Background

The Darfur region of Sudan has been plunged into conflict, with emerging patterns of violence following the same ethnic lines that shaped the conflict of 2003, forcing civilians to once again flee their homes. In North Darfur, fighting between the Sudanese Armed Forces (SAF) and Rapid Support Forces (RSF) and affiliated Arab militias erupted in Tawila, 60km from El Fasher, on the 16th and 17th of June and led to the displacement of an estimated 1,000 households. Many fled to Zamzam camp in search of safety, mostly arriving on foot and in need of food and water after their journey. To date, no additional aid has been provided to support the new arrivals or the households hosting them.

Zamzam IDP camp is located approximately 12km south of El Fasher. It is the largest IDP camp in Sudan, providing shelter for 400,000 IDPs. The camp was established in 2004 in response to the influx of displaced persons fleeing the war in Darfur. Even before this most recent outbreak of conflict, the situation faced by the IDPs in the camp
NP Sudan (NPSD) has a team based in El Fashir, and has been working with communities to implement unarmed civilian protection strategies since 2021. NPSD's ongoing protection work in communities is informed by ongoing context analysis that also informs this report.

NP's El Fashir team visited Sector D of Zamzam camp on 17th July to conduct a rapid protection assessment. NPSD teams engaged with representatives of local authorities, women's groups, youth, and IDP leaders, as well as other organisations. Discussions focused on the needs and risks faced by both communities recently displaced by clashes in Tawila as well as host communities in Zamzam camp (who are displaced themselves), and necessary humanitarian and state responses.

Methodology

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Responding to Key Risks & Needs

Since clashes on the 16th and 17th of June, 984 households comprising 10,134 individuals have arrived in Zamzam camp from Tawila. Many of these individuals are being hosted by the resident IDPs, with others housed within the Al Salaam School for Boys and Al Salaam School for Girls. This is having a disruptive impact on the camp’s education services. Both new arrivals and long-term residents of the camp are facing extreme needs and are at risk of greater violence and suffering in the future. Our visit revealed several significant gaps between the needs of civilians and the services available to them.

1. Early Warning/Early Response

IDPs living in the Zamzam camp are facing several immediate protection needs that are heightened by overcrowding and the imminent risk of clashes. A significant protection concern comes from the positioning of main gathering areas, which are located at the borderline of Zamzam. This vulnerable location exposes IDPs to potential risks and external threats, making them more susceptible to security incidents: beatings, lootings, mortar attacks, gunfire, rape, child abduction and family separation.

To address the need for direct protection, NP has mobilized 30 participants (15 participants from Zamzam IDPs camp, including 6 women and 9 men, and 15 volunteers from Tawila IDPs including 7 women and 8 men) for the formation of an Early Warning/Early Response (EWER) committee. This committee will work in collaboration with the host community’s coordination committee and Tawila IDPs’ coordination committee to improve the camp inhabitants’ ability to respond to security concerns and enhance protection response capabilities. The EWER committee will play a crucial role in the early detection of threats and coordinating prompt responses. Continued support for this and other methods of civilian self-protection is essential to address the risks being faced by those in Zamzam camp.

2. CRSV and SGBV Prevention and Resource Awareness

The NP team has received numerous reports of Conflict-Related Sexual Violence (CRSV) and Sexual and Gender-Based Violence (SGBV) incidents affecting displaced women, many of whom have not sought medical and MHPSS care. The team were t
old this was largely due to a lack of awareness regarding available services. There is a pressing need to disseminate information about the available services, to ensure that all residents are able to make use of the available services.

NP has provided support to 8 CSRV/SGBV survivors, referring them to the camp’s clinic and accompanying them to receive medical treatment. Further outreach work is required from health actors to ensure that those in need of medical interventions are identified and supported to access services.

3. Psychosocial Support

The Zamzam camp has seen an influx of new arrivals suffering from psychological distress due to traumatic experiences of displacement and violence. Overcrowded living conditions, limited access to resources, and ongoing conflict add to their vulnerability. Survivors of SGBV face additional complexities in seeking help.

To respond to the psychosocial support needs, NP is providing Psychological First Aid (PFA) responses in El Fashir and Zamzam camp, aiming to foster resilience and healing among the displaced individuals, and empower the community to support one another. So far, this has included 7 trainings (630 total participants) for people in need of PFA support, 40 sessions for individual cases (including for survivors of SGBV), and one PFA training for those who are providing support to people in need.
4. Safe Access to Shelter and NFI Support

Displaced families arriving in Zamzam arrive with no material assets, as robberies during their journey result in the loss of all their possessions. They are living in dire conditions and seeking refuge under trees or in schools due to a lack of proper shelter. The lack of appropriate housing for new arrivals forces families to share limited living space or live in open areas. This has led to heightened tension and insecurity, increasing the risks of violence, exploitation and abuse of individuals exposed to increased risk factors, especially women and children. This situation is particularly concerning as the rainy season approaches, bringing with it risks of flooding and disease, and increasing the risk of exposure to harsh weather conditions, such as heavy rainfall. In addition, new arrivals report having no safe access to essential NFIs, hygiene and dignity items.

NP is dedicated to supporting displaced families arriving in Zamzam camp by providing protection during the distribution of essential items. Through our protection mainstreaming approach, NP ensures that distribution points are safe spaces, free from violence and abuse, especially for people exposed to additional risk factors. By advocating for protection considerations throughout humanitarian response, NP aims to create a secure and dignified environment for all within the camp.

5. Increased Access to Humanitarian and Health Services

The IDPs living in Zamzam camp face severe challenges accessing suitable food and drinking water and are currently depending on the host community's already limited water supply, exacerbating the burden on both the host community and recent IDPs. These challenges are intensifying as more people arrive in the camp from Tawila and elsewhere, with new arrivals facing additional lack of access to humanitarian services. The scarcity of food and drinking water poses significant health risks to families at increased risk, particularly children, pregnant women, and the elderly, increasing the likelihood of malnutrition and waterborne diseases. At the time of writing, four newly arrived child IDPs, one female and three males, had recently lost their lives to malnutrition.

The healthcare system in Zamzam is struggling to meet the needs of the population, and access to medical care is severely limited. Only two health providers are present and the demand for medical services far surpasses their capacity to deliver. Access to medical services is further restricted by the IDPs' lack of
knowledge about the services available. As a snapshot: on 17th July, NP’s team were told of 16 children in need of emergency healthcare that was unavailable in the camp but which they could not leave the camp to access. Pregnant women face similar challenges, with the team being told of four cases in need of urgent medical attention.

NP has a long history of expanding access by protection in other country programmes—history upon which NPSD has drawn to inform programmes in Sudan. NP provides direct physical protection through presence in hotspot areas; protective presence is in itself a deterrent of violence. Further, despite the potential volatility of the situation, NP leverages relationships built with the community leaders and government authorities and reaches areas that are not served by other humanitarian organisations due to perceived security threats. We are eventually able to provide protective presence in some of these volatile areas (examples from the previous year include IDP camps in North Darfur and Kereineik locality in West Darfur), achieved through NP’s continued engagement with the community and building relationships with the community members at various levels. With sustained protection actors present, other organisations historically enter/return to the areas, often without armed escorts, in large part attributable to NP’s efforts. This has a ripple effect: with greater humanitarian presence, and less visibility of armed actors in their presence, the community feels a greater sense of security and their freedom of movement has improved.
Recommendations

1. **Invest in Community-Led Self-Protection Efforts**: In the face of pressing protection risks, it is imperative that communities are supported as they seek to protect themselves and their loved ones from violence. Those living within the Zamzam camp are best equipped to understand the threats they face and devise strategies to mitigate them. Local leadership must be placed at the centre of any intervention and support must be coordinated with local actors and civil society currently on the ground in Sudan, with a focus on strengthening their existing efforts with direct funding, security support, and advocacy. Funding modalities must be available for emergent situations, accessible to civilian actors, and flexible to address context-specific needs. Furthermore, funders must apply the principles of [responsible partnership](#), ensuring that risks are not outsourced to local populations and a thorough analysis of conflict dynamics is completed.

2. **Increase CRSV and SGBV Support and Awareness**: Immediate action is required to raise awareness about available support services and ensure survivors receive necessary care and protection and to set up referral pathways. Comprehensive awareness campaigns involving community leaders and humanitarian organizations are crucial to sensitizing the camp's population and encouraging the reporting of CRSV and SGBV incidents without fear of reprisals. Specialized support centres staffed with trained professionals should offer survivors CMR, trauma-informed care and psychosocial support. Addressing overcrowding is also essential to creating a safer environment for displaced populations and mitigating the risks of CRSV and SGBV and child protection concerns.

3. **Provide Psycho-Social Support**: Following their traumatic experiences, both the host population and the newly arrived IDPs are in great need of counselling in both one-on-one and group sessions. Children need specialist child-friendly spaces in which they can access psychosocial support and recreation activities. Specialist case management services are also required.

4. **Improve Access to Shelters to Protect People Exposed to Increased Risk Factors**: The current lack of physical shelters places the camp's population at an elevated risk of violence. There should be special consideration for shelters to be made available for people exposed to additional risk factors and emphasis should be placed on creating safe lodging for new arrivals to lower risks of violence.

5. **Protect Access to Humanitarian Aid**: Safe access for both the humanitarians and the camp residents is paramount. New arrivals require support to meet their basic needs, alleviate suffering and increase their dignity in displacement. Humanitarian partners must ensure that IDPs have access to food, WASH, NFIs, medical services and other basic needs. Efforts must also be made to increase the new arrivals’ awareness of the services which exist and how they can access them. Particular focus should be placed on maternal, newborn and child health services, as well as addressing chronic medical conditions.