Since the conflict erupted in Sudan in mid-April 2023, some 10 million people have been displaced, with more than 2 million fleeing to neighboring countries. Most Sudanese migrants in Libya settle in Kufra, a sparsely populated region that is predominantly desert. This surge of Sudanese refugees into Libya has created an urgent humanitarian crisis.1

International Medical Corps Response

On June 2, International Medical Corps received official approval from the International Cooperation Office and the Emergency Committee of the Ministry of Health (MoH) to collaborate closely on projects in Kufra. The next day, we deployed a rapid response team consisting of a medical doctor, a nurse and a field site officer.

During the first two weeks, our medical team conducted an average of 50 consultations daily. Starting from June 15 and throughout the Eid holiday, the number of individuals requesting basic health services increased, prompting the team to provide 80 health consultations per day and deploy an additional medical doctor. The total number of consultations has increased by 80% since we started the response. In addition to prepositioning medical commodities and IT equipment in Kufra, we sent a shipment of basic medical supplies to the region to help meet growing health needs.

International Medical Corps has identified four major routes Sudanese refugees use: directly from Sudan to Kufra (the most popular route); through Chad to Marzuq; through Chad to Qatrun; and through Egypt to Tobruk (the least-used route). We also know of a small number of Sudanese families who have arrived in Kufra from Ethiopia.

Based on our initial geographic survey, we identified five private sites that serve as camp-like environments for Sudanese refugees, then later identified six more camping sites. These areas comprise large open spaces, partitioned with wood and cloth to create separate rooms for families and individuals. Depending on the situation in Sudan, these locations receive a daily influx of 800 to 1,000 new arrivals. Currently, our response covers four locations, with plans to extend support to all identified.

Our assessment conducted at one camp revealed a significant number of families, each averaging five members. Approximately 10% of the population is over 50, and there are around 400 children. Though there are restaurants, markets and local stores selling food in certain areas, access is limited to those with financial resources. Food support also is available from organizations like the Red Crescent and Libya Aid. There also is a critical lack of sanitation facilities and clean drinking water, contributing to frequent cases of diarrhea among children and infants.

Our rapid response team identified chronic conditions like diabetes, hypertension and gastritis, as well as infectious diseases such as upper and lower respiratory tract infections and urinary tract infections. Our team reported a range of other conditions that require immediate treatment, including malnutrition, anemia, dermatological disorders and the need for antenatal care. Urgent needs include health, mental health and psychosocial support (MHPSS), protection, and water, sanitation and hygiene (WASH).

Health

1. Despite the MoH rapid response team conducting visits to these locations to provide essential healthcare services, needs persist due to the increasing number of migrants and the unavailability of certain basic health services.
2. In Kufra, some health facilities are only partially operational and have limited capacity, especially in reproductive health and child health services. There are also severe shortages of medical commodities.
3. Conditions that require treatment include chronic diseases, malnutrition, infectious diseases, anemia and dermatological issues. There also is a need for antenatal care.

MHPSS

1. The ongoing conflict has caused symptoms of post-traumatic stress disorder in the majority of the population.
2. Harsh living conditions, inadequate basic services and an uncertain future often lead to significant psychosocial distress, with feelings of hopelessness, helplessness and despair.
3. Children face vulnerability to developmental and behavioral issues, due to disrupted education, lack of routine and exposure to traumatic events, potentially showing signs of anxiety, depression and regressive behaviors.

Protection

1. Overcrowding raises the risk of violence, including gender-based violence (GBV).
2. Establishing safe spaces for women and girls is necessary to provide access to GBV prevention and response services, such as psychosocial support, medical care and legal assistance.

WASH

1. To prevent waterborne diseases, access to clean and safe drinking water is essential.
2. Adequate sanitation facilities, including latrines and bathing areas, are essential for hygiene and illness prevention.
3. Hygiene kits, including soap, menstrual hygiene products and other essentials, are necessary.

Shelter

1. Immediate shelter needs for refugees include safety, security and adequate conditions to protect from elements and to uphold privacy and dignity.