% of all refugees that have arrived in Uganda since January 2024 are from Sudan.⁶⁴ Uganda is already one of the largest refugee-hosting countries in the world, and the rise in Sudanese refugees is straining the country’s resettlement infrastructure.



Food insecurity among refugees is widespread, leading Chad to declare a **state of emergency for food and nutrition**

For example, the Kiryandongo refugee settlement's reception center (in mid-western Uganda) has the capacity to process 520 refugees—well below the more than 8,000 new arrivals at the center since January 2024.⁶⁵ New arrivals now often spend twice as long at the reception center before being relocated to other spaces in the settlement.⁶⁶

Nearly 90% of Sudanese refugees are women and children,⁶⁷ possessing very few resources to support themselves.⁶⁸ This means that, among other things, refugees are unable to make safe and suitable shelter for themselves, even with humanitarian assistance. “I have nothing. They gave me food, and non-food items like blankets and sheets to construct some shelter to stay here,” said Widat, “but I don’t have enough to construct anything. The place is grass, so it is not easy to stay. I just want a safe space for me and my children.”

Food insecurity among refugees is widespread, as are health concerns like respiratory tract infections, malaria, and a range of non-communicable diseases. Widat's son has been sick while at the camp. “My eldest son, now he feels dizziness and fever,” said Widat. “When they brought him [to the medical center] they gave him some medicine but there is no improvement, maybe because of insufficient food.” Kiryandongo refugee camp has one of the highest prevalence of malnutrition in the country, with a Global Acute Malnutrition rate of 9.1%, right below the emergency threshold set by the World Health Organization (WHO).⁶⁹

As Uganda strains to meet the needs of Sudanese refugees, Sudanese refugees experience the unbearable stress of trying to survive without even the most basic necessities and without family and friends from home. “What is affecting me most is that I am alone, I have no family with me,” said Hikmat Ali Hassan. “I just hope that my family, they are well and alive, like I am alive.” Widat has not heard from her husband since August 2023. Without internet access, she has been unable to know the fate of her family, including her husband. “Although there is a war there, I will return to Sudan. It is better for me [to die there] than to suffer like this.”



07 March 2024 - Kiryandongo, Uganda. Widat Muhammad Ali, 37, with her three sons outside their tent in Kiryandongo reception center.



07 March 2024 - Kiryandongo, Uganda. IRC Clinical officer Felix Ajuna treats Hikmat Ali Hassan, 31, in her home in Kiryandongo refugee camp.



Al Gedaref, Sudan. Dr. Mogahed Ahmed, 29, is an IRC medical officer in Tunaydbah refugee camp. Dr. Mogahed understands the challenges of displacement, having experienced it firsthand. With support of the European Union, he's dedicated to provide essential healthcare services to those in need within the camp.

SUDAN | Dr. Mogahed Ahmed, 29, originally from Al Jazeera State, specifically the rural reaches of Hasahisa locality. However, as conflict engulfed Sudan last year, his life took a tumultuous turn. Witnessing the plight of those forced to flee their homes, Dr. Mogahed found himself confronted with the harsh realities of displacement. “Well when the conflict extended and reached Al Jazeera State, millions of people were forced to flee Al Jazeera State and my family is not an exception, unfortunately.” As the conflict encroached upon the once-rich Al Jazeera State, he and his family became displaced. They had to flee to the northern and west regions of Al Jazeera State within the first two months of the conflict.

Amidst the chaos and uncertainty, Dr. Mogahed's own family became casualties of the conflict, uprooted from their homes in a desperate bid to escape the spreading turmoil. With communication lines severed and internet access a luxury beyond reach, he grapples with the anguish of not knowing the fate of his loved ones.

“For the time being actually, I am not in contact with them because there is no internet connection in my state. So for two months, I haven't heard their voices and I don't know what is happening with them.”

Despite the distance and the barriers imposed by circumstance, Dr. Mogahed's unwavering commitment to aiding those affected by the crisis remains resolute, a testament to the resilience of the human spirit in the face of adversity. He says, each day he treats 50 patients, echoing further resilience to work he is committed to.

As the conflict rages on, more Sudanese are being displaced, and more locations across the country are now home to IDPs. As of April 2024, IDPs are living in 6,771 locations throughout all of Sudan's 18 states.⁷⁰ The largest share of IDPs (57%) fled their homes in Khartoum, followed by those fleeing from the Darfur region (33%).⁷¹ Conversely, the highest proportion of IDPs are located within the Darfur region (37%).⁷²

As fighting spreads in Sudan, IDPs have been forced to relocate multiple times as formerly safe host communities become new conflict zones. For example, after conflict broke out in Khartoum in April 2023, nearly half a million people fled to Wad Madani, in Al Jazeera State.⁷³ For eight months, the town was a refuge for IDPs seeking safety and humanitarian assistance. In December 2023, heavy fighting broke out on the outskirts of Wad Madani causing around 300,000 people to flee the city, many for the second time in as many months.⁷⁴

Among other hardships, multiple displacements significantly impact the availability and effectiveness of humanitarian assistance. Early on, humanitarian organizations, including IRC, set up emergency shelters and provided core relief items to IDPs in Al Jazeera State.⁷⁵ But when renewed fighting broke out in December, organizations had to suspend their operations in the state, and relocate their staff to safer areas. As IDPs flee to new areas, they may move to communities that are not prepared to meet their needs. Without access to shelter, food, and clean water, IDPs are at further risk of malnutrition and water-borne diseases like cholera.

Zakia Haroun Mohamed Yaqoup, 43, is a senior midwife working at the EU-funded IRC's mobile health clinics in Al Gedaref State. Zakia has dedicated her life to supporting women. Born in Khartoum, but hailing from southern Kordofan. Zakia's journey into midwifery was not a career choice but a calling rooted in her desire to support women through the crucial phases



Al Gedaref, Sudan. Thanks to funding from the European Union, Zakia Yaqoup, 43, senior midwife at the IRC clinic, registers client Samher, 19, for antenatal care services. Fleeing conflict in Khartoum, Zakia now uses her skills to support expecting mothers in the Gedaref camp.



24 March 2024 - Al Gedaref, Sudan. Zakia Yaqoup, 43, is a senior midwife at an EU-funded IRC health clinic. Displaced from Khartoum due to the conflict, Zakia now works with IRC to offer vital prenatal care and delivery support to women in the camp.

“Sudan is now going through a serious humanitarian crisis in all aspects of life. At the start, I wanted the world to pay attention to what is really happening. In Sudan, we need security and support by medication, food, health and education, and the construction of health centers, hospitals, schools, and universities.”

of motherhood. Her expertise extends from family planning methods to antenatal care, postnatal care, and imparting invaluable health education to expecting mothers. Like many Sudanese people, Zakia's life took a drastic turn when violence and instability engulfed Khartoum forcing her to flee with her family, leaving behind her husband in the chaos of the city.

Displacement has become a cruel reality for Zakia and her loved ones. From Khartoum to Madani, and then further still as conflict relentlessly pursued them, they found themselves separated, grappling with illness, and enduring unimaginable hardships. The continuous challenges of their journey, from sheltering under trees to witnessing their home destroyed by bombs, only fueled Zakia's resolve to seek safety for her family. Amidst the chaos, her commitment to her profession remained steadfast and a beacon of hope amidst the darkness of displacement and uncertainty.

Sudan's conflict has pushed the country into a massive healthcare crisis, with soaring rates of malnutrition, outbreaks of cholera and dengue fever, and heightened sexual and reproductive health risks.⁷⁶

As the conflict spreads, Sudan's healthcare workforce is navigating relocation or displacement to safer areas, becoming IDPs themselves.⁷⁷ While workers adjust to the disruptions to their personal and professional lives, they are also grappling with restricted access to essential resources.⁷⁸ Attacks on medical transport vehicles and warehouses, in addition to poor roads, power outages, and workforce shortages, have limited the kind of aid health care workers can deliver.⁷⁹ These have resulted in shortages of medicine, disrupted childhood vaccines, and very limited reproductive and maternal services for women.⁸⁰

Almas Geromaska is a Sudanese mother grappling with food insecurity and malnutrition exacerbated by the conflict who admitted her child to IRC's nutrition clinic in Sudan. Almas' experience sheds light on the nutritional needs and vulnerabilities of children and families affected by conflict. "I just wanted my children to live. I thought the war would only last three or four days and we would come back. So we left without taking anything. I just took my children and two pieces of clothing and left. I didn't take anything else."



25 March, 2024 - Al Gedaref, Sudan. Almas, Geromaska, 33, holds her 18-month-old son, Hermon, inside her tent within Tunaybah refugee camp in Al Gedaref State. The conflict disrupted Almas family's life, making it difficult to find enough nutritious food for Hermon. Now, in the Gedaref camp, Almas seeks help to ensure her son gets the food he needs to be healthy.

Almas, originally from Tigray, finds it challenging to cope with the realities of conflict. Her four-year-old daughter is particularly affected, often confusing the gunshots and conflict with the familiar sounds from their life in Tigray before they left. “My daughter would say to me, ‘Let’s go to Tigray.’ And when she would hear the sounds of war, she would ask me, ‘Is this the Tigray war or the Sudan war?’ I would tell her, ‘There’s nothing, it’s just a game.’ But when she heard the sounds loud, she would cry.”

UNICEF has called Sudan’s humanitarian crisis “a living nightmare for children.”⁸¹ Children make up nearly half of the country’s population, many of which have been severely impacted by the conflict.⁸² Conflict in Sudan has generated a 500% increase in cases of killing, sexual violence and recruitment of child soldiers since the conflict began.⁸³

Four million children in Sudan have been displaced since the start of the conflict,⁸⁴ and they are suffering the consequences of the interruption of access to essential services, such as nutritious foods, limited access to basic health services, to safe and adequate water, sanitation services, and other factors that have led to a further deterioration of nutrition among children under five.⁸⁵

Acute malnutrition is a life-threatening condition that occurs when children are not taking in enough food to grow, develop, or maintain a healthy immune system and illness results in sudden weight loss. A child who is severely malnourished is 12 times more likely to die from common diseases like diarrhea and cholera. Such loss of nutrition can result in dire health conditions, including severe weight loss, infertility, disability, and – eventually – death. Children are particularly at risk and often die at double the rate of adults. Those who survive risk a lifelong struggle with poor health.

Prior to the crisis, three million children under five years of age in Sudan were acutely malnourished.⁸⁶ That number has increased to nearly 4 million acutely malnourished children under five years old.⁸⁷ As of April 2024, 730,000 children are suffering from severe acute malnutrition—the severest form of malnutrition—which could kill tens of thousands.⁸⁸

SOUTH SUDAN | More than 600,000 people have crossed the Sudan border into South Sudan since April 2023.⁸⁹ More than 80% of those who have crossed are South Sudanese, while 20% are Sudanese.⁹⁰ Prior to April 2023, Sudan hosted at least 800,000 refugees from South Sudan, many of whom had been in Sudan for nearly a decade.⁹¹ Now, due to the conflict in Sudan, South Sudanese returnees and Sudanese refugees are crossing the Sudan border into South Sudan, hoping to find relief.

Among the more than 125,000 Sudanese refugees⁹² who have crossed the border into South Sudan is Fairuz Faiz Deng, a 60-year-old nurse and grandmother from Khartoum who has been in a South Sudan transit center for nearly a year.



14 March 2024 - Renk, South Sudan. Fairuz Faiz Deng, 60 washes dishes outside her home in Transit Center 1, also known as “Old TC,” situated at the former Upper Nile University.

Fairuz fled from Sudan's capital in May 2023 with her grandchildren, her brother, and her brother's family. "We didn't know about war, but then we [saw] everything that was happening in other countries happen to [Sudan]," said Fairuz. Fairuz's decision to flee was full of risk, "We would not move during the day because of the gunfire," said Fairuz, "We moved at night."

As the conflict in Sudan rages on, the number of Sudanese refugees arriving in South Sudan has increased. By February 2024, nearly 1,500 new Sudanese refugees were arriving each day.⁹³

Among recent arrivals to South Sudan is 65-year-old Ali Muhammad Ali, who crossed the border in early March 2024 with 11 family members, including his wife and ten children ranging in age from seven to 30 years old. "There was fear," said Ali about his home in Sudan, "We came to be safe. We ran to save our lives." Fairuz's family "came without anything, because we had lost all our property." "We left all our things," said Ali, "I came here with just my family."

South Sudan is straining to meet the needs of new refugees. Prior to the Sudan conflict, South Sudan was already facing ongoing violence, internal displacement, and economic and food insecurity. More than 72% of South Sudan's own population requires humanitarian assistance and nearly half the population is internally displaced.⁹⁴ The high volume of returnees and refugees have strained the capacity of border towns in South Sudan, especially those in Renk, where camps are severely overcrowded. The transit center there, which had been prepared to host 4,000 people, currently holds 23,000.⁹⁵

Without adequate water, sanitation, or hygiene services, communicable diseases like cholera and measles are spreading.⁹⁶ Ninety percent of South Sudanese returnees and Sudanese refugees are experiencing food insecurity and/or malnutrition.⁹⁷

"In my country, I was a working nurse," said Fairuz, "I could get everything for myself. I could eat the food that I wanted." Ali's family had a family-run supermarket in Sudan, where they sold food and other goods. "We were dependent on those things," said Ali. Since arriving at the transit camp, one person in Ali's family has received a plastic sheet for a sleeping mat, "but most of us have not gotten anything yet...including food items." While both Fairuz and Ali are grateful for the support they have received from organizations like IRC, they struggle with their isolation from their community back home. "I have my grandchildren with me, but there is no one from my community to help support me," said Fairuz.

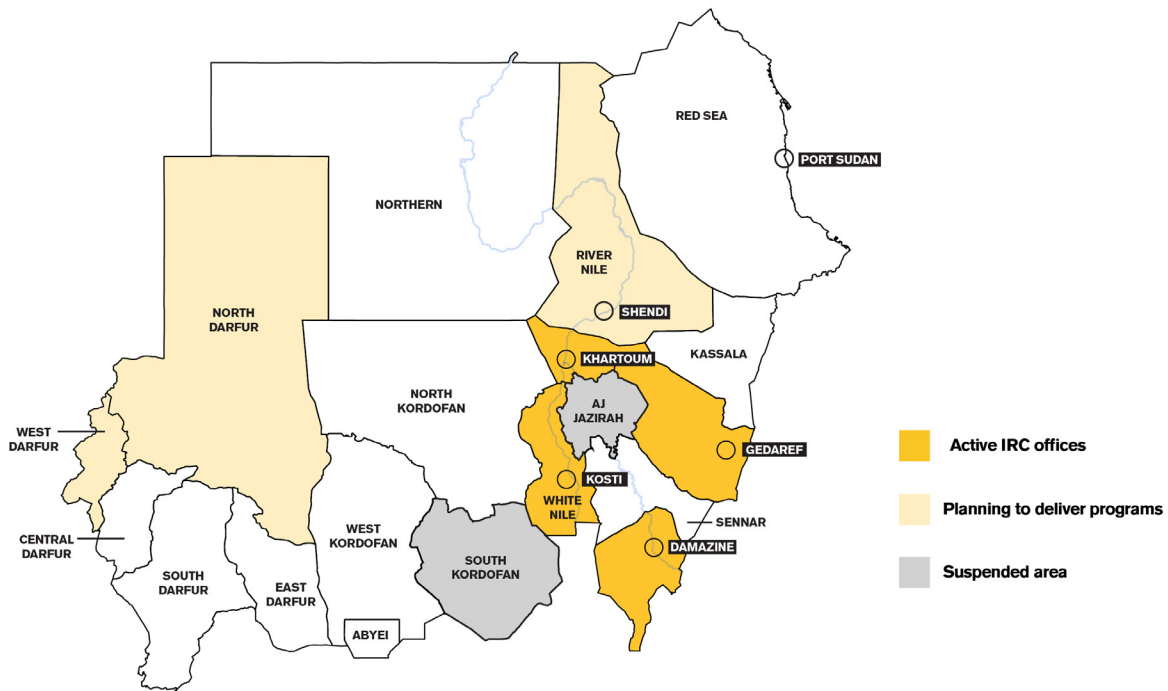
Like many refugees, both Ali and Fairuz plan to return home one day, when peace returns to Sudan. "I hope to continue my life back home as I had before," said Ali, "The [transit camp] is not comfortable, but we feel safe. We are not hearing any guns."



14 March 2024 - Renk, South Sudan. Fairuz Faiz Deng, 60, walks to the market with her grandchildren. Like many Sudanese refugees, she has lost contact with several of her children following the war, leaving her uncertain of their safety and well-being.



14 March 2024 - Renk, South Sudan. IRC community protection paralegal volunteer Kon Wien navigates through Transit Center 1, also known as "Old TC," situated at the former Upper Nile University.



OVERVIEW OF IRC PROGRAMMING

Since the start of the conflict, the IRC has adapted and scaled up our programming in Sudan to address increased humanitarian needs. We are supporting people who have been displaced internally through health and nutrition, water, sanitation, and hygiene programs as well as economic empowerment services. The IRC also provides protection and empowerment services for women and children, including for gender-based violence survivors.

We have established offices in new regions, including Port Sudan, and launched an emergency response in White Nile State to deliver cash assistance, safe water, and sanitation and hygiene services to vulnerable communities. We are also working to establish a presence in new locations, such as the River Nile and Darfur, to address gaps in humanitarian coverage and expand our programming in response to the enduring humanitarian crisis in Sudan. To learn more about IRC's programming in Sudan, go [here](#).



14 March 2024 - Renk, South Sudan. IRC community protection paralegal volunteer Kon Wien meets with clients at Transit Center 2, also known as "New TC."

KEY RECOMMENDATIONS

The stories told in this report provide a small glimpse into the devastating impact of the crisis on the country's population: for millions of people, everyday life has been shattered, and the future looks increasingly uncertain.

As Sudan teeters on the precipice of collapse, immediate action is needed to end the fighting while at the same time scale up efforts to meet growing humanitarian needs and avert a major famine. To achieve this, IRC is calling for:

An immediate cessation of hostilities, combined with concrete measures to protect civilians and a reinvigoration of diplomatic efforts to bring forward a long-term resolution to the conflict.

Ultimately, the population of Sudan deserves peace. To prevent state collapse and avoid both further humanitarian suffering and the potential destabilization of an entire region, those with influence over conflicting parties and their backers need to use all channels to drive a de-escalation of conflict, including through implementing calls set out in United Nations Security Council resolution 2724 for an immediate cessation of hostilities. This must serve as a basis for bringing conflicting parties back to the negotiating table in efforts towards sustainable peace and a lasting ceasefire.

While fighting continues, diplomatic efforts must also urgently prioritize engaging with the parties to ensure respect for their obligations under International Humanitarian Law, with a specific focus on the protection of civilians, civilian objects including hospitals and access to humanitarian aid.

The immediate removal of impediments to the delivery of humanitarian assistance, so that aid can reach all those in need, regardless of territorial control.

Impediments on the movement of humanitarian supplies and personnel into, and within, Sudan, are choking the humanitarian response. Increased diplomatic efforts with the Sudanese authorities and the Rapid Support Forces are urgently required as a prerequisite for the urgent scale up of aid. Without this scale-up, millions of people who are on the brink of famine will not receive the assistance they need.

To drive diplomatic efforts, UN Member States should form a humanitarian contact group for Sudan. Working in coordination with the UN, the group should lead humanitarian diplomacy with the conflicting parties and their sponsors to secure agreements that increase the pace and scale of aid delivery into Sudan from neighboring countries, and via Port Sudan. In addition, the group should secure agreements that allow the flow of aid from territory controlled by the SAF into areas controlled by the RSF.

An immediate increase in humanitarian funding to support an expansion of operations, to address the rapidly deteriorating hunger crisis.

The humanitarian response to the crisis in Sudan is woefully underfunded. The funding pledged by donors pales in comparison to the scale of the needs. Just 5% of the UN's humanitarian appeal for Sudan is currently funded, leaving a \$2.56 billion funding gap. Donors should immediately step up their commitments: we have an opportunity now to reduce the level of suffering and death, including from hunger, but we cannot wait for the situation to worsen before taking action. This should include urgently allocating additional funding to cash operations at scale, in order to help people access food through local markets and ensure that market actors continue to operate.

Donor flexibility is also critical to allow humanitarian actors to deliver aid in Sudan. Humanitarians face a highly volatile situation, with regular displacement of affected populations and of their own staff. Without the ability to quickly reallocate funding and activities to new areas, and support to meet the increased operating costs of regularly adapting programmes, those responding to the crisis will face challenges keeping up with evolving needs.

Increased support to local responders, who have been at the forefront of the response for the past year.

From running soup kitchens to purchasing and delivering oxygen cylinders, water and fuel to hospitals, the role of local responders in Sudan cannot be overstated. Since the outbreak of the crisis, these groups of Sudanese civilians have delivered assistance to people beyond the reach of international aid providers, often at great personal risk. Increased direct, flexible financial support to these groups, and efforts to protect them from persecution by all fighting parties, are critical.

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