The lives of thousands remain at risk amid continuing violence between the Sudanese Armed Forces (SAF) and the Rapid Support Forces (RSF), which began on April 15. More than 860 deaths and thousands of injuries have been reported. Since the fighting broke out, more than 1 million people have been displaced internally, while 345,000 have fled to neighboring countries.

Hospitals and healthcare facilities have been direct targets throughout the conflict. There have been 38 attacks on healthcare-related locations, including 22 attacks on health facilities, six attacks involving warehouses and nine attacks affecting supplies. Only about one-third of Sudan’s hospitals still remain open, operating at a reduced capacity as attacks are ongoing, water is scarce, healthcare workers have fled or have been kidnapped, electricity is uncertain and resources such as oxygen supplies and medications have completely run out in some hospitals.

The humanitarian situation in Sudan has drastically deteriorated since the start of the conflict, with an estimated 13.6 million children in Sudan, a country of 49 million people, in need of lifesaving humanitarian assistance. The WHO reported that more than 30 babies died in a hospital in Ad Du’ayn in East Darfur due to an electricity blackout and lack of oxygen. In Khartoum, more than 50 children died in an orphanage as a result of staff shortages and recurrent power outages, in combination with fever, dehydration, infection, malnutrition and sepsis. Sudanese doctors and volunteers are improvising to provide medical assistance.

FAST FACTS

- On April 15, clashes between the Sudanese Armed Forces (SAF) and the Rapid Support Forces (RSF) erupted in Khartoum. At least 860 people have been killed nationwide, and thousands have been injured.
- An estimated 345,000 people have fled Sudan to neighboring countries, while more than 1 million 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 distributed hygiene kits to 500 households.
- In Ethiopia, we have launched a response to support refugees and returnees in Metema, providing gender-based violence (GBV), MHPSS and health services.
- In CAR, we have provided almost 3,800 curative consultations.
- In South Sudan, our teams have provided consultations for 4,893 people and have conducted health-related educational sessions for 6,167 people.

care despite the constant threat of attack and lack of critically needed supplies and equipment.  

Those left in Sudan face a number of challenges, including looting, disconnected water and electricity services, disrupted telecommunication services, a growing number of unexploded ordinances, increased risk of gender-based violence (GBV) and severe inflation. The ongoing violence also puts the imminent planting season at risk, which would intensify an already worsening food security situation.  

International Medical Corps Response

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

International Medical Corps has been working in Sudan since 2004, providing critically needed health, nutrition, mental health and psychosocial support (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.

In response to an acute watery diarrhea (AWD) outbreak in Madani, our team in Sudan has provided hygiene kits to 500 households, reaching about 3,500 people in Al Shima, Al Zahara, El Fil and the camp for internally displaced persons (IDPs) at Abdullah Moussa School. These kits contain essential items to improve sanitation and hygiene practices, including masks, jerry cans, plastic buckets, aquatabs, bathing soap and laundry soap. A needs assessment that we conducted in three locations within Sennar—including Sennar locality, El Suki locality and Abu Hejar locality—showed that the most pressing needs are food, WASH services, non-food items (NFIs) and access to lifesaving medications. Given the shortages of medications and supplies, we are restocking health facilities from state-level warehouses where possible. We have successfully resupplied 16 out of the 30 functioning health facilities we support, and are working to resupply the remaining health facilities.

Contingent on the supply of medications, our teams will establish mobile health and nutrition teams (MHNTs) in Sennar and Al Jazirah states in the coming week. We are also transporting wound kits and water survival boxes to Sudan, and finalizing procurement of personal protective equipment (PPE) and cleaning supplies for the maternity hospital in Madani.

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 the capacity and awareness of community groups.

Refugees and returnees continue to flee Sudan into CAR, giving way to heightened insecurity in the region and deteriorating road conditions between Birao and Am Dafok. Due to the security situation—an armed group recently targeted a convoy of trucks carrying humanitarian goods to Birao—drivers initiated a strike, refusing to travel to Am Dafok without armed escorts. Such incidents compound the challenges faced in the area. Construction work for latrines and shelters for refugees and returnees has been suspended, leading to limited access to essential sanitary facilities. Food scarcity and the significant increased cost of living also exacerbate already difficult circumstances.

Despite the challenges our teams are encountering, we continue to provide health, MHPSS and GBV services. To date, we have provided 3,778 curative consultations, predominantly addressing malaria, acute respiratory infection, diarrhea and parasitosis. Our teams continue to screen children for severe acute malnutrition (SAM) and moderate acute malnutrition (MAM), provide antenatal care services, ensure safe deliveries, administer MHPSS interventions and extend support to GBV survivors.

International Medical Corps has worked in Ethiopia in 2003, with programs in nutrition, primary healthcare, community health, sexual and reproductive health, 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.

To support refugees and returnees in the Metema region, International Medical Corps has implemented an integrated emergency response, focused primarily on providing GBV, MHPSS and general healthcare services at the transit center in Metema. Since we deployed a response to the influx of refugees and returnees at the border in Ethiopia, our medical teams have conducted 27 curative consultations, which include screenings and consultations for pregnant and lactating women, as well as medical care for seven individuals affected by parasitic worms. Additionally, we have screened seven children under 5 for SAM and MAM. In a critical emergency medical case, we provided referral and transportation services to the Metema Health Center, ensuring that the individual received the necessary care.

International Medical Corps’ GBV team continues to support our MHNT in providing coordinated services and awareness-raising sessions for women, adolescent girls, persons with disabilities (PWD) and those with chronic illness, to facilitate

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5 https://www.npr.org/sections/goatsandsoda/2023/05/24/1177058026/sudanese-doctors-should-not-have-to-risk-their-own-lives-to-save-lives
their access to proper services. We have delivered psychosocial support (PSS) to 14 children and 21 women, conducted

group consultations on GBV, and led discussions, briefings and introductions to educate refugees and returnees about

International Medical Corps’ emergency response services. Our GBV team is also working on a rapid assessment of

facilities to evaluate their suitability for delivering such essential services as WASH, lighting, latrines, baths, kitchens,

shelter and NFIs.

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 Upper Nile State.

At the Renk Transit Center, International Medical Corps has provided 6,167 people with integrated health, nutrition,

MHPSS and GBV education and promotional messaging initiatives. Our teams have reached 3,623 people with curative consultations and 274 people with MHPSS services. At the Bulukat Transit Center in Malakal, our teams have provided routine immunization doses for 167 children, and curative consultations for 1,270 people. The leading morbidities include AWD, lower respiratory tract infections and malaria.

Our GBV team has so far reached 3,562 people with GBV awareness raising and PSS. Additionally, we have reached 639

women and girls, including PWD, through psychosocial activities in women’s and girls’ safe spaces. We have distributed

dignity kits to 567 women and 366 girls, including 67 PWDs.

International Medical Corps’ nutrition team in South Sudan has made significant progress, having screened 1,985 children

under 5 for nutrition-related concerns, identifying 87 SAM cases for admission to an outpatient therapeutic program, and

267 MAM cases for admission to a targeted supplementary feeding program (TSFP). We also identified 89 pregnant

mothers and 66 breastfeeding women and girls with MAM, and admitted them to our TSFP.

International Medical Corps’ mobile clinic at the Renk Transit Center in South Sudan is renovated to establish shade in the triage area.