



RI field staff during MUAC Assessment.

Sudan Regional Crisis

EMERGENCY SITUATION UPDATE
SEPTEMBER 1, 2023

OVERVIEW

The Conflict in **SUDAN** shows no sign of abating despite multiple ceasefire attempts, threatening to engulf the entire country. During August, escalations have been seen in South Darfur and South Kordofan, while concerns are growing as fighting nears El Jazira, Sudan's breadbasket, and tensions rise in North Darfur's El Fasher following a reported increase in Rapid Support Forces (RSF) presence.

As fighting persists, humanitarian needs continue to deepen. Malnutrition and disease outbreaks are rising, while essential services are severely disrupted and humanitarian assistance delayed due to access constraints. Seasonal heavy rains further compound needs, with peaks in flooding anticipated in August and September.

The number of people displaced has now surpassed 4.5 million. IOM reports 3.6 million people are now internally displaced within Sudan, over 75% from Khartoum. In addition, the number of people who have fled into the

wider region is nearing 1 million. At the end of August, over 960,000 people were reported to have crossed into neighboring countries, according to UNHCR. Chad, Egypt and South Sudan continue to see highest arrivals.

Despite the challenges, RI teams are delivering critical services in Sudan, supporting 27 health facilities across North Darfur (17), Blue Nile (6) and Al-Jazira (4), as well as across five nutrition centers in North Darfur. In **SOUTH SUDAN**, RI is responding to the needs of new returnees and arrivals from Sudan through integrated health, WASH and nutrition services in Renk, Melut/Palouch and Maban. In **CHAD**, RI is working to establish operations to support the refugee response in the East, as well as to facilitate the provision of critical cross-border assistance into North Darfur.



UPDATES FROM THE FIELD

SUDAN

The operating environment continues to be highly challenging. Communication networks and internet connectivity remain unstable, including in RI areas of operation such as North Darfur. Contingency measures are in place to ensure communication can be maintained should networks being entirely cut off. Scarcity and elevated prices of basic necessities such as fuel, food and water continue, while lack of cash liquidity in several areas is impacting operations, including salary payments for NGO as well as government staff.

August saw marginal progress in access, with the reopening of airspace in eastern Sudan enabling the operation of civilian flights, and the first successful UN convoys reaching East Darfur as well as delivering cross-border assistance from Chad. Despite these improvements, access remains extremely constrained and there continue to be attacks on humanitarian actors, medical personnel and other services, as well as widespread sexual violence. Ongoing bureaucratic constraints are presenting barriers to visa admissions, with multiple INGO applications still unapproved by Sudanese authorities. Of note is the recent RSF establishment of the Sudan Agency for Relief and Humanitarian Operations (SARHO), which purports to facilitate aid delivery and coordinate with humanitarian actors in RSF-controlled areas. SARHO is a new administrative arrangement instituted by RSF, lacking explicit guidelines communicated to UN Agencies and INGOs, therefore, Relief International continues to work closely with the long-established Humanitarian Aid Commission (HAC).

In RI operational areas, North Darfur, Al Jazira and Blue Nile, the security situation is relatively stable. RI teams are maximizing the relatively calm security context in North Darfur to prioritize the transfer of supplies from the El Fasher warehouse to support healthcare facilities in the region. Concerns remain regarding the continued armed build up near El Fasher town, which RI continues to closely monitor.

SOUTH SUDAN

Over fourth months into the crisis, increasing arrivals within host communities are continuing

to exert pressure on resources and services, particularly healthcare. Despite some easing of food prices due to the appreciation of the South Sudanese pound, supplies in markets are relatively scarce as the WFP switch to cash transfers has increased demand. Over the last two weeks, IOM funding shortages have resulted in reduced support to onward movement of returnees from Renk. As a result, the population in Renk is rising, with over-crowding and increased stretching of available resources. To date over 195,000 arrivals have been recorded in Renk, with a daily average of 1,500 arrivals.

Among arrivals and returning refugees, key needs include health and nutrition support, shelter and NFIs, WaSH, protection and food. In Melut/Palouch, access challenges linked to the rainy season have caused some disruption to last-mile distribution of medical supplies and clean drinking water. A deterioration in WaSH conditions will likely drive an increase in diarrheal diseases. More positively, through August rates of measles reported from health teams at Transit Centers in Renk and Melut/Palouch are reported to have reduced.

Given capacity issues, plans are underway to expand the Renk Transit Camp to accommodate 30,000 people, though this may take a number of weeks. Meanwhile, plans to relocate Melut's Transit Centre to a new site is facing delays.

CHAD

While the closure of neighboring Niger's airspace following late July's coup resulted in some disruption to flights into N'Djamena, international travel into Chad has since eased. Supply chains, communication and banking continue to be functional, but bureaucratic constraints and delays are presenting significant obstacles to NGO registration and project implementation.

There is growing urgency to scale up the response in Chad and pre-position supplies for refugee and host communities ahead of the rainy season, when road networks will become cut off.



RELIEF INTERNATIONAL'S RESPONSE - CONTINUED

Relief International continues to respond to the humanitarian crisis in Sudan and South Sudan, and is establishing operations in Chad.

SUDAN

RI is working closely with the State Ministry of Health, Humanitarian Aid Commission, affected communities, and other stakeholders to ensure the timely provision of primary health, nutrition and WASH services in North Darfur, Al Jazira and Blue Nile. This includes maintained support to health facilities in North Darfur as well as prepositioning of medical supplies in Blue Nile in anticipation of elevated flood risks. RI continues to engage with WHO and the Health Cluster on the delivery of drugs to North Darfur.

RI's is supporting 27 health facilities across North Darfur (17), Blue Nile (6) and Al-Jazira (4), as well as across five nutrition centers in North Darfur. Support includes emergency nutrition services, outpatient department consultations, referrals and outreach services.

Numbers of people supported since April include:

- 2,319 trauma related cases, the majority (2,140) in North Darfur.
- 98,046 medical consultations in North Darfur and Blue Nile, including 83,687 outpatient cases, 11,473 antenatal care consultations, 2,886 measles vaccinations.
- Malnutrition screening for 43,528 children under five and admission of 4,242 into outpatient therapeutic programs and 101 into Stabilization Centre's for management of acute malnutrition.

With a recent funding uplift, RI will also expand support to El Fasher South General Hospital, the only functioning in North Darfur, to deliver emergency outpatient, referral and laboratory and blood transfusion services for six months.

SOUTH SUDAN

RI is providing integrated health, WASH and nutrition programming across Renk, Melut/

Palouch and Maban.

In Renk's transit center, RI's clinic provides 24/7 services including out-patient consultation, immunization, nutrition surveillance, and referral of those malnourished to GOAL (Renk nutrition partner), sexual and reproductive health, SGBV case management, and emergency referrals to Renk county hospital. RI is also providing services to the Abukadra Primary Health Care Centre and is supporting Renk hospital with 24/7 ambulance services.

Key highlights of the cumulative RI assistance in Renk includes:

- 18,350 outpatient consultations (26% under 5, with key morbidities including acute respiratory infection, acute watery diarrhea, eye infection and malaria).
- 118 births attended to by skilled birth attendants, while 574 women received antenatal care.
- 4,031 children vaccinated, of which 1,723 received measles vaccines and 153 individuals were also immunized against COVID-19.
- 5,858 children under 5 and Pregnant and Lactating Women (PLW) screened for malnutrition. Of these, 371 PLWs had Moderate Acute Malnutrition (MAM), with 870 Moderate Acute Malnutrition, 483 Severe Acute Malnutrition (SAM) and 35 SAM with complication cases reported among screened children.



RI staff distributing Non-Medical Items to the IDPs in Abu Shouk IDP camp



RELIEF INTERNATIONAL'S RESPONSE

In Melut/Palouch, RI is providing integrated health, nutrition and WASH support at Palouch Transit Centre, working closely with partners including MSF and Medair. Services include routine outpatient consultation, reproductive health services, emergency room services, emergency referrals and nutrition services. RI is also providing critical nutrition screening, treatment and IYCF services. To date, 6,137 under-fives and 3,872 PLW have been screened. To ensure all cases of SAM with medical complications are referred within the county, RI has recently opened a stabilization center at Melut hospital.

In Maban, RI is delivering health and nutrition interventions in camps and reception centers. This includes nutrition screening and services, provision of rations to new arrivals, health and nutrition messaging and counselling, and health screening and onward referrals. In addition, over 1,000 children to date have received measles vaccinations and been given vitamin A supplementation.

CHAD

UNHCR has requested RI to provide health, nutrition and WASH intervention in Adré temporary refugee camp. There is also an ongoing arrangement for RI to implement emergency response in a new camp to be established by UNHCR in the same area. Protection and GBV prevention will be mainstreamed into proposed response operations, as well as ensuring WaSH is integrated into health facilities and nutrition centres.

RI is in the final stages of registration in Chad and is bolstering its set up with expanded staff, and is currently seeking financial support from donors.



RI Community Nutrition Volunteer (CNVs) doing a MUAC assessment on a child in Zamzam IDP camp in El-Fasher, Sudan



EMERGING NEEDS ON THE GROUND

SUDAN

As Sudan enters its annual flooding season, there is an elevated risk of waterborne disease outbreaks, as well as malaria and dengue fever. Within a context of elevated vulnerability, it is critical to preposition contingency medical and non-medical supplies. North Darfur is facing critical needs due to the scarcity of nutrition supplies (RUSF and RUTF), increasing a reliance on less effective treatments for severe and moderate acute malnutrition. Malnutrition has already deepened due to the crisis and is likely to worsen during the flooding and lean season.

Recent RI assessments in El-Fasher, North Darfur, have highlighted additional challenges in accessing health, nutrition and WASH services. 190 households participated in the assessment, including Zamzam, Alsalam, Abou Shouk, and El-Fasher hospital catchment population areas.

Key findings include:

- 85.1% of household members who had recently visited health facilities were diagnosed with infectious diseases and non-communicable diseases
- 59% of respondents reported they could not get prescribed drugs, with the main reason being the unavailability of the drugs at the facility, accounting for 86%.
- Regarding household access to nutrition services, most (42%) household members requested more support to access the health facilities with pharmaceutical supplies.
- Households faced different barriers to accessing water, including water points being too far (20%), bad taste/poor quality (19%), high cost (17%), insufficient number of water points (16%).

RI assessments in North Darfur have also highlighted the need for augmented human resources for training to strengthen health systems and service provision. Assessments identified opportunities for students to resume studies that had been disrupted by the crisis, including nursing, midwifery, clinical medicine, and laboratory courses. Key recommendations include the development of alternative training

infrastructure, creation of a clinical-focused model of training based at hospitals and health facilities, and building the capacity of tutors to ensure innovative and effective methods that are suitable in the current crisis. Protection needs among IDPs and host communities continue to be a key priority requiring expanded resources. RI is working to improve protection monitoring and referral pathways for survivors of Gender Based Violence (GBV), as well as coordinating with partners to ensure the security and safety of survivors. In addition, RI will train health workers in supported health facilities on First Aid and Mental Health and Psycho-Social Support (MHPSS) for GBV survivors in the next reporting period.

SOUTH SUDAN

Over 240,000 arrivals have been reported into Sudan since mid-April, the vast majority returning South Sudanese refugees. The need for shelter and NFIs remains high and the rainy season has increased incidence of malaria and Acute Watery Diarrhoea (AWD), highlighting the urgent need for improved water, sanitation and hygiene facilities among the host community and within transit and IDP sites. This is exacerbated by a stock-out of anti-malarial drugs, particularly in Renk and Melut. Malaria continues to be one of the leading morbidities, accounting for 40-50% of total consultations in Melut Transit Centre. Chronic health conditions continue to require focus and resourcing, particularly HIV and TB among returnees.

CHAD

Over 382,320 arrivals into Chad have been recorded since the start of the crisis, according to UNHCR, representing the highest caseload within the region. As the situation continues to deteriorate in Sudan, further arrivals are likely. Primary needs of the affected population, mainly children, women and elderly, include shelter and non-food items, health and nutrition support, mental health and psychosocial assistance, food supplies, water, sanitation and hygiene assistance and protection support, including gender based violence (GBV) prevention and response. Both refugees and host communities require assistance.



RI team meeting Abu Shouk IDP camp leadership team to discuss health issues in the El Fasher camp, North Darfur.

RESPONSE COORDINATION AND PLANNING

SUDAN

RI continues to actively engage with Sudan's humanitarian clusters and working groups to enhance information flow, strengthen coordination and avoid duplication. RI provides key updates regarding priority advocacy issues, progress in implementing life-saving activities, security updates, and operational challenges. Throughout August RI has actively participated in trauma and MHPSS working groups, as well as WASH, Health, Nutrition, and Protection clusters at both national and state levels in Sudan.

In particular, RI is working work closely with OCHA, UNICEF, WHO, the INGO forum and local administration and line ministries, including the Ministry of Health (SMoH) and Humanitarian Aid Commission (HAC). RI's coordination with authorities in North Darfur continues to strengthen, as well as engagement with local leaders in Zamzam and Abou Shouk camps. In August, RI worked closely with SmOH to assess 10 new health facilities in North Darfur (rural El Fasher and Korma IDP sites) in preparation of expanded services in these areas. Further discussions on possible expansion of services in North Darfur, Blue Nile and Al-Jazira are taking

place with WFP and UNICEF.

SOUTH SUDAN

RI continues to coordinate with humanitarian actors in areas of operation, participating in inter-agency coordination and cluster meetings as well as meeting with local authorities. In particular, recent discussions have been held with GOAL to strengthen referrals between the two agencies, ensuring high quality and integrated care for communities.

CHAD

RI's Chad team continues to engage in UNHCR coordination fora to support response scale up and implementation in eastern Chad, as well as participating in Health, Nutrition, WaSH, FSL, Protection, GBV and Cash clusters and working groups. RI is also engaged in OCHA-led cross-border coordination meetings to facilitate the provision of assistance from Chad into Sudan. Discussions are ongoing with UNICEF to explore response activities in eastern Chad as well as into areas of Sudan close to the border. RI continues to work towards procuring essential medicine and medical supplies to urgently transport from Chad to support RI's operations in North Darfur.



RI staff members in Sudan

DONOR MESSAGING

Relief International would like to thank donors for their continued support which enables RI to quickly deploy to where they are most urgently needed.



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RI continues to advocate for an urgent and credible ceasefire to facilitate humanitarian access to reach most vulnerable communities. The provision of timely support is more critical than ever with the onset of rains and flooding this month.

Greater advocacy across the humanitarian system is needed to expedite the delivery of UN supplies to Darfur, including WHO Medical Supplies, UNICEF Medical Supplies, and ready-to-use therapeutic food (RUTF). North Darfur has been facing a critical situation due to scarcity of supplies, risking further acute malnutrition during the lean season (July – September).

Refugees and returnees in neighboring countries, particularly women and children, as well as host communities, are at risk of being overlooked due to a lack of resources. Scaled up resources for the regional response and for those along Sudan's borders is critical.

RI urgently appeals to donors to boost financial support to humanitarian agencies, as resourcing will be critical beyond December. Donors are also urged to support efforts to address administrative impediments, including the need for flexibility when granting visas and the signing of technical agreements for INGOs looking to provide assistance.

RI is actively seeking further funding to widen its operations in Sudan as well as the region, and to maintain provision of essential humanitarian and nutrition supplies which are rapidly depleting.

CONTACT

Azadeh Hassani, Global Humanitarian Director, azadeh.hassani@ri.org

Mark Atterton, Africa/Asia Regional Director, mark.atterton@ri.org

Sandra Nakhle, Africa/Asia Regional Programs Director, sandra.nakhle@ri.org