Nearly eight weeks since violence erupted between the Sudanese Armed Forces (SAF) and the Rapid Support Forces (RSF), the complex humanitarian emergency has worsened, resulting in an estimated 24.7 million people in need of assistance. Since the conflict began, more than 476,811 refugees, asylum-seekers and returnees have arrived in neighboring countries, while more than 1.4 million have been displaced internally. More than 860 deaths and 5,800 injuries have been reported by the federal Ministry of Health, with actual numbers expected to be much higher. The ongoing clashes have resulted in an unpredictable and impenetrable environment for aid.

International Medical Corps Response

To 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.

This week, International Medical Corps deployed an Emergency Response Team (ERT) to the country to increase capacity to respond to the ongoing conflict. The operating context in Sudan remains extremely challenging, with persistent issues around access, cash and communication. The ERT is investigating all available options to continue to provide services, and is developing a strategy for pre-positioning. It is working to leverage supply routes into Sudan and surrounding countries.

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 nearly 6,000 have been injured.
- An estimated 480,000 people have fled Sudan to neighboring countries, while more than 1.4 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 and have recently received supplies that will enable us to help tens of thousands of people in the coming months.
- In Ethiopia, our team has provided 555 medical consultations to refugees and returnees in Metema.
- In CAR, we have provided more than 4,000 curative consultations.
- In South Sudan, our teams have provided consultations for 6,795 people and have conducted health-related educational sessions for 12,794 people.

1 https://reliefweb.int/report/sudan/sudan-heavy-fighting-leads-massive-displacement-dg-echo-united-nations-ingos-medias-echo-daily-flash-07-june-2023
Sudan, support roll-out of mobile health and nutrition teams (MHNTs), and continue to develop and expand response activities to meet evolving humanitarian needs. In preparation for the deployment of the MHNTs, International Medical Corps received four interagency emergency health kits (IEHKs), which are designed to meet the priority health needs of a population affected by emergencies who have limited access to routine healthcare services. Each kit contains enough essential drugs, supplies and equipment to serve up to 10,000 people for three months, meaning the contents of the kits will enable the MHNTs to reach up to 40,000 people. The MHNTs will provide primary healthcare services, reproductive health services, delivery services, and emergency obstetric and newborn care; offer routine child immunizations and growth monitoring; conduct disease surveillance and outbreak response; and provide essential medicines and supplies. The mobile teams will also deliver health education and hygiene promotion activities, promote optimal infant and young-child feeding (IYCF) practices, screen for malnutrition and treat children with severe acute malnutrition. Recruitment efforts for the MHNT clinicians are near complete, with mobile services expected to be installed in Madani next week, followed by MHNTs deploying in El Suki in Sennar state. Both will provide health and nutrition services to IDP camps, and will be the first two of six teams for our response.

Our health and WASH teams have procured personal protective equipment and infection prevention and control materials for Madani Women’s and Maternity Hospital, to mitigate patients’ increased risk of communicable disease transmission, as displacement has strained the availability of supplies.

The WHO has highlighted the need for trauma programs along the route from Khartoum to Madani. The violence in Khartoum, the capital of Sudan, has left more than 60% of the hospitals nonfunctional, and 23% only partially functional. With a deficit in trauma care and ambulatory services, trauma patients are being transported by relatives or friends to stabilization centers in Madani, resulting in an increased need for trauma capacity in areas with fewer skilled clinicians. Consequently, the ERT is engaged with the Trauma Working Group to identify key areas to deliver training in primary trauma care and bleeding control.

Our teams in CAR continue to face obstacles due to growing insecurity, including the deterioration of the road between Birao and Am Dafok, carjacking of vehicles and rising tensions between host communities and asylum seekers. Economic factors—such as food scarcity, inflation and shortages of Plumpy’Nut, used for the management of acute malnutrition—have made the situation even more dire. Our medical team in Am Dafok reported a 15% drop in health consultations over the past week, which they attribute to the tensions between communities. Since the start of the conflict, the team in CAR has delivered 4,393 curative consultations, including 1,600 screenings for children under 5. In collaboration with UNICEF, we have conducted a measles vaccination campaign that reached 3,389 children in just six days. In partnership with Médecins Sans Frontières, we have deployed a mobile medical unit (MMU) at a temporary site in Birao to help provide healthcare for the 270 refugees who were relocated to this camp.

International Medical Corps’ nutrition staff on the border have screened more than 2,000 children for nutritional deficiencies, admitting 112 children for SAM outpatient care. Furthermore, we have provided 29 survivors of GBV in Am Dafok with support services.

International Medical Corps has worked in Ethiopia since 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. Heavy rainfall in the border town of Metema on the night of May 28 created further challenges for our emergency response, as it resulted in flooding that damaged temporary shelters and ruined returnees’ belongings. The rainfall flooded the center where our emergency medical team has been stationed, damaging medical commodities and pharmaceuticals, and interrupting health services for several hours. Our teams initiated flood mitigation activities, such as installing drainage systems around the shelters, but the floods have increased concerns over potential outbreak of disease due to refugees’ congested living conditions.

Almost 40,000 people, the majority of whom are Ethiopian returnees, have arrived through the border at Metema, with approximately 1,000 refugees and returnees crossing this border every day. Despite the challenges with flooding, International Medical Corps continues to provide integrated rapid emergency response to support the influx of refugees and returnees. So far, we have provided 555 medical consultations, 16 referrals to Metema Hospital and two safe deliveries of babies. We have screened 98 children under 5, and 10 pregnant and lactating women, for severe acute malnutrition (SAM) and moderate acute malnutrition (MAM), identifying five cases of MAM in children and two cases of MAM in women.

Our MHPSS team in Ethiopia is responding to the urgent mental health needs at the border, so far providing 56 MHPSS consultations for people diagnosed with acute stress disorder and post-traumatic stress disorder, administering psychosocial support (PSS) to 32 patients, providing psychological first aid to nine people and conducting psychoeducation sessions and group consultations.
International Medical Corps’ GBV staff have conducted onsite monitoring, risk assessments for facility access and evaluations of the availability of appropriate services related to protection and GBV concerns, such as WASH, lighting, latrines, bathing facilities, kitchens, shelters and non-food items. Additionally, our GBV and MHPSS teams are helping our MHNTs provide coordinated awareness-raising services focusing on the referral system and how to access appropriate available services, delivering this information mostly to adolescent girls, women, people with disabilities and people with chronic illnesses. The team has also provided gender-specific PSS and consultation services to 49 adolescent girls and 65 women.

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.

Our teams have been helping vulnerable returnees and refugees by providing integrated health, nutrition and GBV services at the Renk Transit Center and the Bulukat Transit Center in Malakal, in Upper Nile state. So far, our team has provided 6,795 medical consultations across both locations, with acute watery diarrhea, malaria and acute respiratory infections accounting for a significant portion of cases reported. International Medical Corps’ nutrition team has screened 4,254 children and pregnant and lactating women for malnutrition, admitting 255 pregnant and lactating women and 469 children for the treatment of malnutrition. We have also provided 299 people with immunizations, conducted 37 MHPSS consultations, supported 1,578 people with GBV services and reached 12,794 people through integrated health, nutrition, MHPSS and GBV education and promotional messages.

Our teams have made significant progress in providing critically needed healthcare support to refugees and returnees in Renk and Malakal, yet we continue to face challenges, such as high transportation costs due to inflation, the unstable security situation and a lack of private places where women and girls can receive support. International Medical Corps is collaborating with local authorities and partners on how best to mitigate these issues and support continuity of care.