

Voices from **South Darfur**



Executive summary

This report tells several stories. It tells stories of abuse and cruelty, but also stories of endurance and compassion. It tells stories of willful obstruction to humanitarian work, as well as stories of determined efforts to reach isolated people and to offer support and solidarity.

The voices of people surviving in South Darfur are foregrounded in this report. Their words, and MSF medical data, depict what unfolds when civilians are denied care, empathy and safety.

The report reveals an oppressive crisis:

- Access to healthcare is hugely constrained, and is largely unavailable and unaffordable for those living in South Darfur. Healthcare facilities are damaged, destroyed and abandoned; healthcare workers have fled or are no longer receiving salaries; and there are pervasive disruptions to vital medical supplies. People cannot afford to travel to hospitals and clinics, and the journeys are dangerous.
- People are struggling to find and to purchase sufficient food, and to access their farmlands. We are providing care for thousands of malnourished children and pregnant and breastfeeding adolescents and women.
- Civilians face harrowing violence. Hundreds of thousands of people, displaced from their homes, seek refuge in South Darfur. Women and girls in particular are persistently subjected to sexual violence.
- The humanitarian sector has neither found a way nor the will to work at the scale required.



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Nevertheless, it is possible for humanitarian organisations to work in South Darfur. Through proximity to communities, by forging partnerships with local actors, and with creativity and determination, it is possible to expand access to healthcare, to build spaces of normalcy, and to restore dignity and autonomy.

Since returning to South Darfur in January 2024, in close partnership with healthcare workers, the Ministry of Health, national and South Darfuri medical-humanitarian organisations, and grassroots initiatives and networks, MSF has, for instance:

- Rehabilitated much of Nyala Teaching Hospital, which we discovered partially reduced to rubble in January 2024. Through the course of repairing and rebuilding the hospital, the alarming numbers of women dying while pregnant, during labour or shortly after having given birth in the hospital has reduced. Maternal mortality rates have also reduced following the establishment of women's clinics in rural areas and camps for internally displaced people.
- Delivered a targeted food support programme after witnessing persistently alarming malnutrition screening rates at the primary healthcare facilities we support across the state, in urban, rural, mountainous and displacement camp settings. 6,000 families received food packages.

· Introduced a community-based model of care to break down the intimidating barriers faced by survivors of sexual violence when seeking medical care. Since the development of this model in partnership with midwives and community healthcare workers, we have seen a steep increase in survivors of sexual violence seeking care.

· Offered cash grants to organisations and initiatives based in South Darfur to further support access to healthcare and basic services. Our cash grants have supported community kitchens, meals for school children and health posts run by volunteers.

· Rehabilitated the main Nyala water station and repaired more than 100 hand pumps. This has ensured access to clean water in the city.

There is an acute urgency to the grim, two-year point of the conflict. Resources and coping strategies are being eroded and exhausted as the difficult period between harvests approaches.

Access for humanitarian actors to South Darfur must be urgently negotiated, claimed and granted. Humanitarian funding must more swiftly and freely reach local actors already at the frontline of the crisis. Civilians, healthcare workers and facilities, humanitarian actors, and critical civilian infrastructure must be safeguarded.

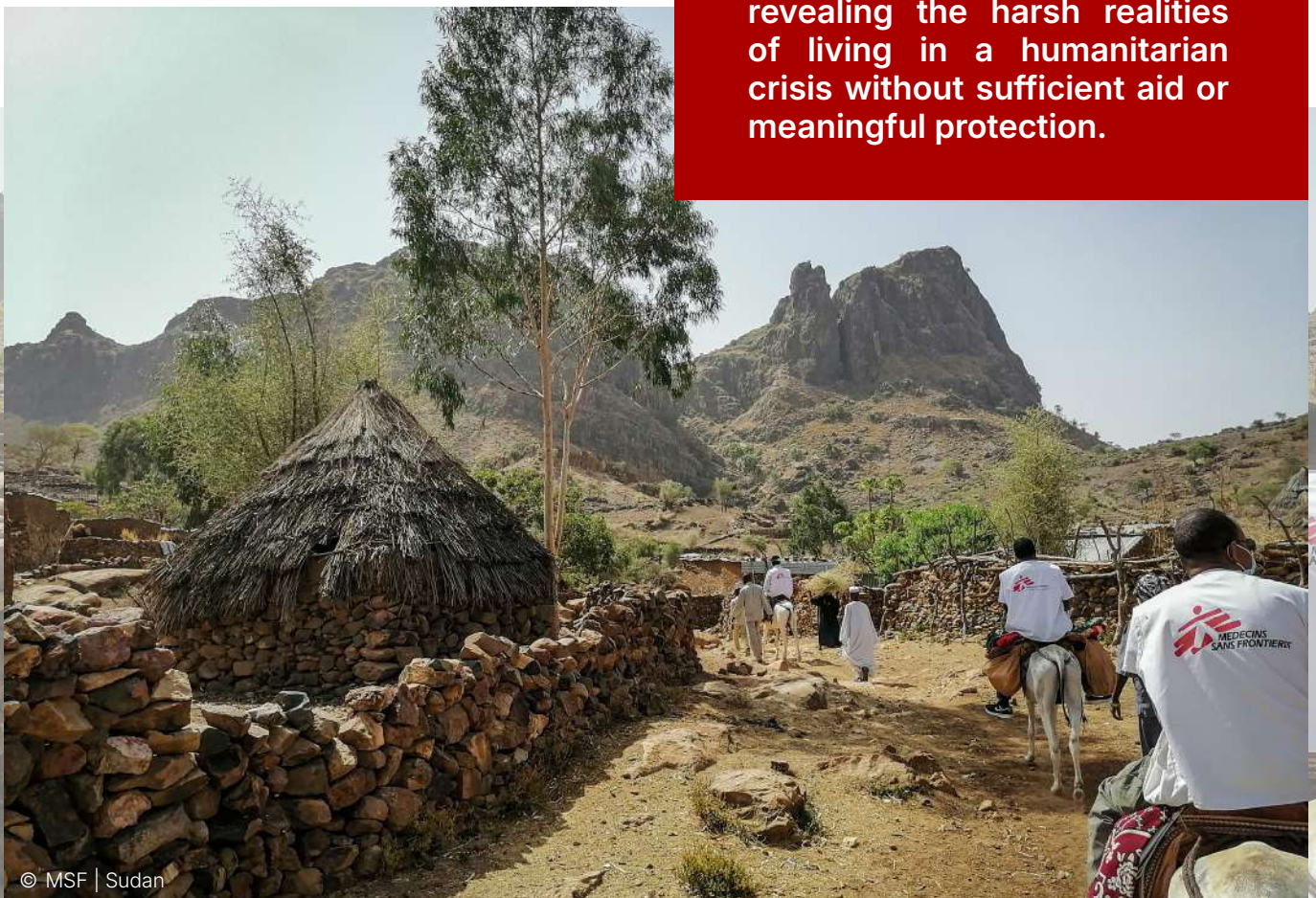
Introduction

As the conflict in Sudan grinds into its third year, cities, towns, villages and settlements in South Darfur are coming back to life. Where markets have been destroyed, new stalls have been erected by the side of the road. In clinics abandoned by donors and international non-governmental organisations following the outbreak of the war, people have pooled resources to ensure medical care remains available in some form. Neighbours support one another, sharing their food. Groups of young people clear away rubble and unexploded ordnance, and purchase medicines for displaced people living in their neighbourhood. Teachers work for free in looted buildings.

However, resources are being depleted, and coping strategies are being exhausted.



It is now two years since the war in Sudan erupted. People in South Darfur deserve dignity, compassion, and safety. This report centres their voices, revealing the harsh realities of living in a humanitarian crisis without sufficient aid or meaningful protection.



When civilian protection collapses

Within a day of the outbreak of the conflict in Khartoum between the Sudanese Armed Forces (SAF) and the Rapid Support Forces (RSF) in April 2023, violence erupted in Darfur. The region suffered fierce fighting between the warring parties and their allies, ethnically motivated massacres, civilians were killed, injured, detained, and sexually assaulted, and people were forced to flee en masse. The considerable humanitarian response in Darfur disintegrated. Over the course of 2023, RSF secured its grip on Darfur, with the exception of al-Fasher, in the North, which continues to be the site of heavy clashes.

In South Darfur, two years after Sudan sparked into the latest outbreak of war, people are enduring harrowing, relentless violence, including sexual violence. They harbour fears of arbitrary detention in appalling conditions; face widespread theft and looting; and communities struggle to survive and to support one another day-to-day as the economy deteriorates.

In Nyala, the state capital of South Darfur, the scars of the 2023 urban warfare are visible with critical civilian infrastructure destroyed. Airstrikes and drone strikes have hit the city in 2024 and 2025, often hitting civilian buildings, causing loss of life, serious injuries, and provoking fear and anxiety among an already traumatised population. In mountainous southern Jebel Marra, South Darfur, a precarious peace holds between RSF and the Sudanese Liberation Army faction led by Abdel Wahid al-Nur (SLA-AW). However, healthcare and other services were already strained, inaccessible or absent in southern Jebel Marra prior to the recent flare-up in violence, with the authorities almost entirely reliant on international non-governmental organisations (INGOs) and the United Nations (UN).

Civilians in South Darfur have shouldered the brunt of the war. Hospitals and healthcare facilities were not spared during the fighting, healthcare workers fled, facilities lack the supplies and equipment they need to function, and people cannot afford to pay for care. People also cannot afford to purchase food. A pervasive climate of violence has settled across South Darfur, while civilians recall the horrors of the intense clashes between RSF and SAF in 2023

in Nyala, the shelling, shooting and rapes which tormented those living in the city. People also recall with clarity the horrors of the early 2000s when armed conflict and ethnic cleansing tore through the region. Hundreds of thousands of displaced people live in South Darfur. Humanitarian needs escalate yet the response is hampered, lethargic and wholly inadequate.

An MSF internationally mobile team reached South Darfur in January 2024. This report depicts the crisis in South Darfur through the words of those living there, and through medical data gathered through MSF programming. This report also depicts what is possible in South Darfur: it is possible to operate, and it is possible, in partnership with people living in the state, to tackle the medical-humanitarian crisis.





MSF in South Darfur

· We are supporting the running of Nyala Teaching Hospital and Kas Rural Hospital. During 2024, we also supported Al-Wahda Hospital in Nyala.

· We are supporting a range of primary healthcare clinics, more basic health posts, and facilities that offer sexual and reproductive healthcare. We are doing so in urban and rural locations, including remote, mountainous towns and villages, as well as in camps for internally displaced people (IDPs). We are focusing on general outpatient services but particularly on morbidities that affect children under the age of five, sexual and reproductive healthcare, care for survivors of sexual and gender-based violence (SGBV), and outpatient treatment for children and pregnant and breastfeeding women with malnutrition.

· In addition, we are also rehabilitating and rebuilding Nyala teaching hospital, we rehabilitated the main Nyala water station, and we are repairing 200 hand pumps which provide clean water across the city. We are delivering a targeted food distribution programme to support families of patients enrolled in our outpatient nutrition programme, as well as providing group cash transfers to local humanitarian organisations and initiatives.

· In order to deliver the above, we are partnering with healthcare workers, the Ministry of Health, national and South Darfuri medical-humanitarian organisations, and grassroots initiatives and networks.



"We were attacked, with bullets, and with shells"

"I am forty-five years old, and I live in al-Geneina...I am both a farmer and a herder. I didn't go to school...Now, I don't really have a profession, a job. I just go here and there, and try to live my life.

...I am farming during the rainy season. When we harvest, this is good. I depend on Allah, and I buy things, here and there, I have a small business when I can. But, with this war, it has become very difficult.

Before, there was safety, and people were happy, and jobs were available, and people, they could go where they wanted. And if they didn't have money, they knew they could ask for help from others. But, now, everything is difficult. My home was destroyed, and now I'm living in the countryside.

At the beginning of this war, I was in al-Geneina – but my oldest son...he was injured, and so I had to take him to Tine in Chad. When I came back, the fighting had ended.

[My wives and children] said that there were bullets and shells everywhere in al-Geneina. All homes were destroyed. I told them that they had to leave al-Geneina. They left, and now we are living in a camp for people who have been displaced, in the countryside outside al-Geneina.

...my daughter is sick. She has been sick now, for two months. The doctors say that there is a muscle in her heart which is only working at around twenty-five percent. I don't really know what that means. We first went to another hospital, and we stayed there for fourteen days. During that time, in that hospital, no one could sleep. From there, we were transferred to here...But the problem we have is that the medicine we need for her, it is not available here in this hospital. I have

to try to find it outside, and also I don't have any money to buy the medicine. For the last two days, three days, I have been dependent on other people, on friends – the people, here in the hospital, they have been helping us to eat. But I need to leave now, I need her to be discharged. I have to go back home, I need to work – and then, maybe, I will be able to buy medicine for her.

...The situation is just so difficult. We are just victims, here in Sudan. We are not supporting either side – we are just victims, and we want the problem to be solved as soon as possible... These are problems that we ourselves have created – and these problems are burning us all.

...The situation is very difficult all over the country. You will find people who have lost one brother, two brothers, three brothers. They have lost their cousins. This is all over the country. Everyone is affected. I have lost brothers. I lost four of my brothers. And one is disabled now due to injuries they got during the war...They weren't soldiers. They had nothing to do with the government... The people who have died here: they are Darfuris. They are Sudanese. All of them, they are Sudanese, they are Darfuri. Those who exploit us, they are the problem. Those who divide us into ethnic groups, they are the problem...Those who divide us, they are the people who have power. I am not from any group, and I am from all groups.

...my brothers died due to the war alone. We were attacked, with bullets, and with shells. And when you are attacked, no one knows who is who, no one can divide you into groups.

...These problems, they are setting us back one hundred years."

45-year old internally displaced man, Nyala, South Darfur, 5 November 2024

Rebuilding a destroyed healthcare system

When an MSF team reached Nyala in January 2024, they found Nyala Teaching Hospital partially reduced to rubble, roofs caved in, walls pockmarked by bullet holes, medical equipment looted. The majority of buildings in the hospital were rendered unusable. The warring parties failed to spare the hospital, which had been the main secondary healthcare facility in Nyala and the primary referral hospital in the state of South Darfur, during the intensified urban warfare of late 2023.

In 2024, MSF rehabilitated and then started supporting crucial departments in partnership with the State Ministry of Health: maternity, paediatrics and the emergency room. MSF and the Ministry of Health reconstructed these buildings, ensuring electricity supply, restoring water and sanitation systems and providing the necessary equipment to allow at least these parts of the hospital to start safely functioning once more.

In a demonstration of the limited options for healthcare in the state, bed occupancy rates in these departments were extremely high in 2024. **In October 2024, the bed occupancy rate in the maternity department in Nyala Teaching Hospital reached 328%:** on average during the month, more than 3 patients were sharing a bed. **In the same month, in Nyala Teaching Hospital paediatrics department, the average bed occupancy rate was 207%.** High bed occupancy rates increase the risks of mortality, particularly if the number of healthcare workers remain the same; the likelihood of infections spreading between patients, and of patients being insufficiently monitored and attended to, are substantially raised.

In early 2025, MSF has continued rehabilitating the hospital, prioritizing the buildings which previously housed the blood bank, surgical wards, inpatient department wards and the laboratory. Bed occupancy rates have improved significantly following expansions in capacity through MSF support.





The destruction of Nyala Teaching Hospital is symbolic of hugely constrained access to healthcare in South Darfur. The Ministry of Health and the National Health Insurance Fund¹ now have extremely low capacity in the state, and there is scant support from the Federal Ministry of Health. Assessments MSF has conducted of healthcare facilities in South Darfur reveal that there are pervasive disruptions to vital medical supplies. In the healthcare facilities that remain standing and functioning, infection prevention and control is inadequate, and there is often a lack of water. Many of the most qualified, senior medical staff have fled. As a result, healthcare has become largely unavailable and unaffordable for the population.

¹ The National Health Insurance Fund (NHIF) was launched in 1995, and was intended to ensure universal healthcare coverage.

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“Sometimes, we come here, to this centre. And they give us medicine. Sometimes, if there is no medicine or if they give us a prescription, then we will go to a private pharmacy. But, if we don't have any money, then we just wait and hope to get better. What will happen, will happen. We came here today because it is free. But, today, they prescribed for me some medicine, and told me to go and buy it from the pharmacy. But I am not ready, because I don't have any money.”

**30-year old woman,
Kas, South Darfur, 14
November 2024.**

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“This baby, the smallest one, he needs a surgery but I have nothing to pay for this.”

**24-year old woman,
Nyala, South Darfur, 29
October 2024.**

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“...medical treatment, it is very, very expensive...Where can I get that money?”

**25-year old internally
displaced woman, Kalma
IDP camp, South Darfur,
27 October 2024.**

The hidden toll of untreated non-communicable diseases



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One man, to whom MSF spoke in depth in late 2024 at Nyala teaching hospital, had brought his daughter for care from al-Geneina. Nyala Teaching Hospital was the second hospital in Darfur he had tried, seeking treatment for her chronic heart condition for which, unfortunately, MSF does not support treatment. He and his family had made significant sacrifices to come to Nyala, forgoing work for days, making the costly journey to the city in the hope that care could be provided. In the hospital, the family had “been dependent on other people, on friends – the people, here in the hospital, they have been helping us to eat”. After waiting in the hospital for almost three weeks in the hope that a solution might be found, the man took the difficult decision to ask for his daughter to be discharged, and to take her and the rest of his family home: “I need to leave now, I need her to be discharged. I have to go back home, I need to work – and then, maybe, I will be able to buy medicine for her”. He was taking his daughter home to die, but “all the money [he] had is finished”: “the last of my money is gone”.

A woman at Nyala Teaching Hospital faced a similarly painful dilemma. She had lost three children in the past due to being unable to access a certain medication she needed during and after pregnancy. She had just given birth once more, and her husband was searching Nyala for the medicine she required, but she also knew that, even if he found the medicine, it would likely be unaffordable: “we know it will cost one hundred and twenty thousand Sudanese pounds. This is too much. And I didn’t take it in the past, and this led to the deaths of my children”.

MSF is faced with immensely difficult decisions in South Darfur. Stretched to capacity, we have been unable, thus far, to provide or support care for non-communicable, or chronic, diseases such as cardiovascular disease, cancer, chronic respiratory disease and diabetes. These diseases were highly prevalent in Sudan before the war broke out.² We know that possibilities for treatment are either absent or inaccessible, due to a lack of medical supplies, functioning healthcare facilities, qualified medical staff, and the costs involved for the services that are available. These are quiet, painful deaths and suffering, driven by the war, which are not reflected in our medical data, and are unseen and unrecorded.

Healthcare is also proving elusive, simply because of cost. Poverty is deepening, with heavy burdens placed upon women in particular, many of whom are surviving without a partner, heading families of as many as fifteen children.



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“Now my son is outside. They told us to go and make tests in a private clinic, but the tests and medicines are expensive, and I don’t have any money to pay. The little money that I have, I need to use it for food. I buy the food for my children.”

**24-year old woman,
Kas, South Darfur, 14
November 2024.**



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“Before the war, there were many [hospitals which can treat people for free]. But, now, there is only one in centre six. And, when we go, they often tell us that there are no medicines, or they ask us to come back another day...To get medicines, it is very difficult.”

**19-year old internally
displaced woman, Kalma
IDP camp, South Darfur,
27 October 2024.**

Reducing the crisis in maternal health

In 2024, alarming numbers of women died while pregnant, during labour, or shortly after having given birth in Nyala Teaching Hospital.³ Prior to the outbreak of the current war, Sudan had one of the highest rates of maternal mortality globally.⁴ In 2024, we saw an aggravation of these rates amid violence and mass displacement and disintegrating access to healthcare.

Between March and November 2024, 51 women and adolescents died in Nyala Teaching Hospital's maternity department. Across all maternity departments supported by MSF OCA globally in 2023, we recorded 115 deaths. In 11 months, in just one department in one hospital in South Darfur, we saw 44% of this overall figure.

Pregnant and post-partum women and girls at Nyala Teaching Hospital were dying from entirely preventable and treatable causes: sepsis, eclampsia, malaria, and post-partum haemorrhage. Sepsis was the leading cause of maternal mortality at the hospital in 2024. Seven of the women who died due to sepsis reported having delivered at home. Three of those who died from sepsis had caesarean sections in private clinics. Women were also developing sepsis, and other infections, after delivering at Nyala Teaching Hospital. This was due to the challenges in preventing and controlling infections in a severely damaged building, mostly staffed by low-skilled health care workers following mass displacement. Many pregnant, labouring and post-partum women and adolescents were also arriving too late to be saved, facing difficulties in reaching the hospital, often after prolonged labour. Many of those who died were also under the age of 18, their bodies less ready for pregnancy, labour and delivery, while many who passed away had also given birth five or more times which is associated with an increased risk of adverse pregnancy outcomes. We have heard that adolescent and child marriages are increasing in South Darfur, driven by economic hardship which, in turn, has been exacerbated by the conflict. There is a lack of contraceptives, alongside other medical supplies in South Darfur, following the eruption of the war.



Maternal deaths have steadily reduced in Nyala Teaching Hospital since August 2024; MSF opened several women's clinics to increase access to sexual and reproductive healthcare and better support timely referrals to the hospital. We are also providing technical support to midwives at Nyala Teaching Hospital, and our rehabilitation of the hospital and support to infection prevention and control is likely to have also contributed to the decrease in maternal mortality. Through presence and tailored, community-based programming it is possible to tackle the medical crises mounting in South Darfur.



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MSF remains concerned about high maternal mortality in localities where sexual and reproductive healthcare is not being supported. In April 2024, in a short assessment conducted in an IDP camp close to Nyala, 68 maternal deaths were reported to MSF as having taken place since January 2024. In 2025, community members living in one settlement in southern Jebel Marra reported hearing of 17 maternal deaths in the first three months of 2025.

This provides a glimpse into the numbers of pregnant, labouring and post-partum women and girls who are losing their lives in South Darfur without ever accessing healthcare at all.

³ MSF (2024), 'Driven Into Oblivion: The Toll of Conflict and Neglect on the Health of Mothers and Children in South Darfur' [online], available from: <https://www.doctorswithoutborders.org/latest/shocking-number-maternal-and-child-deaths-south-darfur-sudan> [last accessed: 30 December 2024]

⁴ Abdelmola (2023), 'Antenatal Care Services in Sudan Before and During the 2023 War: A Review Article' *Cureus* 15(12), pp. 1-10



“Thinking of the future of my children, I do not want to stay here in Sudan”

“I was living in Khartoum, and life was very difficult. I came to Nyala from Bahri. We have been in Bahri since the war erupted, and we thought it would pass quickly. We weren’t expecting the war to continue for so long. Since the war started, we have suffered a lot. There is no security, no safety there. The life became so difficult, and so we decided to leave Khartoum and we arrived in Nyala two weeks ago.

When we decided to leave Bahri, it was very difficult, it was unsafe. We had a long road from Bahri to here. On the way, the car in front of us was ambushed and everyone inside was killed. It was a bit safer once we reached Omdurman. We stayed there for some time before we continued. We spent, I think, five days there in Omdurman, because vehicles were not available. The ticket prices were also so high, but then eventually there was a vehicle which took us to al-Daein. It took eight days to get there, and then afterwards we left from there to Nyala. Once we reached al-Daein, it became safer and easier again.

...Yes [I made this journey while heavily pregnant]. I had no choice, we had to leave. There were no hospitals open in Bahri, no medicines – even the hospitals and clinics were being targeted. We had to leave.

...Nyala is our hometown! We spent three years in Khartoum, but my mother lives here, and we talked to her, and she said: you have to come here to Nyala, it’s more calm, the hospital is functioning well, there is good support here for the hospital. And it has been easy here, the care was very good.

...I have three children, all of them are boys. The oldest was born before the war, the middle one during the war, and then there is this one [delivered by caesarian-section in Nyala teaching hospital].

The middle one I delivered in Bahri, but at that time, Bahri was calmer, the hospitals were still functioning.

When we left, none of the hospitals were working. There were some medical centres which pregnant women could go to, in places which were a bit safer. But they cost a lot of money. Just to meet the doctor and have some tests, it cost one hundred thousand Sudanese pounds. Going to the appointments when they were scheduled, this was not easy – moving outside was difficult, and also cost a lot.

...For my plans, I will not stay in Sudan. I want my older child to start school. Thinking of the future of my children, I do not want to stay here in Sudan. For the time being, we will be here in Nyala. We have a place to stay, a safe place, so we will be here while my husband looks for some work. But our plan is not to stay.”

**27-year old internally displaced woman, Nyala, South Darfur
28 November 2024.**



Tackling alarming rates of malnutrition

Between January 2024 and March 2025, MSF supported outpatient care for 10,659 acutely malnourished children under the age of five across South Darfur. Since November 2024, we have also supported outpatient care for thousands of malnourished pregnant and breastfeeding women and girls.⁵ Since the beginning of 2024, admissions to the programme steadily increased, with our nutrition programme expanding month-on-month to respond to the crisis. In 2024, we also admitted 97 patients to our small inpatient therapeutic feeding centre in southern Jebel Marra. We witnessed a 6.7% mortality rate in the inpatient centre; many children admitted arrived in an already critical condition, a further indicator of the barriers to accessing healthcare that people face in South Darfur.

In April 2024, MSF conducted a nutrition survey, finding high rates of global acute malnutrition (GAM) in several locations in South Darfur: 7.9% in Otash camp for displaced people, 7.6% in Beliel camp for displaced people, and 3.5% in South Nyala. The rates of severe acute malnutrition in these locations were also troubling: 1.7% in Otash, 1.9% in Beliel and 0.7% in South Nyala.



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“The children, they don’t understand, if we can’t afford to buy food, they will cry. Adults, they can understand – if they are hungry, they can cope and they can wait – but the children, they cry.”

25-year old internally displaced woman, Kalma IDP camp, South Darfur, 27 October 2024.

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“I just depend on what I can find, day to day. If I get something, we will eat. If I don’t get something, we won’t. This is my life.”

24-year old internally displaced woman, al-Salam IDP camp, South Darfur, 28 October 2024.

⁵ Due to the emergency nature of our programming, there may be inaccuracies in our medical data, and the figures above represent a preliminary analysis.

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"If my son can go and bring one thousand pounds, and if I can go to the market and bring some leftovers, then this helps. But, today, I am here [in the MSF-supported clinic]. So I won't eat today. Last night, I didn't eat. What can I do? If you go and you ask for my name, you will see where we stay...My children are young, and they are sitting there, with no food. Most of the work I do, it is not paid. I wash dishes. I wash cups. They give me leftovers. If there is leftover soap, they will give me this as well."

Internally displaced woman in her 40s, Beileil, South Darfur, 30 October 2024.

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"I came from el-Fasher in November 2023. We left my husband in el-Fasher. We don't have anything now. I don't have work. Sometimes, I go to work on the farms. When I get something, it is good, because then we can eat. When I don't get something, we have to wait."

24-year old woman, Kas, South Darfur, 14 November 2024.



People MSF spoke to in Nyala, in Kas and in Jebel Marra, almost universally reported the struggles associated with affording food and with feeding themselves and their children. Families at our facilities seem very often to be surviving on one meal a day amid soaring costs of food. Women spoke of how their children were unable to comprehend, or cope with, the lack of food available. Hunger is intertwined with insecurity, with the threat of violence cutting off access to farmland and to income sources.

People in South Darfur, many of whom are women coping alone, solely responsible for providing for their children, have become resigned to the uncertainty they face each day: not knowing when they will eat next, restricting what food they have, seeing food they cannot afford in the markets, and delicately balancing competing priorities while facing extreme deprivation. Families in South Darfur tell of weighing decisions: whether to feed their children or seek healthcare. Neighbours are supporting one another, but, as inflation soars, and as the humanitarian response remains woefully insufficient, such solidarity may yet falter.

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“...when the women try to go outside the camp to farm...they will beat me, they will torture me. And to work in the camp, there are no jobs to do for someone else. This is the only way, to take my son and to go to the market to beg, to ask for money. Some will give me some grain, others millet or sorghum. That is what I do...There is nothing, there is no way to go out... My aunt's daughter, she was raped by six men, just six days ago...I feel insecure, because if I go out, I will be raped.”

25-year old internally displaced woman, South Darfur, October 2024.



MSF targeted food support programme

In November 2024, after witnessing persistently alarming malnutrition screening rates at our facilities, and with ever-increasing admissions to our nutrition programme, we decided to launch a new activity. MSF is currently offering targeted supplementary food support to the families of patients treated for acute malnutrition in our programme. Using a voucher system, 6,000 families of acutely malnourished children under five and pregnant and breastfeeding women and girls are receiving food packages. It is unusual for MSF to undertake food distributions. We hope that this proves that food distributions are eminently possible in South Darfur, and it is already clear that such assistance is sorely needed.





"My throat – I feel as though I am strangled"

"I have suffered a lot in this war. There was daily shelling. My husband, he was working as a guard at the university in al-Fasher. He sent us to Tawila where we spent thirty-seven days. He sent money to us so we could come to Kas. He went to Mawashi market, and while he was there in the market, a shell hit the market, and he died. All his belongings were taken from his body. His phone, his wallet. Everything was taken from him.

We had to go through Jebel Marra and then here to Kas. On the way, we suffered a lot. We met RSF soldiers on the way. They made us lie on the ground. They threatened us. They told me: your husband is from SAF, but I told them: no, I told them that he had died. One of my brothers was with us, and he was accused of being SAF, and he was beaten very seriously by them after that. They made him lie down and they beat him seriously – you can still see the scars on his back. They took everything that we had, all our money. At the end, they let us come here. I was with my two brothers, and my two children.

...They looked in our eyes, and told us that we had to look down at the ground...On our way from Tawila to Jebel Marra, we met seven individuals, they were on the backs of camels, with their whips. They tortured the boys and the men, they were beating them, and they took everything they had, and they looted the truck we were driving in. They looted everything. They asked us whether we had gold. We told them that we don't have. They asked us: are you from al-Fasher? People had told us, before we travelled, if they ask you whether you are from al-Fasher, tell them: no. Don't tell them you're coming from al-Fasher. So we didn't tell them, we just said that we were from Jebel Marra. But they tortured the boys and the men and they took our belongings...Some were young men, just teenagers. The one who hit my brother, he was the age of a thirteen-year old boy. He had a gun. They called us slaves. They said: come here, slave, go there, slave.

...It was a complete disaster [in al-Fasher]... Most days when we were in al-Fasher, my husband and I, we didn't eat. We didn't eat most days. We just gave the food that we had to our children...Any time, when he looked at my face, he would cry. He could not provide enough for us, he could not keep us safe. After he told us to go, he sold some items from our house, and transferred the money to us, and on the Friday he was killed. For seven months in al-Fasher, we did not sleep together – every night, I was sleeping with my children, to try to calm them. They were very scared, the children couldn't go to sleep. There was shooting everywhere. The children would say: baba, there is shooting, and their father would say: come to me. They would go to him. And they are not so young, they are twelve and thirteen. But for seven months, we couldn't be separated, we were always together, because they were so frightened.

A shell hit my neighbour's house, killing his son. His name was Omar. He played with my son. And part of the shell hit our house, and our kitchen was destroyed. My husband took the body of Omar, and on the same day, a shell hit a mosque and seven people were killed. They had just finished praying, and they were all killed. I knew each of them by name.

...It was seventy days ago that my husband died. He died feeling sad – because, if we had money, we could have left Darfur. We could have left the country. But we had to stay and he died sad.

...I am not well since my husband died. Sometimes, I forget things. I don't sleep well, I don't eat well. My throat – I feel as though I am strangled."

32-year old internally displaced woman, Kas, South Darfur, 13 November 2024.

Harrowing violence and hundreds of thousands uprooted from their homes

Those living in South Darfur have endured, and are enduring, appalling levels of violence. In 2023, civilians found themselves caught in the clashes between SAF and RSF in Nyala: shelling, shooting, and brutal rapes tormented those living in the city. People describe being forced to flee, the destruction of their homes, the disturbing deaths of their family members, friends and neighbours. People spoke of piecing together body parts strewn across the rubble of their homes, of the theft of belongings from corpses, of indiscriminate aggression but, also, the targeting of civilians on the basis of their ethnicity. They described the fear and anxiety of children, and their own feelings of helplessness, indignity, and of being trapped.

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"[The war] changed my life for the worse. My heart is not in peace. All the time you hear, someone died, another person died, another person died, another person was killed. It is so often you hear this, and I am not at peace."

29-year old internally displaced woman, Kalma IDP camp, South Darfur, 27 October 2024.



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"It is very difficult to talk about my feelings during the war...a shell hit my aunt's home, killing her with her six children, and also killing my father and my father's brother. My brother was found dead near to here, by the road. This is how I feel – I'm thinking about my relatives."

25-year old internally displaced woman, Kalma IDP camp, South Darfur, 27 October 2024.

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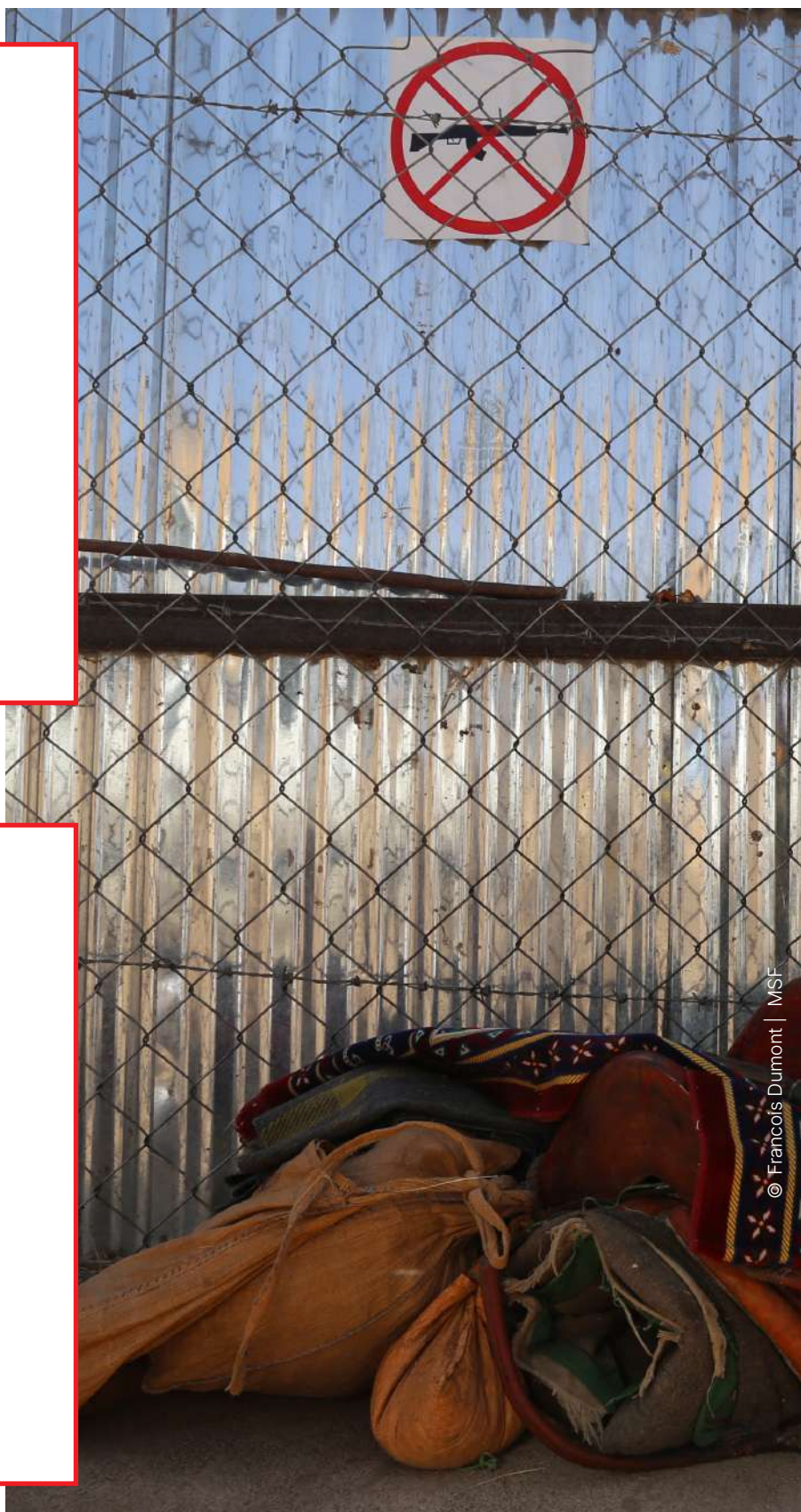
"We were living in Kerere and, when the conflict started, in this area and in the southern side of Nyala, RSF was in those places so we saw a reaction from SAF. There was shelling, and this made many people scared. One of the shells hit my neighbour's home, and a young man died. We found his body in pieces. His brother was injured. We were in shock, and we left our homes."

30-year old woman, Nyala, South Darfur, 28 November 2024.

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"There is no safety at all [on the farms]...You hear so many stories, of people being threatened...If you try to resist, they will kill you. If you have ten thousand Sudanese pounds, and you try to resist, you will be shot. They can take your donkey. If you refuse, they will just shoot you where you stand."

23-year old internally displaced woman, al-Salam IDP camp, South Darfur, 28 October 2024.



© François Dumont | MSF



The flare-up of conflict in 2023 represents a punctuation mark in decades of violence in South Darfur. Many of the people MSF has spoken to were uprooted from their homes by hostilities in the early 2000s, and can still recall, with clarity, the horrors to which they were subjected. Moreover, they depict a now-pervasive climate of violence, in which murder, assaults, rape, detention, relentless thefts and looting, and airstrikes have become commonplace. In South Darfur, the population is surviving in a state of alertness, struggling to maintain a sense of normalcy and provide for their families while armed men kill, beat, sexually assault and steal from civilians with impunity, and while families anxiously wait for the next airstrike.



"Our farms are completely destroyed, we have nothing. My husband was killed four months ago. We have nothing now. For three days, I haven't eaten anything...I have two children. One is here with me, and I have another one at home...[My husband] went to the market, and he was coming back home with other people in a tuk-tuk. They stopped the tuk-tuk, and started taking people out. My husband tried to run away, but they shot him dead. We don't know who did this, because nobody caught them...I'm not quite safe. I don't know, if I go out, whether I will come home again safe. Even now, here, I don't know what will happen to me on the way home. I am afraid, because those people who killed my husband, maybe they will do the same to me. That is why I'm scared. I am afraid that might happen to me on the way home."

21-year old internally displaced woman, Beileil, South Darfur, 10 November 2024.





Pervasive sexual and gender-based violence

MSF has integrated medical care for survivors of sexual and gender-based violence into its healthcare services in South Darfur. Intimidating barriers prevent survivors from accessing care: fear of retribution, a lack of awareness of the medical consequences of SGBV, a fear of stigmatisation and of being exposed to further harm and indignity, and the cost of reaching care and the risks of travel.

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“It is not safe at all to be working in the fields. I used to only work on small plots of land, because it takes less time, because it is not safe...When I say that it is not safe, it is because I meet young men, and I'm afraid that what happened in Nyala to people there might also happen to me. I go and try to come back quickly, and I always go with other women. [What was happening to women and girls in Nyala?] They beat women, and they rape women. I moved to Kalma early. Those I left behind, they were raped and beaten. In Nyala, rape was very common. Al-Jeer was targeted in particular, because it was a place where soldiers lived, and the women there, they were cheering for the soldiers from SAF, and so it was targeted. And there was a lot of fighting there also. They wanted to humiliate the women who lived there. My father told me that I had to leave, to take my children, particularly my daughter. My sister, also, we were afraid she would be raped.”

28-year old internally displaced woman, Beleil, South Darfur, 30 October 2024.

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“Unfortunately, on the day of the fall of Nyala, I had my sister’s daughter with us. She was thirteen years old. She was living with us, and they raped her. We were displaced to here, and we were living in a school in the south of al-Wahda. They took my sister’s daughter – they took her to near where the water is, and they raped her there. We had to go and find her, and to bring her back, and she died a few days later. I think two days later.”

**25-year old woman, Nyala,
South Darfur, 29 October
2024.**



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Reports from the **659 survivors** who received care from MSF between January 2024 and March 2025 reveal the following:

DEMOGRAPHICS

- The vast majority of the survivors were women and girls (**94%**).
- Many were children and adolescents: **2.6%** of survivors were younger than 5 years old, and **15%** were aged between **5** and **14**.

VIOLENCE EXPERIENCED

- **55%** experienced physical violence during the assault, **with 7.7%** reporting to MSF having been tortured or having experienced other forms of mistreatment, **6.5%** reporting having been abducted or kidnapped, **3.9%** reporting having experienced forced labour, and **4.9%** reporting sexual exploitation and abuse.

PERPETRATOR

- **56.2%** of the survivors were assaulted by a non-civilian (by a member of the military, police, or other security forces or non-state armed groups). A further **7%** of survivors were abused by a member of a criminal group. Those in South Darfur are also being assaulted by known and unknown civilians (**12.3% and 11.7% respectively**), and by their intimate partners (**5.3%**) and members of their family or household (**5.8%**).

LOCATION

- **34%** faced sexual violence while working in the fields, or on the way to the fields. Survivors have also faced assaults in their own homes (**16.3%**), in the homes of perpetrators (**10.5%**), and in the homes of friends and relatives (**3.3%**). Survivors have faced abuse while on the road in South Darfur (**4.5%**), while collecting wood, water and while looking for food (**16.3%**), and also while fleeing or migrating (**2.4%**). Survivors are also facing assaults while in detention or captivity (**2.7%**).

***71.3%** of survivors to whom MSF provided care accessed a facility within **72 hours** of the assault, highlighting how conflict-related sexual violence is very much ongoing in south Darfur.*



© Abdoalsalam Abdallah



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"There is no way for me to get a job. I have really tried to work, I have tried to find a way. Last week, I went from my home to Nyala. I was just trying to get something for my children, that is all I was doing. I was in the streets in Nyala, begging for something to take to my children. I walked to Nyala in the morning. And on the way back, too, I was walking. There were no vehicles, so I had to come back walking. It was dark, and three men appeared. They asked me where I was going, and they wanted my money, but I explained to them that I am just a beggar. Then they raped me. They held me strongly, and they laid me down on the ground and they raped me. I don't remember everything. I woke up later on the ground and I found my thawb was around my neck. When morning came, I went to the road to find a tuk-tuk to come back to where I live. It was so humiliating for me, and so painful. I talked to someone here, and they directed me to the women's clinic. I got some medicine, but I feel so sad. I feel destroyed. They beat me as well. My shoulder, here, and my leg – they are very painful. This took place last Monday."

South Sudanese woman in her 30s, Kalma IDP camp, South Darfur, 6 November 2024.

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"Every day, when people go to the market, there are four or five cases of rape. When we go to the farm, this happens. Men, they will cover their heads, and they will rape women...It is dangerous for us, going to Gandeh Tu, to Golo, to Nertiti. You have to spend a night somewhere, on the way. That is risky. But we are forced to do this. Really, it is very common. I think it is because there are displaced people, we are displaced people – and you never know who is who. There was a woman, recently, who was raped while on her way to Nertiti, by two men, and she was pregnant and they raped her until she miscarried. She was carrying a child on her back. We are living in a dangerous environment...There is no way to stop the rapes. The only way is to try to stay home, and to not go out as much."

40-year old internally displaced woman, southern Jebel Marra, South Darfur, 19 November 2024.

In late 2024, MSF began implementing a community-based model of care through which midwives and community healthcare workers have been trained and equipped to provide emergency contraceptives and psychological first aid to survivors, and then support referral to MSF-supported primary healthcare clinics and secondary hospitals for comprehensive care. Since the introduction of this model, we have seen an increase in women and adolescents seeking care. In December 2024, 120 survivors of SGBV reached our services, a percentage increase by comparison with October of 287.1% when just 31 survivors were reached by MSF. Any expansion in access must therefore be tailored from the outset to mitigate against the many overwhelming barriers survivors face when seeking medical care in the aftermath of SGBV. Through listening to survivors, and closeness to communities, it is possible to meaningfully and more widely offer the medical care which people deserve in the aftermath of sexual violence.



South Darfur remains the largest host state in Sudan for IDPs forced to flee their homes both before and after April 2023. Those recently displaced have described to MSF having been brutally torn from their everyday lives: separated from their families and neighbours, deprived of their livelihoods, forced to abandon their homes and their belongings amid shelling and shooting, and the collapse of basic services. Arduous, costly and dangerous journeys across Darfur and, indeed, across Sudan are fresh in their memories, with particular risks and humiliation faced by those belonging to marginalised ethnic groups. Families have lost touch with one another, and mourn the loss of support networks.

Many shared direct accounts of their experiences of displacement, including their flight from their homes, and the subsequent hardship they have endured. Several were forced from their homes during the fighting in Nyala in 2023, with some

displaced within the city and others to formal and informal displacement sites, to the homes of family members, and to caves and huts on farms and in the mountains. Several experienced violence during the course of their displacement, or were driven from their homes due to the threat of violence. Others have been displaced for years, others still for a shorter period of time but nonetheless prior to the current conflict.

Their stories serve as a reminder of the periodic eruptions of violence the people of South Darfur have been suffering over the past couple of decades. Their stories also serve as illustrations of the care the people of South Darfur are showing one another, sharing their homes with those forced to flee.

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“There are people that we were with in Hasahisa, and we don’t know where they are anymore, we don’t know whether they were killed. My uncle, he went to ad-Damazin. He was sending money to us but, since June, we haven’t heard anything from him, we haven’t received anything from him. We have no way to find him. Can you bring me something, to help my children to eat?”

25-year old woman, Nyala, South Darfur, 29 October 2024.



“Our homes, everything, had been burned down”

“[We were displaced in 2003] because of the war. The war happened, and we were forced to leave and to come here.

At the time, my mother was in Um Labassa. A relative had died, and she went there for the funeral. We were told: they are coming to attack Shattaya. At three in the morning, my older sister, she woke us and told us we had to leave. She put us on a donkey, and I remember, she was guiding my father because he was blind. We made our way to Kailake, and while we were there, we heard that Shattaya had been attacked, and our homes, everything, had been burned down. Then, we heard that they were coming to Kailake, so we left again, and we came to Kas.

...Previously, there were organisations. And then there was a time when there were no organisations. And now there are a few organisations again. And it is difficult when you are going to farm, because there are people there who threaten you, and catch you, and steal what you have... Sometimes, I work in the brick industry though – other times, I will go house-to-house, and see whether people need their clothes washing, and I will do this to get a day's pay. That's what I do.

I don't have enough, I'm just trying to do my best to feed my family, to feed my children.

I have five children, and I am divorced. [My husband] didn't give me what I needed, and any time I went to work, he would beat me. My brothers, they tried to help me to solve this difficulty with my husband, but they couldn't. And then he beat me for going to my brothers. Really, I didn't have any good feelings at the time, when he would beat me. He used to get drunk, and then beat me.

In this situation, I am now just doing any job I can get. And what I get, I bring home. And, if I don't get anything, I will just come home, and we will wait until the next day.

...we are always afraid to go outside Kas. I am afraid, also, to go outside in Kas at night.

...If my children are sick, I go to their uncles and ask them to give me something so that I can go and buy the medicine they need. If they can't give me any money, then I will go to the pharmacy anyway, and I will ask them if I can take the medicine and then pay the pharmacy back later, when I have money. And I can come to the hospital here – when I have the money to pay. When I don't have the money here, I agree that I will pay the money back.

...My only other problem is that the schools are not open – the children, they are not receiving any education. And education is very important. If a child goes to school, they will learn everything which they can.”

26-year old internally displaced woman, Kas, South Darfur, 24 November 2024.



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Faltered international solidarity and support

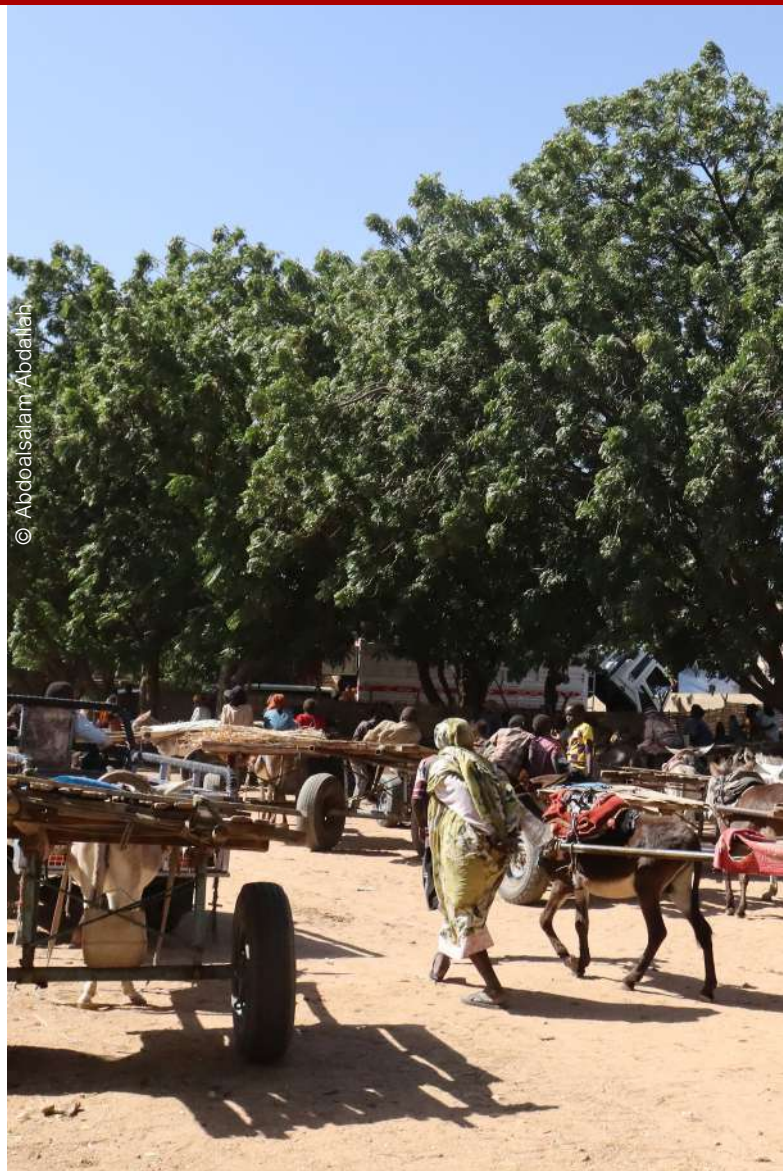
In March 2023, just before the eruption of the current war, the UN Office for the Coordination of Humanitarian Affairs (OCHA) estimated that 1.6 million people in South Darfur were in need of humanitarian assistance. At the time, an estimated 303,000 people in the state were suffering from malnutrition, with 473,000 people, 12% of the population of the state, facing crisis levels or higher food insecurity. Then, as now, South Darfur was hosting the largest protracted IDP population in Sudan. Ten UN agencies, 11 INGOs and 19 NNGOs were physically present in South Darfur, coordinating and delivering a wide-scale, multi-dimensional humanitarian response.⁶



"Organisations, they promise to help, but we hear and we see nothing. No one is coming to help. We have been here since 2003 as displaced people. Since the current war, there has been no support from outside. We can't farm, we can't bring things to our children. If MSF could help more, that would be good. We have no one else to ask. And we need."

Man in his 30s, al-Salam IDP camp, South Darfur, 4 November 2024.

Humanitarian needs in South Darfur keep escalating. Since the outbreak of the war, however, humanitarian assistance reaching Darfur has been meagre and inconsistent. With the eruption of the conflict, the humanitarian response disintegrated as teams were evacuated and humanitarian warehouses looted. Organisations have struggled to find their way back to South Darfur ever since.



⁶ OCHA (2023), 'South Darfur State Profile (March 2023)' [online], available from: <https://www.unocha.org/publications/report/sudan/ocha-sudan-south-darfur-state-profile-march-2023> [last accessed: 30 December 2024]

Humanitarian access to Darfur from Chad

The Adré border crossing point from Chad into Darfur has been the most viable route into the region during the conflict. This crossing point is controlled by RSF but the UN has sought consent from SAF, the recognised authority for the UN in Sudan, before moving humanitarian supplies or personnel into Darfur through Adré.

Following months of negotiations escalating to the highest levels and countless public pleas, movements of UN cargo through Adré have gradually increased. Nevertheless, humanitarian supplies arrive sporadically and

remain insufficient to meet the needs in the region. Moreover, only after lengthy delays and stymied attempts have time-limited visits to Darfur by a select group of UN personnel been permitted. Without the power and resources of the UN, a scale-up is impossible. Without the widespread presence, activities and proximity of humanitarian actors, accompanied by sustained pressure on warring parties, violence against civilians and local responders will persist.

Across Sudan, obstruction of aid has been wielded as a tactic of war and a tool of legitimacy.



"Before the war, there were organisations here that helped us, but since the war started, there has been nothing. I have to go and beg in the market in order to feed my children. Medical treatment, it is very, very expensive...there was an organisation which came in April. But I don't know the name. They gave us grain, enough for four people in a family. But it was just one cup of grain, of millet. And then a tiny bit of cooking oil, and then lentils, maybe half a cup."

25-year old internally displaced woman, Kalma IDP camp, South Darfur, 27 October 2024.

While the humanitarian supplies reaching Darfur have gradually increased, UN agencies are not on-the-ground in South Darfur, leading and coordinating the response. INGOs are moving slowly and with extreme caution. Nyala used to be the humanitarian hub for Darfur, and the remnants of this international response remain, with tattered placards bearing the logos of major donors and INGOs now littered across displacement camps, or emblazoned on abandoned, crumbling buildings. However, the offices of the UN agencies in Nyala stand empty as the conflict endures.



"We heard that international organisations help people, but they never bring anything for us."

23-year old woman, Nyala, South Darfur, 4 November 2024.

Local humanitarian landscape and MSF group cash transfers

In South Darfur, there is an array of national non-governmental organisations (NNGOs), civil society organisations (CSOs) and informal, grassroots mutual aid initiatives and networks. Many have a wealth of experience as implementing partners for the UN and INGOs in the past. However, these organisations lack funding, partnerships, technical support and coordination. They are also fearful, intimidated and face obstruction from the authorities; for many, their offices were looted and their staff fled in 2023 and they are surviving in militarised, fragile and low-resource setting. Nevertheless, these organisations have ideas, have expertise, and are on the ground, ready to respond.

Since re-entering South Darfur, MSF has been receiving frequent requests for donations; people are out of work, there are few funding sources, there are extremely high humanitarian and social service needs, and those living in South Darfur have ideas and expertise for how best to respond but simply lack resources. MSF therefore decided to start offering cash grants, worth up to 15,000 US\$ each, to organisations and initiatives based in South Darfur to further support access to healthcare and basic services. Our cash grants have supported community kitchens, meals for school children and health posts run by volunteers. MSF kept the bureaucracy light but we were present to provide support and oversight where needed.

People in South Darfur have not only endured two years of violence and turbulence, but they have also tried to step into the gaps left by humanitarian actors. They have found ways to support those under threat, to support their neighbours, friends and family members. There is a risk, however, of romanticising these extraordinary displays of resilience and kindness, a risk of abandonment as resources run out.

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"I am also waiting patiently. My children don't understand that we don't have anything. The neighbours, they can help a little bit. But the help is little, and I can't ask for more – we are all suffering."

**28-year old woman,
Kas, South Darfur, 14
November 2024.**



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"People, they mention the role of the community – the circumstances in which the local community is living: for two years, they didn't receive any help from outside. These are people who have been displaced, and they can't find anything to eat for an entire day now. If you go to Nyala, on your way, you will see children coming back to the camp, walking on foot. They went to Nyala to beg... This is the situation in which people are living."

**Internally displaced man
in his 40s, al-Salam IDP
camp, South Darfur, 4
November 2024.**



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Conclusion

The crisis in South Darfur is clear, and most compellingly told by those who are surviving there.

Families, friends, neighbours, colleagues and communities have built their own networks of support. Formal and informal local aid initiatives and organisations have endured and emerged during the conflict.

It is possible for humanitarian actors to operate in South Darfur. MSF urges humanitarian actors to explore all means possible to intensify the support reaching communities in South Darfur, and indeed reaching the Darfur region. A crucial part of this must entail channelling far more substantial resources to Sudanese frontline responders and providers of healthcare. The sector must also pour energy into negotiating humanitarian space and access, finding and securing presence and proximity to those at risk.

Civilians and critical civilian infrastructure must be safeguarded. The pervasive violence being meted out with impunity by armed men, including sexual violence, ethnically motivated attacks, arbitrary detentions, torture, relentless thefts and looting, and air strikes, needs to stop.

The hunger gap and rainy season, the time of the year when it is most difficult for people to access food and for humanitarian actors and supplies to reach the state, is rapidly approaching. Violence is mounting.

Those in South Darfur have told the story of what follows in the wake of indiscriminate violence and the choking of humanitarian assistance. The norm of protection, however embattled, cannot be abandoned. In a climate of funding cuts and heightened aid scrutiny, 2025 could be a moment for the humanitarian sector to demonstrate in Darfur what is possible when compassion, inventiveness and political will combine.

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