



*International Medical Corps mobile health clinic located in Renk, South Sudan.*

Now in its sixth week, the conflict that erupted on April 15 in Khartoum between the Sudanese Armed Forces (SAF) and the Rapid Support Forces (RSF) continues to diminish humanitarian conditions in Sudan and surrounding countries. To date, more than 700 people have been killed, including 190 children, and 6,000 have been wounded.<sup>1</sup> Officials estimate that more than a million people have been displaced, including 843,000 individuals within Sudan and 248,300 who have fled into neighboring countries. Thousands of refugees and asylum seekers are returning to their home countries after initially seeking refuge in Sudan before the conflict.<sup>2</sup>

As the violence in Sudan persists, the total number of people needing humanitarian assistance in Sudan has risen by 57% to 24.7 million. Priority needs include health assistance, sexual and reproductive health (SRH) services, gender-based violence (GBV) and sexual exploitation and abuse (SEA) prevention and response services, mental health and psychosocial support (MHPSS), nutrition support, and the provision of basic goods, such as water and fuel.<sup>3</sup>

The situation for women and girls remains dire given the surge in GBV cases; limited access to protection services; shortages of critical medicines, including essential medications used for the management of obstetric emergencies; and inadequate reproductive health services, including maternal and newborn care.<sup>4</sup>

Before the conflict, Sudan had one of the world's highest maternal mortality rates in the world. It is estimated that at least 1.1 million Sudanese women are pregnant, with more than 29,000 expected to give birth within the next month. At least 4,300 are believed to be at risk of death and in need of emergency obstetric care, but accessing care is now nearly impossible, given the absence of ambulances and taxis and

### FAST FACTS

- On April 15, clashes between the Sudanese Armed Forces (SAF) and the Rapid Support Forces (RSF) erupted in Khartoum. At least 700 people have been killed nationwide, and more than 6,000 injured.
- An estimated 248,300 people have fled Sudan to neighboring countries, and more than 843,000 have been displaced inside Sudan. These numbers are expected to increase as the violence continues.

### OUR FOOTPRINT

- International Medical Corps has been providing critical health, nutrition, mental health and psychosocial support (MHPSS), protection, and water, sanitation and hygiene (WASH) services in Sudan since 2004.

### OUR RESPONSE

- International Medical Corps has launched a regional response focused on expanding existing services and activities to meet the increased needs of internally displaced persons (IDPs) in Sudan and refugees seeking safety in the Central African Republic (CAR), Ethiopia and South Sudan.
- In Sudan, we have prepositioned medical commodities in six health facilities in Blue Nile state.
- In Ethiopia, we are preparing to provide gender-based violence (GBV), WASH, MHPSS, nutrition and primary healthcare services in Metema.
- In CAR, we have provided more than 2,830 curative consultations.
- In South Sudan, our teams have provided consultations for 3,153 people and have conducted integrated awareness-raising sessions for 1,728 people.

<sup>1</sup> <https://abcnews.go.com/International/wireStory/urges-sudans-warring-parties-honor-7-day-cease-99513794>

<sup>2</sup> <https://reliefweb.int/report/sudan/unicf-sudan-country-office-humanitarian-situation-report-no-4-19-may-2023>

<sup>3</sup> <https://reliefweb.int/report/sudan/unfpa-sudan-emergency-situation-report-no-2-22-may-2023>

<sup>4</sup> <https://www.unfpa.org/sudan-armed-clashes-are-putting-women-and-girls-risk>

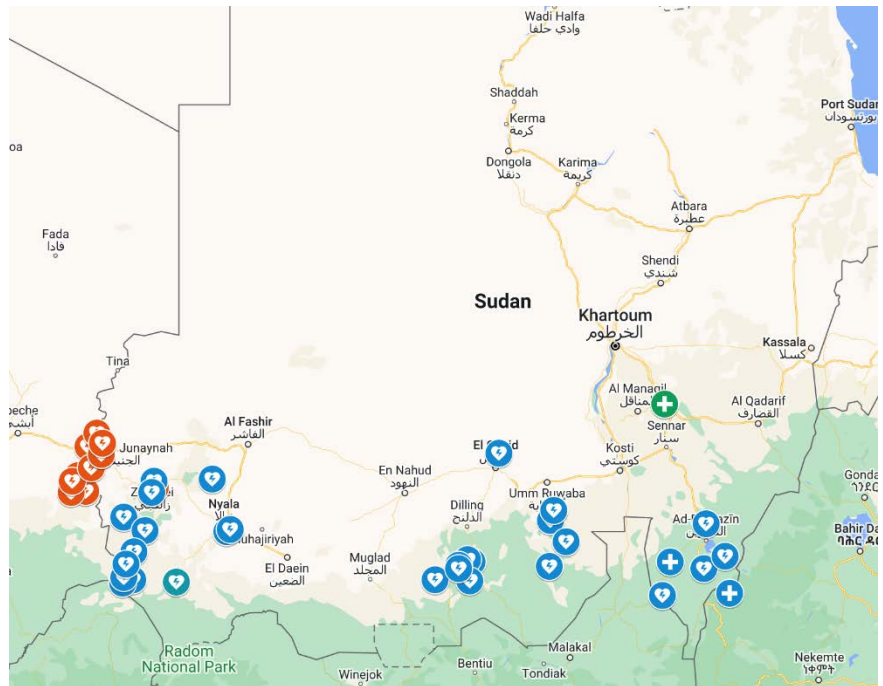
the dwindling number of functioning healthcare facilities. The catastrophic maternal health situation will also have consequences for babies born prematurely. Premature babies are at a higher risk of developing lifelong defects, such as intellectual disabilities, cerebral palsy and hearing and visual impairments. The distressing situation for pregnant women in Sudan is representative of the destruction of the public health system in the country, which is expected to worsen with sustained violence.<sup>5</sup>

## International Medical Corps Response

To help meet the increasing humanitarian needs in Sudan and surrounding countries, our teams are expanding existing programs in Sudan, South Sudan, Ethiopia and the Central African Republic (CAR).

International Medical Corps has been working in **Sudan** since 2004, providing critically needed health, nutrition, MHPSS, protection, and water, sanitation and hygiene (WASH) services. We have also supported efforts by Sudan's Ministry of Health (MoH) to strengthen health systems and build capacity for providers.

The situation in Sudan remains precarious, with conflict intensifying in Khartoum and South, Central and West Darfur. Humanitarian conditions continue to deteriorate, exacerbated by inflation, the disruption of supply chains, shortages of food and basic necessities, and the looting of existing humanitarian supplies. Our offices in Nyala and Zalingei were broken into late last week, and assets and supplies were stolen.



*A map of health facilities supported by International Medical Corps, with non-functional facilities in red and operational health facilities in blue.*

To help support WASH needs in Sudan, International Medical Corps has procured infection prevention and control (IPC) supplies and hygiene kits, which will be distributed to at least 500 households. To maximize the impact of these supplies, we are also planning to disseminate health promotion messages before and during the distribution process. Because of the prevailing food shortages and associated increases in malnutrition cases, our teams are providing nutrition services at several nutrition centers, and we are collaborating with the MoH to assess the feasibility of prepositioning and dispatching essential nutrition supplies to areas in need.

In Sennar, where thousands of internally displaced people (IDPs) are seeking shelter and assistance, we are conducting a comprehensive needs assessment across multiple sectors. Initial reports in the area indicate that IDPs need food, WASH services and non-food items. Additionally, the main hospital requires essential drugs and medical equipment to ensure continuity of services. We are also planning to join other partners to conduct an assessment in Khartoum to review the needs of those remaining in areas affected by active conflict and identify opportunities to provide support. To ensure efficient healthcare delivery, we have prepositioned medical commodities in six health facilities in Blue Nile State. Our aim is to expand this prepositioning strategy to additional health facilities in Blue Nile and South Kordofan in the coming week.

Our teams are continuing to coordinate with local authorities and relevant partners to prioritize the delivery of interagency emergency health kits (IEHKs) to our warehouses; explore the potential for providing surge capacity to primary healthcare facilities and Medani Hospital; devise a response to the measles outbreak in Blue Nile; and mobilize essential health, nutrition and WASH supplies and services in Sennar, Khartoum and Medani.

International Medical Corps has worked in **Ethiopia** in 2003, with programs in nutrition, primary healthcare, community health, SRH, MHPSS, GBV, livelihoods, disaster-risk reduction and WASH. We have provided services in more than 60 woredas in eight regions: Afar, Amhara, Benishagul-Gumuz, Gambella, Oromia, Somali, Southern Nations Nationalities and People's Region (SNNPR) and Tigray.

International Medical Corps has conducted assessments at the border crossing points in Metema and has identified gaps in GBV, MHPSS, SRH, primary health, nutrition and WASH services. To support survivors of GBV, our teams are

<sup>5</sup> <https://www.nytimes.com/2023/05/23/world/africa/sudan-war-pregnant-women.html>

exploring ways to ensure safe access to health services, clinical management of rape services, emergency GBV case management services and psychosocial support (PSS). We are also committed to raising awareness within the community about available GBV-related support and guiding individuals on safe referral pathways. Moreover, our teams are assessing the most suitable approaches to providing MHPSS services to returnees and refugees, including potential implementation of psychological first aid (PFA) training and services, psychiatric consultations and PSS. PSS interventions may include case management, referrals and psychoeducation programs aimed at raising awareness.

To address the nutrition needs in the region, our primary goal is to conduct nutritional screenings for pregnant and lactating mothers and children under 5. These screenings will enable us to identify acute malnutrition cases and promptly refer them to the health center in Metema for appropriate treatment. Additionally, we are aiming to develop a WASH response at the border, which entails strengthening the health center's IPC capacity through training programs and the provision of education materials focused on handwashing, cleaning and disinfection.

In line with our commitment to providing comprehensive health services, International Medical Corps is dedicated to offering support through curative consultations, screenings, antenatal care (ANC) services and the transfer of women in labor to Metema Health Center and the hospital. We are also hoping to establish emergency response capacity to address potential outbreaks and to develop a well-structured referral system from the reception center to Metema Health Center and the hospital.

Our teams have worked in **CAR** since 2007, providing support in primary healthcare, nutrition, GBV treatment and prevention, and reproductive, maternal and child health. International Medical Corps has also provided training for healthcare providers, midwives and protection assistants to help build local capacity and awareness of community groups.

To date, 13,824 people—10,368 Sudanese and 3,456 Central Africans—have fled Sudan to Am Dafok. To help address the healthcare needs of these incoming refugees and returnees, our teams have supported 2,830 people with curative consultations. The most prevalent cases reported thus far include malaria, acute respiratory infections, diarrhea, malnutrition, parasites and suspected measles. We have alerted the health district regarding the suspected measles cases, and we are developing an implementation plan for a measles vaccination campaign in Am Dafok. To support nutrition needs in the region, we are preparing to preposition 100 cartons of Plumpy Nut in Am Dafok. Furthermore, we are raising awareness in the community about preventive measures against diarrheal diseases.

International Medical Corps has worked in **South Sudan** since the mid-1990s, offering primary, secondary and tertiary healthcare; maternal and child health; nutrition; GBV prevention and response; and MHPSS services. In response to the influx of refugees and returnees in South Sudan, our teams are providing services in Renk and Malakal in the Upper Nile State.

In Malakal, our GBV teams have reached 2,603 IDPs who are staying under trees and in abandoned buildings with awareness-raising sessions focused on the definition and consequences of rape and the importance of reporting rape within 72 hours of incidence. We also provided attendees with information and contact numbers for the GBV referral pathway and let them know their right to free services in any instances of SEA. International Medical Corps is providing psychosocial support and GBV case management in Malakal, along with discussion sessions on issues affecting women and girls and GBV reporting mechanisms and the distribution of 1,000 donated dignity kits. We have conducted awareness-raising sessions with integrated health, nutrition, MHPSS and GBV education messages for 1,728 people—including 41 people with disabilities—in Renk.

International Medical Corps is also conducting a nutrition response in Malakal. We have screened 1,142 children under 5 for malnutrition, and we identified 43 cases of severe acute malnutrition, which were admitted to the outpatient therapeutic program for treatment. We also identified cases of moderate acute malnutrition in 141 children, 45 pregnant mothers and 27 breastfeeding women and girls, who we then admitted to the targeted supplementary feeding program for treatment. Our nutrition team has provided 501 children aged 6-59 months with BP-5, a dry vitamin-fortified, compact, high-calorie emergency food. We provided pregnant women and caregivers of children under 5 with key messages on maternal nutrition during pregnancy and lactation, early initiation of breastfeeding after a child's birth, exclusive breastfeeding for infants under 6 months old, timely initiation of optimal complementary feeding, and the importance of immunization, WASH and timely health-seeking behaviors.

We are continuing to provide primary healthcare services and MHPSS support in Renk and Malakal, reaching 3,153 people through curative consultations, with the leading morbidities reported as acute respiratory tract infections, malaria and acute watery diarrhea. In Renk, our teams have reached 1,303 individuals with MHPSS support, including PFA, mental health awareness-raising sessions and MHPSS counseling and treatment. And in Malakal, we have provided vaccines for 44 children.