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Investigation

The Attack on the Saudi Hospital in Al-Fasher





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Investigation: The Attack on the Saudi Hospital in Al-Fasher

Editorial Note:

Paragraph: In the early hours of 13 December 2024, a drone strike hit the Saudi Hospital in Al-Fasher, causing deaths of an estimated eight to ten people and injuring up to 40. By then, it was reportedly the only functioning hospital in the besieged city. The strike was assessed as likely attributable to the Rapid Support Forces (RSF), based on the reported pattern of conduct and the alleged type of drone used. As of April 2024, Major General Al-Nour Ahmed Adam ("Al-Qubba") reportedly held a commanding role with the RSF in Darfur, and in February 2025 he was described as the RSF commander in Al-Fasher, so he may have been in control of RSF forces at the time of the attack. In April 2026, he joined the Sudanese Armed Forces (SAF), and despite growing calls for him to be held to account for alleged crimes committed while he was with the RSF, no steps have been publicly taken to do so. Combining open-source analysis with witness testimony, this investigation sets out what happened at the Saudi Hospital in Al-Fasher in 2024.

This investigation was conducted between April and August 2025, during the period preceding the Rapid Support Forces' (RSF) takeover of Al-Fasher; the written content was also drafted before the takeover. On 26 October 2025, following an 18-month siege, the RSF announced its control over Al-Fasher. Reports indicate that significant violations against civilians occurred. The attached annex includes information on the violations reported after the takeover of Al-Fasher.

Executive Summary

This investigation examines the airstrike on the Saudi Hospital—also referred to as Al-Fasher Maternity Hospital—that took place during the early hours of December 13, 2024. Drawing from closed and open sources, it provides information on the locations of destruction, casualties, witness accounts, the timing and manner of the attack, the weapon systems employed, and the potential perpetrators.

- Location of Incident: Al-Fasher, North Darfur
- Impact Site: The Saudi Hospital
- Date: December 13, 2024
- Timeframe: Between 01:45 a.m. and 02:30 a.m. Sudan local time
- Casualties: Estimated 8–10 fatalities; 20–40 injured

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- Type of Incident: Drone strike
- Weapons Used: Guided bomb/missile from Unmanned Aerial Vehicle (UAV/drone)
- Alleged Perpetrator: The Rapid Support Forces (RSF)

Table of Abbreviations

Abbreviation	Full Term
CERF	Central Emergency Response Fund
COHR – Sudan	Central Observatory for Human Rights – Sudan
DJF	Darfur Armed Movements Joint Force
DTM	Displacement Tracking Matrix
ICC	International Criminal Court
ICL	International Criminal Law
IDPs	Internally Displaced Persons
IHL	International Humanitarian Law
IOM	International Organization for Migration
MSF	Médecins Sans Frontières (Doctors Without Borders)
OHCHR	Office of the United Nations High Commissioner for Human Rights
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
OSINT	Open-Source Intelligence
RSF	Rapid Support Forces
SAF	Sudanese Armed Forces

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UAVs	Unmanned Aerial Vehicles
UNFPA	United Nations Population Fund
WHO	World Health Organization

Disclaimer note:

The hospital has been referred to under different names in official and media sources. The Office of the United Nations High Commissioner for Human Rights (OHCHR) used the term "Al-Saudi Maternity Hospital", while a press report citing the Federal Ministry of Health referred to it as "al-Fasher Obstetrics and Gynecology Hospital." The investigation team reviewed available information and noted that both names appear on Google Maps for the same geographic compound. While no official documentation could be located to conclusively establish a single official designation, available information suggests the hospital is known locally under both names. For consistency, this report refers to the facility as "the Saudi Hospital."

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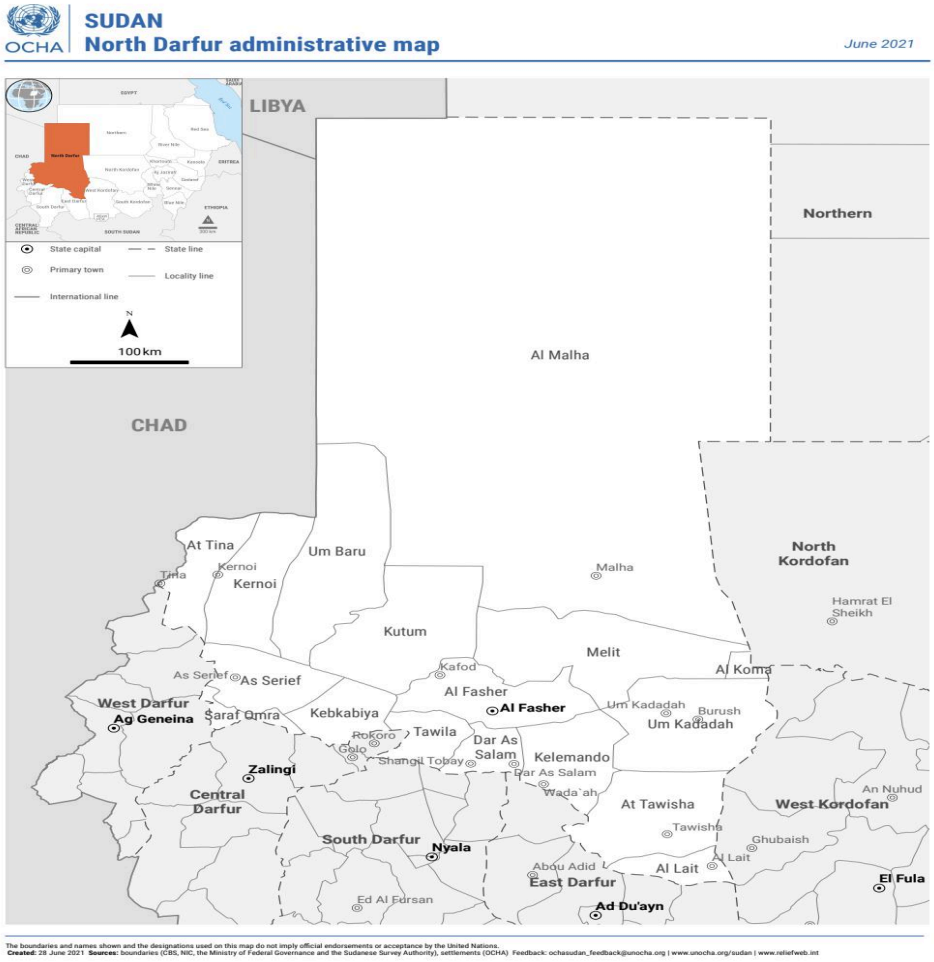


This Google Earth Pro image was captured and archived by the investigation team on July 23, 2025, showing the hospital with its two titles.

Introduction

Al-Fasher, the capital of North Darfur State, holds a strategic position in the ongoing conflict. It represents the last remaining stronghold under the control of the Sudanese Armed Forces (SAF) and allied Darfur Joint Force (DJF) in Darfur, facing sustained offensives by the RSF and its affiliated armed factions. Since the outbreak of hostilities between SAF and RSF in April 2023, al-Fasher has been subject to increasing military pressure. By May 2024, the city had fallen under a comprehensive siege, characterized by intensive aerial and artillery bombardments targeting residential neighborhoods, alongside escalating ground clashes. Reports from multiple media outlets indicate that RSF forces have cut off water supplies, food convoys, and humanitarian aid to al-Fasher, driving conditions towards famine. Four out of the five Darfur States are now under RSF control. The siege, now extending over 14 months, has resulted in severe humanitarian deterioration.

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In June 2024, the United Nations Security Council adopted Resolution 2736, calling on the RSF to lift the siege of al-Fasher. The Council expressed grave concern over escalating violence, including ethnically targeted attacks attributed to the RSF, and the deliberate targeting of civilian infrastructure, including healthcare facilities. The resolution demanded an immediate cessation of hostilities, protection of civilians, unhindered humanitarian access, implementation of the Jeddah Declaration for civilian protection, and compliance with the arms embargo on Darfur. Despite this, the siege and attacks on al-Fasher continued unabated.

Humanitarian Context

Al-Fasher currently hosts nearly one million internally displaced persons (IDPs) across three major camps: Zamzam, Abu Shoak, and Abuja. These camps date back to the displacement crisis that began in 2003 during the first Darfur conflict. They too have been subjected to shelling and

missile attacks amid the current hostilities. The city has experienced new waves of displacement, as civilians from RSF-controlled areas of Darfur sought refuge in al-Fasher, now perceived as the last safe haven.

The collapse of healthcare capacity in Darfur has further compounded the crisis. Most health facilities are either destroyed or non-functional. Hospitals have been repeatedly targeted as part of the conflict, being treated as military objectives. Between May 2024 and January 2025, the Saudi Hospital alone was struck several times by artillery and drone attacks, causing widespread damage and mass casualties. More than 100 patients are reported to have died due to the shutdown of the city's dialysis center.

A report by MSF, dated July 14, 2023, noted that the Ministry of Health in al-Fasher was facing severe challenges in meeting urgent healthcare needs amid critical shortages of medical supplies, chronic underfunding, and the withdrawal of most international NGOs from the region since the conflict's escalation. Despite the ministry receiving some assistance from the WHO, the overall situation remains fragile. Only 10 to 15 health facilities were operating in the city in July 2023, compared to more than 100 facilities that were functioning before the outbreak of the conflict on April 15, 2023.

Displacement Patterns Under Siege and Destruction

Displacement patterns in al-Fasher, North Darfur, are complex and multi-layered, as the context has evolved from localized conflicts into a large-scale urban siege that has severely disrupted civilian movement and access to essential services, particularly hospitals. For many individuals, displacement has not been a singular occurrence but rather a recurring process, often marked by multiple successive relocations.

Displacement Sequences: Multiple Waves

According to the International Organization for Migration (IOM) through its Displacement Tracking Matrix (DTM) Focused Flash Alerts, at least four distinct displacement waves have been documented since early 2024.

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Cumulative displacement from al-Fasher was recorded between April 1, and December 16, 2024, encompassing both primary displacement from original areas and secondary displacement resulting from deteriorating conditions in prior host locations. Instances of tertiary displacement were also documented during advanced stages of the crisis.

As of December 2024, Al-Fasher ranked third among Sudanese localities in terms of the highest numbers of IDPs originating from it, following Khartoum and Bahri. During this period (1 April–16 December 2024), approximately **423,389** IDP individuals, equivalent to **84,975** households, were reportedly displaced from Al-Fasher locality.

Period	Date / Year	IDPs - Individuals	IDPs - Households
First Wave	April 2024	40,615	8,123
Second Wave	May 2024	129,825	25,965
Third Wave	July 2024	328,981	65,933
Continuous Flow	December 2024	423,389	84,975

Table compiled by the investigation team on July 22, 2025, based on DTM Flash Alert reports, presenting displacement figures from al-Fasher locality as of December 16, 2024.

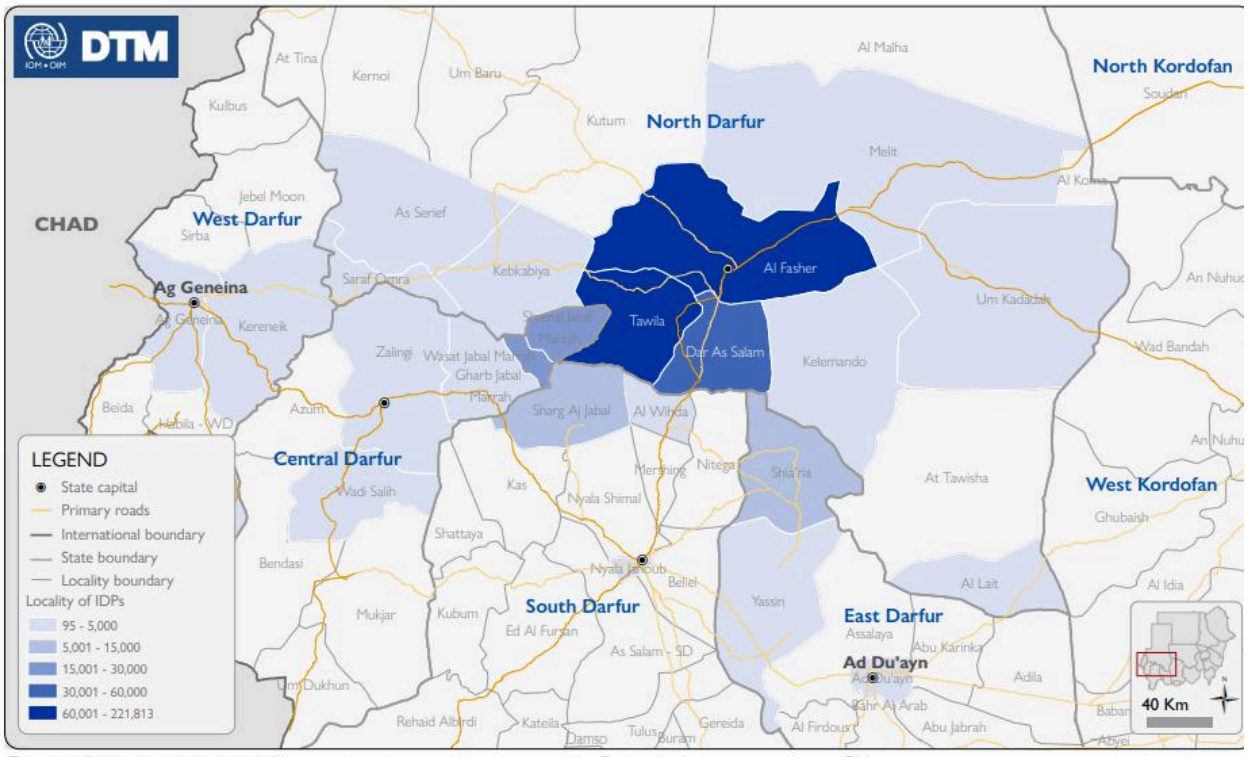
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Mapping Journeys: Distances and Destinations

Displacement within al-Fasher

54% of those displaced (221,630 individuals) remained inside El Fasher locality, largely moving from eastern and northern neighborhoods to southern neighborhoods and IDP camps.

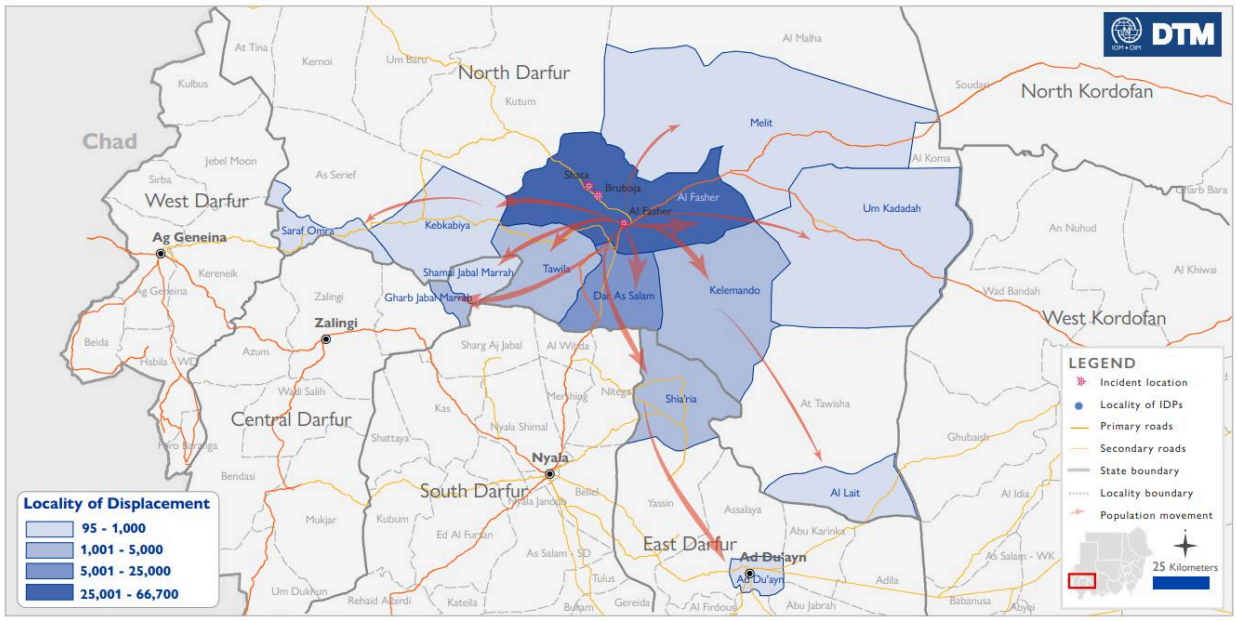
Before the early 2000s conflict, al-Fasher had a population of under 200,000. Based on data from the early 2000s conflict era, Al-Fasher was already hosting approximately 150,000 IDPs in three large camps (Abu Shouk, Zamzam, and Al Salaam), with thousands more sheltered by host families in the town. As of mid-2024, Al-Fasher locality hosted an estimated 737,896 IDPs from all waves of conflict, including those who fled the recent fighting which began in April 2024.



This map is for illustration purposes only. Names and boundaries on this map do not imply official endorsement or acceptance by IOM.

Map 1: Reported localities of IDPs displaced from Al Fasher locality between 01 April 2024 and 16 December 2024.

Screenshot from the IOM DTM report issued on December 20, 2024, illustrating localities that received IDPs from al-Fasher between April 1, and December 1, 2024. Captured by the investigation team on July 22, 2025.



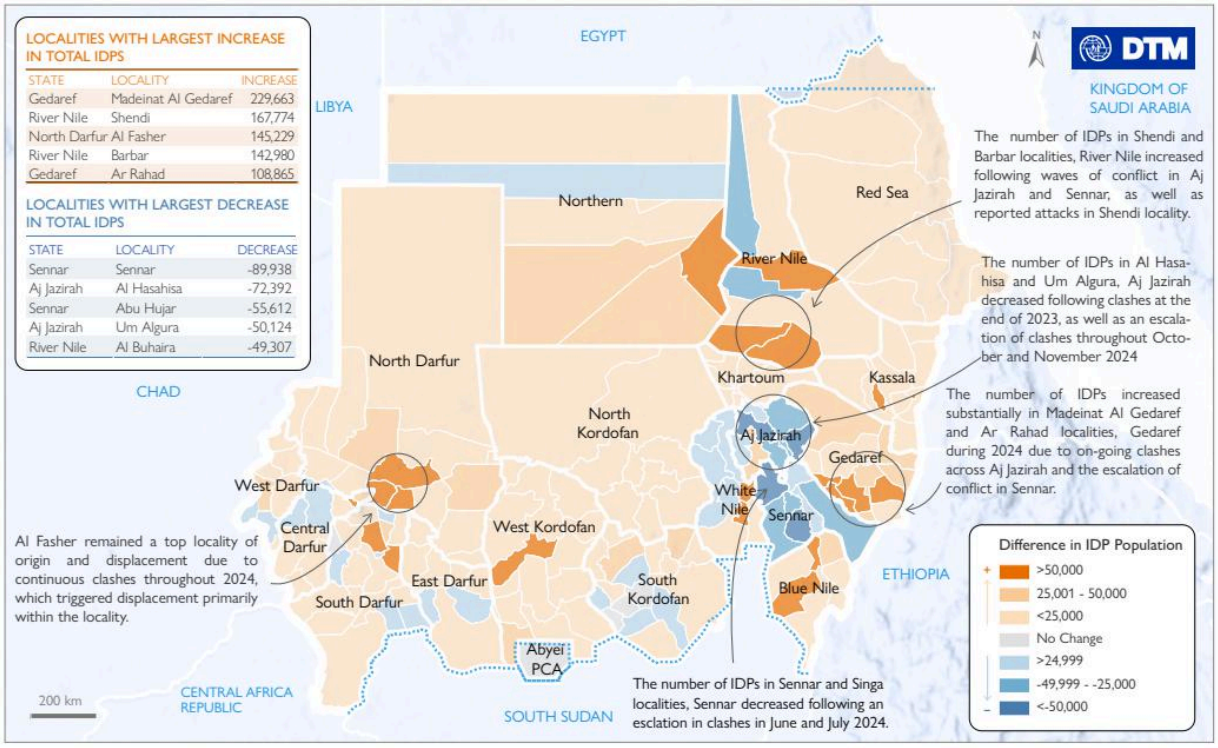
This map is for illustration purposes only. Names and boundaries on this map do not imply official endorsement or acceptance by IOM.

Map 1: Reported Clashes and Resulting Displacement in Al Fasher locality, 01 April - 31 May 2024

Screenshot from the IOM DTM report issued on June 2, 2024, depicting conflict zones and displacement patterns in al-Fasher locality between April 1, and May 31, 2024. Captured by the investigation team on July 22, 2025.



Screenshot from the IOM DTM report issued on December 20, 2024, illustrating hosting arrangements for IDPs in North Darfur: 41% in camps, 29% with host families, 21% in open areas or informal settlements, and 6% in schools and public buildings. Captured by the investigation team on July 22, 2025.



This map is for illustration purposes only. Names and boundaries do not imply official endorsement or acceptance by IOM.

Map 1: Estimated Change in Total IDPs Per Locality During 2024 (31 December 2023 - 17 December 2024)

Screenshot from the IOM DTM report issued on December 20, 2024, showing the estimated change in the total IDP population across Sudan between December 31, 2023 and December 17, 2024, with al-Fasher locality experiencing the third-largest increase in total IDPs. Captured by the investigation team on July 22, 2025.

Displacement to Other Localities in North Darfur

A significant proportion of IDPs from al-Fasher relocated to other localities in Darfur such as Tawila (15%) and Dar as-Salam (14%).

Movements across State Boundaries

Large numbers of IDPs also relocated to Shamal Jabal Marra (7%) and to Central Jabal Marra localities in Central Darfur. Others fled to Shia'ria and ad-De'ain localities in East Darfur.

Travel Conditions and Associated Risks

Due to insecurity and road blockades, travel has become extremely difficult. Some patients reported that reaching South al-Fasher Hospital took up to a week. According to an interview,

one documented journey from Um Sidir to as-Salam and Abu Shoak by horse-drawn cart lasted over seven days.

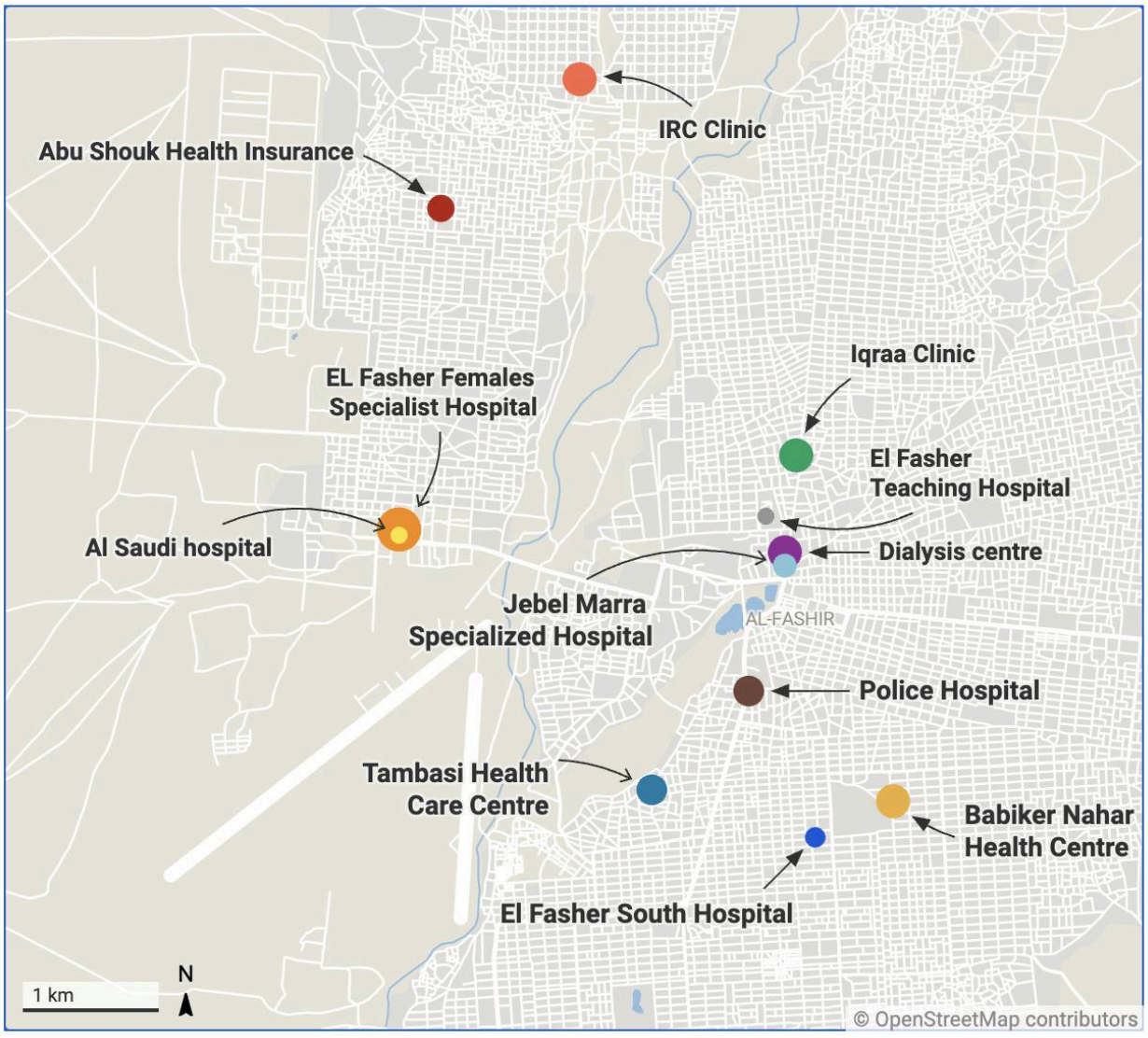
Road insecurity is further aggravated by the presence of armed groups and checkpoints along key routes linking camps with al-Fasher and surrounding localities. These conditions pose grave security risks, including attacks and looting.

Expansion of Targeted Attacks on the Health Sector in al-Fasher

Between July and December 2024, several medical facilities in al-Fasher ceased operations following repeated attacks. The investigation team compiled a list of the affected hospitals and health centers, supported by mapping and visual documentation.

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Health Institutions of El Fasher



Download image • Created with Datawrapper

Map of health facilities in al-Fasher reportedly subjected to repeated bombardment, impacting their capacity to provide health services. Based on a BBC report. Designed and annotated by the investigation team on November 26, 2025.

Repeated attacks on the Saudi Hospital

The Saudi Hospital has been subjected to repeated direct attacks that caused extensive damage to its infrastructure. These attacks destroyed critical medical equipment and facilities, and resulted in civilian casualties, including among medical personnel, patients, attendants, and children.

Date	Incident Summary
May 19, 2024	Shelling began early, damaging infrastructure, injuring passers-by, and disrupting essential services, including water and electricity.
June 21, 2024	A direct strike on the hospital pharmacy killed pharmacist Amna Ahmed Bakhit during her night shift.
June 27, 2024	An attack damaged windows and the hospital's water tank.
July 29, 2024	An attack resulted in the killing of three healthcare providers and injuries to 25 people.
August 11, 2024	Attacks caused casualties and damage across multiple departments, including the obstetrics and gynecology unit.
December 13, 2024	An alleged drone strike killed nine people and injured 20 others, with extensive infrastructure destruction that led to the suspension of hospital operations.
December 18, 2024	Renewed shelling struck the hospital and surrounding areas.
January 4, 2025	Direct shelling resulted in two fatalities and two injuries.
January 24, 2025	According to Reuters, the hospital was struck causing 70 deaths and dozens of injuries. Among the victims were four children killed and three injured in the emergency department. The United Nations condemned the attack.

Research Methodology

The investigation relied on both open-source and closed-source information, as detailed below:

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Closed Sources

Data Collection

Interviews were conducted in person in two phases. The first phase focused on contextual analysis of North Darfur State, covering security conditions, food availability, humanitarian assistance, the state of medical facilities, patterns of displacement, and other context-specific issues. The second phase concentrated on the aerial strike on the Saudi Hospital on December 13, 2024, gathering testimonies from individuals who directly witnessed or were affected by the incident.

The research sample consisted of 25 participants aged between 25 and 54. Of these, 18 were men and 7 were women. Their professional and social backgrounds were diverse, ensuring representation of both the health sector and the broader community. Participants included doctors, nurses, pharmacists, staff from local and international civil society organizations, government employees, volunteers in emergency response committees, and specialists in protection and community initiatives. The sample also incorporated individuals from other professions such as a lawyer/legal advisor, a photographer, a journalist, a graphic designer, a student, and a homemaker, in addition to those engaged in private business.

Interviews were categorized into three primary groups:

1. Witnesses: Individuals with direct or indirect knowledge of events that may constitute violations of international human rights or humanitarian law. During the contextual phase, witnesses provided insight into humanitarian, rights-related, and security dynamics. During the investigative phase, witnesses recounted their experiences during the December 13, 2024 attack or its aftermath at the Saudi Hospital.
2. Victims: Persons who sustained physical, psychological, or economic harm as a result of potential human rights or humanitarian law violations. In the contextual phase, this included individuals directly or indirectly impacted by broader humanitarian and security conditions. In the investigative phase, victims were those directly injured during the Saudi Hospital strike, along with indirect victims such as their families and patients dependent on the hospital for ongoing or chronic care.

3. Other Informants: Experts with specialized knowledge of the Darfur context, including researchers, civil society staff, legal professionals, journalists, and state health officials.

Data Analysis

The research employed a multi-stage qualitative methodology. Following the collection of audio recordings, the material was transcribed and anonymized by replacing names with coded identifiers to safeguard confidentiality. Predefined coding standards were applied to facilitate systematic analysis. A monitoring log ensured consistency in the transcription process.

Three complementary methods were used:

1. **Narrative Analysis:** Examining how participants recounted their experiences, including linguistic expressions, cultural references, and collective memory. This approach highlighted psychosocial and emotional dimensions of violations.
2. **Thematic Coding:** An inductive process used to identify recurring patterns within testimonies, such as the type of violation, actors involved, and affected locations.
3. **Cross-Verification:** Corroborating accounts by comparing multiple testimonies of the same incident, verifying consistency, and conducting follow-up interviews as necessary. Data from open sources, such as images of damage and weaponry, were integrated into interviews to strengthen verification of the event's details.

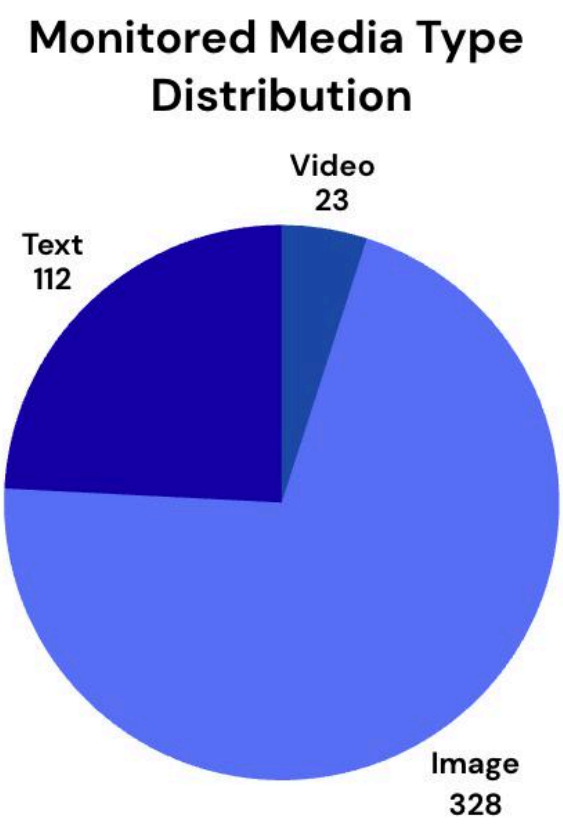
Open Sources

Monitoring

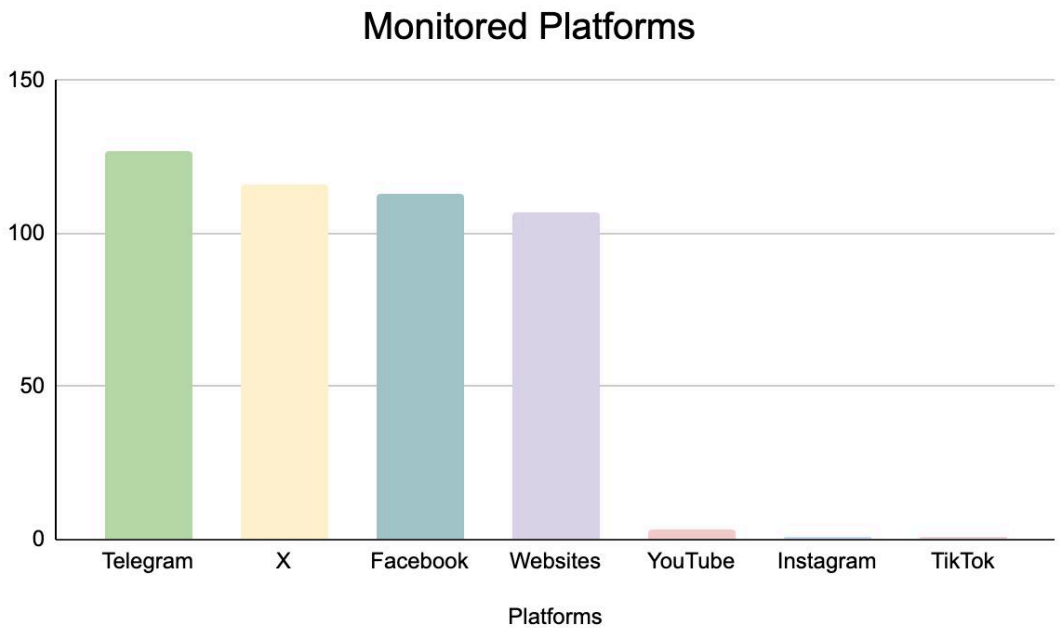
Open source information was systematically collected to corroborate and contextualize these findings. The attack was tracked and documented through open-source research methods, with digital monitoring, social media tracking, and verification tools employed across platforms including Facebook, Telegram, and X (formerly Twitter).

Data collection followed established open-source protocols: identifying objectives, delineating affected areas, locating credible reports (e.g., OCHA, IOM, Sudan Tribune, Al Jazeera), and extracting eyewitness material from social media. Searches were refined through advanced queries, keyword tracing, hashtags, and cross-platform validation.

The process resulted in the collection and archiving of 463 unique links containing videos, images and written text that captured the hospital's location, extent of destruction, and possible weapon types used. Data underwent cleaning, monitoring for updates, and archiving for preservation.



Graph illustrating the total volume of monitored and searched content collected by the open-source investigation team regarding the attack on the Saudi Hospital. Designed by the investigation team on November 19, 2025.



Graph illustrating the types and volume of open-source data analyzed regarding the attack on the Saudi Hospital. Designed by the investigation team on November 19, 2025.

Verification

The verification process was executed through several key phases:

- **Contextual Analysis:** The event was situated within the broader dynamics of the conflict.
- **Source Validation:** The credibility of uploaders was assessed, and efforts were made to avoid the inclusion of disinformation or bias.
- **Geolocation:** Landmarks and features were matched against maps and satellite imagery, utilizing tools such as Google Maps and Google Earth Pro.
- **Chronolocation:** Dates and times were confirmed through the analysis of metadata, reverse image searches, and cross-referencing with multiple independent sources.
- **Perpetrator Identification:** Responsibility was assessed by analyzing identifying features, official statements, human rights reports, and relevant governmental or private-sector documents.

Legal Framework

All information from both closed and open sources was assessed under international humanitarian law (IHL) and international criminal law (ICL) standards. The analysis sought to determine whether the gathered information indicated violations of the Geneva Conventions or amounted to war crimes or crimes against humanity under the Rome Statute of the International Criminal Court (ICC).

Research Limitations

- Limited video documentation of the aftermath of strikes.
- Scarcity of time-stamped imagery during the attack.
- Restricted access to witnesses and victims due to recurrent displacement.
- Gender imbalance in interviews (over 50% male representation, fewer female voices).
- Inability to access certain categories of indirect victims, especially pregnant and lactating women.

Impact Site

The Saudi Hospital is one of the most prominent specialized healthcare facilities in North Darfur, serving the population of al-Fasher and surrounding areas, including internally displaced persons. According to a North Darfur State Ministry of Health official, the hospital received nearly 1,000 patients daily prior to the escalation of conflict in May 2023.

Before the conflict, the hospital employed a large cadre of specialists. A doctor who served at the facility confirmed that, at that time, the medical team included 12–15 obstetricians/gynecologists, 15–20 registrars, 30–40 general practitioners, 60–70 interns, as well as dozens of midwives, nurses, and laboratory technicians. By October 2023, however, these numbers had declined drastically to five specialists, six registrars, 7–10 general practitioners, 15–20 interns, two laboratory technicians, one blood bank technician, one pharmacist, 3–5 midwives, and 10–15 nurses—reflecting a critical depletion of human resources.

A Ministry of Health doctor stressed that the Saudi Hospital had effectively become the sole referral hospital in al-Fasher by mid-June 2024, as there were no other functioning hospitals in the state. The only alternatives were small primary health centers lacking specialized services and emergency care capacity.

The hospital provides vital health services including emergency, maternity and pediatrics, immunization, surgical operations, anesthesia, and others. Much of this capacity had been relocated from South al-Fasher Hospital, whose staff were transferred to the Saudi Hospital. Over the years, the facility continued to function with the support of international actors such as the WHO and MSF. It also received temporary assistance from the Central Emergency Response Fund (CERF) and the Emergency Fund of the United Nations Population Fund (UNFPA), including fuel supplies and the installation of solar panels to sustain operations. UNFPA further covered salaries for maternity staff until the end of 2024. However, testimonies confirm that this support was intermittent and inadequate, as many organizations suspended assistance during periods of intensified hostilities.

The Saudi Hospital assumed a central role in mid-June 2024, after the closure of al-Fasher Teaching Hospital, at the onset of the war, due to the latter's proximity to SAF headquarters and the occupation of the Specialized Children's Hospital by the RSF, which converted it into a military garrison and detention site. The South al-Fasher Hospital briefly became the primary point of care but was subsequently subjected to repeated, systematic attacks—including assaults on medical staff, patients, and attendants, looting of property, and the theft of an ambulance stocked with medicines. Following these incidents, staff and services were relocated to the Saudi Hospital.

Originally established as a maternity hospital, the Saudi Hospital has, since absorbing South al-Fasher Hospital, expanded its scope to cover all types of trauma and medical cases. It now serves both civilians and combatants, being the only remaining operational medical institution in al-Fasher.

In interviews with journalists, a doctor at the hospital stated that patients and staff had come under live fire inside the facility, likely from sniper activity or stray bullets. Another doctor

confirmed that the hospital was subjected to daily shelling, putting both patients and staff under constant threat. According to interviewees, by July and August 2024, the situation had become so severe that hospital staff dug makeshift bomb shelters and trenches within the premises using basic local materials, to provide minimal protection during bombardments.

What Happened?

Witness Testimonies

Eyewitnesses and victims reported that the Saudi Hospital was bombed in the early hours of December 13, 2024—around 2 a.m., according to most accounts, with one account stating 1:45 a.m.. To reconstruct how the attack unfolded, this account draws on the testimonies of five witnesses and victims who were either inside or near the hospital that night. They described harrowing scenes during the first hours of the attack, as follows:

From the Outside of the Hospital to its Wards

One survivor recounted that he and a companion had come to collect medicine for a relative injured by stray gunfire. Due to overcrowding, they initially took the patient home but later returned to secure treatment. While at the hospital, a drone strike hit. The man sustained multiple shrapnel injuries, while his companion was killed. Survivors reported that lights were prohibited inside the hospital after the attack, amid suspicions that drones identified targets through light signals. The injured man recalled wandering in confusion until a doctor guided him to safety. Due to medicine shortages, he later treated his wounds at home with basic supplies, fearing to return to the hospital.

Testimonies from Inside the Hospital

A medical worker stated that he was asleep when the first projectile struck. He fled to improvised shelters — dugouts reinforced with sandbags and local materials — but after the third strike, he evacuated the facility, returning an hour later to assist the injured.

Another staff member described seeing approximately 14 bodies lying in the hospital courtyard after the first strike, while colleagues called out from hiding places to assure him of their safety. A laboratory technician was among the wounded, suffering an eye injury.

A third health worker stated that staff and patients took cover under beds and inside trenches, as panic spread throughout the hospital. Casualties were later transferred to the emergency ward.

Initial Reports

The first online report found was released by Ayin Network at 10:08 a.m. local time, describing RSF drone strikes with four missiles, which killed eight people and injured 20, causing extensive damage to the facility.

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Screenshot of a post by the Ayin Network on X, captured by the investigation team on August 23, 2025.

At 10:13 a.m., a Facebook post announced the death of Ismail Muhajir, allegedly killed in the hospital attack. Other accounts—including al-Fasher Radio and TV Corporation and the al-Fasher Resistance Committees—subsequently posted reports and images. Malik al-Brof wrote: *"Janjaweed militias attacked the Saudi Hospital in al-Fasher at 2 a.m. last night."*

At 3:05 p.m., the North Darfur State Ministry of Health posted a condemnation on its page, followed at 6:00 p.m. by a post from the State Governor. Later that evening, the Federal Ministry of Health confirmed nine fatalities and 20 wounded, as well as extensive damage to infrastructure and equipment.



Screenshot of a post by the Federal Ministry of Health on Facebook, captured by the investigation team on July 23, 2025

Time of Attack

Based on initial social media reports and eyewitness testimony, the attack occurred between 1:45 and 2:30 a.m. on December 13, 2024. Witnesses stated that the intervals between successive missiles ranged from two to three minutes.

Geolocation and Verification

Analysis of visual content and satellite imagery confirmed three distinct impact points. While the investigation team cannot confirm that all visible damage presented below occurred during the course of the December 13 attack, most authors of online posts who shared visuals of damage linked to this incident, specifically referred to the December 13 attack in their posts.

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1. *Coordinates: 13.6293328558, 25.3297547948*





At the top is an image from Mohamed Adam Ahmed's post on Facebook. At the bottom is a satellite image from Google Earth Pro dated June 20, 2023. Annotations by the investigation team indicate key points: a large entrance (yellow square), a small adjacent entrance (red square), and a window (blue square); images captured on June 23, 2025.

2. *Coordinates: 13.6303495324, 25.3295670491*





At the top is an [image](#) from Ayin Network's post on X. At the bottom is a satellite image from Google Earth Pro dated January 12, 2025. Annotations by the investigation team indicate the hospital structure (green square), solar panels (yellow rectangle), zinc/metal roof (blue rectangle), and a tree (red circle); images captured on June 23, 2025.

3. *Coordinates: 13.6307532265, 25.3294956742*





At the top is an image from Mohamed Adam Ahmed's post on Facebook. At the bottom is a satellite image from Google Earth Pro dated January 12, 2025. Annotations by the investigation team indicate the zinc roof on the right side of the photograph (red square), the gap between the two structures (purple square), and the zinc roof on the left side of the photograph (blue rectangle); images captured on June 23, 2025.

Victims

Reported Injuries

Reported numbers of injured varied across different testimonies. Although the investigation team interviewed medical staff who were present at the hospital on the night of the attack, it is likely that no precise casualty records were kept. This was due to several factors: most of the injured left the hospital the following daytime (the same date) out of fear of renewed strikes; the timing of the attack during night-time hours; and the immediate prioritization of emergency medical response under conditions of chaos and panic.

According to one witness, the injuries sustained were severe and affected primarily patients who had been previously admitted to the hospital for ongoing treatment. A member of the medical staff reported personally witnessing two injuries and being informed of seven additional cases. Another witness estimated that more than 30 people were injured by the first and fourth missiles, noting that the second missile did not cause casualties but destroyed two vehicles inside the hospital compound.

An administrative official from the state confirmed that no official tally of the injured had been issued, but he was aware of two to three medical staff members who sustained injuries. He clarified that most of the staff casualties were among nurses who had been administering night-time doses of medication to patients at the moment of the strike.

With regard to the number of people present in the facility at the time of the attack, the same source explained that approximately three-quarters of the hospital's total medical staff were on duty. He stated that the hospital consisted of eight wards, each containing 14 beds, in addition to six mobile wards, each accommodating 8–10 patients; it was not stated whether all wards were full at the time.

Reported Deaths

Testimonies varied regarding the number of fatalities, for the same reasons outlined above. One witness, among the first to reach the site where the initial missile struck, recalled that at the

moment of impact he saw more than fourteen bodies lying on the ground. He described what he felt:

> *Of course it was a tragic scene—something no human being can endure. Unless you are strong and have deep faith, you simply cannot withstand such horror. Death was everywhere. Around me, I saw more than 14 people lying dead—children, youth, the elderly, women. It was heartbreaking, truly heartbreaking.*

He also spoke of his personal loss, saying that one of his closest friends was killed that night. He remembered him as a cheerful young man and described the pain of loss: *"Just moments before, he was laughing with me—and then, just like that, I found him lifeless. It's unbearably hard."*

The same witness added that another friend was also killed in the attack, alongside his 12-year-old younger brother who had been hospitalized for treatment. The friend had come to visit his injured sibling. The witness explained:

> *How can one forget? My friend had just been asking me, 'Brother, I can't find this injection—should I give my brother Voltaren instead?' He was searching for pain relief for his brother. And then, both he and his brother were gone. That's something you can never erase from your memory.*

Another witness confirmed that he saw fatalities but did not count them. A different testimony stated uncertainty about the exact death toll, but mentioned that 50–60 patients who had been in the hospital at the time of the strike were unaccounted for afterward. It remains unclear whether they were killed or fled.

Official and open sources also reported varying figures:

The North Darfur State Ministry of Health posted on Facebook that nine co-patients were killed and 20 wounded.

The Sudan Doctors' Network reported nine dead and 40 injured—patients and co-patients. The Central Observatory for Human Rights – Sudan (COHR – Sudan) likewise reported nine killed and 40 injured.

A doctor at the Saudi Hospital told Sudan Tribune that a drone fired four missiles around 2:00 a.m., killing eight people and wounding 20—including patients under treatment, their companions, and medical staff.

Reports posted on X varied, with one account citing eight fatalities and dozens injured, while another reported ten civilians killed along with additional wounded.



A screenshot of a statement from the North Darfur State Ministry of Health posted on Facebook, addressing the number of victims, captured by the investigation team on June 24, 2025.

The investigation team was unable to verify the exact number of fatalities and injured persons due to discrepancies in the information provided by closed sources. However, by searching open sources, the team was able to access four different sources that confirmed the death of Ismail Mahjar Ali Hamed Takaabou. (M) posted (hyperlink and account name removed for privacy of vulnerable persons, but materials archived and available on request) mourning Ismail Mahjar (known as Al-Amrki) and said that his mother, and his brother, were injured in the attack on the Saudi hospital. Another post (hyperlink and account name removed, as above) also mentioned the injury of two people whose names highly match the ones in (M's) post.

Cross-checking information from closed source and open sources shows that the number of fatalities ranges between 8 and 10, while the number of injuries ranges between 20 and 40.

Victim Testimonies

This section follows the accounts of four victims—both direct and indirect—who were affected by the airstrike on the Saudi Hospital, either through direct injury or through the disruption of their medical treatment as a result of the repeated attacks.

One direct victim recounted his experience that night: he was struck by shrapnel from a missile while at the hospital, where he had gone to collect medicine for a relative who had been injured by stray gunfire in the city. He sustained shrapnel wounds across different parts of his body. He is the same individual who lost his companion during the strike, as mentioned earlier in this report. Answering a question about the hardest moment he lived through, he said:

> *Imagine someone who lives with you, eats and drinks with you, and is part of your everyday life—and in one moment, you both go to do something together, but only you come back and he doesn't. It's something you will never get over.*

Here, he described the pain of losing a close companion who had been standing less than two meters away when the strike hit. He emphasized their closeness, recalling how they shared everything together—only for him to return home alone, while his friend was killed.

An indirect victim, a woman, described her suffering due to the repeated attacks on the hospital. She explained that she has lived with diabetes and High Blood Pressure for over twenty years, conditions also affecting her elderly father. Both had relied on the hospital for their medication before it was repeatedly bombed. She said that even when she tried to go back, she often found a shortage of medicines or medical staff. She attempted to purchase medicine from outside pharmacies but faced constant challenges: most shops refused e-payments because of repeated internet outages, and cash transactions came with severe exchange rate losses—sometimes as high as 30–50% of the value. She often could not afford this. In search of alternatives, she turned to local remedies, such as using cinnamon and *argel* for diabetes, and *doum palm fruit* for hypertension. But she admitted that she continues to suffer symptoms from both illnesses without proper medical treatment.

Another survivor said he had undergone surgery on his left hand at the hospital shortly before the airstrike. After the attack, however, he was unable to continue his follow-up treatment. Instead, he resorted to visiting a traditional bone setter, also known as *"al-Baseer"*, a cultural figure in Sudanese communities with inherited knowledge of bones and joints but without formal medical training.

Another witness explained that his father had been injured by a drone strike on their home the day before the hospital was attacked. Initially, his father was receiving care at the hospital, but after the airstrike and subsequent repeated targeting of the facility, the family decided to treat him at home due to safety concerns. His sister, a doctor, cleaned and dressed the wounds and sought occasional assistance from colleagues in other specialties when needed. He stressed his concern for families who did not have relatives with medical knowledge and were left entirely without safe treatment options.

Psychological Impact on Victims and Witnesses

A recurring theme in the testimonies was the psychological toll of both the hospital attacks and life under siege in al-Fasher. Witnesses and survivors repeatedly expressed feelings of despair, grief, and exhaustion.

The woman living with diabetes described her mental state as "broken" because she could not access the medications she needed. The witness who cared for his injured father described his feelings as those of "defeat", adding that he believed everyone in al-Fasher requires some form of psychological support. Another witness put it more plainly: *"It's not just me or those around me—everyone in al-Fasher is suffering mentally. Every day you hear 200–300 shells, not to mention gunfire, nor the midnight drone-strikes."*

Another emphasized the importance of psychological support: *"The civilians of al-Fasher—after this war—they all need psychological care. Maybe not the same kind for everyone, but every single person needs some form of support."*

The survivor who lost his companion during the hospital strike described how the emotional trauma far outweighed his physical wounds. He explained that the headaches and fevers he suffered after his injury were temporary, but the psychological shock remains:

> *The injury caused me pain for a few days—headaches and fever—but that passed. The real shock is how to live in a community where every day, every hour, someone you know is killed. That's what breaks you, not the physical pain. To live like that is abnormal.*

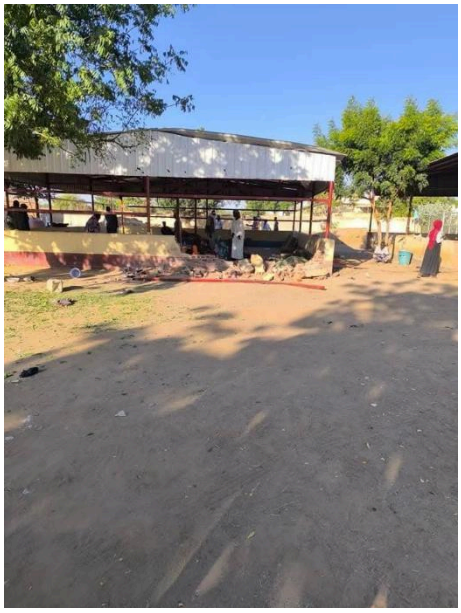
He further noted that he never received any specialized psychological support, relying only on his family and friends for comfort.

Destruction and Damage

Photos and videos circulated on social media show extensive destruction inside the hospital, as well as damage outside the building in the courtyard and surrounding areas. The images document the impact on ambulances, suspended ceilings, hospital beds, medical equipment, and windows.

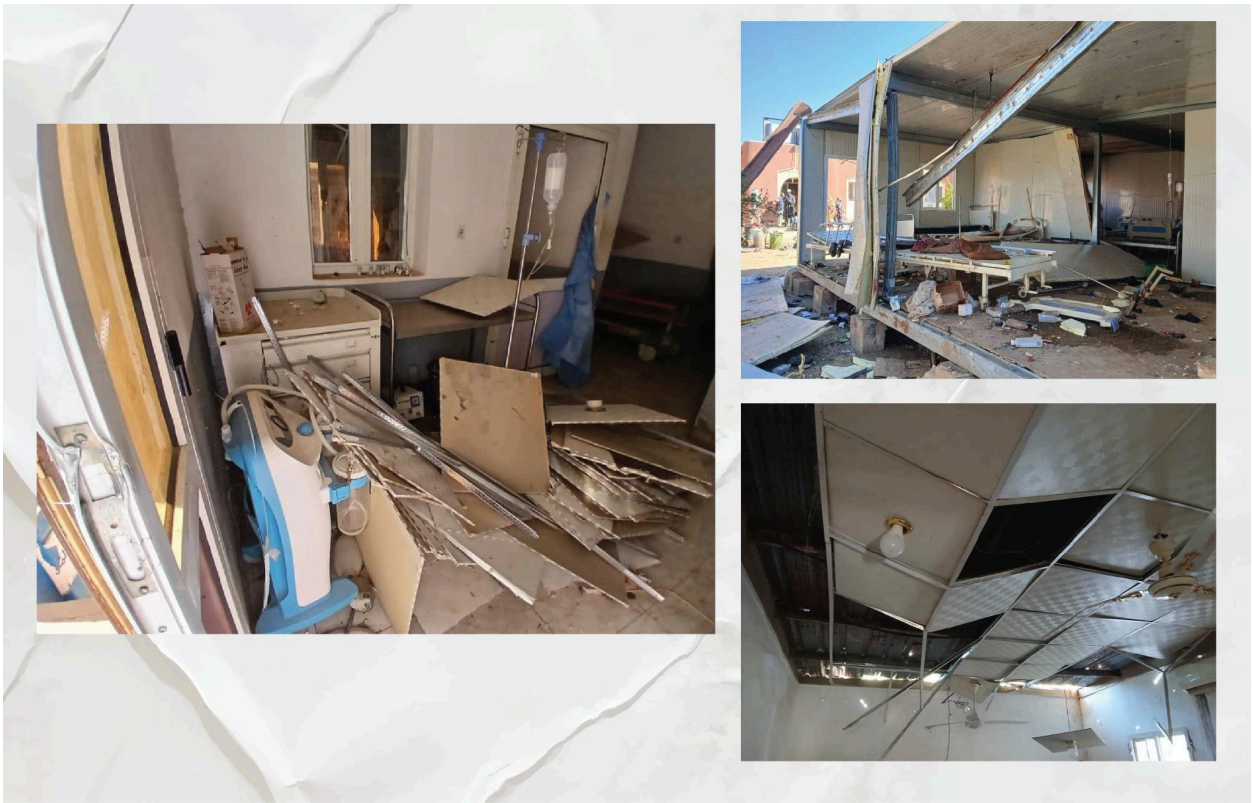


Image from Mohamed Adam Ahmed's post on Facebook , reportedly showing destruction inside the Saudi hospital, captured by the investigation team on July 15, 2025. According to a witness statement, this place was one of the "caravans" that were installed to work as additional wards due to the large number of patients in the hospital.





Two images from different sources (Source 1, Source 2) show the destruction of the patient and visitor waiting area canopy in the courtyard of the Saudi Hospital (as corroborated by interviews). These were captured by the investigation team on July 15, 2025.



Additional photos published by Mohamed Adam on Facebook document damage across various hospital wards; captured by the team on July 15, 2025.



Other images published by the same account on Facebook show destruction to vehicles, including an ambulance, that were parked in the hospital yard; captured by the team on July 15, 2025.



Photos published by Ayin Network on X (hyperlink removed for vulnerable persons' privacy, but materials archived) further illustrate the widespread destruction in the hospital courtyard; collected and redacted by the team on July 15, 2025.



Additional images from Mohamed Adam show damage to windows in the women's and maternity wards of the hospital (based on the interviews), captured by the team on July 15, 2025.

Impact on Hospital Operations Following the Airstrike

1. Immediate Impact on Medical Work and First Response

Eyewitnesses described the situation in the hospital and among medical staff and residents of al-Fasher as “catastrophic” in the aftermath of the strike. One medical staff member reported that they did not know “what the plan was or what should be done,” and that their immediate response was to continue providing emergency care and conducting surgeries throughout the night. He further noted that the surgical wards sustained some of the heaviest damage, including destruction to the structure of the building and critical medical equipment. Another witness highlighted that this was the first time the surgical ward itself had been directly impacted.

A female health worker described widespread panic triggered by the drone strike, noting that patients later avoided seeking treatment at the hospital due to fears of further direct targeting. Many of those injured in the incident received only initial first aid at the facility before seeking further care at smaller health centers outside the hospital. One survivor interviewed stated that he preferred to remain at home and treat his wounds himself rather than risk returning to the hospital, fearing a renewed attack.

2. Damage to Infrastructure (Permanent Wards and Caravans) and Maintenance Challenges

The female health worker confirmed that the caravan wards—recently installed to expand capacity due to patient overcrowding—were severely damaged. Medical staff emphasized that the caravans had been critical to alleviating congestion in the older permanent buildings. Another witness noted the impossibility of repairing the damaged facilities under the ongoing siege, which prevented the import of essential construction materials. He appealed for future reinforcement and fortification of health facilities to withstand such attacks.

3. Departure of Patients and Medical Staff After the Strike

One health worker reported that 70% of patients left the hospital the day after the attack, with numbers in one ward dropping from 100 to between 30–40 patients. The number of medical staff also decreased significantly. Those who did report to duty would complete their shifts and

leave immediately instead of remaining overnight, and in some cases, staff left early out of fear of renewed strikes. He emphasized that staff felt deliberately targeted due to the precision of the drone attack on the hospital.

4. Material Damage to Buildings, Medical Equipment, and Operating Theatre

Another witness reported damage to parts of the administrative buildings, medical equipment, and hospital vehicles. Medical equipment had already been scarce before the strike, and the destruction further worsened the situation. Although exact figures were not provided, he estimated that a large number of devices were destroyed, as 4–5 wards sustained damage, with medical engineers confirming significant equipment losses.

He further noted damage to the operating theatre, which was only partially repaired. Some emergency surgeries were subsequently performed in makeshift trenches due to fear of further strikes. A doctor explained that the siege and repeated bombardments had severely depleted medical supplies, forcing staff at times to perform surgeries with only minimal doses of ketamine, resulting in patients regaining consciousness mid-operation.

Medical staff stressed that the hospital lacks vital equipment, including a CT brain scanner and ECG machines, with only limited surgical tools available—mostly for orthopedic procedures. They made urgent appeals for the provision of essential equipment to ensure adequate patient care.

5. Local Fortifications

One witness explained that staff continued to depend on makeshift fortifications, including sandbag trenches used for shelter.

6. Halted NGO Support, and its Consequences

The witness added that the strike resulted in the suspension of support from several humanitarian organizations that had previously been assisting the hospital, further undermining its capacity to function.

7. Determination to Continue Operations Despite the Strike

The same witness emphasized that, despite the destruction and fear, the hospital never closed its doors—not even for a single day—due to the staff's determination and commitment to continue delivering medical care to the population.

Weapon Used

Eyewitnesses reported that the weapons system employed in the attack was an unmanned aerial vehicle (UAV) carrying four munitions. Some witnesses stated they had directly observed the UAV, while others deduced it to be a UAV due to the absence of the distinctive detonation sound typically associated with rocket-propelled projectiles launched from ground-based systems. One witness described that "everyone felt it was right above our heads."

The first publicly available images reportedly of the weapon were identified by the investigation team through open-source platforms. The earliest image of a weapon posted in relation to the attack was by Sudan News on X (formerly Twitter) at 12:49 p.m. on December 16, 2024, followed shortly thereafter by a post from the Sudanese Observatory on Facebook at 1:34 p.m. the same day. These images showed metallic fragments resembling the remains of either a missile or a UAV following its impact or destruction.

Con



Screenshot of Sudan News post on X, claiming to show the same type of UAV and munitions used in the hospital attack; captured by the investigation team on July 9, 2025.

المرصد السوداني
16 December 2024 ·

🔥عاااااجل 🔥🔥

🗡️تقدمات وانتصارات في كل المحاوور
ابرزها اسقاط المسيره المجنحه التي تدار بواسطه الامارتيين في سماء الفاشر والتي قصفت المستشفي السعودي وتحمل ٤ صواريخ ...💥💥💥

🗡️التحام جيش المناقل مع جيش سنار ...
🗡️محور الحاج عبد الله والحووش جاري التامين وطرد المرتزقه

🗡️المقرن 🔥
🗡️شمبات🔥

#المرصد_السوداني

See translation



Screenshot of Sudan Observatory's post on Facebook, claiming to show the same type of munition used in the hospital attack; captured by the investigation team on July 9, 2025.

Methodology for Identifying the Weapon Used

The investigation team collected and analyzed preliminary information regarding the type of weapon and UAV involved. Initial findings were contradictory with respect to both the munition and the UAV platform, suggesting the possibility of dis- or misinformation.

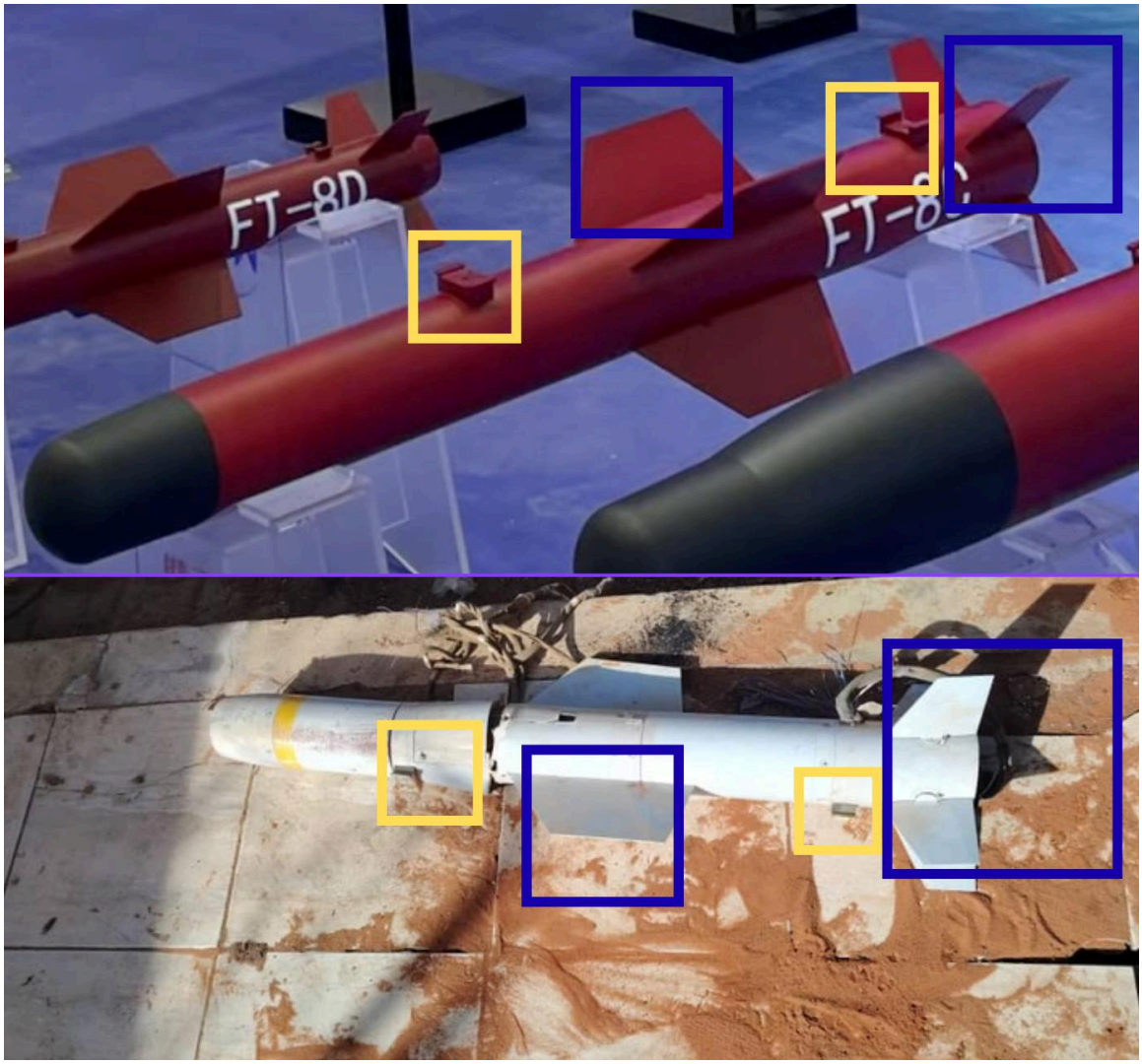
To help verify the accuracy of the data, the team conducted a reverse research process, cross-analyzing the preliminary information from Sudan Observatory's Facebook post. This led to a post on X by Sudan News that referenced details on the munition and UAV model reportedly used in the hospital attack. A subsequent reverse image search led to a video on YouTube explaining a munition type similar to the one identified.

The team continued its verification process and reached the official website of a Chinese defense manufacturer (webpage now offline, but archived), where images of a prototype munition were compared against imagery circulating on social media, revealing a strong visual match.

Building on these findings, the team cross-referenced a report published by Yale School of Public Health's Humanitarian Research Lab documenting the presence of UAVs at Nyala Airport (South Darfur)—under RSF control—consistent with CH-95s or FH-95s, which are capable of deploying the identified class of munitions. To assess operational feasibility, the team measured the distance between Nyala Airport and the Saudi Hospital in al-Fasher, confirming that it lies well within the effective range envelope of the identified UAV system.

Finally, the team identified a separate post on X showing a UAV of similar design at Nyala Airport. The imagery was geolocated and verified through a comparative visual analysis of terrain features, confirming consistency with Nyala Airport's geography.

However, while Nyala Airport was confirmed as a possible base of operation for the weapon platform, and lies within the operating range, the specific December 13, 2024 attack could not be definitively linked to that origin location.



Screenshots from a video by Silja Pluton on YouTube (top) and a Facebook post by Sudan Observatory (bottom), captured and annotated by the investigation team on July 9, 2025.

Munition Analysis

The images above show a comparative analysis between a munition purportedly photographed in al-Fasher and posted online, and publicity materials for a China-manufactured missile in use by the Serbian military. This comparison is based on visual and structural analysis of the two samples of munitions.

Both samples display a warhead with a conical nose section. Despite apparent variations in proportional length (partially attributable to the munition variant and color distortion from paint colour), both images exhibit consistent form and structural alignment.

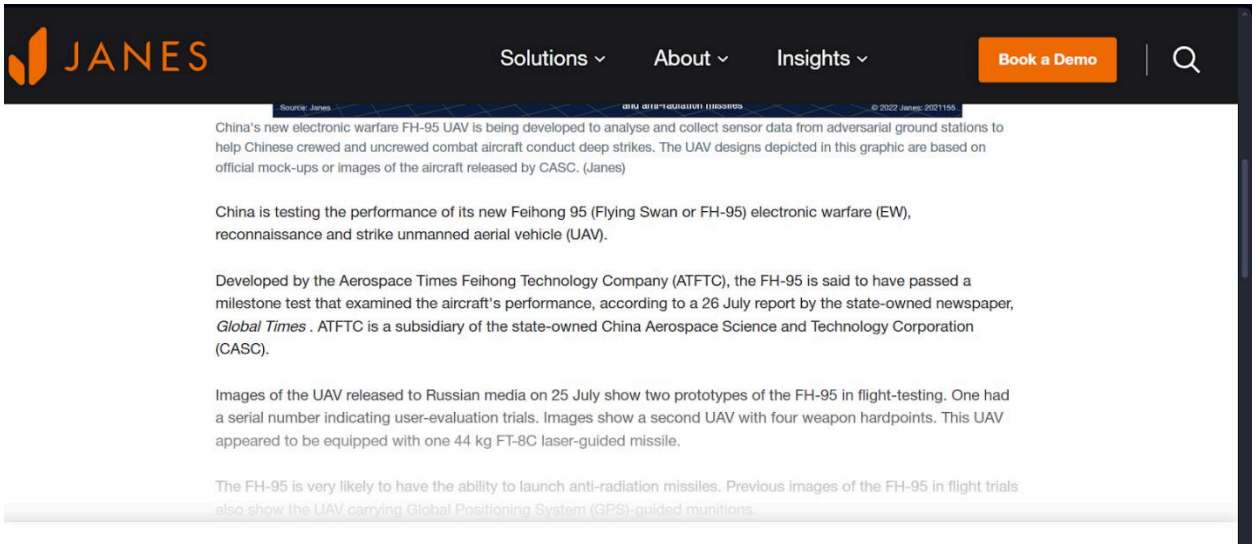
Although the sensor type cannot be conclusively identified from the imagery alone, the presence of guidance fins in both samples confirms their classification as guided munitions.

Fins/Wings (highlighted in blue boxes): Both munitions feature forward and rear fins, with consistent placement and aerodynamic shaping.

Protrusions (highlighted in yellow boxes): Both munitions feature similar rectangular protrusions with central ridges located mid-body and aft, serving as mounting fixtures for aircraft carriage.

Based on this comparative visual-structural analysis—including dimensions and proportions, nose cone, fin placement, and protrusions—the munition is assessed to belong to the FT-8 series class.

The investigation team traced the FT-8 series of munitions to China Defense Equipment Co. Limited (webpage now offline, but archived). The munition is part of the FT (Fei Teng) series, a precision-guided munition system developed in China. This system is classified as a “smart weapon,” designed to conduct air-to-ground or ground-to-ground strikes, and operates through guidance systems based on inertial navigation in combination with satellite positioning technologies such as GPS.



Screenshot from a JANES report, captured by the investigation team on July 10, 2025.

According to a JANES report, the FH-95 UAV is capable of carrying and launching FT-8C laser-guided munitions. The FH-95 has notable operational specifications:

- Maximum take-off weight: ~1,000 kg
- Payload capacity: ~250 kg
- Operational ceiling: 42,000 ft
- Endurance: up to 24 hours

These characteristics make the platform suitable for extended reconnaissance and strike missions in complex combat environments.

According to Global Times, the FH-95 and FH-97 UAVs are capable of conducting coordinated operations, integrating ISR (intelligence, surveillance, reconnaissance), electronic warfare, and precision strike roles.

The Yale Humanitarian Research Lab observed three UAVs of this type (CH-95s or FH-95s) at RSF-controlled Nyala Airport from December 9, 2024 onwards. High-resolution satellite imagery from April 21, 2025 confirmed four UAVs of similar configuration at the site.

Reuters, citing satellite imagery from 14 January 2025, also reported drones at the RSF-controlled Nyala Airport. Their analysis of Maxar imagery indicates that at least one drone first appeared on 9 December 2024. a timeframe that aligns with findings from the Yale Humanitarian Research Lab, which documented the presence of CH-95 or FH-95 drones at the site during December 2024 and January 2025.

Images posted by Rich Tedd on X on August 3, 2025 show a UAV claimed to be a CH-95, at Nyala Airport.

Visual and Geospatial Verification

The investigation team conducted visual-geospatial terrain matching using the PeakVisor website. Comparative analysis of ridgelines and mountains visible in video footage posted by Rich Tedd on X confirmed that the UAV, described as a CH-95, was filmed at Nyala Airport.



Screenshot from PeakVisor showing a visual comparison of ridgelines and mountains near Nyala Airport, overlaid with a still from a video posted by Rich Tedd on X on August 3, 2025, purportedly showing a CH-95 UAV at Nyala Airport; designed by the investigation team on August 4, 2025.

Visual analysis of the images posted by Rich Tedd on August 3, 2025 show a large UAV with twin-tail design and rear-mounted engine. These design characteristics are consistent with Chinese-manufactured UAVs of the FH-95/CH-95 series. A munition attached under the wing (indicated in red) matches the configuration of the munition assessed to have struck the Saudi Hospital.



A screenshot from images posted by Rich Tedd on X, captured by the investigation team on August 3, 2025, shows a UAV, and the red square added by the investigation team indicates the munition the drone carries.

Operational Range Assessment

According to various online reports, the CH-95/FH-95 UAV has a flight range of 2,500km or 4,000km; and combat radius of 200km or 250km, placing al-Fasher well within its strike envelope. This confirms the technical feasibility of the RSF employing this UAV to conduct the aerial strike on the Saudi Hospital.



A screenshot from Google Earth Pro shows the straight-line distance between Nyala Airport and the Saudi Hospital in al-Fasher as approximately 178 km; captured on July 11, 2025.

Closed Sources

When the pictures below were shown to one of the witnesses, he attested that this is a projectile used by strategic drones and that it resembles the one he saw on the day of the attack. He further confirmed that he saw the remnants of this weapon immediately after the incident. While the witness did not confirm that the photographs posted online (see below)

were taken at the Saudi Hospital, he did affirm that the munition type in the photos corresponded to the one used in the attack.

A second witness testified that two munitions similar to the one in these photographs struck parts of the hospital. One struck the southern section of the hospital causing damage to vehicles, and another struck the northern section. According to this witness, the remnants of the munition were collected by the engineering corps of the SAF.



Images posted by Sudan Observatory on Facebook, used by interviewers to help identify the munitions reportedly observed by witnesses after the attack; captured by the investigation team on July 9, 2025.

Attribution of Responsibility

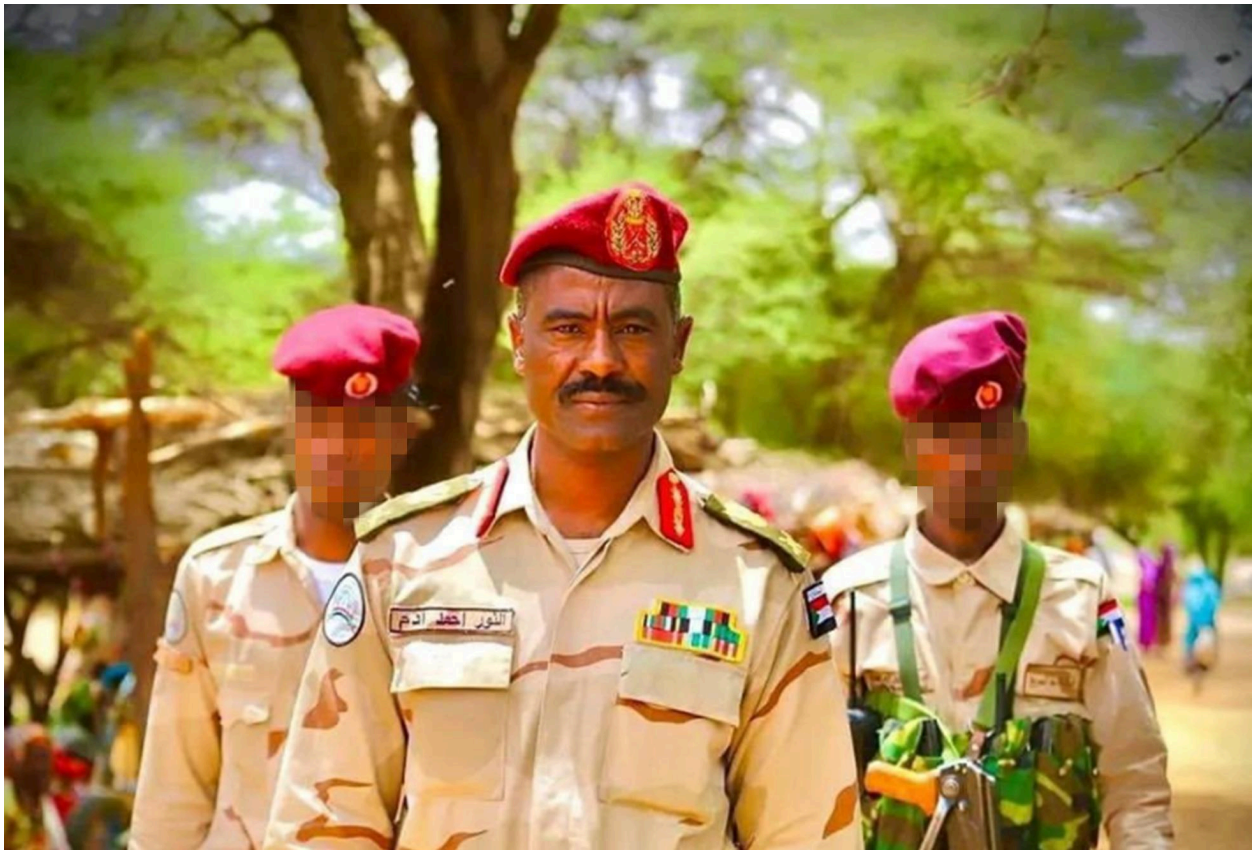
Victims and witnesses consistently attributed responsibility for the hospital attack to the RSF. Witnesses emphasized that the strike formed part of a broader pattern of RSF attacks on al-Fasher, a city under siege by the group for over eighteen months. This pattern of conduct was cited as evidentiary support for attributing the incident to the RSF.

Independent analysis of open-source materials identified the reported munition used as an FT-8 series and the delivery platform as an FH-95/CH-95 UAV. Additional reporting indicates that the RSF possesses FH-95/CH-95 UAVs, which are capable of deploying this class of munition, and that such drones were observed at Nyala Airport, under RSF control at the time, and within flight range of al-Fasher. Another significant conflict actor, the Sudanese Armed Forces, are known to primarily use Turkish UAVs such as the Akinci and Bayraktar. When assessed together, the collated information strongly suggests that the RSF bears responsibility for the strike on the Saudi Hospital.

Command Responsibility

The investigation team was unable to determine with certainty the identity of the field commander exercising effective control over RSF forces in North Darfur at the time of the attack. However, a February 2025 report by Al Jazeera identified Major General Al-Nour Ahmed Adam (alias al-Qubba) as the RSF commander in al-Fasher, reportedly appointed following the injury and medical evacuation of the former commander, Jiddu Hamdan Ahmed Abu Shoak (the report does not state when that transition took place).

Should it be established that RSF units under his effective command and control conducted the hospital attack, command responsibility may attach under international criminal law, in accordance with Article 28 of the Rome Statute of the International Criminal Court (ICC), which provides for the criminal liability of military commanders who knew or should have known of the commission of war crimes and failed to prevent them or submit the matter for investigation.



A screenshot from al-Rakoba newspaper showing Major General al-Nour al-Qubba; captured and redacted by the investigation team on August 12, 2025.

Responses

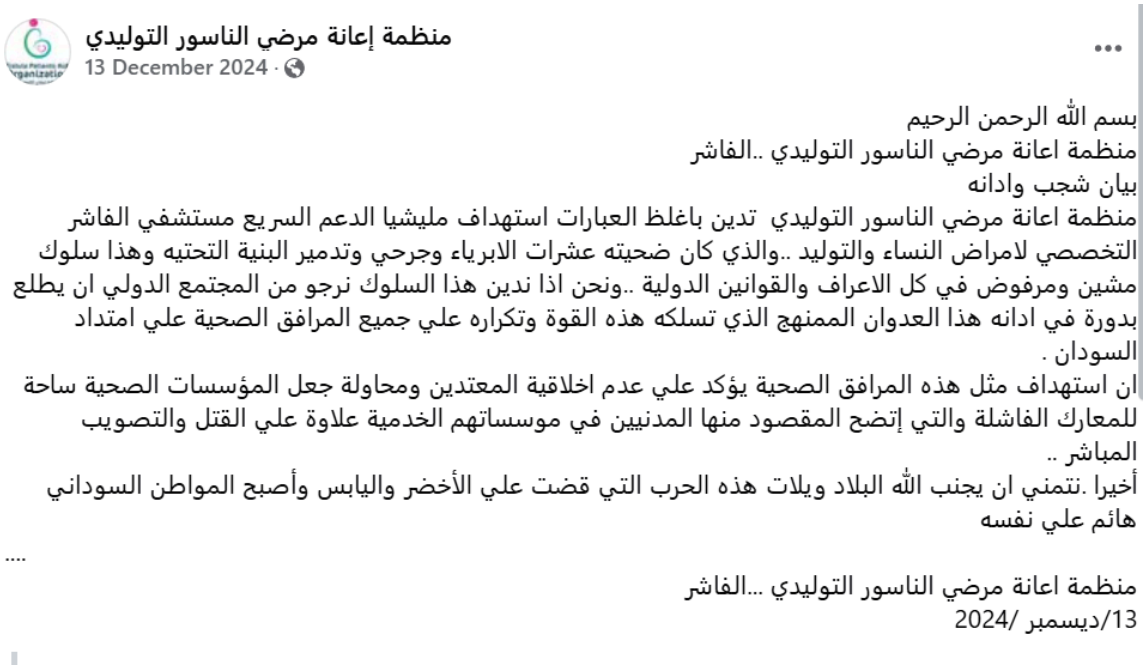
The Federal Ministry of Health, the North Darfur State Ministry of Health, and the Governor of North Darfur all condemned the attack on the Saudi Hospital, blaming the RSF.

In addition, the Fistula Patients Aid Organization issued a statement declaring:

> *The targeting of such health facilities reflects the immorality of the perpetrators and their attempts to turn medical institutions into battlefields for failed confrontations, clearly aimed at civilians in their service institutions, in addition to causing death and direct attacks.*

COHR – Sudan also condemned the attack, stating: *"The attack on Al-Saudi Hospital is the fourth of its kind. The repeated attacks on the hospital threaten the stability of service provision and*

put hundreds of thousands of citizens at risk of a lack of healthcare facilities and medical services."



منظمة إعانة مرضي الناسور التوليدي
13 December 2024 ·

بسم الله الرحمن الرحيم
منظمة اعانة مرضي الناسور التوليدي ..الفاشر
بيان شجب وادانه
منظمة اعانة مرضي الناسور التوليدي تدين باغلظ العبارات استهداف مليشيا الدعم السريع مستشفي الفاشر التخصصي لامراض النساء والتوليد ..والذي كان ضحيته عشرات الابرياء وجرحي وتدمير البنية التحتيه وهذا سلوك مشين ومرفوض في كل الاعراف والقوانين الدولية ..ونحن اذا ندين هذا السلوك نرجو من المجتمع الدولي ان يطلع بدورة في ادانه هذا العدوان الممنهج الذي تسلكه هذه القوة وتكراره علي جميع المرافق الصحية علي امتداد السودان .
ان استهداف مثل هذه المرافق الصحية يؤكد علي عدم اخلاقية المعتدين ومحاولة جعل المؤسسات الصحية ساحة للمعارك الفاشلة والتي إتضح المقصود منها المدنيين في موسساتهم الخدمية علاوة علي القتل والتصويب المباشر ..
أخيرا .نتمني ان يجنب الله البلاد ويلات هذه الحرب التي قضت علي الأخضر واليابس وأصبح المواطن السوداني هائم علي نفسه
....

منظمة اعانة مرضي الناسور التوليدي ...الفاشر
13/ديسمبر /2024

Screenshot of the statement issued by the Fistula Patients Aid Organization posted on their official Facebook page, captured by the investigation team on July 23, 2025.

Legal Analysis

International Humanitarian Law (IHL):

According to Additional Protocol II to the Geneva Conventions, relating to the protection of victims of non-international armed conflicts, Article 11 on the Protection of Medical Units and Transports provides:

1. *Medical units and transports shall be respected and protected at all times and shall not be the object of attack.*
2. *The protection to which medical units and transports are entitled shall not cease unless they are used to commit hostile acts, outside their humanitarian function. Protection may, however, cease only after a warning has been given, setting, whenever appropriate, a reasonable time-limit, and after such warning has remained unheeded.*

The incident under investigation—the attack on the Saudi Hospital on December 13, 2024—constitutes a violation under IHL as per the above provisions.

Based on the analysis of victims' and witnesses' testimonies, and their responses to questions regarding possible legal grounds that might render the hospital a legitimate military objective, the investigation team found no lawful justification for designating the hospital as a military target. No information about prior warnings was mentioned in interviews or found in open source searches. Witnesses consistently stated that members of the SAF and allied DJF sought medical treatment for injuries at the hospital, however such use for medical purposes does not remove the facility's protected status under IHL.

Furthermore, a report published by OHCHR in December 2024 stated in page five:

> *RSF members have alleged that the SAF was using the Saudi Maternity Hospital for military purposes, in order to justify shelling. In this regard, OHCHR confirmed information about the presence of SAF Military Intelligence officers in the hospital from early July 2024, as well as the treatment of some injured SAF and DJF members at the hospital, as the military hospital in al-Fasher was overwhelmed. However, no findings were made on alleged harmful military use.*

International Criminal Law (ICL):

Under ICL, war crimes include serious violations of the laws and customs applicable in armed conflicts not of an international character. Article 8(2)(e)(ii) of the Rome Statute defines 'war crimes' as including:

> *Intentionally directing attacks against buildings, material, medical units and transport, and personnel using the distinctive emblems of the Geneva Conventions in conformity with international law;*

Accordingly, if the absence of lawful grounds for targeting the Saudi Hospital is definitively established, the attack on December 13, 2024 may amount to a war crime under ICL.

It is further noted that al-Fasher, along with other cities and states of Darfur, falls within the jurisdiction of the ICC, and therefore such incidents may be subject to investigation and prosecution.

Recommendations

Appeals from Victims and Witnesses

1. Urgent Call for Medical Support

Victims and witnesses who gave their testimonies during the investigation in al-Fasher issue an urgent appeal to the international community, humanitarian organizations, and relevant United Nations bodies, calling for immediate action to provide emergency medical assistance to the Saudi Hospital, which is suffering from a severe shortage of medicines and medical supplies.

One indirect victim described the dire need for medical items: *"The patients and the injured keep saying there's no gauze, no medicine—nothing at all."* This testimony highlights the acute lack of essential drugs and even basic first-aid supplies.

2. Appeal to Lift the Siege and Alleviate the Humanitarian Crisis

Victims and witnesses also demand an end to the suffocating siege imposed on al-Fasher for more than a year and a half, which has created a devastating humanitarian crisis. Residents face extreme shortages of food, medicine, and basic services.

They expressed deep frustration with the weak international response and called on the international community to act urgently to protect civilians and ensure that residential areas are not targeted, in coordination with the parties to the conflict. One victim voiced her dismay:

> *'Our community knows how important the hospital is. Everyone knows, but nothing has been done for the people. It's not like the world doesn't know what's happening in al-Fasher—the war, the siege. Nothing goes in, nothing comes out. People are starving, sick, and suffering in every way. At the very least, they should consider people's circumstances, send them something—even simple things like medicine—to help them survive.'*

Her words stress that both the hospital's importance and the devastating impact of the siege are well-known, yet the response has remained inadequate. She urged the international community to extend urgent assistance to the residents of al-Fasher.

3. The Impact of the Crisis on the Mental Health of the Population

A psychiatrist, serving as a witness, reflected on the messages directed to the international community and on the profound psychological toll of the ongoing violence in al-Fasher:

> *'We hope that, after all the documentation, the world will recognize — whether through my voice, through others, or through the various channels that have worked on this — that what is happening is real, not fabricated. For more than eighteen months, we have lived through this and witnessed countless atrocities. I am fully certain that anyone residing in Sudan, and particularly in North Darfur, will suffer from post-traumatic stress disorder.'*

4. Message to the International Community and Accountability Mechanisms

In their testimony, one of the witnesses appealed to the international community with the following words:

> *'This war must end. You are the highest authority on this planet—perhaps the only ones who can hold governments, organizations, and all actors involved to account. If there is a way to stop it, and surely there must be, I urge you to do so. You are the embodiment of international justice, the official guardians of the peoples of the world, and the international body responsible for this duty.'*

This statement underscores the vital role of the international community, represented by global organizations and judicial bodies vested with the appropriate mandate, in ending armed conflicts and ensuring compliance with IHL and human rights. The witness highlights the legal and political authority of these institutions to hold governments and organizations accountable for violations, reflecting a strong expectation that mechanisms such as the United Nations Security Council and international courts can impose sanctions and enforce accountability to prevent further abuses.

On the subject of justice, another witness stated that although justice may be delayed, it will ultimately prevail. They emphasized that documenting violations and submitting cases to the relevant judicial authorities is the pathway toward redress. The witness further noted that international solidarity with the people of al-Fasher is essential for amplifying the voices of victims and ensuring that justice is eventually served.

Executive Recommendations

Parties to the Armed Conflict

- to adhere strictly to IHL, in particular the protection of medical facilities as enshrined in Additional Protocol II to the Geneva Conventions, including the obligation to refrain from targeting the Saudi Hospital or using it for military purposes, in order to safeguard civilians and ensure the continuity of medical care.
- to refrain from the use of any medical facilities as military sites or bases by any party to the conflict, thereby preserving their legal protection and preventing their neutralization from performing humanitarian functions.
- to cease immediately all hostile acts targeting medical facilities or obstructing patients and the wounded from accessing health services.

United Nations Security Council

- to urge the immediate and effective implementation of Security Council Resolution 2736 (2024) concerning the lifting of the siege on the city of al-Fasher, together with the reinforcement of monitoring mechanisms to ensure the unimpeded delivery of humanitarian and medical assistance.
- to activate international accountability mechanisms through the Security Council and international courts to address violations against medical facilities and to ensure that those responsible are held accountable.
- to consider the adoption of appropriate measures, including targeted sanctions, against parties or entities found responsible for obstructing humanitarian access or violating the protection afforded to medical facilities under IHL.

The International Community

- to increase contributions to relief programs directed at affected populations in al-Fasher and surrounding areas, ensuring delivery through reliable humanitarian channels and in accordance with humanitarian principles.
- to support efforts to monitor and document violations committed against medical facilities and healthcare personnel, and provide protection for individuals and institutions engaged in such efforts.
- to support and extend the mandate of the UN Human Rights Council's Fact-Finding Mission on Sudan, to ensure the continued collection and preservation of evidence relating to violations, and to strengthen transparency and accountability in line with international standards.
- to encourage multilateral diplomatic engagement, including through regional and international organizations, to build international consensus in support of humanitarian access and the upholding of IHL.

International and Regional Justice Bodies

- to initiate independent and transparent investigations into attacks on the Saudi Hospital, with full protection for witnesses and victims providing testimony, and safeguarding their legal rights.
- to support documentation efforts regarding violations in al-Fasher, recognizing its legal nexus to the jurisdiction of the ICC, and ensuring the pursuit of accountability for alleged crimes, including war crimes related to the targeting of medical facilities.

Civil Society and Human Rights Organizations

- to intensify local and international advocacy efforts to operationalize Security Council Resolution 2736 (2024), including sustained lobbying campaigns targeting national and international actors to ensure the full implementation of the resolution and the lifting of the siege on al-Fasher.
- to provide urgent support to the Saudi Hospital in al-Fasher to meet emergency medical needs, including the provision of essential medicines and first-aid supplies, in order to avert further deterioration of the health situation.

- to strengthen the capacity of local civil society to engage in legal monitoring and documentation of violations, with particular emphasis on gathering admissible evidence for use before international courts.
- to develop psychosocial and legal support programs for victims and witnesses, with particular focus on the provision of mental health services to those affected by the conflict.

Conclusion

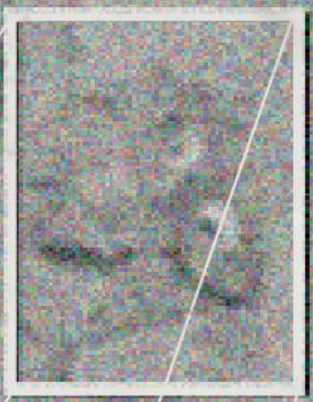
Based on the detailed information outlined above, the investigation team assessed the allegations, witness testimonies, and visual content related to the attack on the Saudi Hospital in al-Fasher, North Darfur State, which occurred between 01:45 and 02:30 a.m. local time on Friday, December 13, 2024. The team concluded that the number of fatalities ranges between 8 and 10 individuals, while the number of injuries is estimated to be between 20 and 40. The victims included existing patients, their companions, and medical staff. The incident also resulted in damage to vehicles, windows, and medical equipment within the hospital premises.

Based on the available information and the types of weapons reportedly used, the RSF is assessed as the likely responsible party. However, no conclusive information has been obtained to definitively establish their responsibility.

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في الحفرة

مجموعة من أجسام بيضاء
مستطيلة مشتعلة بشكل نشط









أصوات VOICES

SUDANESE ARCHIVE

adeela عديلة

مطمورة عديلة