

SITUATION UPDATE



A clinician with International Medical Corps' mobile health and nutrition team (MHNT) measures a patient's blood pressure at an displacement camp.

Sixty days have passed since violence erupted between the Sudanese Armed Forces (SAF) and the Rapid Support Forces (RSF) on April 15, leading to displacements of more than 1.6 million people, and almost 530,000 people fleeing to neighboring countries.¹ The United Nations predicts that the conflict could lead to 1 million more people leaving the country in the next six months.² Since the start of the conflict, at least 866 people have been killed and 6,083 have been injured.³ At least 46 attacks on healthcare have been verified, including 29 attacks on health facilities, 19 affecting health personnel, 12 affecting supplies, seven affecting transport, six affecting warehouses and six affecting patients.⁴ The attacks on health facilities have further damaged the already weakened health system, further interrupting routine health services and interfering with access to critical care.

The number of locations for internally displaced persons (IDPs) in Sudan has risen to 1,681, including host community shelters, camps, public buildings, informal settlements and improvised shelters. With the rainy season—which typically runs from June through October—underway, the baseline risk of outbreaks of water-borne and vector-borne diseases is expected to be compounded by challenges in access to water and waste management in IDP locations, posing significant health risks.

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.

In **Sudan**, our team continues to face challenges bringing cash and supplies into the country, but has identified alternative solutions. Our

FAST FACTS

- On April 15, clashes between the Sudanese Armed Forces (SAF) and the Rapid Support Forces (RSF) erupted in Khartoum. At least 866 people have been killed nationwide, and more than 6,000 injured.
- An estimated 528,000 people have fled Sudan to neighboring countries, while more than 1.6 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, protection, mental health and psychosocial support (MHPSS), 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 launched the first of six planned mobile health and nutrition teams (MHNTs) to provide services to IDP camps. This MHNT will provide services for up to 21,000 people.
- In Ethiopia, our team has provided 825 medical consultations to refugees and returnees in Metema.
- In CAR, we have provided more than 5,000 curative consultations.
- In South Sudan, our teams have provided consultations for 8,321 people and have conducted health-related educational sessions for 15,230 people.

¹ <https://dtm.iom.int/reports/sudan-situation-report-8>

² <https://reliefweb.int/report/sudan/sudans-crisis-escalates-fragile-region-feels-fallout>

³ <https://efe.com/en/latest-news/2023-06-13/866-dead-over-6000-injured-in-sudan-since-fighting-erupted-in-mid-april/>

⁴ <https://reliefweb.int/report/sudan/sudan-clashes-between-saf-and-rsf-flash-update-no-15-6-june-2023-enar>



International Medical Corps' MHNT in Madani prepares to launch its first day of mobile services at an IDP camp.

team has initiated transportation of the first round of medical supplies into Sudan, and is coordinating with relevant stakeholders to support this process.

In Madani, Al Jazirah state, our team launched the first of six planned mobile health and nutrition teams (MHNTs) in the country. This MHNT will provide services to IDP camps in Al Jazirah, an effort implemented in coordination with the Ministry of Health. The mobile team will be deployed in Sougatra camp, Fadasi camp and Shagdi camp on the outskirts of Madani city, and will provide services for up to 21,000 people. Additional MHNTs are planned to begin services in Sennar in the coming days. Planning for MHNTs in West Darfur and Central Darfur is ongoing, due to access and security constraints. Delivering aid to Darfur remains a top priority for INGOs in conflict areas, as health facilities are rapidly running out of lifesaving medical supplies. We are continuing to explore opportunities to access Darfur.

In Blue Nile, 10 interagency emergency health kits (IEHKs) are in transit to our supported health facilities. The contents of each kit can provide primary healthcare for up to 10,000 people over the course of three months. This week, 50 of our 68 supported health facilities are functional, though only 16 of those that are functional have been able to share facility-level data due to problems with internet access. These facilities reported that our teams provided 6,230 outpatient consultations, 369 antenatal care visits, 56 deliveries and 24 post-natal care visits. Um Duhkun Hospital provided treatment to 76 people with injuries, seven of which involved gunshot wounds.

International Medical Corps' logistics and supply-chain team remains focused on getting people and goods safely into the country. The team is working with vendors and freight forwarders, as well as IFRC, WFP, the Logistics Cluster and other INGOs, to ensure effective communication, sharing of information, and safe, best practices to deliver aid in Sudan. Our Emergency Response Team is helping our staff in Port Sudan secure import authorizations from Sudanese ministries and authorities.

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.

The security situation in **CAR** remains unpredictable, due to the presence of armed groups. Geographical access to Am Dafok—a key border crossing location for those fleeing from Sudan—remains a major concern for the humanitarian community, with access issues related to insecurity and flooding. Tensions and violence have increased between the host community and refugees, with populations reporting that they must compete for already limited resources, including access to water, local markets, health clinics and food distributions. With no local police or national armed forces in the area, UN peacekeepers are the only entity protecting both the host community and the refugees. As the UN forces are set to withdraw from Am Dafok in mid-June, insecurity will likely worsen. There are reports of Sudanese armed groups crossing over the border in search of food, money and medical care. Other challenges include stock-outs of critical medicines at health facilities, including pentavalent, chickenpox and oral polio vaccines.

Our team continues to provide health and protection services to refugees in Birao, and health, nutrition and protection services to asylum seekers in Am Dafok. The CAR team provided 722 outpatient consultations in the past week—approximately 75% of which were in Am Dafok, 25% in Birao—including 136 cases of malaria, 121 cases of acute respiratory illness (ARI) and 85 cases of diarrhea. Malaria remains the dominant pathology in consultations, accounting for 19% of cases, followed by ARI and diarrhea. Other services included 27 antenatal care visits, seven deliveries and 123 children screened for malnutrition, of which 18 were identified with severe acute malnutrition (SAM) and 24 with moderate acute malnutrition (MAM). The clinic in Am Dafok reported a 5% drop in service utilization compared with the previous week, which it attributed to the relocation of asylum seekers to Birao, as well as the inter-ethnic conflicts that led some asylum seekers to return to Sudan. To overcome the challenges faced, our CAR team will be establishing a team of essential staff to be based in Am Dafok for a minimum of three months. The team will continue to expand mobile medical services at the Birao asylum seekers' site, as most refugees and returnees will be relocated there from Am Dafok. The team will develop a contingency plan to facilitate their evacuation should the security situation deteriorate.

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.

At the Metema Transit Center in **Ethiopia**, our team is continuing an integrated rapid emergency response to support the health, GBV and MHPSS needs of refugees and returnees. Approximately 45,600 people have so far arrived through Metema, and are continuing to arrive at a rate of 1,000 per day, with the majority being Ethiopian returnees. Over the past week, International Medical Corps teams have provided 270 medical consultations, including providing deworming medications for 47 children under 5, 11 referrals to Metema Hospital for further care, and screenings for pregnant and lactating women. We have also provided psychosocial support (PSS) for 36 people and conducted 32 MHPSS consultations to people diagnosed with acute stress disorder. Our GBV team is helping the MHNT provide coordinated services, crowd control, protection awareness and referral-system strengthening. Over the last week, we provided PSS and GBV consultation services for 48 adolescent girls and 72 women, administered psychological first aid (PFA) for 16 women and reached 205 people through community discussions on GBV risk mitigation. Our nutrition team screened 47 children under 5 and seven pregnant and lactating women for SAM and MAM.

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.

In **South Sudan**, our teams are stationed at the Renk Transit Center and the Bulukat Transit Center in Malakal, where we continue to face challenges, including high transportation costs and inflation, lack of private places where women and girls can receive GBV case management, and a lack of qualified midwives in Renk. To mitigate these issues, International Medical Corps is working to diversify suppliers, establish a separate tent for confidential GBV case management activities and deploy a midwife from Juba to Renk. Despite these obstacles, our teams have made significant strides in providing critically needed health, nutrition and GBV services to vulnerable returnees and refugees. Across both transit centers, our teams have so far provided 8,321 medical consultations, delivered 355 immunizations, distributed 1,109 dignity kits, conducted 44 MHPSS consultations, supported 1,832 people with GBV services, screened 4,841 children and pregnant and lactating women for malnutrition, and reached 15,230 people through awareness-raising sessions on integrated health, nutrition, MHPSS and GBV topics.

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.

Sudan Regional Response			
52 health facilities supported	5 refugee centers supported	4 IDP centers supported	
11,703 medical consultations	5,132 Immunizations delivered	247 MHPSS consultations	
1,375 GBV consultations	219 accessing women and girls' safe spaces	106 participating in group education sessions	7651 reached through awareness-raising
2829 children screened for malnutrition	168 outpatient therapeutic feeding program admissions	216 target supplementary feeding program admissions	11 nutrition consultations for pregnant and lactating women
868 women receiving antenatal care	67 deliveries assisted by skilled personnel	92 women receiving postnatal care	17 women admitted for MAM treatment
18 health kits distributed	100 dignity kits distributed	17,861 wound kits being processed for shipment	7.6 tons of pharmaceuticals and medical equipment in transit
29,963 direct beneficiaries			