



*An International Medical Corps doctor coordinates the emergency transfer of a critically ill patient from a camp-like setting in Kufra city to Alshaheed Atia Hospital.*

Since the conflict erupted in Sudan in mid-April 2023, approximately 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 displaced communities into Libya has created an urgent humanitarian crisis.<sup>1</sup>

According to UNHCR reports and interagency meetings, about 65,000 Sudanese have arrived in Libya, for whom the Ministry of Health (MoH) has issued 47,000 health certificates. Immunization records show that there are 16,000 children between the ages of one and 15 within the displaced communities. Every day, between 1,000 and 1,800 people reach Libya; experts say that almost 150,000 Sudanese could arrive.

## International Medical Corps Response

Upon receiving approval on June 2 from the International Cooperation Office and the Emergency Committee of the Ministry of Health (MoH) for projects in Kufra, International Medical Corps swiftly deployed a rapid response team consisting of two doctors, a nurse and a field officer. We work closely with health authorities, including the MoH, to provide updates on our interventions and schedules. We also are actively involved in the thematic working groups for Health and Nutrition, Protection, Access, and Water, Sanitation and Hygiene (WASH) and co-lead the Health and Nutrition Kufra Task Force.

Our medical team has been providing emergency and primary healthcare consultations to the Sudanese population, so far completing 2,946 consultations through fixed points and field-team operations, and have referred 98 cases to secondary health services for further specialized care, with most referred patients going to International Medical Corps doctors at Atia Alkaseh Hospital, Kufra Obstetrics and Gynecology center, and Almanatek Alharra Hospital. The team is also distributing essential medications to patients, focusing particularly on those with chronic conditions such as diabetes and

### FAST FACTS

- In April 2023, clashes erupted across Sudan. Since then, some 10 million people have been displaced from their homes, including more than 2 million who have crossed into neighboring countries.
- The estimated total number of displaced Sudanese in Kufra, Libya, has significantly increased recently, raising alarms about a humanitarian catastrophe if urgent aid is not delivered.
- Immediate needs include health and mental health services, food, shelter, essential household items for the displaced and logistical support.

### OUR FOOTPRINT

- International Medical Corps was the first international humanitarian organization in Libya when the conflict began in 2011, and has since been providing critical health, nutrition, protection, mental health and psychosocial support, and water, sanitation and hygiene services.

### OUR RESPONSE

- Our medical team has successfully identified 14 locations with needs in Kufra, conducting health consultations at each of them. The team has conducted 2,946 health consultations so far, and has provided pharmaceutical and medical consumables.

<sup>1</sup> [https://dtm.iom.int/sites/g/files/tmzbd1461/files/reports/DTM-Libya-Profile-of-Sudanese-Migrants\\_update\\_06\\_March\\_2024.pdf](https://dtm.iom.int/sites/g/files/tmzbd1461/files/reports/DTM-Libya-Profile-of-Sudanese-Migrants_update_06_March_2024.pdf)

hypertension. Due to the high level of needs and the shortage of other service providers, International Medical Corps' mobile team is currently working at full capacity, providing up to 100 consultations per day. However, due to the time constraints, our team are often unable to attend to all Sudanese patients, underscoring the urgent need for additional resources and support to meet the growing demand. Given the significant needs and lack of active partners in the region, International Medical Corps is also working to deploy more personnel to enhance the mental health and psychosocial support (MHPSS) and gender-based violence (GBV) response.

International Medical Corps' medical team has identified 14 informal settlements where they have conducted health consultations. Among these, four specific locations—Alazoumi, Bu Gazala, Eammi and Ekrik—have been designated for regular weekly visits. The team will continue to provide health services at the remaining locations rotationally to ensure comprehensive coverage across all identified areas. The number of Sudanese displaced communities in the informal settlements varies from five to 80 families per location, with some locations experiencing overcrowding compared to others. This disparity is primarily due to the availability of free accommodation in certain locations. According to local officials, the number of new arrivals is continuously increasing and has reached approximately 1,000 to 1,800 new arrivals per day, with approximately 600 leaving the city each day for northern cities like Ajdabiya, Benghazi, Misrata and Tripoli. To prevent the spread of communicable diseases, local authorities require a health certificate for those wishing to leave the city.

Watery diarrhea is an increasing health concern among the Sudanese in these areas. Our health team has been addressing approximately five cases daily across various sites, impacting all age groups, but particularly children and infants. Our health team contacted the surveillance team at the Kufra Health District Office to highlight this significant rise in cases and trace the source of the infection. Based on initial examinations and tracing, the health team suspects that contaminated water may be the primary cause of this outbreak. The recent WASH needs assessment conducted in June by REACH revealed critical gaps in access to basic sanitation and hygiene services. Nearly half of households lack improved toilet facilities (pit without platform, bucket, open hole), with a significant proportion sharing latrines with many people. Water scarcity is prevalent, with more than two-thirds of households experiencing irregular access to drinking water. Furthermore, many households lack essential hygiene items—including soap, handwashing facilities and personal hygiene products—indicating a severe hygiene crisis, including female hygiene items. These findings highlight the urgent need for WASH interventions to improve the health and well-being of the affected population.

Our rapid response team has identified common morbidities among new arrivals, including chronic conditions such as diabetes, hypertension and gastritis, as well as infectious diseases such as respiratory and urinary tract infections. Additionally, our team has reported a need for immediate treatment for other conditions such as anemia, dermatological disorders and antenatal care.

The Sudan Emergency Regional Refugee Response Plan says that new arrivals, mainly women and children, are often in poor health, malnourished, traumatized and wounded.<sup>2</sup> The World Health Organization estimates that the prevalence of mental health issues in conflict-affected populations is 22%.<sup>3</sup> International Medical Corps' MHPSS assessment preliminary finding in Libya, including Kufra, and REACH's recent assessment in Kufra reported a high level of psychological distress among Sudanese displaced communities that resulted from trauma experienced while seeking safety and from the ongoing war. As reported in our MHPSS Assessment, the Kufra Mental Health Center is receiving an increasing number of cases, reaching 145 patients per month. However, the center lacks a psychiatrist to handle severe cases and has limited availability of psychotropic medications. Additionally, the situation is aggravated by the scarce resources and dire conditions in Kufra.

There are limitations and restricted access to protection and GBV services in Kufra. Currently, there are clear significant protection risks identified by International Medical Corps at the informal settlement locations, including the lack of separated latrines within three of the 14 informal settlements, with all the remaining settlements using few shared communal latrines that offer no privacy and protection, which can increase the risk of sexual violence, abuse and harassment. Women also face challenges in obtaining menstrual and basic hygiene items, which can increase the risk of exploitation and health issues. The lack of public transport and the extreme heat during the daytime also places women and underaged girls at risk of sexual violence, exploitation and abuse when seeking services from the outside.



*An International Medical Corps medical team is conducting health assessments and providing medical consultations and medications to Sudanese residing in camp-like settings in Kufra city.*

<sup>2</sup> <https://data.unhcr.org/en/documents/details/106482>

<sup>3</sup> <https://www.who.int/news-room/fact-sheets/detail/mental-health-in-emergencies>

Based on the assessment that was conducted by the Department of Environmental Health Affairs, several critical issues have been identified in Kufra. The findings were determined through health inspection devices and advanced equipment for measuring cleanliness, air quality and potential pathogens. The findings indicate several critical issues, including the following.

1. General cleanliness throughout the assessed areas is deemed very poor. This includes significant instances of debris and unsanitary conditions that pose risks to public health.
2. Ventilation systems within these environments were evaluated as severely inadequate.
3. Conditions within food preparation areas were observed to be substandard, highlighting potential health hazards associated with food handling.
4. There is a concerning accumulation of garbage and human waste, which creates an environment ripe for the spread of diseases.
5. Absence of sufficient disinfection and sanitation materials further complicates efforts to mitigate the transmission of pathogens and maintain public health standards in these areas.

On July 27, the International Medical Corps management team and staff from the MoH visited Kufra. They inspected seven informal settlements, met with local health stakeholders and staff from the Kufra municipality, and identified urgent needs in health, MHPSS, protection and WASH, which are listed below.

### **Health**

1. The city is facing a critical shortage of health staff. The MoH Kufra crisis committee outlined the need for health staff as the top priority, because health facilities are overwhelmed with Sudanese seeking health services. The city's main hospital, Elkaseh Hospital, reported that more than 50% of patients are from Sudan.
2. The surge in Sudanese into the city also has strained the city's medical supplies. Health facilities are already critically low on essential medication such as antibiotics, chronic disease medication and lab consumables.
3. Health needs continue to escalate due to harsh living conditions, overcrowding and inadequate nutrition among the displaced Sudanese, particularly among those who are in the informal settlements, as their main source of food is donations from the host community.
4. In Kufra, some health facilities are only partially operational and have limited capacity, especially in reproductive health and child health services. For specialized services, the Sudanese displaced communities are referred to health facilities in Ajdabiya and Benghazi, which are inaccessible for most as they are 1,000 km away from the city.
5. Common conditions within the informal settlements that require treatment include chronic diseases, malnutrition, infectious diseases, anemia and dermatological issues. Antenatal care is also urgently needed.

### **Mental Health and Psychosocial Support**

1. The Kufra Mental Health Center is unable to provide specialized mental health services, as the center currently does not have psychiatrists and is facing a shortage of medication.
2. The ongoing conflict has caused symptoms of post-traumatic stress disorder in most of the population. The field team reports that children in particular are showing multiple signs, including fear, bed-wetting, being anxious, etc.
3. Harsh living conditions, inadequate basic services and an uncertain future often lead to significant psychological and psychosocial distress, with feelings of hopelessness, helplessness and despair.
4. Children are vulnerable to developmental and behavioral issues, due to disrupted education, lack of routine and exposure to traumatic events. Many are showing signs of anxiety, depression and regressive behaviors.

### **Protection**

1. The increasing number of women and girls arriving from Sudan face heightened risks of violence—particularly GBV and sexual exploitation—due to their exposure to abuse during their journey and their current living conditions in inadequate, overcrowded shelters. Their increased vulnerability and need for support exacerbate these risks.
2. Many women report a critical need for menstrual hygiene products and other relief items due to a lack of regular income and inability to work.
3. Safe access to lifesaving GBV specialized services to Sudanese women and girls—including case management, psychosocial support, emotional support and reproductive health services—are almost non-existent.
4. Safety concerns are significant, especially due to inadequate shared latrines in some locations and the necessity to leave the safety of informal settlements to access these facilities.
5. The shelters used at the overcrowded informal settlements provide no privacy, placing women and girls at risk of sexual violence and abuse, especially during the nighttime.

## **WASH**

1. The displaced Sudanese rely on communal tanks for drinking water in the informal settlements. The refill cost is shared or donated by the host community in some informal settlements. Some informal settlements reported challenges in gathering the refill costs, which puts their access to safe drinking water at risk. There is an essential need to provide safe access to water through emergency water trucking, rehabilitation of non-functional boreholes, installation of water disinfection systems and regular water-quality monitoring and treatment.
2. Safe access to sanitation should be provided through the installation of emergency sanitation facilities, and sanitation system repairs, maintenance and rehabilitation. The majority of informal settlements use septic underground wells (which need to be emptied periodically) or sewage overflows (which consistently occur and place families at risk of disease).
3. Non-food items, community-focused hygiene promotion for local communities, and emergency WASH packages for healthcare facilities are necessary to improve local WASH conditions.

## **Shelter**

1. Immediate shelter needs for displaced communities include safety, security and adequate conditions to protect from the elements, to uphold privacy and dignity.
2. Tents, blankets, sleeping mats, adequate lighting and mosquito nets are urgently needed, as most newly arrived Sudanese are directly exposed to harsh weather conditions and intense sunlight. Childcare NFIs—such as diapers, baby bottles and baby wipes—are also needed.